

Slide 1

Carroll County Coalition for Public Health

***Carroll County Roundtable
Public Health Advisory Council
(PHAC) Annual Meeting***

*Emily Benson, C3PH PHAC Coordinator
Camp Calumet, West Ossipee, NH
January 9th, 2018*

**CARROLL COUNTY COALITION
FOR PUBLIC HEALTH**
An Initiative of Granite United Way

Carroll County Coalition for Public Health

Our Vision
Carroll County will be a great place to grow up, to live well, and to age gracefully. All Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all stages of life.

Our Staff

- **Emily Benson:** *Public Health Advisory Council (PHAC) Coordinator*
- **Terri Fraser Hooper:** *Medical Reserve Corps Volunteer Coordinator*
- **Jeff Jones:** *Emergency Preparedness Coordinator*
- **Jennifer Selfridge:** *Prevention Resource Coordinator*
- **Catalina Kirsch:** *Continuum of Care Facilitator*
- **Michelle Ward:** *Program Assistant*

Subcontracted Partner

- **Schelley Rondeau, Central NH VNA:** *School-based Flu Clinics & Young Adult Services*



- One of 13 regional public health networks in NH
- Serves 19 communities
- Granite United Way (host agency) contracts with NH DHHS to convene, coordinate, and facilitate public health partners and initiatives in the region
- Public Health Advisory Council (PHAC) - General PHAC and PHAC Executive Committee

Thank you to the 15 members of the Executive Committee of the PHAC representing all community sectors: Doug Wyman: Vice Chair, Sandy Ruka, Sue Ruka, Laura Jamison, JR Porter, Victoria Laracy, Jane MacKay, Schelley Rondeau, Pamela Clay-Storm, Ann Hamilton, Ed Butler, Jason Henry, Monika O'Clair: Chair, Carissa Elphick, Chuck Henderson . All EC members and/or staff/board members from their organizations take part in CHIP priority workgroups.

NH DHHS Contract: Scopes of Services

(funded)

- Public Health Advisory Council
- Public Health Emergency Preparedness
- School-Based Vaccination Services
- Substance Misuse Prevention
- Continuum of Care for Substance Use Disorders
- Young Adult Strategies *(NEW for SFY 2018)*
- Young Adult Leadership *(NEW for SFY 2018)*

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Our staff and PHAC EC and general membership all contribute their time helping to inform and guide us as we provide these services across Carroll County.

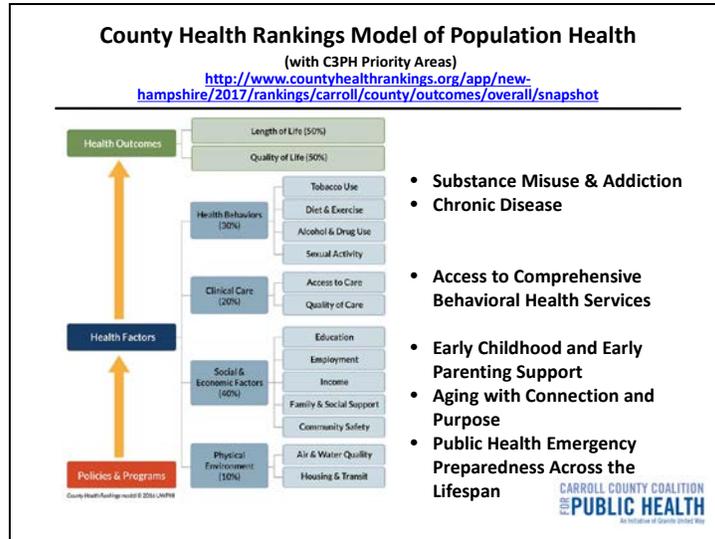
Please refer to the Scope of Services one-pager for more details on each service.

State of Public Health in Carroll County:
“Carroll County by the Numbers”

Emily Benson

*Carroll County Coalition for Public Health
Public Health Advisory Council Coordinator*

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On this slide C3PH CHIP Priorities are aligned to the County Health Rankings Model of Population Health. This model of population health emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. As this model shows, much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

In 2017 Carroll County ranked #2 out of 10 NH counties in health outcomes, but #4 in Health Factors. Breaking this down further into each Health Factor area, Carroll County ranked as follows:

Health Behaviors: #1

Clinical Care: #9

Social and Economic Factors: #5

Physical Environment: #4

Substance Misuse and Addiction	
273	Children taking part in Kingswood Youth Center
765.8	Pounds of drugs collected in 2 Drug Take-Back Days at 7 departments
2	Permanent 24/7 Prescription Drug Take-Back Boxes (Conway, Moultonborough)
91	EMS Narcan Administrations (2016)*
175	Opioid Related Emergency Department Visits (2016)*
16	Confirmed overdose deaths (2016)*
1	<i>Pathways from Silence to Solutions</i> Community Forum

Prevention: After-school and other programs that keep children engaged and help support their mental and physical well-being are considered strategies to help prevent substance misuse. So far this year, the KYC has reached 233 students through our programs in the schools and at our center; 90 of these participants have been to our afterschool program and 143 were served at the middle school. Their daily average is 20 participants.

Drug Take Back Days: increase of 450.5# and 2 more departments over 2016. Departments participated in Take Back Day events, April and October 2017. Active involvement from seven town police departments in October, up from six towns in April.

PAARI: 7 local police departments, Carroll County Sheriff and NH State Police have joined.

*We closely monitor the NH Drug Monitoring Initiative Data to help inform our decisions on programs and gaps in services. There is still much work to be done, and so far we can share this year:

And to date in SFY2018:

- 6: Students who attended NH Teen Institute Summer Leadership Training
- 1: Prevention Coalition: Eastern Lakes Region Coalition for Healthy Families
- 3: 24/7 Carroll County drug drop boxes (Conway, Moultonborough, Wolfeboro)
- 60: EMS Narcan Administrations*
- 96: Opioid Related Emergency Department Visits*
- 8: confirmed overdose deaths*

Other Highlights:

Plans are underway for Carroll County Drug Court to start in 2/2018 with partnerships between Carroll County Attorney and Northern Human Services.

We will closely monitor and review the impact of federal and state legislation on our public health outcomes as we move forward.

Chronic Disease	
1	Workgroup Identified
8/3/4	“Let’s Go” sites in Carroll County
12	T. Murray Wellness Center <i>Discover Health</i> Introductory Sessions offered
8	Programs through UNH Cooperative Extension (UNHCE) <i>Nutrition Connections</i>
62/345	Adults/Youth under 18 taking part in UNHCE <i>Nutrition Connections</i> programs
1100	Youth under 18 engaged through UNHCE <i>Healthy Schools Initiative</i>

Goal: Reduce the disease incidence and prevalence in regards to chronic health conditions such as obesity, cancer, heart disease, diabetes, hypertension and asthma.

Community Health Collaborative is serving as the workgroup addressing this priority. Looking ahead in 2018 we plan to increase collaboration with organizations in southern Carroll County who are offering excellent programs as well.

Memorial Hospital’s “Let’s Go” Program: 8 schools (SAU9 and SAU13), 3 Out of school, 4 childcare

T. Murray Wellness Center Discover Health Programs offered 2/month this calendar year for total of 24 in 2017.

Nutrition Connections programing consists of a series of lessons covering topics such as cooking skills, shopping on a budget, increasing physical activity and fiber rich foods, food safety, choosing healthier options on a budget, feeding children, and more. Funding is through the Supplemental Nutrition Assistance Program (SNAP) and the Expanded Food and Nutrition Program (EFNEP) and requires they reach a low income audience in order to improve food and physical activity choices for people receiving food stamps or Medicaid. The program benefits non-participants by lowering the tax burden associated with public health care costs and other public assistance programs.

Access to Comprehensive Behavioral Health Services/Continuum of Care	
7	Community sectors engaged to increase awareness and decrease stigma of behavioral health issues
\$550,926	Funding awarded to Carroll County organizations through Region 7 Integrated Delivery Network (IDN)
14	Calls to 2-1-1 forwarded to Regional Access Point Services
3	Organizations using SBIRT (Screening, Brief Intervention, and Referral to Treatment)
2	Recovery Support Service Centers
3	Intensive Outpatient Programs (IOP) at White Horse Addiction Center
3	Medication Assisted Treatment (MAT) programs
98	People helped in accessing health insurance coverage at White Mtn Community Health Center <i>(as of 11/2017)</i>

All CoC Community sectors engaged: Healthcare, Social Services, Safety, Education, Business, Government, Concerned Citizens.

C3PH is an active partner in Integrated Delivery Network Region 7 as part of NH’s Delivery System Reform Incentive Payment Program through the utilization of a Medicaid 115 Waiver. Working closely with our IDN Administrative Lead the North Country Health Consortium, IDN funding is helping to transform the way mental health care/SUD care is delivered by getting mental health, substance use disorder and healthcare systems working together to make it easier for people to get the care they need.

SBIRT: WMCHC, Central NH Visiting Nurse Association, White Mountain Restorative Justice, Saco River Medical Group pilot

Recovery Support Service Centers: White Horse Addiction Center/The Shed and MWV Supports Recovery/FASTER Family Support Group. We are excited to share that Sue Thistle, Executive Director of White Horse Addiction Center, received the NH Legislative Advocacy Award from the New Hampshire Alcohol and Drug Abuse Counselors Association for her ongoing advocacy for issues related to the profession and or the public who may benefit from the services of the professional addiction counselor.

3 IOP’s all at White Horse: 2 secular, 1 faith-based

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Access to Comp. Behav. Health/CoC Slide notes continued:

Looking ahead to 2018:

MAT programs continue to evolve:

- Memorial Hospital/New Life Program
- Memorial Hospital/ Primary Care (losing one MAT Doc in January)
- 2 NPs at WMCHC were getting trained
- Saco River Med Group – one doc left but new doc getting trained
- Huggins Hospital: new MAT program starting in 2018

Working in collaboration with our IDN Region7 partners we are looking forward to the opening of the new Friendship House residential treatment facility in Fall 2018.

We worked closely with Beth Dyson, the Health Insurance Navigator at WMCHC, to spread the word about her services during open enrollment and will be closely monitoring the impacts of recent policy changes on the health insurance programs and services available to our Carroll County residents and the ramifications of these decisions across our CHIP priorities.

Early Childhood and Early Parenting Support	
5/3/2	Early Childcare Programs, Home Visiting Programs, and Primary Care Practices using "Watch Me Grow" developmental screening tools
240	Children receiving home visiting services from CNHVNA/HFA, Head Start, Northern Human Services/ FCESS
2.8%	Uninsured children (across NH in 2015)
2350	VROOM App cards distributed
420	Children received KReady Program materials
5	Presentations of SparkNH's "Children: The Bedrock of the Granite State"

Work is underway at state level to provide increased funding for Watch Me Grow Program, including increase funding to Family Resource Centers across the state

Home visiting programs are considered one of several prevention strategies against SUD's. Schelley Rondeau, RN, BSN, Pediatric Program Coordinator for Central New Hampshire Visiting Nurse Association (CNHVNA), received the Excellence in Home Visiting Award for CNHVNA's Healthy Family America Program this past year. She is representing Carroll County on the NH Home Visiting Task Force that is now underway through the NH Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

There are increasing challenges to access health insurance. NH is projected to run out of federal funds for the Children's Health Insurance Program if Congress doesn't renew funding.

VROOM: At least 315 60 second PSA's were released over the course of 21 weeks, many thanks to WMWV radio.

Many thanks for the support of Believe in Books Literacy Foundation for providing the books for KReady program, which they will provide again in 2018.

Bedrock to date in SFY2018: 10, reaching over 200 people across a variety of community sectors

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Early Child/Early Parent Slide notes continued:

Upcoming in 2018:

When looking at data indicators through Kids Count 2017, we see trends in the following areas(as of 2014): <http://datacenter.kidscount.org/data/customreports/4431/any>

- Decreasing # children in Carroll County
- Increasing % of children who are eligible for free/reduced lunch across NH (38.2% children in Carroll)
- Increasing # of children enrolled in SNAP (23.7% in 2013)
- Increasing # of homeless children and youth
- Slight increase in # children attending preschool

Increasing number of children affected by neonatal abstinence syndrome, which refers to a set of conditions that occurs when a newborn experiences withdrawal symptoms after birth from drug exposure before birth: Carsey School of Public Policy Report:

[https://carsey.unh.edu/publication/opioid-nas-](https://carsey.unh.edu/publication/opioid-nas-nh?utm_source=2017_12_19_smith&utm_campaign=2017_12_19_smith&utm_medium=email)

[nh?utm_source=2017_12_19_smith&utm_campaign=2017_12_19_smith&utm_medium=email](https://carsey.unh.edu/publication/opioid-nas-nh?utm_source=2017_12_19_smith&utm_campaign=2017_12_19_smith&utm_medium=email)

We look forward to the new year ahead and among the efforts already identified, working to increase the awareness of the family support and engagement services that are available through the Family Connections Family Resource Center at Children Unlimited.

94/70	Average Meals on Wheels/Congregate Meals per day served by Gibson Center
56	People who have signed and notarized advanced care directives
257	People who enrolled in falls prevention programs
499	People educated about the benefits of ADU's
12	Grandparents participating in grandparent support group at Wolfeboro Area Children's Center
2	Adult day care programs

Community Engagement Programs: *Dancing: 8, Belly dancing: 7, MOW 33676 meals for the year, Congregate Meals, 16738 meals for the year*

Advance Care Planning conversations were had with an additional 155 people, VNHCH

Falls Programs: Gibson Center: 96; VNHCH: 15; RSVP: 52; Huggins: 94 THERE ARE MORE PROGRAMS OUT THERE TOO!

People Educated about ADU's: this program took place in the fall of 2017, MWV Housing Coalition, partnered with C3PH and funding from AARP

Grandparents Support Group at Wolfeboro Area Children's Center: More grandparents will join their group this year.

Adult Day Programs: Huggins Hospital and Country Style Adult Day Care Program, Memorial is coming soon!

18	Narcan Community Trainings
12	Active members on Regional Coordinating Council (RCC)
683	Children vaccinated against the flu
15	Schools hosted flu clinics
59	Carroll County Citizen Corps Volunteers
\$10,920	Funding from FEMA to support Emergency Food and Shelter Program

29: Narcan Community Events total to date; 211 Narcan Kits distributed to date
40 overall RCC members engaged, which includes EMS, EMD, Fire, Police and interested community members

This year 667 children were vaccinated and we added one more school, Middleton

Upcoming Work in 2018:

Updating the Point of Dispensing plans and templates

Monthly Narcan Trainings: 1st Wednesday of each month at TCCAP in Tamworth from 4-5:30pm

Keynote Address:
The Honorable Justice John T. Borderick

*former Chief Justice of the NH Supreme Court
and co-chair of the Campaign to Change Direction NH*

changedirection  New Hampshire

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**Housing Challenges in Carroll County:
A Panel Discussion**

Victoria Laracy:

Executive Director, Mt. Washington Valley Housing Coalition

Kathy Barnard:

Chairman, Eastern Lakes Region Housing Coalition

Cathy Kuhn, PhD:

Executive Director, NH Coalition to End Homelessness

Rebecca Hewson:

*Coordinator, Tri-County Community Action Program
Homeless Outreach for Carroll County*

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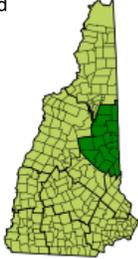
**NH Department of Education
Office of Homeless Education
Bureau of Integrated Programs**

According to the McKinney-Vento Act, homeless children and youth are defined as “individuals who lack a fixed, regular, and adequate nighttime residence. This includes students living unsheltered, as well as those living doubled-up, in hotels or motels, or in emergency or transitional shelters.”

Carroll County Numbers: 178 (2012-2013)

Doubled-up: 151
Hotels/motels: 13
Transitional: 5
Unsheltered: 9

NH KidsCount
https://www.education.nh.gov/instruction/integrated/documents/student_homeless-nh_rept.pdf



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Students who experience homelessness face a number of challenges to their academic success, including school instability, isolation, and lack of basic necessities, such as food, clothing, and school supplies.

NH KidsCount

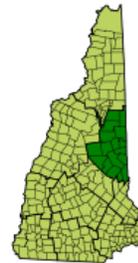
https://www.education.nh.gov/instruction/integrated/documents/student_homeless-nh_rept.pdf

**NH DHHS
Bureau of Housing and Homeless Services
2017 Point-in-Time Count: January 25, 2017**

<https://www.dhhs.nh.gov/dcbcs/bhhs/documents/pit-map-2017.pdf>

Carroll County Numbers:

- **Sheltered:** 12 persons in 4 families
- **Unsheltered:** 1 individual and 4 persons in 2 families
- **Temporarily doubled-up:** 4 individuals and 2 persons in 1 family
- **2-1-1 Calls for Housing/Shelter Needs in 2016:** 225



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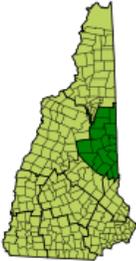
**Recent Efforts to Address
Housing Challenges in Carroll County**

Mt. Washington Valley Housing Coalition:
Housing Charettes
Accessory Dwelling Unit Outreach Events
Conway Pines
Conway Senior Pines

Eastern Lakes Region Housing Coalition:
Harriman Hill

NH Coalition to End Homelessness:
State of Homelessness in NH Report
Needs Assessment - Wakefield, NH
Families in Transition Hope House

Tri-County Community Action Program:
Referrals and placements to temporary housing
225: 2-1-1 Calls related to Housing/Shelter Needs in 2016



Oct. 2017: Groundbreaking; Families in Transition's Hope House will be the first short-term emergency housing option of its kind in Carroll County, offering housing and services to families in need. Once completed, the Hope House will offer shelter and services to seven families at a time, totaling an anticipated 43 parents and 84 children per year. Families in Transition will provide 24/7 on-site staff to address specific needs for each family, such as transportation, case management, meals and employment. The average length of stay will be 60 days until the family transitions to more permanent housing. For more information go to: www.fitnh.org/Wolfeboro

Follow-up meeting:

**Barriers and Opportunities for Housing in Carroll County
Tuesday, Jan. 23rd
9am-10:30am at TCCAP in Tamworth**

Looking ahead to SFY 2018....

Across all CHIP Priorities and Scopes of Service we will:

- Have work plans to help evaluate strategies and measure outcomes
- Consider the role the social determinants of health play in overall outcomes, with increasing focus on housing and transportation
- Work to ensure health equity so all of our communities have equal opportunities for good health
- Engage and educate the business community about the impact of public health issues on their workforce and productivity



Contact our C3PH office for individual work plans for CHIP priority areas.

Social Determinants of Health:

- Increased participation in housing discussions and Regional Coordinating Council for Transportation
- 2-1-1: Financial stability: “How did you do your taxes last year?” , we can move the needle with a simple referral for those who prepared their own return to MyFreeTaxes.com and those who paid a commercial preparer to NHTaxHelp.org (or a call to 2-1-1 NH). New website is almost complete, to be released in early 2018!

Health Equity: “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” *Robert Wood Johnson Foundation, May 2017* . Health should not be determined by your income and level of education. Work is already underway through NH Health and Equity Partnership

For more information:

C3PH Office Location:
1230 Route 16, Ossipee, NH 03864
Phone: 603-301-1252
E-mail: info@c3ph.org
Website: www.c3ph.org

Thank you to our Funding Partners:



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COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY AREA OVERVIEW

The Carroll County Coalition for Public Health (C3PH) region is comprised of the following communities: Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hart's Location, Hale's Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield and Wolfeboro.



Early Childhood and Early Parenting Support:

Provide for the optimal development of children and families, ensuring all children enter kindergarten healthy and ready to learn and thrive.

- All children birth-5 and their families will have access to age-appropriate developmental screening programs.
- Increase the number of families receiving home visiting pre- and post-natal services.
- Decrease the number of uninsured children in Carroll County to zero.

Sample Strategy: Improve identification, coordination and integration of organizations offering developmental screenings and data entry.

Access to Comprehensive Behavioral Health Services:

Improve access to a comprehensive, coordinated continuum of behavioral health services.

- Increase awareness of and access to related services and decrease stigma of behavioral health issues.
- Improve communication, education and build collaboration among healthcare, social services, safety, education, business, government and concerned citizens to address specific issues including substance use disorder, suicide, depression and feelings of hopelessness and isolation.
- Reduce rate of suicide deaths and suicide attempts by adolescents each year.
- Build capacity for and expand delivery of services related to mental health prevention, screening, early intervention, and treatment through primary care and other behavioral health care settings.
- Increase access to affordable health insurance coverage.

Sample Strategy: Promote the health insurance navigation services of White Mountain Community Health Center.

Public Health Emergency Preparedness Across the Life Span:

Increase community preparedness and individual preparedness of residents and ensure that all residents have access to mental health services if they seek sheltering services.

- Educate Carroll County residents on the importance of preparing for an emergency by increasing community participation in personal preparedness actions at home and at school.
- Incorporate preparation for functional needs and behavioral health supports into mass casualty and shelter planning.

Sample Strategy: Develop, train, and maintain the volunteer workforce needed for behavioral health support in shelters.

The Carroll County Coalition for Public Health (C3PH) is sponsored by:



Substance Misuse and Addiction:



Prevent and reduce substance misuse (including alcohol, marijuana and prescription drugs) among all generations.

- Enhance the capacity of the Carroll County Prevention Network and its partners to effectively address substance misuse across the lifespan.
- Reduce drug-related overdose incidents and deaths each year.
- Increase public awareness relative to the harm and consequences of alcohol and drug misuse.
- Prevent and reduce substance misuse among youth and young adults (12-25).
- Prevent and reduce substance misuse among adults.
- Promptly respond to and prevent harms associated with emerging drug threats.

Sample Strategy: Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes.

Chronic Disease:



Reduce the disease incidence and prevalence in regards to chronic health conditions such as obesity, cancer, heart disease, diabetes, hypertension and asthma.

- Improve access to care for residents suffering from chronic diseases.
- Reduce the proportion of adults and children considered obese.
- Decrease the number of hospitalizations for respiratory related ailments.
- Decrease the number of hospitalizations for diabetes related ailments.

Sample Strategy: Promote healthy eating and activity initiatives for all age groups, such as "Let's Go."

Aging with Connection and Purpose:



Improve the health of older residents of our communities by enhancing connection and purpose through collaboration with community partners to address multiple social determinants of health, including: nutrition, transportation, housing, home healthcare, and community engagement.

- Reduce hospital admissions caused by falls for people over age 65.
- Reduce fall-related deaths among residents over the age of 65.
- Increase the number of people who have signed advanced care directives.
- Reduce the number of chronic diseases in people over age 65.

Sample Strategy: Increase facilitated advanced care planning conversations among families about needs, connection, purpose, and wishes using Advanced Care Directives as a platform.

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Serving the communities of: Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hale's Location, Hart's Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield, Wolfeboro

PUBLIC HEALTH ADVISORY COUNCIL



The Public Health Advisory Council (PHAC), comprised of key community leaders, works collaboratively to address the following areas of responsibility:

- Establishing regional priorities to strengthen public health services
- Collecting, analyzing and disseminating data about the public health status of the region
- Developing and monitoring implementation of the region's Community Health Improvement Plan (CHIP)

SUBSTANCE MISUSE PREVENTION



Substance Misuse Prevention has been a key priority since 2007. The Carroll County Coalition for Public Health (C3PH) maintains a Leadership Team to oversee these efforts. Key approaches include:

- Mobilizing key community sectors, building readiness and developing capacity to implement evidence-based prevention strategies across the region
- Preventing and reducing substance misuse among youth and young adults through the implementation of evidence-based strategies, including prescription drug take back initiatives, parenting education, youth leadership, policy change, and advocacy

YOUNG ADULT STRATEGIES



C3PH partners with key community organizations, including the Central NH VNA and NAMI-NH, to implement prevention strategies that engage the young adult population. Key activities include:

- Providing evidence-informed services for young adults, ages 18-25, to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse
- Implementing SBIRT (Screening, Brief Intervention, and Referral to Treatment) in a home-based setting
- Training young adults as leaders/peer trainers for the CONNECT program, focused on increasing knowledge and skills regarding suicide prevention, mental health, and substance use disorders

CONTINUUM OF CARE FOR SUBSTANCE USE DISORDERS



C3PH provides leadership and support for the development of a comprehensive, robust, and accessible Continuum of Care for Substance Use Disorders in the Carroll County region. Key activities include:

- Engaging subject matter experts and stakeholders to identify regional assets and gaps
- Increasing awareness of and access to behavioral health and primary care services to ensure integration along the continuum
- Building capacity within the region to support seamless transitions across the continuum

PUBLIC HEALTH EMERGENCY PREPAREDNESS & RESPONSE



C3PH provides leadership and coordination to improve the readiness of partners to mount an effective response to public health emergencies and threats. Key efforts include:

- Convening local emergency responders to plan for and respond to public health events, such as infectious disease outbreaks or acts of bioterrorism
- Developing and maintaining a qualified cadre of volunteers through the Citizen Corps
- Partnering with area schools to conduct "no-cost" influenza vaccination clinics for students

THE CARROLL COUNTY COALITION FOR PUBLIC HEALTH IS SPONSORED BY:

CONTACT:



c3ph.org
info@c3ph.org
603.301.1252

New Hampshire Regional Public Health Networks (RPHN)

Building a Safe and Healthy New Hampshire



There are 13 Regional Public Health Networks (RPHNs) involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues.

One way the networks are building regional capacity is through the work developing a comprehensive, effective, and well-coordinated substance misuse services (health promotion, prevention, early identification and intervention, treatment, recovery support services) Continuum of Care (CoC) in each RPHN.

Continuum of Care (COC) Development in New Hampshire

The New Hampshire Department of Health and Human Services (DHHS), Bureau of Drug and Alcohol Services (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 regional public health network, and to address barriers to awareness and access to services. Regional continuum of care development work is carried out within RPHNs by a fulltime COC facilitator. CoC development will coordinate efforts with emerging initiatives (e.g., Integrated Delivery Networks), as well as works with primary health care and mental health service providers on collaboration and integration to ensure that people in need of services can find help no matter where they seek it.



The role of the Continuum of Care (CoC) Facilitator is to bridge the components of the Substance Use Disorder (SUD) Continuum of Care in their respective networks, including **health promotion, prevention, early identification and intervention, treatment, recovery supports** and coordination with primary health and behavioral health care.

Key Objectives of the COC Facilitator

1. Increase Awareness of/ Access to Services

Assure that every resident in every community in every region can get information or help no matter where they seek it.

2. Improve Communication and Build Collaboration

Assure that providers (including primary and mental health) are aware of each other's services, work together to develop referral relationships, and inform CoC development needs based on service utilization.

3. Build Capacity/Expand Delivery

Assure increased capacity through the expansion of existing services and/or the development of new services.

Ways we are working to address needs

Needs	How we are addressing the needs	How we will know if we are successful
Prevention education in schools	Collect data to better understand the gaps in early childhood prevention	Increased prevention services available in the region
Coordinated assessment and referral process	Understand assessment and referral process and assist/guide organizations in increasing consistency across organizations	Increased coordination reported among partners providing care assessments and referrals
Access to substance use disorder treatment	Address the barriers of those in need of services without insurance	Increased access to services
Support Groups	Develop a recovery network to build recovery capacity	Increased support services for family and friends of those suffering with the disease of addiction

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Vision Statement: *that the people of Carroll County understand addiction as an illness of the mind, body and spirit; are free from the stigma associated with addiction; and actively support prevention, intervention, treatment and recovery.*

The CoC closely aligns with the work of the 1115 Medicaid Transformation Waiver Program in Integrated Delivery Network Region 7 as well as 2 of the 6 community health priorities as identified in

Carroll County Promise 2020: C3PH's Community Health Improvement Plan:

- Access to Comprehensive Behavioral Health Services
- Substance Misuse and Addiction

For more information about Carroll County Coalition for Public Health's work regarding the Continuum of Care, go to: <http://www.c3ph.org/continuum-of-ca> (603)301-1252 x303.

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- Bank routing and account numbers for checking or savings account (if you qualify for refund via secure direct deposit).
- Last year's tax return, if you have it.
- A valid email address.

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