

Continuum of Care Development Plan

Carroll County

12/16/2016

CARROLL COUNTY COALITION
FOR PUBLIC HEALTH

An Initiative of Granite United Way



Carroll County Continuum of Care Development Plan

I. Introduction

Overview

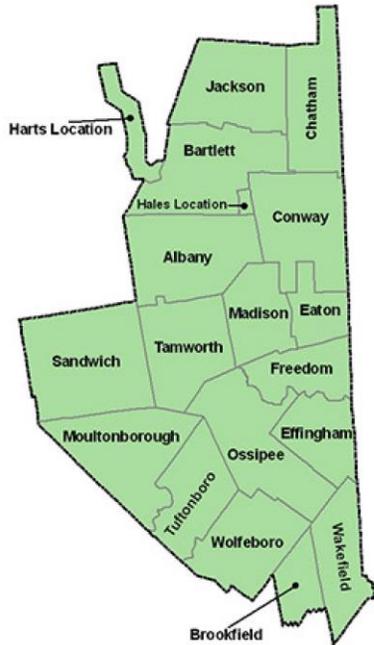
The Carroll County Coalition for Public Health (C3PH) is one of 13 regional public health networks in NH. Each Regional Public Health Network (RPHN) includes a host agency that has a contract with the NH Department of Health and Human Services (NH DHHS) to convene, coordinate, and facilitate public health partners and initiatives in their region. Granite United Way serves as the host agency for C3PH. Each host agency also provides leadership to a regional Public Health Advisory Council (PHAC) and services related to Public Health Emergency Preparedness and Substance Use Disorders (Prevention and Continuum of Care Development). More information about each of NH's Public Health Networks can be found at <http://nhphn.org/who-we-are/public-health-networks/>.

Our Vision: All Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all phases of life through the proactive, coordinated and comprehensive delivery of essential health services.

Our Mission: To realize this vision, C3PH will focus public attention on key public health priorities that impact residents across the lifespan, engage our communities in evidence-informed solutions, and set clear benchmarks by which we will measure our collective impact.

Geography

The geography of Carroll County and the demographics of the resident population are important considerations when looking at substance use disorders and related conditions within the region. Carroll County population is approximately 47,000 people, living in 19 communities across a geographic area of 992 square miles. Carroll County is rural, with significant distances between towns, and includes a large portion of the White Mountain National Forest within its borders.



Towns Served:	
Albany	Bartlett
Brookfield	Chatham
Conway	Eaton
Effingham	Freedom
Hale's Location	Hart's Location
Jackson	Madison
Moultonborough	Ossipee
Sandwich	Tamworth
Tuftonboro	Wakefield
Wolfeboro	

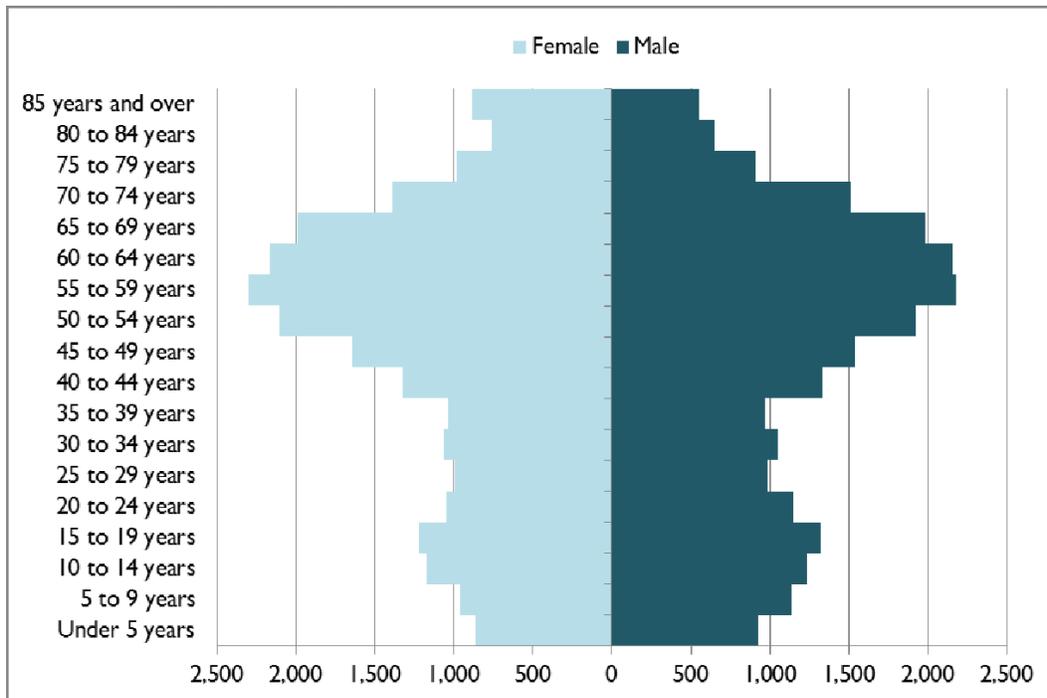
Northern Carroll County is known for being mountainous. Several ski areas are located in the northern part of the county. Southern Carroll County is known for its lakes. Both the northern and southern parts of the county attract seasonal vacationers. During the summer, fall, and winter, the population can more than double as visitors from across New England and the Northeast come to vacation at its lakes and mountains. As a major industry in the region, one that contributes significantly to the Carroll County economy, hospitality and tourist attractions promote not only the healthful, natural activities available in the region to both residents and visitors, but also the “fun” and after-hours activities available, which often include excessive alcohol and other drug use. This party atmosphere supports the idea that engaging in excessive alcohol consumption and using illicit drugs is part of the social norm in the region.

Demographics

Carroll County is the oldest county in New Hampshire. The median age in Carroll County (total population) is 48.3 years. 20.6% of the total population is over 65 years. In addition, Carroll County has the highest projected 2030 population age-ratio (ratio over age 65 and under 20 the workforce) of any county in the state and the correspondingly highest projected levels of primary care demand and preventable hospitalizations. This has implications economically and socially, and is a concern expressed by the Carroll County Public Health Advisory Council (PHAC), the Needs Assessment reports for both Huggins Hospital and Memorial Hospital, and the Substance Use Disorder Work Group.

The following table represents age range estimations of the population in the Carroll County Regional Prevention Network based on the 2010 U.S. Census:

Carroll County Population Pyramid, 2014¹



Levels of poverty, disability, and education, as well as percentages of children and the elderly vary widely across town lines. Poverty rates overall in Carroll County are the highest among our youngest children, young adults who are just entering parenthood and the workforce, and the elderly. Generally, residents across the middle two-thirds of the county have higher levels of socio-economic vulnerability and are also most distant from the medical, educational, and social services associated with the hubs of Wolfeboro and North Conway.

Overall Goals for Continuum of Care (CoC) Development

The overall statewide goals for Continuum of Care Development include:

- *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 misuse continuum of care*

The Carroll County Coalition for Public Health endorses and embraces these goals. In addition, C3PH and its Prevention Leadership Team are committed to capacity building efforts across the county to ensure a comprehensive array of evidence-based prevention, intervention, treatment and recovery support services. This will be accomplished through ongoing efforts using the “ACPIE” planning model, discussed further within the Planning section of this Development Plan.

¹ Source: U.S. Census Bureau, Population Estimates, 2014

II. Assessment

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

State-Level Determination of Need

The NH Department of Health and Human Services/Bureaus 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 that 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.

Regional-Level Determination of Need

The Carroll County region has identified Access to Comprehensive Behavioral Health Services, as well as Substance Misuse and Addiction, as two of the six health priorities in its Community Health Improvement Plan (CHIP). The region's vision statement for continuum of care development is as follows:

We envision 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.

This vision statement was initially formulated by the Prevention Leadership Team and endorsed by the PHAC. The planners felt that a broad vision would support strategies and activities that current data indicated were priorities in the region, as well as serve as an umbrella as the network encounters emerging issues concerning substance use disorders that impact our communities.

Access to Comprehensive Behavioral Health Services Assessment

Although not specifically addressed in the NH State Health Improvement Plan as a state priority, "Injury Prevention" and "Misuse of Alcohol and Other Drugs" are priorities that can be positively impacted by increasing access to mental and behavioral health resources. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Stigma, additional health issues, access to services, and complexities of treatment delivery also prevent many from receiving adequate treatment for their mental health issues. Access to mental

health providers was cited in both Huggins and Memorial Hospitals Community Needs Assessments (CHNA) as a gap in the region. In Memorial Hospital’s CHNA 81% of stakeholders surveyed indicated that depression plays a major role in the overall health of residents in the region, with 90% responding that access to behavioral care/mental health care is a critical issue. A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes.²

Carroll County is part of the catchment area of Northern Human Services, the designated mental health center for the region. Northern Human Services also covers Coos and upper Grafton Counties, essentially half of the geography of the state. In addition to mental health services provided by Northern Human Services, the county has a number of private mental health and substance use disorder counselors, primarily in the more heavily populated communities of Conway/North Conway and Wolfeboro.

In the 2016 County Health Rankings data was presented showing the ratio of the county population to the number of mental health providers, which is comprised of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.³ The graph below illustrates that the ratio of population per mental health/behavioral health providers is higher than the state as a whole.

Area	Ratio of Population per Mental Health Providers
Carroll County	435:1
New Hampshire	390:1

While few in number, the mental/behavioral health providers in the community offer a variety of services and specialty areas. There are, however, few providers, aside from Northern Human Services, who provide services to uninsured or underinsured persons. Additionally, there is a dramatic lack of psychiatrists both in New Hampshire and across the country. Recent headlines highlighting substance misuse and addiction in Carroll County have raised the level of community awareness regarding substance use disorders significantly. “Mental health and physical health are closely connected. Mental

² 2015 Youth Risk Behavior Survey: https://wisdom.dhhs.nh.gov/wisdom/#TopicGroup_8985E7A8FAD548A59514D91EAA707A9C

³ 2016 Carroll County Health Rankings: <http://www.countyhealthrankings.org/app/new-hampshire/2016/rankings/carroll/county/factors/overall/snapshot>

health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.”⁴

Youth and young adults in New Hampshire and Carroll County also report significant risk factors for mental illness and suicide. In Carroll County, 19.9% of young adult respondents reported feeling so sad or hopeless for 2 weeks or more in a row that they stopped doing some usual activities.⁵ Similar results were found in the 2015 YRBS results in New Hampshire, with the number of students who felt sad or hopeless almost every day for 2 or more weeks remaining unchanged over the past decade, continuing to hover around 25%, with similar findings in two Carroll County high schools at 26.4% and 26.8%.⁶ Per National Institute on Drug Abuse (NIDA), “Undiagnosed mental illness can lead to substance abuse as the person tries to treat symptoms of the mental condition. Depression, anxiety, paranoia and restlessness are some of the common symptoms that mentally ill addicts are trying to self-medicate.”⁷ This correlation illustrates the vital importance of the work being implemented through the 1115 Medicaid Transformation Program to deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs. The project planning process for this program, as being implemented in the Carroll County Region under Integrated Delivery Network #7, is informed by the CoC’s assessment of regional gaps and assets and these other data resources.

Substance Misuse and Addiction Assessment Overview

In terms of substance use, NH is above the US average for alcohol and illegal drug use,⁸ with the 2nd highest rate in the US for alcohol use and the 10th highest rates for illegal drug use. Although physical health, mental health and substance use disorders are linked, each specialty requires different training and expertise and there are few truly integrated treatment options.

New Hampshire has experienced increased opioid use in the past year. Overdose deaths in 2015 were 439, with 22 deaths occurring in Carroll County. From 2013 to 2015 there was a 128.6% increase in the

⁴ Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

⁵ NH Young Adult Survey, 2015: Frequency Tables for all questions, Carroll County residents compared to the remainder of the state. See attached document.

⁶ https://wisdom.dhhs.nh.gov/wisdom/#Topic_5C8BAF0BC90248418525415B0A689D0F_Anon

⁷ <http://drugabuse.com/library/mental-health-and-drug-abuse/>

⁸ National Survey on Drug Use and Health, 2013-2014: <http://www.samhsa.gov/data/population-data-nsduh>

number of all drug deaths. The Office of the Chief Medical Examiner predicts that there will be approximately 488 drug related deaths in 2016.⁹

Alcohol abuse remains a problem for New Hampshire families as well. 29.9% of our high-school age children currently drink alcohol, with 42.3% of students usually obtaining the alcohol from someone giving it to them.¹⁰ Carroll County data suggests that substance misuse among our high school population ranks among the highest in the state; qualitative data suggests that our young adult population is heavily involved in binge drinking, opiate use and engaged in negative behaviors to support their opiate use. Often children are present when law enforcement takes action, and the impact on families is devastating.

The recent release of the NH's 2015 Young Adult Survey indicates the particular needs of our young adult population ages 18-30. According to *The Voice of New Hampshire's Young Adults: Results of the 2015 Young Adult Needs Assessment*, "the percentage of individuals in the United States with past year illicit drug dependence or abuse was highest among young adults between the ages of 18-25. Past month heavy alcohol use was highest among individuals 21-25 (SAMHSA 2014). According to the National Survey on Drug Use and Health (NSDUH), young adults in NH (18-25 years of age) are using prescription painkillers non-medically at higher rates (9.8%) than other states in the northeast region 1 (7.8%) and the rest of the nation (8.3%)."¹¹

III. Capacity

C3PH has completed an assets and gaps scan to identify resources, gaps and barriers that impact regional capacity and can help or hinder the achievement of the region's statement for continuum of care development presented in the Assessment section of this plan. As identified above, a diverse set of stakeholders were identified and engaged in the CoC Development process, particularly as it relates to the assessment of regional gaps and assets. Stakeholders were initially identified through existing committees and workgroups, including the PHAC and Prevention Leadership Team. Additional outreach was conducted based on recommendations from current membership and community leaders, paying particular attention to data released in the 2016 Community Health Needs Assessments of Huggins Hospital and Memorial Hospital.

⁹ Office of the Chief Medical Examiner: <https://wisdom.dhhs.nh.gov/c10/epht/Document/ME20162017.pdf>

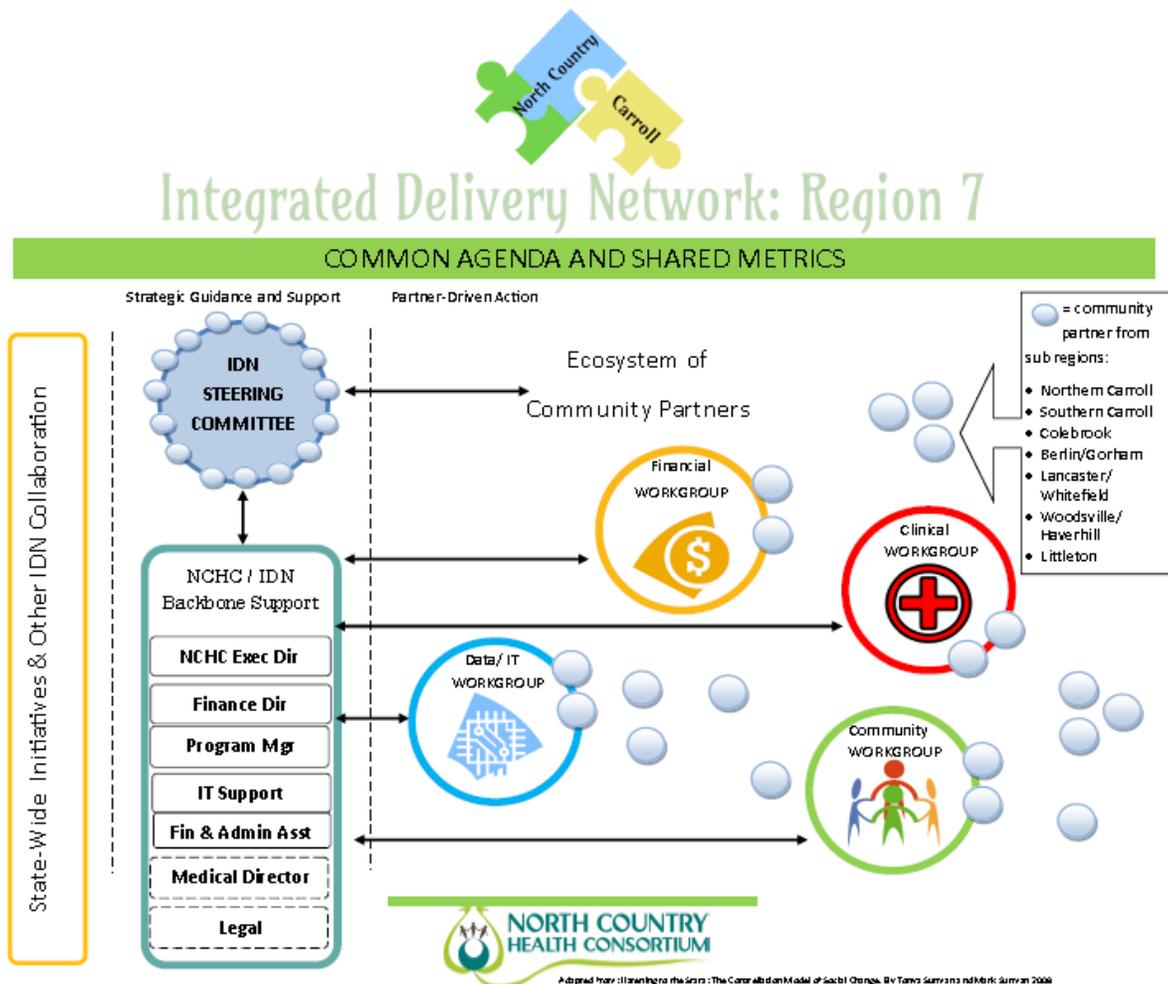
¹⁰ NH DHHS Youth Risk Behavior Survey: <http://www.dhhs.nh.gov/dphs/hsdm/yrbs.htm>

¹¹The Voice of New Hampshire's Young Adults: Results of the 2015 Young Adult Needs Assessment, August 2016: <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/11/FINAL-Voice-of-NH-Young-Adults-Final.pdf>

The assets and gaps scan was an important resource used to inform the community projects chosen as part of the 1115 Medicaid Transformation Program with IDN#7, which is under the administrative leadership of the North Country Health Consortium. Carroll County partners identified to date can be found in Appendix C. Partners convened multiple times in 2016 to establish the governance structure of IDN #7 and begin the planning process for implementation of projects in the three following areas:

1. State-Wide Projects:
 - a. Health Information Technology (HIT) Infrastructure to Support Integration
 - b. Behavioral Health Workforce Capacity Development
2. Core Competency Project: *Integration of Behavioral Health & Primary Care*
3. Community Driven Projects (from a DHHS-defined menu)

The graphic below provides a visual representation of the organizational structure of Integrated Delivery Network: Region 7, including relevant workgroups.



Assets and Gaps

As identified above, the process for identifying regional assets and gaps included one-on-one meetings, community meetings and events, focus groups, key informant interviews and staff research. There were a significant number of gaps and barriers identified, as well as some various needs related to communication and collaboration across the continuum. Assets were identified using the Carroll County Substance Misuse Treatment Program Resource Guide¹², Carroll County Resources Directory website¹³, the nhtreatment.org website, and through significant community knowledge and input.

CONTINUUM OF CARE SYSTEM NEEDS

Description	CoC Component*
GAPS	
<ul style="list-style-type: none"> Limited prevention programming for middle and high school students in southern Carroll County; policies and practices not updated 	P
<ul style="list-style-type: none"> Lack of prevention programming in recreational centers 	P
<ul style="list-style-type: none"> Gaps in training for social service providers 	P
<ul style="list-style-type: none"> Very limited treatment/recovery options for teens 	T, R
<ul style="list-style-type: none"> Very limited support options for teens with loved ones experiencing addiction 	P
<ul style="list-style-type: none"> Limited assessment/screening options in medical facilities 	P, T
<ul style="list-style-type: none"> Limited options for MAT, IOP, residential treatment 	T
<ul style="list-style-type: none"> Limited options for recovery 	R
<ul style="list-style-type: none"> No local training for providers; most trainings happen in Concord requiring traveling time, missing work, etc. 	P, T, R
<ul style="list-style-type: none"> Limited to no options identified specifically for women; except Birthing Program 	P, T, R
BARRIERS	
<ul style="list-style-type: none"> Facility approval/licensure is complex, unclear and time-consuming 	T
<ul style="list-style-type: none"> Providers: Too many insurance companies, complex requirements for processes, billing, etc. 	T
<ul style="list-style-type: none"> Limited access to facilities statewide, long waits for treatment 	T
<ul style="list-style-type: none"> Limited LADCs/MLADCs willing to work with opiate addiction 	T
<ul style="list-style-type: none"> Limited training of Mental Health Counselors in assessment/treatment /referral options 	P, T, R
<ul style="list-style-type: none"> Limited to no communication across sectors 	P, T, R
<ul style="list-style-type: none"> Individuals: High uninsured, challenges figuring out how to get coverage, costs 	T
<ul style="list-style-type: none"> Challenges with communications between following: Medical - Behavioral; Behavioral - Behavioral; and Medical - Medical 	C

¹² Carroll County Substance Misuse Treatment Programs Resource Guide: www.c3ph.org

¹³ <http://carrollcountyresources.weebly.com/>

Description	CoC Component*
<ul style="list-style-type: none"> Facilities: Lack of available workforce 	T
<ul style="list-style-type: none"> Lack of affordable housing 	P, T, R
<ul style="list-style-type: none"> Lack of available sober housing 	T, R
<ul style="list-style-type: none"> Lack of inpatient detox for alcohol and opiate misuse 	T
<ul style="list-style-type: none"> No funding to help with purchasing/leasing buildings, bringing to code, etc. 	R
<ul style="list-style-type: none"> Lack of available/free childcare to support treatment/recovery 	T, R
<ul style="list-style-type: none"> Limited transportation 	P, T, R
<ul style="list-style-type: none"> High “no-shows” reduce interest in Mental Health providers to provide services 	T
<ul style="list-style-type: none"> Lack of affordable/free inpatient treatment in the County; Preparations to enter in-patient treatment that include the need for a physical, NH ID, background check 	T
<ul style="list-style-type: none"> The stigma associated with substance issues is a barrier in all areas and impacts all involved from professionals/community/individuals 	P, T, R
<ul style="list-style-type: none"> Limited awareness of options/approaches for treatment/recovery 	T, R
<ul style="list-style-type: none"> Access to free medical/behavioral support 	P, T, R
COMMUNICATION	
<ul style="list-style-type: none"> There is a lot of activity throughout the county; Need to reach out to existing groups to provide information about Continuum of Care components 	P, T, R
<ul style="list-style-type: none"> Need to improve communication and understanding about substance issues with elected officials/towns/schools 	P, T, R
<ul style="list-style-type: none"> No area hotline; Need education/guidance to report drug-dealing activity 	P, T, R
<ul style="list-style-type: none"> Improve professional (behavioral/medical health care) understanding/communication towards improved practices assessing and referring clients 	P, T, R
COLLABORATION	
<ul style="list-style-type: none"> Need to identify approaches to keep professionals informed and support collaboration 	P, T, R
<ul style="list-style-type: none"> Support process to keep information updated with 211/nhtreatment.org/Carroll County resource network 	P, T, R
<ul style="list-style-type: none"> Improvement is needed to engage social service groups/pantries, etc., about the work and resources available in the community 	P, T, R

*KEY: Prevention (P), Early Identification & Intervention (I), Treatment (T), Recovery (R), Coordination with Primary and Behavioral Health Care (C)

CONTINUUM OF CARE SYSTEM ASSETS

There were several assets identified throughout the Continuum of Care system in Carroll County. The following table represents the strongest assets available within each Continuum of Care component. It

should be noted that while these programs and strategies were identified as community assets, there are also significant opportunities for improvement and expansion to better meet the needs of residents.

Prevention	<ul style="list-style-type: none"> Health Care Screenings Parent Education & Support Student Assistance Programs
Early ID & Intervention	<ul style="list-style-type: none"> SBIRT Student Assistance Programs Crisis Counseling
Treatment	<ul style="list-style-type: none"> Medication Assisted Treatments Treatment for Pregnant Mothers Dual-diagnosis programming
Recovery	<ul style="list-style-type: none"> Programs Addressing Social Determinants (welfare, child care, clothing, food, transportation) Police Assisted Addiction and Recovery Initiative (PAARI) Group Recovery Meetings

Upon the completion of the Assets and Gap Analysis, the following priority areas were identified:

<u>CoC Component</u>	<u>Priorities</u>
Prevention	<ul style="list-style-type: none"> Increase Prevention Activities & Awareness Increase Business Knowledge & Support
Early Identification & Intervention	<ul style="list-style-type: none"> Develop Screening Processes Across Sectors Develop Consistent Referral Process Across Sectors
Treatment	<ul style="list-style-type: none"> Increase Transportation Options Increase Access to Affordable/Safe Housing Increase Access to Insurance Encourage Provider Education Regarding Treatment Options Increase Access to and Development of Treatment Services for all substances
Recovery	<ul style="list-style-type: none"> Increase Access to and Development of Recovery Services
Other	<ul style="list-style-type: none"> Increase Employment During Treatment/Recovery Improve Communication Between Providers Address Social Determinants of Health

IV. Planning

The region has used 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 is ongoing and based on the identification, engagement and input of diverse community stakeholders, and the integration of new information/data as it becomes available.

Planning Process & Model

The ACPIE (Assessment, Capacity, Planning, Implementation, Evaluation) 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.



The planning process for the development of the Continuum of Care in Carroll County began with the initial roundtable held in the summer of 2014. The purpose of this roundtable was to bring together key stakeholders from all components of the continuum to break down silos and begin to develop a vision for addressing substance use disorders in a more comprehensive manner. Additional activities were implemented throughout 2014-2015 to provide education, outreach and engagement to the Public Health Advisory Council (PHAC) to ensure the existence of informed community leaders. Training needs of the PHAC were determined, subject matter experts were engaged, and educational sessions were held. Additional efforts to engage prevention, intervention, treatment and recovery service providers included one-on-one meetings to identify geographic distribution and levels of service available in the region. These outreach efforts focused primarily on the assessment and capacity building steps of the framework.

In 2016, the Carroll County Coalition of Public Health became an initiative of Granite United Way. This partnership was put in place to bring additional resources and capacity to the region. The CoC Facilitator was hired during this transition. Prior to the hire of the CoC Facilitator, the CoC activities were organized and overseen by the C3PH Substance Misuse Prevention (SMP) Coordinator. Once the CoC Facilitator

was hired in November 2015, additional outreach efforts became possible and were implemented from November 2015 through June 2016, when the CoC Facilitator resigned her position. Since that time, as efforts take place to recruit a new CoC Facilitator to meet the unique needs of the region, the majority of CoC responsibilities have been accomplished through the C3PH Substance Misuse Prevention (SMP) Coordinator, PHAC Coordinator and volunteers. (see Appendix A for list of activities to date).

Partner Engagement

Significant outreach has been conducted throughout the Carroll County region to engage and involve partners in the Continuum of Care Development process. Engagement efforts took place through the PHAC, the Roundtable, the Prevention Leadership Team, one-on-one meetings, and other community events and activities.

The general membership of the C3PH PHAC has diverse representation and has contributed individually and through formal workgroup sessions that are addressing the community health priorities as identified in *Carroll County Promise 2020*, the Community Health Improvement Plan (CHIP) for C3PH. The current membership of the C3PH PHAC Executive Committee is included in Appendix B. The work of the CoC, such as the regional assets and gaps assessment that was completed, is integral to achieving the objectives in each of the health priorities, particularly concerning access to comprehensive behavioral health services and substance misuse and addiction.

The following partners have contributed to the Continuum of Care Development process:

- Tri-County Community Action Program
- Memorial Hospital
- Huggins Hospital
- Saco River Medical Group
- White Mountain Community Health Center
- Ossipee Family Planning and Teen Clinic
- T. Murray Wellness Center
- Tamworth Community Nurse Association
- Visiting Nurse Homecare and Hospice
- Central NH Visiting Nurse Association
- Service Link of Carroll County
- Northern Human Services
- Sinfonia Family Services of New Hampshire
- Governor Wentworth Regional School District
- Moultonborough School District
- SAU9
- SAU13
- Children Unlimited: Carroll County Family Resource Center

V. Implementation

Using information garnered during the planning process, the region plans to implement the following proposed actions through shared responsibility with regional stakeholders. All work will be done in

keeping with the overall vision stated earlier 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. Whenever possible, plan implementation will be enhanced by the inclusion of new stakeholders and adapted based on new information and data as it becomes available. New stakeholders will be matched to proposed actions and kept informed of the barriers and challenges of implementation and evaluation of outcomes. This is vital to being able to access the funding provided from the 1115 Medicaid Transformation funding as well as other future funding opportunities. Implementation will include the following categories: Integrated Delivery Network (IDN) Community Projects; Access to Comprehensive Behavioral Health Services; and Substance Misuse and Addiction. These areas of focus align with existing efforts and the newly revised Carroll County Community Health Improvement Plan (CHIP).

Integrated Delivery Network (IDN) Community Projects

The state-wide and core competency projects IDN's are required to implement under the 1115 Medicaid Waiver Program will support the community projects, all of which will serve as strategic approaches to address many of the CoC objectives. The community projects to be implemented across the IDN #7 region include:

1. **Care Transitions:** *Care Transition Teams*

Time-limited transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital to the community. Target population is adults with serious mental illness transitioning from the hospital setting into the community.

2. **Capacity Building:** *Expansion in Intensive SUD Treatment Options*

Expand IDN capacity for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling.

3. **Integration:** *Substance Use Treatment and Recovery Program for Adolescents and Young Adults*

Expand IDN capacity to deliver evidence-based interventions that have been shown to reduce substance misuse and risky behaviors among adolescents and young adults, and lead to abstinence, full recovery, and restoration to a healthy lifestyle. Core components of project are expansion of capacity to deliver treatment and expansion of screening and assessment. Should

be: **Community Based Integration:** "Enhanced Care Coordination in High Needs Populations: Enhance care coordination among health care professionals, health centers and hospitals, specialists, pharmacists, mental health professionals, substance use disorder professionals and community services and resources in order to improve patient-centered, coordinated care.

Access to Comprehensive Behavioral Health Services: Goals, Objectives and Strategic Approach

GOAL	Improve access to a comprehensive, coordinated continuum of behavioral healthcare services in Carroll County by 2020.
OBJECTIVE 1	Increase awareness and decrease stigma of behavioral health issues
OBJECTIVE 2	Increase collaboration and education with agencies, businesses, individuals and the general public to address specific issues including suicide, depression and feelings of hopelessness and isolation
OBJECTIVE 3	Reduce rate of suicide deaths and suicide attempts by adolescents each year (NH SHIP)
OBJECTIVE 4	Reduce number of hospital emergency department visits for mental health
OBJECTIVE 5	Improved access to mental health screening, prevention, and early intervention for residents through primary care settings
OBJECTIVE 6	Increase access to affordable health insurance coverage
STRATEGIC APPROACH	
Provide public education on the importance of behavioral health to overall health, especially as it relates to chronic disease and substance use disorders	
Provide trainings and resources to the business community regarding behavioral health issues and the impact it can have on workforce productivity	
Provide trainings and resources to the school community that can provide early identification, intervention and referral for students with behavioral health issues to better recognize and effectively respond to warning signs of suicide risk	
Identify and develop key components of a comprehensive system of care for behavioral health services	
Promote information and referral resources among providers and within communities	
Promote services of certified health insurance navigator at White Mountain Community Health Center and other locations when available	

Substance Misuse and Addiction: Goals, Objectives and Strategic Approach

GOAL	Prevent and reduce substance misuse (including alcohol, marijuana and prescription drugs) among all generations in Carroll County by 2020.
OBJECTIVE 1	Enhance the capacity of the Carroll County Prevention Network and its partners to effectively address substance misuse across the lifespan in the

	region
STRATEGIC APPROACH	
Increase network membership by 20% by 2019	
Increase sector representation within the network to include, at a minimum, 5 members from each sector by 2019	
Increase the knowledge and skills of network members to promote, implement and evaluate sector-based initiatives throughout the region	
OBJECTIVE 2	Reduce drug-related overdose incidents and deaths each year (NH SHIP)
STRATEGIC APPROACH	
Work with emergency services and others to make naloxone more readily available	
Work with law enforcement in the county to increase referrals to treatment for drug offenses	
Advocate for increased treatment services throughout Carroll County, with special attention to the middle of the county where there are few services at the present time	
OBJECTIVE 3	Increase public awareness relative to the harm and consequences of alcohol and drug misuse
STRATEGIC APPROACH	
Produce and disseminate effective messages for a range of topics, public audiences and media channels	
OBJECTIVE 4	Prevent and reduce substance misuse (including alcohol, marijuana, prescription drugs) among youth and young adults (12-25) by 2019
STRATEGIC APPROACH	
Increase community education and training through information, dissemination and education	
Provide feedback and disseminate information on current policies and provide resources on evidence-based policies, practices and programs for implementation	
Decrease access to alcohol, marijuana and prescription drugs	
Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes	
OBJECTIVE 5	Reduce substance misuse (including alcohol, marijuana, prescription drugs) among adults (25+) by 2019

STRATEGIC APPROACH	
Increase community education and training	
Provide feedback and disseminate information on current policies and provide resources on evidence-based policies, practices and programs for implementation	
Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes	
OBJECTIVE 6	Promptly respond to and prevent harms associated with emerging drug threats in the Carroll County Public Health Region
STRATEGIC APPROACH	
Increase data collection and monitoring efforts among key stakeholders to identify emerging issues of concern related to substance misuse	
As emerging issues arise follow the Strategic Prevention Framework and develop and implement appropriate research based strategies to address concerns	

VI. Evaluation (and Monitoring)

The Carroll County Coalition for Public Health (C3PH) will work with funders, technical assistance providers, and community stakeholders to evaluate and monitor the Continuum of Care Development Plan on an ongoing basis. Objectives that have been selected are readily measurable on an annual basis. To address each objective, a small group of promising, evidence-informed strategic approaches were identified that are already underway or can be embarked upon by county-wide workgroups to make a difference. Workgroups will identify specific, attainable benchmarks which will be selected to align with key objectives outlined in the NH State Health Improvement Plan, as well as objectives identified in the Memorial Hospital and Huggins Hospital Community Health Needs Assessments. Benchmarks identified by the workgroups will be presented to the Public Health Advisory Council Executive Committee for endorsement. Data indicators will be used to measure our progress and hold ourselves accountable. C3PH, in partnership with other organizations and individuals participating in our PHAC, is applying the principles of a Collective Impact approach to solve these complex public health priorities.

VII. Conclusion

With the completion of C3PH's Carroll County Promise 2020 CHIP, Substance Misuse Prevention Strategic Plan 2016-2019, and Continuum of Care Development Plan, we now look forward to making our public health priority goals, objectives and strategic approaches a reality. Working together through a model of collective impact with our community partners, we will strive to increase communication and awareness among all Carroll County residents in the implementation of our mutually reinforcing public health strategies. We will focus on promising solutions that bring out the best of local ingenuity,

collaboration and mutual aid that are at the heart of Carroll County as we strive to achieve our vision that all Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all phases of life.

Appendix A:

Partner Engagement Activities

The following partner engagement activities were completed in 2016:

Prevention:

- Partnered with local high school to conduct two forums, one targeting students and a later forum for parents. The forum included inviting the community providers in for a resource fair, food, and interactive presentations.
- Presented on the strategic framework at the NH State Governor's Summit.
- Met with legislators to discuss the work of the CoC and their needs.
- Evaluated presentations that can be used to provide technical assistance or engage groups on topic areas that would generate interest in the community.
- Participated in a local hospital's community assessment forum and legislative luncheon.
- Continued process of meeting with SUD/MH providers and organizations to support continuing education/collaborative meetings.
- Participated in a local hospitals' community assessment forums and legislative luncheon.
- Meetings with community partners have resulted in consideration of screening for alcohol and drugs in other sectors such as visiting nurses, an area high school, local physicians, hospitals, etc.
- Discussion with local community college about issues with students who are in treatment.
- Engaging business organizations/chambers of commerce and local business owners to discuss needs, opportunities, and readiness.
- Planned and implemented a business forum in the northern county for businesses.
- Presented information from the Assets and Gaps report and input from leadership/community on projected areas of focus for the CoC to the CoC/Prevention Leadership team and the PHAC
- Raising awareness of funds such as the SAP grant and potentials to partners such as the recreation depts., and schools
- Participated in 1115 Medicaid Transformation Program planning process with IDN#7.
- Conducted Narcan Training and Community Forum in Tamworth with partnership with Tri-County Community Action Program. Another training has been requested for the near future.
- Attended Carroll County House of Corrections partner meetings to discuss their work on addressing addiction in through development of an Inmate Transition Program.
- Held a meeting to bring together community partners interested in forming local coalitions. Work will continue to be done in working with existing groups (MWV Supports Recovery and White Horse Addiction Center) to determine ways C3PH can be of support.
- Partnering with local high school in planning of a community discussion regarding the film "Chasing the Dragon"
- Participated in Prevention Leadership Team Meetings.

- Attended multiple seminars and meetings for continuing education, networking and to learn about new resources to bring to local communities.
- Offered opportunity to hold a business forum in the southern part of the county to respond to business needs and community needs.

Intervention

- Connecting with all SAP staff in Carroll County to determine training/resources needed.
- Participating in SAU9 Health and Wellness Committee Meetings.
- Continuing partnership with law enforcement through Drug-Take Back Day as well as being a resource and avenue of communication regarding P.A.A.R.I, ACERT and Regional Access Point Program.
- Attended a Welfare Training Workshop for Carroll County social service organizations
- Attended Gov. Wentworth Volunteer Coop meeting
- Member of Mt. Washington Valley Regional Collaborative's Advisory Council addressing the social determinants of health in northern Carroll County

Treatment

- Attended Parity Workshop in Concord and provided a presentation about Parity in Health Insurance to Memorial Hospital Care Transition Team. A similar event has been offered to Huggins Hospital.
- Participation in the organization and project planning process meetings for IDN#7
- Continue to stay informed and promote the Families in Transition project coming into Wolfeboro

Recovery

- Continue to support organizations who are considering locating to our area to provide treatment by connecting them with local resources, realtors, etc.
- Became a member of the Regional Coordinating Council to help investigate way to address the transportation challenges in Carroll County for access to services across the continuum of care
- Continue to stay informed and promote Carroll County House of Corrections Inmate Transition Program.
- Promote RAP program to a variety of community sectors.

**Appendix B:
Public Health Advisory Council Executive Committee**

Name	Organization
Doug Wyman	Chief of Police/Sandwich
Sandy Ruka	Visiting Nurse Homecare and Hospice
Sue Ruka	Director of Population Health/Memorial Hospital
Kristy LeTendre	TCCAP Director of Clinical Services
Patricia McMurry	White Mountain Community Health Center
Victoria Laracy	Mt. Washington Valley Regional Collaborative
Jane MacKay	Area Director of NHS/Clinical Director NHS
Schelley Rondeau	Central VNA
Pamela Clay-Storm	SAU9 Health and Wellness Chair
John Whittier	Ossipee Concerned Citizens
Ed Butler	NH State Rep
Jason Henry	Superintendent/Carroll County House of Corrections
Monika O'Clair	Community Outreach/Huggins Hospital
Marian Gill	ServiceLink Director
Chuck Henderson	Shaheen Rep

Appendix C:
IDN #7: Carroll County Partner Organizations

Northern Human Services
Children Unlimited
Gibson Center for Senior Services
Wolfeboro Senior Center
ServiceLink
Starting Point
Tri County Community Action Program
Goodwin Community Health Center/WIC of Carroll County
Carroll County Department of Corrections
Mountain View Nursing Home
Central NH VNA & Hospice
Visiting Nurse Homecare and Hospice of Carroll County
Tamworth Community Nurses
Huggins Hospital
Memorial Hospital
Mineral Springs Nursing Home
T. Murray Wellness Center
Saco River Medical Group
White Mountain Community Health Center
Carroll County Coalition for Public Health (C3PH)Public Health Advisory Council (PHAC)
Mt. Washington Valley Psychological Services
Child and Family Center for Wellness
Sinfonia

(as of Nov. 2016)