

## CARROLL COUNTY RESPONDS TO SUBSTANCE USE DISORDER MINUTES – February 2, 2021

Prevention – Continuum of Care Workgroup

Meets First Tuesday of Feb, Apr, Jun, Aug, Oct, Dec.

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[Minutes December 1, 2020](#)

### Introductions and attendance

Attendees: Janice Spinney, Valeda Cerasale, Cathy Livingston, Rose Normandin, Adriane Apicelli, Kristen Gunn, Stacie Leclerc, Denise White, Heather Phillips, Jen Doris, Candi Kane, Denise White, Katie Foster, Christian Seasholtz, Meghan Varhegyi, Catalina Kirsch, Kim Perkinson, Caleb Gilbert

### Harm Reduction in Carroll County – Challenges and Opportunities Listening Session

Guest Speaker: Adriane Apicelli, Harm Reduction Education and Technical Assistance, UNH

Project Manager for the University of New Hampshire’s Harm Reduction Education and Technical Assistance (HRETA), a project focused on understanding and advancing community harm reduction in New Hampshire. This listening session information will serve to assess and inform support for your PHN in developing harm reduction strategies.

Kerry Nolte spoke at a Carroll County SUD meeting in the past to introduce the project. Kerry worked to establish “academic detailing” as an evidence-based method for disseminating information to new practices. The first phase of this project focused on healthcare providers and second phase focused on pharmacists (had to use a survey method, due to COVID). Heard back from 175 pharmacists. Low numbers sold syringes(50%) and filled MAT medication prescription. 16% had no standing orders for Naloxone distribution. The project conducted follow up outreach to pharmacists. Second phase also focused on ERs/EDs in order to get resources on harm reduction to ER/ED patients. Some resources were developed but not yet distributed as focus statewide shifted to COVID response. In person academic detailing has shifted to virtual meetings. Phase 3 is utilizing a “collective impact” model working with PHNs. Will use PHN partnerships to assess harm reductions through information sharing and gathering sessions such as today’s session.

NH HRETA Has resources to share. Training modules are now available online as 1 hour webinars and qualify for CEUs.

Stakeholders were asked about how and to what extent they follow best practices in the categories listed below in regard to Harm Reduction. Notes on partner responses are listed.

*Best Practice Assessment:*

*Use of Person-First Language:*

MWV SR – They avoid using clinical terms and focus on the person they are engaged with, not the SUD condition they have.

Huggins did stigma reduction training with practices: beyond language, these education efforts also focused on body language and non-verbal cues. There is an ongoing need to address this, as practitioners deal with patients that present challenges.

*Communication Among Providers Across the Continuum:*

Groups Recover Together works with recovery partners to seek resources and information for the people they serve.

C3PH Efforts: Carroll County Responds to SUD; the Community Health Collaborative meeting; IDN 7 Grant Collaborative project: MAT services, SUD Services, CC House of Corrections parenting resources, Crossings program. Upcoming 2-year SUD services expansion grant will represent a collaboration among various partner agencies, organizations to support workforce development, training and other related services.

*Involve People with Lived Experience in Program Planning and Evaluation:*

MWV SR: Advisory Board is combining with Board of Directors, this will result in 50% of Board members with lived experience.

C3PH Included engagement of people with lived experience into priorities set under the Access to Comprehensive Behavior Health Services in the next 5-year Community Health Improvement Plan;

*Ensure Low-Barrier Access to Services:*

Huggins anti-stigma training efforts: training was offered 2 years ago, hoping to bring more opportunities in the future.

Memorial looking to increase anti-stigma training efforts. Extensive emergency department staff training completed related to mental health and safety in crisis management.

MWV SR – Incorporate low-barrier services wherever possible- meeting people where they are at (literally); conducting phone outreach; assisting the people they serve with services to assist them in

other areas of health care; online services are offered; provide other services such as food, connecting people to services, etc. Two staff are trained in harm reduction.

*Infection Prevention:*

MWV SR - COVID disrupted some training efforts. Have MOUs with local healthcare providers to conduct test for infectious diseases.

MWV SR operates a syringe service. Use a kit for syringe services. COVID has caused a decrease in access to these services.

*Access to Naloxone:*

MWV SR – Supplied with Narcan from NH Doorway. Work with local partners to supply them with Narcan. Have a Narcan supply at the center. Work with families to help provide information on financial assistance

Huggins Providers can prescribe Naloxone to families. Working to increase efforts to supply Naloxone to practices and departments within the hospital footprint.

Groups Recover Together prescribes Naloxone with 11 refills to participants.

*Screening, and Referral to Treatment*

SBIRT and other screening options are offered in health care partner settings. The Healthy Families America Home Visiting program at Central NH VNH uses SBIRT screening tools for parents.

Huggins is operating an Integrated MAT program throughout practices. Can refer to providers within the Huggins system. Huggins has five MAT waived providers. Some services are available via telehealth under COVID19.

Northern Human Services screens at intake and offers referrals if needed.

Memorial Women's Health Services uses screening tools to help identify and refer women who may need SUD services.

White Mountain Community Health Center integrates SBIRT into primary care for all patients 12 and over.

*How has COVID impacted regional service delivery:*

MWVSR: Seeing an increase in issues related to alcohol use. 75-80% of recovery coach response to the emergency department at Memorial is for cases related to alcohol. On the positive side, coaches have seen willingness to go to treatment improve under COVID.

Memorial ED did observe an increase in issues related to methamphetamine over the summer.

Peer recovery supports in the ED have helped to connect ED patients with many services, SUD services and beyond.

Carroll County does operate a Drug Court and the Carroll County House of Corrections operates a reentry program entitled TRUST Program. This program establishes transition and aftercare services for people leaving the jail with history of SUD.

If you are so inclined, you can take a few minutes to provide some initial thoughts on your region via this survey link:

[https://unh.az1.qualtrics.com/jfe/form/SV\\_37AGAN33fSEq6vH](https://unh.az1.qualtrics.com/jfe/form/SV_37AGAN33fSEq6vH)

### Focus on Prevention: Brief Updates and Adjustments in face of COVID-19 – Kim Perkinson

Kim Perkinson, C3PH Substance Misuse Prevention Coordinator: COVID has caused disruption in many prevention efforts, but Kim has been reaching out to schools regarding prevention programming.

Kennett: Life of an Athlete program is still operating.

Kingswood: Life of an Athlete on Hold, Young Adult Leadership Team is on hold due to COVID. Will continue to offer support and resources. Spring Drug Take Back Day will be Saturday, April 24th, 2021, 10 am – 2 pm.

Jen Doris, Office of Social Emotion Learning: Working with group of consultants provide resources to school, processing grants directly to SAUs. Jen is new to this position and still learning/sorting everything out.

Cathy Livingston, Family Connections Resource Center at Children Unlimited: Still engaging with families remotely – this helps expand services for some families. Working with SAU 9 to provide food to 33 families in MWV.

Kristen Gunn, Workplace Success: looking for resources for families that she works with. Currently servrs TANF recipients and stress level is high.

### Focus on the Continuum of Care (Early Identification/Intervention, Treatment, Recovery)

Updates from the Field. Adaptations to service delivery under COVID-19 – Catalina Kirsch

IDN7 Carroll County SUD Expansion Project -2 yr

Early ID/ Intervention.

Treatment

Recovery

Heather Phillips, Memorial Hospital: Memorial ED is observing an increase in alcohol related issues in the ED. Seeing a slight increase in adolescent substance use. Memorial is still working to increase MAT capacity. Still trying to recruit an MAT waived provider, but it is tough to recruit due to housing shortages in the Valley. COVID-19 is dominating the current landscape, working through Vaccination Phase 1B.

Denise White, Huggins Hospital: IMAT program is continuing, using telehealth wherever possible. COVID-19 response is currently. Community Health Workers are providing service virtually. Have been a useful resource

for patients. Recovery supports in the ED – everything has been formalized with White Horse and services are ready to be provided.

Candi Kane, Groups: Providing all services via telehealth. Have seen an increase in people from Maine accessing services. Telehealth has helped to expand to Maine. Step-down program is operating for folks who are ready to try and scale back SUD treatment services. Trying to promote people carrying NARCAN on them. Work with people they serve to access NARCAN.

Nicole Jackson, Memorial New Life: Still operating, mostly remote. Making sure all are still receiving prenatal services. Also promoting NARCAN for program participants. Looking to streamline NARCAN distribution with NH Doorway site. Lower barrier to get NARCAN through hospital versus having to go to pharmacy.

Valeda Cerasale, Northern Human Service: Drug Court 4 new clients, ACT team seeing some increases in substance use issues. Stress from COVID is causing issues for people living with mental illness.

Stacy Leclerc, Blue Heron: 3 new LADCs and new Licensed mental health care provider have joined practice. Starting an MAT program. Signed on as the provider for Impaired Driver Program with State of NH. Friendship House is not currently open, but some services will be offered out of the location in the near future.

Katie Foster, New Futures: Working to prepare for budget season. The Governor’s budget is anticipated to be released in February and New Futures is hosting virtual Community Conversations to bring PHN partners to the table to ensure legislators hear about public health priorities. C3PH is working with New Futures to bring one to our County in February – stay tuned for updates.

Chrstian Seasholtz, Rep. Pappas Office: Rep. Pappas is heading back to DC. Focusing on COVID relief package and telehealth beyond COVID.

Catalina Kirsch, C3PH: Excited to start working on the IDN Region 7 Carroll County SUD Services Expansion Project. Stay tuned for more info.

10:30 Adjourn.

**NEXT MEETING:** via [ZOOM.COM](https://zoom.us), April 6, 2020, 9:00-10:30.

You are invited to a Zoom meeting.

When: Feb 2, 2021 09:00 AM Eastern Time (US and Canada)

Register in advance for this meeting:

[https://us02web.zoom.us/join/zoom/register/tZAqcuqorTwqG9BiWWIJSk3pt6\\_KPLsGQvwz](https://us02web.zoom.us/join/zoom/register/tZAqcuqorTwqG9BiWWIJSk3pt6_KPLsGQvwz)

After registering, you will receive a confirmation email containing information about joining the meeting.

Thanks for all you do! If you would like to unsubscribe from this email list, send a message that says “unsubscribe” to [continuum@c3ph.org](mailto:continuum@c3ph.org).

Catalina Kirsch, [continuum@c3ph.org](mailto:continuum@c3ph.org); Kim Perkinson, [prevention@c3ph.org](mailto:prevention@c3ph.org)