

Strategic Plan

Introduction:

Monadnock Regional Community Opioid Response Program Planning (MRCORPP) will be developing a comprehensive community health plan that supports and sustains all components of the continuum of care, including prevention, treatment and recovery for individuals, families, communities and others impacted by opioid use disorder. As part of the vision for the MRCORPP strategic plan is to decrease stigma, increase immediate appropriate access to care for individuals seeking treatment or care, improvement in life domains for the community and individuals. The Strategic Planning Committee met to conduct activities that have informed the development of the following plan. The Committee reviewed the GAP Analysis, the Needs Assessment and other data collected to identified areas for opportunity within the Monadnock Region in development of the strategic plan. The Committee focused on three major buckets – prevention, treatment and recovery. The Committee has identified areas of life domains needing immediate change as outlined in the plan. As part of the sustainability of the strategic plan it is recommended the county will hire a full time program director to enhance and ensure designation and implementation of the outlined objectives, strategies and activities. Each outlined objective will serve as an outline of expectation for each identified and further developed committee (examples: Education Committee, Prevention Committee, Level of Care Committee, Housing Committee, etc.) In conjunction with community agencies and initiatives, the Strategic Committee is collaborating to strengthen already and newly forming partnerships.

A. Assessment Summary

Briefly summarize the relevant data regarding the overall problem identified in your needs assessment.

As outlined in the Needs Assessment, conducted by Southwest Region Planning Commission, The assessment identified specific areas related to geography, economic, cultural and other barriers that impact prevention, treatment and recovery. The overall findings, in the Needs Assessment Report, identified “out of 10 counties in New Hampshire, Cheshire County had the second highest opioid mortality rate in 2018, at 3.5 per 10,000 people.” The assessment reported, “each death, there are many more nonfatal drug overdoses in New Hampshire and in the Monadnock Region. One way to track and understand trends in this impact and make comparisons between geographic areas in New Hampshire is through emergency department visits. Statewide, opioid related hospital visits increased significantly in 2014 to a historical high (period 2000-2015) of 1,769 discharges in 2015 (13.98 age-adjusted rate per 10,000 population). Men were also much more likely to be treated in an emergency room than women in 2015 (17.59 per 10,000 population for men versus 10.22 per 10,000 population for women).” Other research outlined in the assessment indicated, “Since 2015, statewide emergency department visits increased to over 50 per 10,000 population in 2017. In comparison, Cheshire County visits were 20.44 per 10,000 population in 2017, the second lowest rate (by county) in the State³⁵. Although no specific data was available by hospital service area or public health region, the rate would suggest a total burden of around 200 visits annually. Statewide, the data also continue to show disproportionate use of emergency department

visits by individuals age 20-39. These age groups accounted for approximately 69% of all visits.” The presented data outlines the significant need and gaps that are impacting the communities throughout the Monadnock Region.

B. Problem Statement

Concisely describe the priority problem based on your assessment data.

Untreated addiction is causing significant impact to individuals and community life domains. Based on the assessment, “Between 2017 and 2018, per capita administration of NARCAN decreased in the State from 20.66 per 10,000 population to 16.64 per 10,000 population.” Further information presented, “2018 saw the highest reported count of drug overdose deaths in Cheshire County (32), a substantial increase compared to 2017.”

C. Target Population-

Describe the individuals or groups most affected by the problems in your problem statement above.

Monadnock Region Opioid Response Planning Project has identified the following individuals and groups that have been significantly impacted by opioid use, overdose and mortality. As outlined in the grant application, “the target population is every citizen in the Monadnock region. Opioid use disorder is indiscriminate. Every person is at risk. Therefore it is a public health problem. Addressing the opioid crisis will serve all 108,000 citizens living in the 33 municipalities covering 900 square miles in the southwest corner of New Hampshire”. Additional information provided indicated, “Out of 10 counties in New Hampshire, Cheshire County has the second highest mortality rate to date in 2018, at 3.5 per 10,000 people (New Hampshire Drug Monitoring Initiative 2018). There was a 60% increase in deaths by opioid overdose in Cheshire County. The chief medical examiner projects 437 drug overdose deaths for 2018. One of those was a local teenager! Based on 2014 National Survey on Drug Use and Health data, an estimated 2,916 people live with substance use disorder in the Monadnock region. To complicate matters, we have only 15 psychiatrists (1 for every 194 people with substance use disorder) and psychologists and 54 licensed social workers and counselors to help these people (1 for every 54). This is a crisis!” The grant and research also indicated, “vulnerable populations are indeed more susceptible for having or developing opioid use disorders because the hardships they face correlate with increased rates of depression and discrimination, which may lead to increased drug use. These populations also have fewer services available to them due to affordability and accessibility.”

D. Goal

State the major changes in behavior that need to occur within your identified target population to achieve your vision.

Reduce the number of opioid overdoses and death in the Monadnock Region.

E. Long-Term Outcome

Define the change you are seeking to make in problems or behaviors.

Overall the strategic plan is developed to increase opportunities of improvable in life domains for individuals, families and communities that are suffering from opioid overdose and mortality. The vision of the plan is to increase recovery capita for individuals suffering from opioid use disorder, decrease overdose and mortality, decrease in the need for emergency room and first responder response, increase the number of providers to assist with access to care gaps, and to decrease stigma by increasing overall acceptance in the Monadnock Region.

F. Long-Term Outcome Indicators

List the indicators that will demonstrate you are making progress toward your goal.

The Strategic Plan is developed to provide outcomes over a 3 to 10 year period to allow for progress toward outcomes year by year and step by step. Region wide systemic approach for all stakeholders to come together to support common goal. As Phoenix House New England's vision states "we are passionate about healing individuals, families and communities challenged by substance use disorder and related mental health conditions."

Objective 1: Increase community education and awareness regarding Opiate Use Disorder prevention, treatment and recovery.

Intermediate Outcome: By September 2023, the participants in Opioid Use Educational programs in the service region, 50% will report an increased awareness of OUD prevention, treatment and recovery information as measured by program pre and post survey.

Intermediate Outcome Indicators:

- By September 2022, the participants in Opioid Use Educational programs in the service region, 35% will report increased awareness of OUD prevention, treatment and recovery information as measure by program pre and post survey.
- By September 2021, the participants in Opioid Use Educational programs in the service region, 20% will report increased awareness of OUD prevention, treatment and recovery information as measured by program pre and post survey.

Strategy: Increase knowledge on opioid basics and overdose prevention

Activities	Time Frame		Who is Responsible	Process Indicators	Short-term Outcomes
	Start Date	End Date			
To develop an Education Committee in collaboration with existing organizations to identify partners in the community to maintain direct oversight of education and awareness activities	Immediate	December 2020	Project Director, Executive Committee	Monthly meeting minutes, records of trainings maintained	Individuals participating in survey annually. Individuals participating in trainings
Hold training, provided by Consortium Members and Education Committee for partners, first responders, and community organizations on proper use of naloxone, harm reduction strategies, Signs and Symptoms of Substance Misuse, Evidence Based Treatment Models, STIGMA Training and other identified trainings – all trainings to be posted on website	Immediate	Ongoing	Project Director; Taskforce Leadership; Prevention Consultants, Community Education Committee, Consortium Members, Regional Prevention Coordinator, Behavioral Health Partnership Network	Listing of Current Available Resources and Messages; Implemented Marketing Campaigns; trainings organized; school based prevention activities organize	Individuals participating in survey annually. Individuals participating in trainings
Collaborate with local agencies currently providing take back boxes	Immediately	April October	Project Director, Executive	List of all local take back boxes	Increase the awareness of take back boxes

and ensure promotion of take back events and locations are on website.			Committee, Law Enforcement and local pharmacies		
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Objective 2: Increase access to all levels of care regarding Opiate Use Disorder prevention, treatment and recovery.

Intermediate Outcome:
 By September 30, 2023, increase the number of Healthcare Providers identifying and treating substance use disorder and/or opioid use disorder; in order to limit the supply of opioids through prescribed, dispensed or diverted by 15%.

Intermediate Outcome Indicators:

- By September 30, 2022, additional funding sources will be identified to support the growth and develop of at least 3 expansion projects to assist with access to care outlined in strategies and activities.
- By September 30, 2023, the workforce will expand by 10% to allow for an increase to support the growth and develop of at least 3 expansion projects to assist with access to care outlined in strategies and activities.

Strategy: Increase the Number of Healthcare Providers Identifying and Treating substance use disorder and/or opioid use disorder; in order to limit the supply of opioids through prescribed, dispensed or diverted.

Activities	Time Frame		Who is Responsible	Process Indicators	Short-term Outcomes
	Start Date	End Date			
To develop an Level of Care Committee in collaboration with existing organizations to identify partners in the community to maintain direct oversight of education and awareness activities	Immediate	December 2020	Project Director, Executive Committee	Monthly meeting minutes, records of trainings maintained	Individuals participating in survey annually. Individuals participating in trainings
Increase professional development through outreach and partnerships with federal agencies; professional organizations and graduate schools; provider training and technical assistance; use of trained peer professionals; and outreach to underserved populations.	Immediate	Ongoing	Leadership, Providers, Local Colleges/Universities, NH Training Institute, Center for Excellence	Number of trainings offered throughout the region, number of attendees for each training and training documents	Increase ability for easier availability for trainings, evaluation feedback, increase number of licensed staff for CEUs

In conjunction with the Behavioral Health Partnership Network, educate the medical community on the adoption of evidence-based policies, programs, and practices to prevent opioid misuse, and to diagnose and treat opioid use disorders and co-occurring substance misuse (eg, MAT, SBIRT, motivational interviewing).	Immediate	Ongoing	BHPN, Project Director, Committee Member, Cheshire Medical Center, Monadnock Community Hospital, Director of Regional Doorway Project	Number of trainings offered throughout the region, number of attendees for each training and training documents	Increase ability for easier availability for trainings, evaluation feedback
In conjunction with the Behavioral Health Partnership Network, facilitate collaboration between primary care and specialty care providers and the recovery community to support the development and implementation of comprehensive and integrated systems of care that provide the full spectrum of treatment and recovery support services for people with opioid use disorder.	Immediate	Ongoing	BHPN, Project Director, Committee Member, Cheshire Medical Center, Monadnock Community Hospital, Director of Regional Doorway Project		
Create a regional learning network for support staff such as nurses, medical assistants, case managers, and community health workers to discuss best practices and aid MAT service delivery, evidence-based practices	Quarterly	Quarterly	BHPN, Project Director, Committee Member, Cheshire Medical Center, Monadnock Community Hospital, Director of Regional Doorway Project		
Strategy: Increase the availability of long-term comprehensive addiction treatment.					
Activities	Time Frame		Who is Responsible	Process Indicators	Short-term Outcomes
	Start Date	End Date			
To support the comprehensive workforce development plan proposed by this committee	Immediate	Ongoing	Leadership, Providers, Workforce		

			Development Committee		
Advocate for the expansion and changes in Medicare that will increase levels of care	Immediate	Ongoing	Leadership, Providers, Workforce Development Committee		
Advocate for the expansion and changes in Medicaid that will increase levels of care	Immediate	Ongoing	Leadership, Providers, Workforce Development Committee		
Increase the number of certified peer support providers in communities through community partners recruiting, training and retaining this role.	Immediate	Ongoing	Leadership, Providers, Workforce Development Committee	# of Peer Support Certifications in Community; Training Documents	Increase Annually in Peer Support Services in Community; Support MARS Training Annually
Advocate, promote and sustain an increase the funding to allow for Doorway Programs to be in each hospital ER and/or facility 24 daily and 365 days a year	Immediate	Ongoing	Legislation, Funding Sources, Insurance Companies, Leadership, Advocacy, Volunteers	Funding resources for Doorway hours of operations, Number of individuals receiving appropriate level of care	Increase number of hours Doorway is open to allow access to care, increase number of individuals seen by Doorway and placement into appropriate level of care
Develop satellite offices for identified gaps in underserved areas	Immediate	Ongoing	Leadership, Providers, Volunteers, Recovery Supports	Decrease in the number of underserved areas having an increase in providers in their immediate location	Increasing the # of providers and services in the identified underserved location by 2023.
Strategy: Identify and support patients in greater risk of overdose					
Activities	Time Frame		Who is Responsible	Process Indicators	Short-term Outcomes
	Start Date	End Date			
Collaborate with First Responders and Law Enforcement to expand their role in the response to	Immediate	Ongoing	Leadership, local law enforcement, local first responders, Project Director,		

individual access services at time of need			Level of Care Committee		
Develop and disseminate educational and training materials to first responders and the public on how to respond to an opioid overdose with naloxone	Immediate	Ongoing	Leadership, local law enforcement, local first responders, Project Director, Level of Care Committee		
Collaborate with current trainers and providers to have easier access to local jails, hospitals, providers, etc. – to have easy access to naloxone (*Narcan to go bags – narcan, gloves, sharps container, etc.) upon exiting level of care	Immediate	Ongoing	Leadership, Funding Sources, Legislation, Local Health Department, Providers, Level of Care Committee	Reports of Naloxone distribution, change in NH governing laws surrounding Naloxone in provider office	Complete quarterly naloxone distribution days, increase distribution of naloxone to community
Develop partnership with the County and social service agencies to support staff in identification and referral as part of prevention, treatment and recovery services	Immediate	Ongoing	Level of Care Committee, Leadership, Project Director		
Aligning with Work Force Development Plan an increase in regional CRSW and Recovery Support Workers to enhance discharge coordination for people transition from inpatient and/or criminal justice systems.	Immediate	Ongoing	Level of Care Committee, Leadership, Project Director	Alignment with Workforce Development Plan to increase number of CRSW	Number of state approved certified CRSW
Collaborate with local Doorway and Recovery Coaches to coordinate with local treatment providers and criminal justice systems to ensure client education and linkages to community-based supports during transition from treatment and/or incarceration.	Immediate	Ongoing	Level of Care Committee, Leadership, Project Director	Linkage for individuals to receive services	Data of individuals served through Doorway

Objective 3: Increase information about and access to housing opportunity for individuals with Opioid Use Disorder in the Monadnock Region

Intermediate Outcome:

By September 30, 2024, increase the number of housing within the region to provide safe and recovery housing options by 10% as measured by the inventory and database compared to September 2021.

Intermediate Outcome Indicators:

- By September 30, 2023, 25% of towns in the service area will have at least one additional housing unit for safe and recovery housing for women and men and/or families as measured by the inventory and database compared to September 2021.

Strategy: Increase the number of recovery housing options within each of the counties within the Monadnock region.

Activities	Time Frame		Who is Responsible	Process Indicators	Short-term Outcomes
	Start Date	End Date			
To develop a Housing Committee in collaboration with existing organizations to identify partners in the community to maintain direct oversight of education and awareness activities.	Immediate	December 2020	Project Director, Executive Committee, New Hampshire Coalition of Recovery Residences standards	Monthly meeting minutes, records of trainings maintained	Individuals participating in survey annually. Individuals participating in trainings
Develop an inventory and database of safe and recovery housing options for individuals within the Monadnock Region.	Immediate	September 2021	Project Director, Executive Committee, Housing Committee	Monthly meeting minutes, records of trainings maintained	Individuals participating in trainings
Remain educated on statewide housing initiative and work collaboratively with existing housing community partners and New Hampshire Coalition of Recovery Residences standards	Immediate	Ongoing	Project Director, Executive Committee, Housing Committee, New Hampshire Coalition of Recovery Residences standards	Monthly meeting minutes, records of trainings maintained	Individuals participating in trainings

<p>Educate landlords related to Substance Use Disorder, Stigma, prevention/treatment/recovery options, New Hampshire Coalition of Recovery Residences, and other legal actions</p>	<p>Immediate</p>	<p>Ongoing</p>	<p>Leadership, Southwestern Community Services, HUD, Landlords, Providers, Volunteers, Peer Supports, Housing Committee</p>	<p>training attendance documents, community surveys, develop a web-based training and informational portal and track views, disseminate bi-annual newsletter to landlords and housing agencies related to educational areas.</p>	<p>At least one landlord in each community providing safe and recovery housing</p>
<p>Support and advocate for an increase the number of Transitional Living Programs and Recovery Houses within the Monadnock Region with Southwestern Community, HUD, Landlords and other Housing partners- New Hampshire Coalition of Recovery Residences</p>	<p>Immediate</p>	<p>Ongoing</p>	<p>Leadership, Housing Committee, Project Director New Hampshire Coalition of Recovery Residences</p>	<p>Identification of underserved populations related to target populations, statewide housing initiatives</p>	<p>Development of at least 1 TL/SH in each underserved location.</p>