

Sustainability Plan
MONADNOCK RURAL COMMUNITIES OPIOID RESPONSE PLANNING PROJECT
Cheshire County, New Hampshire
April 29, 2020

Grantee Organization	County of Cheshire, New Hampshire	
Grant Number	G25RH32929	
Address	12 Court Street, Keene, NH 03431	
Service Area	All twenty-three Cheshire County municipalities (Alstead, Chesterfield, Dublin, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Jaffrey, Keene, Marlborough, Marlow, Nelson, Richmond, Rindge, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland, and Winchester) and the eight towns in western Hillsborough County (Antrim, Bennington, Frankestown, Hancock, New Ipswich, Peterborough, Sharon, and Temple)	
Project Director	Name:	Suzanne Bansley
	Title:	Grants Manager
	Phone number:	603-355-3023
	Email address:	sbansley@co.cheshire.nh.us
	<ul style="list-style-type: none"> ● County of Cheshire ● Monadnock Family Services 	

Executive Committee	<ul style="list-style-type: none"> • Cheshire Medical Center
	<ul style="list-style-type: none"> • Phoenix Houses of New England
	<ul style="list-style-type: none"> • Keene Serenity Center

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.

Sustainability Plan (Goals, Objectives, Outcomes, Strategies/Activities)

Assessment Summary

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.

Problem Statement

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.”

Target Population

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.”

Goal and Objectives

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

Long-Term Outcome

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.

Long-Term Outcome Indicators

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.”

Goal 1: Maintain the participation and engagement of all Full Consortium members beyond the planning grant period

Objective #1 Increase funding available to support community collaboration to address for OUD and implementation of strategic plan strategies

Strategy: Consortium leadership and grant development team actively seek out and apply for funding

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Secure participation from current MRCORP Executive Committee members to meet monthly to maintain planning and development efforts.	08/20	8/23	Chair, Executive Comm.	None	Executive Committee meets monthly
Develop and implement plan for quarterly MRCORP Consortium meetings	9/20	8/23	Project Director	Staff time	Quarterly meetings are scheduled
Develop grant development team	3/20	5/23	County Grants Manager	In kind time of GM	Team meetings are scheduled weekly. Grant opportunities are shared with Executive Committee monthly. Grant application is submitted
Research grant opportunities	3/20	5/23	County Grants Manager	In kind time of GM	
Apply for HRSA RCORP Implementation grant and other grant funding	3/20	6/20	County Grants Manager	In kind time of GM	

Objective #2 Increase coordination efforts with Leadership Council for a Healthy Monadnock (LCHM), its SUD work group and with existing Community Health Improvement Plan

Strategy: Work with existing groups

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Convene meeting with LCHM executive committee to discuss pros and cons of coordination	5/20	9/20	Chair of Sustainability committee	None	Agreement/MOU is established for collaboration

Advocate with LCHM fiscal agent, Cheshire Medical Center, for CHIP funds to support consortium coordination services.	9/20	5/21	Chair of Sustainability committee	None	CHIP funds are made available to consortium
---	------	------	-----------------------------------	------	---

Goal #2 Develop a useful dashboard of outcome indicators that can determine whether OUD related improvement policies, practices or programs are having the desired effect.					
Objective #1 Identify and select existing state and federal sources of data that are available and relevant in serving as gauges of improvement.					
<i>Strategy: Review of existing data and prioritize relevant data for monitoring</i>					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Consult with Southwest Regional planning Commission about data sources used for needs assessment	9/20	12/20	Project Director Evaluator	Staff time	Existing data sources are utilized to create a dashboard.
Prioritize from the existing sources of data for dashboard.	12/20	5/21	Project Director Evaluator	Staff time	
Share and publicize dashboard on MRCORP website and with LCHM for utilization by Consortium members and community	5/21	ongoing	Project Director Communications Committee	Staff and in-kind time	
Objective #2 Implement a data reporting methodology using the data sources identified above and from activities of consortium					

Strategy: Create and maintain dashboard					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Determine timetable for refreshing data on dashboard	12/20	3/21	Project Director Evaluator	staff time	Dashboard is regularly updated
Share updates on website and in consortium communications	3/21	Quarterly	Project Director	Staff time	
Align data dashboard with funding source requirements	5/20	ongoing	Project Director Executive Committee	Staff time	

Goal # 3 Identify sources of new and existing funds that could come to the Region that would support the objectives in the MRCORP strategic and workforce plans.

Objective #1 Increase the awareness of Consortium members of funding opportunities that support the objectives of the current strategic and workforce plans through State and Federal resources.

Strategy: Communication with Consortium members

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
County grant manager will monitor, compile and disseminate information from the Federal Guide, Grants Watch and other funding databases.	5/20	5/23	Grant Manager	In-kind Cheshire County	Consortium members will have information necessary to see how on funding opportunities align with their capacity and needs
Invite state representatives from the Bureau of Drug Abuse Services to attend Consortium meetings and	9/20	Quarterly thru 5/23	Chair of Executive Committee	In Kind time	

engage them around funding needs					
Develop a database of relevant avenues of funding of federal state resources to advance career development and retention of SUD providers working in programs in the County include AHEC, Workforce Investment and Opportunities, State Load Repayment Program and Dept. of Agriculture.	9/20	Quarterly thru 5/23	Project Director Executive Committee Grants Manager	Staff time In kind time	
Assigned Each Executive Committee member with one federal or state source, research and report to Consortium via email monthly.	12/20	5/23	Executive Committee	In kind time	
Objective #2 Integrate the work of the Behavioral health Partnership Network (BPHN) into the aligned strategies of the MRCORP strategic and workforce plan (if they receive a no-cost extension on grant funding).					
Strategy: Collaboration between MRCORP and BHPN					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Orient Project Director to BHPN Educate Consortium members about BHPN and its alignment with MRCORP	8/20	10/20	Executive Committee	In kind time	Plan for integration is created

Identify synergistic components from both project	8/20	10/20	Executive Committee Project Director BHPN staff	Staff time In kind time	
Creating a plan for integration and maintenance of the collaboration	11/20	12/20	Project Director	Staff time	

Goal #4: Develop a system to quantify and to expand the capacity in the region across the continuum of care.

Objective #1 Increase the knowledge and utilization of telehealth and other technology advances as a method to accessing treatment services

Strategy: Education and monitoring of telehealth capacity and utilization

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Survey Consortium members on utilization of telehealth to create a baseline of current use	9/20	11/20	Workforce Committee	In kind time	Telehealth and other technologies are utilized
Monitor innovations promoted by HRSA, SAMHSA and other federal agencies and the private insurance industry where the impact of the COVID pandemic influences existing rules and practices.	9/20	Ongoing Thru 5/23	Project Director Chair Workforce Committee	Staff Time In kind time	

Monitor, evaluate and implement potential new capacities and parameters that treatment providers can utilize in the aftermath of the COVID 19 National Emergency around telehealth and other methods of extending services.	12/20	5/22	Workforce Committee Executive Committee	In kind time	
---	-------	------	--	--------------	--

Objective #2 Increase the capacity of continuum of care to provide services by 15% by September 1, 2023

Strategy: Align funding opportunities with community needs

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify benchmark capacities for prevention, treatment and recovery intervention capacities that already exist in the Region	9/20	1/21	Strategic Planning Committee Project Director	Staff Time In Kind Time	A capacity inventory is completed.
Link potential new funding to the identified gaps from the needs assessment.	9/20	ongoing	Strategic Planning Committee	In Kind Time	
Identify, collaborate and assist with the submission of six proposals to public and private funders relevant to the expansion of the continuum of care in the region.	1/21	5/23	Executive Committee Grant Development Ad hoc group Grants Manager	In Kind Time	Proposals are written

Goal #5 Affordable treatment and recovery services are available throughout the Region.

Objective #1 Increase knowledge of Care Coordination and/or case management services that assist people with SUD/ODU challenges to obtain all possible entitlement or financial support services.

Strategy: Development of Care Coordination List

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify care coordination services and case management resources	12/20	4/21	Project Director Communication Committee	Staff Time In Kind Time	Listing of care coordination services is developed and publicized
Communicate care coordination services and case management resources which are available to any resident	5/21	5/23	Project Director Communication Committee	Staff Time In Kind Time	

Objective #2 Increase Monitoring of legislation in Congress or State government that may lessen or enhance access to affordable treatment / recovery services.

Strategy: Participate in legislative process

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop a realistic system to track and communicate around legislation, funding and opportunities for advocacy at Federal and State Level to keep updates on any bills that threaten to or expand affordable treatment / recovery services;	12/20	3/21	Project Director NH Provider Assoc local chapter Executive Committee	Staff Time In kind Time	System is created to monitor and share legislation with Consortium
Share knowledge with Consortium regularly	3/21	5/23	Communication Committee	In kind time	

Coordinate efforts with NH Senate level behavioral health task force	9/20	5/23	Project Director Executive Committee	Staff time	
Develop advocacy plan to communicate with legislators	3/21	5/21	Project Director	Staff Time	
Objective #3 Increase the awareness of the availability of affordable treatment and recovery services in the region so those individuals addressing SUD/ODD challenges have knowledge of avenues of service.					
Strategy: Develop resource guide					
Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Compile a resource guide (virtual) listing free or low fee services and/or payment options for services	1/21	5/21	Project Director Communication Committee	Staff time Website maintained	Resource Guide is made available.
Update resource guide bi-annually	5/22	5/23	Communications Committee	In kind time	