

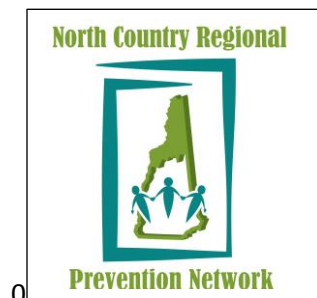


Continuum of Care Development Plan

North Country

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I. Overview

The New Hampshire Department of Public Health Services/Bureau of Drug and Alcohol Services (DHHS/BDAS) is committed to creating a robust, effective and well-coordinated continuum of care to address substance use disorders in each region of the state. These continua will include health promotion, prevention, early identification and intervention, treatment, and recovery supports and will coordinate with services in primary and behavioral health.

To support this work, NH DHHS/BDAS has provided funding to all Regional Public Health Networks, including funds for regional Continuum of Care Facilitators. These Facilitators will communicate with and bring partners together to develop a Regional Continuum of Care Plan that uses information from the regional assets and gaps assessment to propose actions that maximize awareness of and access to current services, and actions that fill gaps in services.

Understanding that CoC development is a long-term project, this plan is expected to be a “living document” that can incorporate changes as they happen. As part of the “living document” concept, this plan will serve as the basis for ongoing engagement with the Center for Excellence and BDAS to enhance the plans as needed.

II. Guidelines for Developing the Regional Continuum of Care Plan

The plan will use the ACPIE (Assessment, Capacity, Planning, Implementation, and Evaluation) model from the Strategic Planning Framework to frame activities and progress. This will help assure that the development of each component of the plan is linked to the preceding components, and will also help capture, align and assign information from discussions concerning desired adaptations.

The plan can propose actions to take place, which can be adapted, based on emerging opportunities at the regional or state level, and/or the resources and expertise new partners may bring to the process.

III. Important Due Dates

Asset and Gaps Assessment Due: April 15, 2016

Development Plan Due: December 2, 2016

North Country Region Continuum of Care Development Plan

I. Introduction

The introduction should be specific to the region and include:

- *Geographic description of region,*
- *Demographics of region,*

The geographic area of the North Country Public Health Region is comprised of Coös County and 12 towns in Northern Grafton County with a total population of 51,807. Rural and sparsely populated, the region covers about one-third of the landmass of NH with a population density of 18.4 people per square mile. There are five small population centers (Berlin/Gorham, Lancaster/Groveton, Colebrook, Littleton and Woodsville), with an average distance of 40 miles between each one. Each population center is isolated, challenged by a lack of public transportation and often faces significant barriers to accessing services. Selected North Country demographic data compared with New Hampshire and the United States is shown in the table below:

Characteristic	North Country Region ¹	New Hampshire	United States
Female	42.9%	50.7%	50.8%
Male	48.9%	49.3%	49.2%
Median age (years)	46.4	41.1	37.2
65 and older	19.4%	13.5%	13%
Caucasian	97.4%	94.8%	74.5%
High school graduate	84.5%	90.5%	84.6%
Bachelor’s degree or higher	16.4%	32.4%	27.5%
In labor force (16+ years)	60.5%	70%	65%
Median family income	\$41,087	\$63,033	\$51,425
Families below 100% FPL	9.3%	5%	10%
Female headed families with children 18 or younger below 100% FPL	52.6%	28.5%	37.1%

Four areas stand out as being problems in the North Country Region:

- Percentage having a bachelor’s degree or higher;
- Median family income;
- Families below 100% family poverty level; and
- Mothers below 100% family poverty level.

¹ 2010 US Census data and American Community Survey 2007-2011 five-year estimates at US Census website

- *Overall goals for continuum of care development*

The North Country Public Health Network:

- Supports whole-person and whole community approaches to improving safety, wellbeing and positive health outcomes;
- Works together to strengthen communication and build effective partnerships; and
- Educates community members about the full spectrum of options available to ensure access and smooth transitions between services.

- *The region's vision for continuum of care development*

PHAC continuum of care vision statement: Working together to create healthier individuals, families and communities. This will be achieved by providing access to the full spectrum of quality prevention, treatment, and recovery support services, resources and education in a responsive, respectful and culturally relevant manner.

- *Description of the connection continuum of care development has to regional public health network*

The mission of the North Country Health Consortium (NCHC) is to “lead innovative collaboration to improve the health status of the region”. The NCHC is a mature, rural health network which has been dedicated to improving access to health care to residents of Northern New Hampshire for the past 19 years. NCHC is an independent organization and received 501(c)(3) tax exempt status in 1998.

NCHC is an umbrella organization that includes a variety of programs such as the Northern NH Area Health Education Center, Oral Health Program and NH Public Health Network, which includes Substance Misuse Prevention. Since its inception, NCHC has developed initiatives that focus on the creation and sustainability of a cohesive regional health care delivery network. NCHC has built an inclusive regional system that provides a vehicle for collaboration; plans, implements and evaluates community-based health activities; improves access, assessment, referral and coordination of client care; and offers training and development in order to attract and retain qualified health professionals.

NCHC has always recognized the damaging impact that substance misuse and addiction have had on the individuals, families and communities of Northern New Hampshire. NCHC has been focused on prevention efforts in the North Country since 2003 and successfully implemented a 10 year Drug Free Communities (DFC) Support Grant between 2003 and 2012. The network of community stakeholders, such as representatives from education, law enforcement and social service organizations that was created as a result of the DFC grant continues to be an important resource in the development and implementation of regional prevention programs. Funding from the DFC grant was critical in the establishment of successful prevention initiatives, and additional funding from the New Hampshire

Charitable Foundation, the Neil and Louise Tillotson Fund, and the Bureau of Drug and Alcohol Services has enabled the growth of the North Country Regional Prevention Network and new prevention efforts.

The North Country Health Consortium was awarded a new Drug Free Communities (DFC) grant for the Haverhill Area Substance Misuse Prevention Coalition (HASPMC) in September of 2016. The coalition began in early 2015 when Woodsville Emergency Medical Services (EMS), in response to a growing number of opioid-related emergency calls, worked with Woodsville High School to hold a community event to highlight the issue of substance misuse in the community. In collaboration with NCHC, HASPMC will continue to build relationships with key sectors to build capacity, develop coordinated prevention strategies and ultimately reduce substance use among youth, and eventually adults, in the region.

The Prevention Network operates through a series of connected organizations that share a common goal of reducing substance misuse in the North Country. The network includes organizations from all six identified sectors: Education, Health and Medical, Safety and Enforcement, Community and Family Supports, Government and Business. Through the efforts of these partner organizations and coordination provided by NCHC, a strong network of prevention services is maintained. A group of experts recruited from these sectors provide input and direction as necessary. The North Country Public Health Advisory Council (PHAC) provides a regional and holistic public health view necessary to integrate prevention into the larger public health initiatives taking place within the region.

Through the development of a Continuum of Care Facilitator position, connections have been strengthened in the North Country. Upgrading the prevention system has been a priority, through participation in forums, events and provider groups throughout the region. Reaching out to partners in prevention, intervention, treatment and recovery services has helped to coordinate the systems and smooth the relationships between entities and the transition between services.

- *Overview of partners engaged in the CoC development process (PHAC, groups, subject matter experts, other stakeholders),*

Through participation in many activities and groups, the Continuum of Care Facilitator has been able to get information and feedback from a wide and varied group of participants in the process. Key people were interviewed one-on-one to get more in-depth perspectives. Some of the groups that were represented in the process were:

- School administrators, teachers, nurses and board members
- Agency providers
- Youth Leadership Through Adventure coordinators and participants
- Student Assistance Program counselors
- Mental Health Center providers
- Hospital staff
- City and town administrators

- Juvenile Justice providers
- Treatment program administrators and staff
- Recovery organizations and individuals
- Coalition members
- Business owners and employees
- Community Health Center staff
- State Representatives

Brief description of the ACPIE model, and how it will be used to frame the plan (we may want to provide a draft of this, and regions can feel free to edit/enhance it)

Assessment

- Explore the nature and extent of substance use problems and related behaviors
- Find the risk and protective factors that influence these problems and behaviors
- Examine the existing resources and readiness of the community to address its problems

Capacity

- Take an inventory of the community resources – human, fiscal and organizational
- Determine how ready a community is to accept that a substance use problem needs to change and to take action to change the problem (engaging stakeholders and strengthening collaborative groups, raising awareness)

Planning

- Establish criteria for prioritizing risk and protective factors (look at importance and changeability)
- Select strategies
- Develop an comprehensive, logical and data-driven plan
- Consider culture and sustainability

Implementation (of evidence-based interventions)

- Create an action plan
- Mobilize support
- Carry out intervention

Evaluation

- Monitor, evaluate and adjust
- Conduct process and outcome evaluation

Brief description of engagement and planning processes to date (meetings, partnerships, etc.)

Helpful Resources for the Introduction:

- *Material from the regional demographics section of three year prevention plan and/or the PHN Community Health Improvement Plan can be used as a base, with additional information added as needed,*
- *The region's CoC vision statement,*
- *Previous regional planning documents,*
- *ACPIE description provided by BDAS/CFEX,*
- *Materials from planning sessions and individual meetings with stakeholders*

Colleagues and the team of substance misuse professionals working for the North Country Health Consortium were helpful in identifying the individuals and groups currently operating in the region. The Continuum of Care Facilitator attended planning and provider group meetings. In addition, she attended community and Narcotics Anonymous groups to reach the target population for information and guidance. People who live and work in the North Country were exceptionally willing to engage in discussions and share struggles and frustrations. A great deal of information was obtained in this manner. Below is a chart of the numbers and types of outreach activities that took place in addition to internal agency meetings.

Through	10/1/15 - 6/30/16	7/1 - 11/30/16	Total
Events	21	10	31
External meetings/groups	59	45	104
Individual interviews	37	19	56
Trainings/conferences	17	11	28
Focus groups	3	0	3

II. Assessment

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

Information in this section of the plan should include:

- *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 (regions can feel free to edit the following):* The North Country Region has identified substance misuse as a priority health issues in its Community Health Improvement Plan (CHIP). The region’s vision statement for continuum of care development is as follows...

PHAC continuum of care vision statement: Working together to create healthier individuals, families and communities. This will be achieved by providing access to the full spectrum of quality prevention, treatment, and recovery support services, resources and education in a responsive, respectful and culturally relevant manner.

- *Include:*
 - *A description of any anticipated challenges to achieving the vision for continuum of care development,*

Anticipated challenges are primarily based on the limited workforce available to provide services. The poverty in the region results in residents not being able to afford the cost of education and the limited jobs available with good pay and benefits puts additional strain on the system.

- *A brief description of proposed actions to enhance the assessment process (examples: additional stakeholders to engage, information/data to be acquired, etc.),*

Reaching out to additional individuals and attending meetings will be the primary method utilized to add to the assessment. Each opportunity presents different perspectives and possibilities.

- *Anticipated technical assistance support needs (move this to implementation?)*

Technical assistance on how to access additional resources to support the needs of the region would be critical.

- *A description of how the region's statement for continuum of care development was formulated including:*
 - *How stakeholders were educated as to the need for a regional continuum of care,*
 - *How stakeholders were identified and engaged in the process,*
 - *What role did the continuum of care facilitator play in the process,*
 - *Where there any barriers to the process, and how were these addressed*

Helpful Resources for the Assessment Section:

- *DHHS/BDAS statement of need,*
- *Regional Public Health Network (RPHN) CHIP goals for addressing substance misuse,*
- *RPHN continuum of care development process and statement,*
- *Input from stakeholders*

As part of the Continuum of Care Facilitator's introduction to individuals and groups, an explanation of her role and task was described. At events, a board representing the Continuum was displayed, resulting in a discussion of the four areas and the challenges facing the region. Stakeholders were identified by colleagues in the NCHC as well as attendance by the facilitator at as many meetings and events as possible. Conversations ensued and issues were discussed from multiple perspectives, depending on the view from the participants. Virtually everyone was willing to communicate and discuss the issues.

III. Capacity

The North Country region will complete an asset and gaps scan to identify resources, gaps and barriers that can help or hinder the achievement of the North Country's statement for continuum of care development presented in the Assessment section of this plan. The assets and gap scan will be an ongoing process based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

Information in this section of the plan should include:

- *A description of the assets and gaps scan process including:*
 - *An overview of the assets and scans process, and methodologies used,*
 - *How stakeholders were identified and engaged in the process,*
 - *The role of the Continuum of Care Facilitator in the process,*
 - *Barriers to the process identified and how were they addressed,*

The Continuum of Care Facilitator met with individuals and attended meetings, including those of local providers, school board, coalitions, Kiwanis and Narcotics Anonymous. She also attended events including movie screenings, Naloxone trainings, local conferences and forums. Appropriate contacts and meetings were identified by the facilitator's colleagues, who have lived and worked in the region for many years. The facilitator conducted information interviews, had conversations, asked questions and listened to the successes and concerns of the local stakeholders, providers and community members. Colebrook, was a greater challenge, mainly due to the distance and lack of organized meetings held in the area. However, opportunities arose, and the facilitator took advantage, meeting with individuals and attending meetings in the Colebrook area. Eventually, a recovery support group, community coalition and Project AWARE community management team were established and connected.

- *A brief description of proposed actions to enhance the capacity scan process (examples: additional stakeholders to engage, additional information and data to be integrated, etc.)*


The facilitator will continue to meet with individuals and attend meetings and events to get more information about assets, gaps and barriers. Most of the areas in the region hold a meeting every month of "providers", which may include representatives from Easter Seals, DCYF, Elder Care, Head Start and many other organizations. By attending these meetings, not only does the CoC learn the impact that substance misuse has on different age groups and agencies from the people on the ground, but also allows the facilitator to educate and inform a variety of people who work all over the North Country about current trends and progress being made in the region in all areas of the continuum of care. Currently there are two groups that meet for the Littleton area, one in Lancaster and another in Colebrook.

Participating in the coalition meetings that are held in Colebrook, the Haverhill area and Berlin/Gorham gives the facilitator the opportunity to engage with key stakeholders in the area while connecting them to resources and partners. Also, attending in the Project AWARE meetings in Berlin and Colebrook have been instrumental in adding information and making progress pursuant to the plans of both the SMP and facilitator. Mostly these groups focus on prevention; however the Facilitator makes a point of

weaving the other components of the continuum into the conversations. Offering support and following through on requests is the key to increasing the collaboration among stakeholders.

Reading reports and articles pertinent to the issues is an important part of the process of keeping up with the news. The facilitator shares upcoming events and trainings with colleagues and partners through email, meetings, phone calls and/or Facebook, depending on their style and capabilities.

- *The results of the asset scan including:*
 - *What substance misuse services are available in your region by component (prevention, early identification and intervention, treatment and recovery support services, primary health care, behavioral healthcare and other providers):*
 - *Service provider,*
 - *Areas served,*
 - *Service setting,*
 - *Services offered,*
 - *CoC component,*

<ul style="list-style-type: none"> • NORTH COUNTRY PUBLIC HEALTH REGION – North Country CoC 				
Component Assets 				
PROVIDER	AREA SERVED	SERVICE SETTING	SERVICES OFFERED/Activities	CoC COMPONENT
Life of An Athlete	Littleton, White Mountains Regional, Woodsville, Gorham and Colebrook	High schools	Policy, conferences, club	Prevention
Black Crow Project	Coös County	Schools, community	Trainings, awareness events, presentations	Prevention
North Country Health Consortium/ North Country Substance Misuse Prevention Network	Coös and Northern Grafton counties	Schools, other locations	Youth Leadership Through Adventure	Prevention

Coös Coalition for Young Children and Families	Coös County	Community-based organization	Provides support families and young children	Prevention
Haverhill, Littleton and Lancaster Police Departments	Haverhill, Littleton, Lancaster	Police station	Prescription Drug Take Back Boxes	Prevention
Partnership for a Drug-Free NH	Statewide	Local newspapers	Ads	Prevention
Haverhill Area Substance Misuse and Prevention Coalition	Haverhill area	Community coalition	Community Coalition addressing substance misuse issues	Prevention
Stand up Androscoggin Valley Coalition	Berlin and Gorham	Community coalition	Community Coalition addressing substance misuse issues	Prevention
Town Recreation Programs	In each community	Recreation department	Sports, summer camps, afterschool care	Prevention
Al-Anon	Whitefield Sunday Gorham Monday Littleton Tuesday Berlin Wednesday	Depends on where meeting is held	Meetings, materials, support	Prevention, Intervention
Good Shepherd and Holy Family Parishes and other churches	Gorham and Berlin, rest of region	Churches	Education through sermons, support and guidance	Prevention, Intervention
Tri County CAP	Berlin, Bethlehem, Colebrook	Van	Transportation to services	Prevention, Intervention
North Country	Groveton,	Schools	Student Assistance	Prevention,

Health Consortium	Lisbon, Gorham, Berlin, White Mountains Community College, North Country Charter Academy		Program: Project SUCCESS, prevention education, individual and group intervention, awareness and outreach activities, parent programs, coordination of regional network	Intervention
Northern Human Services	Colebrook	School	Student Assistance Program: Project SUCCESS, prevention education, individual and group intervention, awareness and outreach activities and parent programs	Prevention, Intervention
School Administrative Units (SAU)	Profile, Littleton, Woodsville and White Mountains Regional High School Lancaster and Whitefield Middle Schools receive prevention ed component	Schools	Student Assistance Program: Project SUCCESS, prevention education, individual and group intervention, awareness and outreach activities and parent programs	Prevention, Intervention
Project AWARE	Berlin, Colebrook	Schools	Mental Health First Aid Training, Positive Behavioral Intervention and Supports (PBIS), Strengthening Families (Colebrook), School Resource Officer (Berlin)	Prevention, Intervention

Educational Learning Center (ELC)	Berlin	School	Education, guidance, assessment	Prevention, Intervention
Families Advocating Substance Treatment, Education, Recovery (F.A.S.T.E.R.)	Littleton	Chamber of Commerce	Meetings, support, guidance	Prevention, intervention
Littleton Area Family Resource Center at Child and Family Services	Littleton area	Community-based organization	Community support and education, family assessment	Prevention, Intervention
Child and Family Services	Colebrook area	Community-based organization	Adolescent therapeutic services, family assessment, support for homeless youth	Prevention, Intervention
Family Resource Center	Gorham area	Community-based organization	Family assessment, after school youth programs, connect to healthcare providers and other resources	Prevention, Intervention
State legislators	North Country region	Depends on where needed	Concerned about issue, hosting forums	Prevention, Intervention, Treatment, Recovery
Grafton County Drug Court	Grafton County	Drug court	Addresses drug offenses for individuals located in Grafton County	Intervention
Ammonoosuc Community Health Services	Littleton, Whitefield, and Woodsville	Community Health Center	Primary care services, behavioral health	Intervention

Cottage Hospital	Woodsville	Hospital	Primary care services, emergency	Intervention
North Country Health Consortium	Coös and northern Grafton counties	Anywhere Anytime	Naloxone trainings and distribution	Intervention
Androscoggin Valley Hospital	Berlin	Hospital	Primary care services, emergency	Intervention
Littleton Regional Healthcare	Littleton	Hospital	Primary care services, emergency, outpatient services	Intervention
Service Link of Grafton County and Coös County	Littleton, Berlin	Community-based organization	Foster connections to resources and assists with access	Intervention
North American Family Institute (NFI) – North	Bethlehem, Jefferson	Community-based organization	Education, behavioral health services, transitional housing	Intervention
Coös County Family Health Services	Berlin, Gorham	Community Health Center	Primary care services	Intervention
Catholic Charities	Berlin, Littleton	Community-based organization	Outreach, counseling services	Intervention, Treatment
Connecticut River Services	Woodsville	Community-based organization	Evaluation, individual outpatient counseling	Intervention, Treatment
Northern Human Services/White Mountains Mental Health Services	Littleton, Berlin, Colebrook	Community-based organization	Mental health and substance abuse screening, evaluation, individual and group outpatient counseling	Intervention, Treatment
Center for New Beginnings	Littleton	Community-based organization	Evaluation, individual outpatient counseling	Intervention, Treatment

Connecticut River Counseling Services	Woodsville	Community-based organization	Evaluation, individual outpatient counseling	Intervention, Treatment
Indian Stream Health Center	Colebrook	Community Health Center	Primary care services, behavioral health, medication-assisted treatment	Intervention, Treatment
Upper Connecticut Valley Hospital	Colebrook	Hospital	Primary care services, emergency	Intervention, Treatment
R.O.A.D. To A Better Life	Littleton	Community-based organization	Evaluation, treatment	Intervention, Treatment
Valley Vista	Bradford, VT (15 miles from Woodsville, NH)	80 bed inpatient treatment center	Inpatient alcohol and chemical dependency services, co-occurring disorders	Intervention, treatment, recovery
Tri Community Action Program (CAP)	Berlin, Colebrook, Woodsville, Groveton and Bethlehem	Community-based organization	Screening, assessment/diagnosis, referral to level of care, court substance use disorder evaluation, individual and family counseling, group therapy intensive outpatient program, NH approved impaired driver care management program	Intervention, Treatment, Recovery
Weeks Medical Center	Located in Lancaster, serves Whitefield, Groveton, Stratford	Hospital, community-based organization	Individual outpatient counseling, recovery support services, primary care services, emergency	Intervention, Treatment, Recovery
Tri Country CAP	Bethlehem	18 licensed beds: 13 high intensity,	Short-term residential, transitional living, peer	Treatment,

Friendship House		5 transitional	recovery support services	Recovery
Prisons	Berlin (federal), Haverhill and Coös (county)	Prison	Treatment programs for which non-violent offenders get time off of sentence for participation	Treatment, Recovery
North Country Serenity Center	Littleton (but on behalf of the greater region)	Community- based organization	Peer support	Recovery
The Haven Peer Support Center	Colebrook	Community- based organization	Peer support	Recovery
Narcotics Anonymous	Berlin 3X/week Woodsville 1x/week Bethlehem 1X/week Littleton 2X/week Colebrook 1X/week	Above a restaurant Church Friendship House Churches Church	Meetings, materials, support	Recovery
HOPE for NH Recovery	Berlin center	Community- based organization	Peer Recovery Support Training, drop in, mutual aid meetings	Recovery
Alcoholics Anonymous	Lancaster, Franconia, Bethlehem, Berlin, Lisbon, Gorham, Littleton, Colebrook, Woodsville,	Depends on where meeting is held	Meetings, materials, support	Recovery

	North Haverhill			
	Available 7 days/week			

- *How well are they connected and coordinated, (is this by service provider, or more generally by component?)*

How well they are connected and coordinated depends on the component. For example, the coalitions are intentionally trying to connect with services and groups. Others, like the recovery community, are trying to overcome the issue of stigma while becoming a part of the fabric of the communities. Intervention could be much better connected, such as the Student Assistance Program counselors with the Coalitions and law enforcement with intervention, treatment and recovery services.

- *The results of the gaps scan including:*
 - *What concerns were identified:*
 - *Gaps,*
 - *Barriers,*
 - *Communication,*
 - *Collaboration,*
 - *Others*

NORTH COUNTRY PUBLIC HEALTH REGION –North Country CoC Needs



CATEGORY OF INFORMATION: <ul style="list-style-type: none"> ○ Gap ○ Barrier ○ Communication ○ Collaboration ○ Other information 	COMPONENT OR SYSTEM	DESCRIBE GAP(s) OR BARRIER(s)
GAPS		
Lack of teen/community centers	Prevention	There are no specific local teen centers, however, there are potential opportunities for adolescents such as Colonel Town Recreation in Lancaster, the North Country Boys and Girls Club (which the Director reports that teens do not typically attend), and other similar town-based recreation programs.
Lack of mentoring programs	Prevention	Big Brothers/Big Sisters left the region years ago and there has not been a replacement offering these services.
Lack of four year colleges	Prevention	White Mountains Community College, a 2 year school, is the only higher education alternative with a campus in NH above the notch. Granite State College, a 4 year option, offers limited local programs.
Prescription Drug Boxes	Prevention	Only Haverhill, Littleton and Lancaster have boxes; there are none in the other communities. Gorham has raised some funds and is intent on getting one.
Life of An Athlete	Prevention	Pittsburg, Lisbon, Groveton, Berlin and Profile do not have a program.
Evidence-based Curricula	Prevention	The K-12 evidence-based substance abuse prevention curricula is not consistent.
Student Assistance	Prevention, Intervention	Pittsburg, Stewartstown, Stratford, Haverhill Coop Middle, Lancaster and Whitefield do not have their own Student Assistance Programs, some due to small populations. Other schools have time-limited grant-based funding.
Lack of Drug Recognition Experts (DREs)	Prevention, Intervention	Lack of DRE trained officers on police departments in the region also means no Drug Identification Trainings for Education Professionals (DITEP) for North Country schools. Only Littleton and Berlin have a DRE on their force.
Community Coalitions	Prevention, Continuum	Lancaster/Groveton and the Littleton area do not have community prevention coalitions at this time.
Police Assistance in Addiction and	Intervention	Police officers are trained to work with those that want/need help getting into

Recovery Initiative (PAARI)		treatment through the utilization of volunteer “angels”. Only Berlin has begun the process of becoming trained in the PAARI model.
Drug Court	Intervention	There is currently not a drug court established in Coos Country. Legislation has been passed and groups have been meeting to discuss the issue.
Youth diversion/Juvenile Hearing Boards	Intervention	These boards have not been established in the North Country.
Youth diversion facility	Intervention	A residential camp for non-violent youth offenders closed 6 – 8 years ago when the sponsoring company changed leadership. A gap was caused when the camp closed. No other facilities have been identified in the North Country region.
Medication Assisted Treatment	Treatment	There are limited doctors utilizing medication-assisted treatment.
Residential Facilities for adults	Treatment	There are a limited number of beds at Friendship House, a residential treatment program of Tri County CAP in Bethlehem.
Residential Treatment for adolescents/children	Treatment	There are no residential substance abuse treatment facilities for adolescents/children in the North Country.
Facilities to detox from opiates	Treatment	It is reported in conversations that detox from opiates is not considered to be a medical condition, therefore hospitals may only admit patients if they are also detoxing from alcohol or are suicidal.
Narcotics Anonymous (NA) meetings	Recovery	The NA meeting locations are limited.
Al-Anon meetings	Recovery	There are limited Al-Anon meetings with none on Thursdays, Fridays or Saturdays.
Alateen meetings	Recovery	The one Alateen meetings located in the North Country was being held at Berlin High School, but it ended due to lack of participation (prior to the SAP being hired).
Recovery centers	Recovery	A center was established in Berlin, the only one located in the North Country.
Sober living housing	Recovery	There is limited transitional housing at Friendship House (90 days), but not for longer term stays or for ongoing recovery support.
BARRIERS		
Prescription Drug Monitoring Program	Prevention	There is limited monitoring on the use of the system and it is reported to be cumbersome.
Poverty	Prevention, Intervention, Treatment, Recovery	There are a large percentage of people struggling to meet basic needs. Stress and depression can lead to substance misuse and a lack of funds limits their options.
Distance	Prevention, Intervention, Treatment, Recovery	The North Country is expansive geographically, so getting to services is challenging. Natural barriers such as the mountains add to the distance needed to travel.
Transportation	Prevention, Intervention,	There is very little public transportation, other than the Tri County CAP and senior

	Treatment, Recovery	center vans. Commercial busses run from Littleton and Franconia to Concord.
Availability of Naloxone	Intervention	The price of Naloxone is high. In checking at the pharmacy in Berlin, not a single dosage had been sold.
Licensed Alcohol and Drug Counselors (LADCs)	Intervention, Treatment	Some LADCs get their hours for training and then leave. There are limited jobs that do not pay well due to funding issues. There are few candidates for positions.
Internet, cell phone service can be slow and poor	Intervention, Treatment	It is more challenging to get help when the phones do not work well and the internet doesn't connect or hold a signal. In some areas, people use TracPhones which changes the phone number when the funds run out.
COMMUNICATION		
Community-based organizations	Prevention, Intervention	Services, learning opportunities and resources need to be shared.
Medical, dental and specialists	Prevention, Intervention	A full screening during appointments regarding substance misuse is necessary.
Pain management	Prevention, Intervention	The system of managing pain encourages excessive use of medications. Communication breakdowns between patients, nurses and doctors have been shared.
2-1-1 and NHTreatment.org	Treatment, Recovery	Resources need to be updated in order for organizations and individuals to remain informed.
COLLABORATION		
Dental and medical providers	Prevention, Intervention	Providers need to work together in helping shared patients in preventing abuse and accessing care.
Mental Health and Substance Use Disorder Treatment	Intervention, Treatment, Recovery	Organizations need to work together, particularly with dual diagnosis clients.
Prescription Drug Monitoring Program	Intervention, Treatment	It now extends across the border of Maine and Vermont. It needs to be maintained and monitored regularly.

- *What component of the system is affected (and/or what population affected?)*
- *What, if any, priorities were identified for service development: (description of prioritization process?)*
 - *Prevention,*
 - *Early Identification and Intervention,*
 - *Treatment,*
 - *Recovery Supports*

PREVENTION

- Evidence-based curricula needs to be implemented K – 12 in all of the schools.
- Parent presentations are not well attended. Changing policies to make attendance to regular events mandatory was written into the SMP Workplan. Collaboration with school administrators, boards and community groups will help by introducing the idea, ensuring buy-in and implementation.
- Only two areas have coalitions that are on track for receiving community support and additional resources. One group has more recently begun and is working towards establishing a coalition. The two other population centers have yet to form community coalitions but individuals and stakeholders are beginning to mobilize.
- Teen Centers and Community Centers are needed in each area to provide activities and adult role models.
- Mentoring programs for youth needing adult role models are lacking in the region.
- All communities should have prescription drug take back boxes at their police stations.
- Not all legislators are informed and in support of additional resources for individuals and organizations in the region.
- An inadequate number of foster homes are available to children removed from the home due to alcohol and drug problems of parents.
- The pain management protocol results in excess prescribing of opioid medications and the potential of addiction. The standards are not taught or provided on a consistent basis. The Press-Ganey surveys encourage the additional prescribing of opioids.
- The public needs to be taught effective pain management and alternative methods of addressing pain issues.
- Prescribers need to be held accountable for over-prescribing opioids.

EARLY IDENTIFICATION AND INTERVENTION

- Recruitment and trainings for Peer Recovery Support Coaches is needed, as well as the funding for this initiative, in all areas of the region.
- Police departments have not officially adopted the PAARI or other model of utilizing resources to match individuals with appropriate treatment facilities. Informally some police departments

call on persons to provide this service. Buy-in will need to be obtained; training and resources will need to be provided. The recovery coaches and Regional Access Point programs can help.

- The Coos County drug court is not in place at this time. It has been identified by legislation and groups have been meeting to discuss the issue.
- Communities would benefit from having Juvenile Diversion/hearing boards in each area of the region.
- Al-Anon meetings are available, but sparse.
- The one Alateen meeting that was being offered in the region ended due to a lack of participation. The Student Assistance Counselors work with youth who are affected by parents and other family members who misuse substances.
- One F.A.S.T.E.R. family support group, in Littleton, is currently operating in the region.
- Adequate funding to support Student Assistance Counselors in all of the schools is needed. Low pay and a lack of benefits discourage potential candidates and lowers retention rates of staff.
- Additional police officers trained as Drug Recognition Experts would be an asset to the North Country.

TREATMENT

- Friendship House is the only residential treatment facility in the region, with limited beds.
- There is no adolescent residential treatment in the state. These children are in facilities and not receiving the treatment they need from qualified professionals.
- MLADCs and LADCs are needed, with adequate pay and benefits.
- Facilities available to assist in detoxing from opioids are not available in the region. Hospitals do not consider detoxing from opioids to be a medical condition, so are not admitting clients for this purpose.
- Organizations need to collaborate on dual diagnosis clients, ensuring that both areas of treatment are covered for individuals needing that level of care.

RECOVERY SUPPORTS

- Recovery Centers in each population center would help fill a need for support and resources.
- Sober living/transitional housing needs to be developed in the region.
- Progress has been made by the North Country Serenity Center in reorganizing in order to qualify for additional funding and provide needed services to the communities of Littleton and the surrounding area.
- A great need for Narcotics Anonymous meetings resulted in action by the NCHC in partnership with those in recovery to find suitable locations and resources. More meetings would be helpful for recovering individuals in different parts of the region.
- Transportation is a barrier to those who want to attend meetings or get more involved in advocacy. The population centers are at often 40 minutes to an hour or more away from each other.

- Naloxone has been provided at trainings and events; however, it is cost prohibitive at the pharmacies and not available at other locations.

- *What, if any, wants were identified for where services should be delivered,*

Services need to be delivered as geographically close to the individuals as possible. As mentioned previously, transportation is an issue. Public transportation is almost non-existent and the time involved in getting from one area of the region to another can be a barrier. Schools are the best venue for delivering prevention and early intervention services to youth and families. The police in each area could be a greater resource than is currently being utilized. The recovery support, including meetings, centers and housing, needs to be in each area as well.

- *Anticipate technical assistance support needs*

Helpful Resources for the Capacity Section:

- *Treatment locator website,*
- *BDAS service guide,*
- *Regional and local service guide,*
- *Stakeholder interviews,*
- *Regional asset and gaps scan,*

Again, accessing resources to help with the implementation of these programs would be the most important technical assistance. Copies of important documents such as The Top Ten would be helpful.

IV. Planning

The North Country region will use 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 will be ongoing based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

Information in this section should include:

- *Using the regions statement for continuum of care from the Assessment section, describe the region’s goals for developing the following components:*
 - *Prevention services,*
 - *Early Identification and Intervention services,*
 - *Treatment services,*
 - *Recovery supports,*
 - *Coordination with primary and behavioral health care*

The only way that the adverse consequences of drug and alcohol misuse will decrease is by a comprehensive approach to the problem. The needed work in prevention is covered in the SMP Workplan. Early identification and intervention services need to be given at the points of contact,

whether this is through the police, school or courts. Individuals need to be recruited and trained to serve in these positions. Treatment needs to be expanded to include an adequate number of beds and availability for adolescents. Recovery supports include meetings, trainings, centers and housing. Dual diagnosis clients, which are in the majority, need to have their services be inclusive of both components.

- *A description of the planning process including:*
 - *An overview of the planning process,*
 - *How stakeholders were identified and engaged in the process,*
 - *The role of the Continuum of Care Facilitator in the process,*
 - *Barriers to the process and how they were addressed*

The planning process included the incorporation of many individuals' opinions and perspectives. The facilitator's identification of the stakeholders was assisted by colleagues and informed by additional conversations with many community members. The facilitator attended as many meetings and events as possible and held conversations with individuals from all walks of life, from professionals running organizations to those suffering from addiction and needing assistance. The distance of traveling to each population center and the occasional territoriality of individuals and organizations presented the only barriers to obtaining this information.

- *A brief description of proposed actions to enhance the planning process (examples: additional stakeholders to be engaged, additional information/data to be integrated)*

Helpful Resources for the Capacity Section:

- *Previous regional continuum of care planning,*
- *Regional assets and gaps assessment,*
- *State, regional and community stakeholder information sources,*

The planning process will continue through attendance at meetings and events and interviews of additional individuals. Participation at trainings and conferences as well as in Continuation of Care phone calls and discussions will assist in the process. The North Country team and partners working on the issue are strong and committed to helping solve the problems.

V. Implementation

Using information from the Planning section, the North Country region will implement proposed actions in the Planning sections through shared responsibility with regional stakeholders. Whenever possible, plan implementation should be enhanced by the inclusion of new stakeholders, and adapted based on new information and data as it becomes available.

Information in this section of the plan should include:

- *The timeline for implementing actions,*
- *Identification of responsible partners/parties for implementing action,*

- *Mechanisms and procedures to track progress toward anticipated outcomes,*
- *A brief description of proposed actions to enhance the Implementation process (examples; engagement of additional stakeholders by matching them to proposed actions, meetings to discuss progress toward and barriers to implementing proposed actions, etc.),*
- *Anticipated technical assistance support needs*

PREVENTION

ACTION	PARTIES RESPONSIBLE	TRACKING PROGRESS	ENHANCEMENTS	TA NEEDED	TIMELINE
In collaboration with SMP, review of prevention education curricula	Drew Brown, Laura Hosley, Education Stakeholder group	5 school districts prevention ed reviewed for evidence-based models and fit	Explore possibility of Training of Trainers	Information about Training of Trainers	March 31, 2017
Work with SMP to implement Project SUCCESS	Student Assistance Counselors, Drew Brown, Laura Hosley	Number of Student Assistance Counselors implementing Project SUCCESS	Continue peer and individual support meetings	Access to continuing education	May 31, 2017
School policy review with assistance from SMP	Student Assistance Counselors, Drew Brown, Laura Hosley	5 school policies reviewed for strengths and needs	Utilize model policy	Suggestions presented to change 5 school districts	April 30, 2017
Collaborate with SMP to encourage parent participation in substance misuse prevention events through changes in school policy	School boards/ administrators, Drew Brown, Laura Hosley	School policies changed in at least 2 communities to require mandatory parent attendance at prevention events	Engage Student Assistance Counselors, students in process	Examples of current policies from other districts	April 30, 2017

Work with SMP to increase number of permanent prescription drug boxes in the region	Police, Drew Brown, Laura Hosley	Outreach to possible sites in 2 communities	Providing information to departments about where and how to access boxes	Updated information on box styles available, cost and resources to pay for them	May 31, 2017
Work with local legislator to hold one event	Drew Brown, Laura Hosley, Linda Massimilla	Educate and inform local legislators	Attendance at event	Open participation to Carroll County	January 31, 2017

EARLY IDENTIFICATION AND INTERVENTION

ACTION	PARTIES RESPONSIBLE	TRACKING PROGRESS	ENHANCEMENTS	TA NEEDED	TIMELINE
Increase number of Peer Recovery Support Coaches	Hope for NH Recovery, Laura Hosley	Participation in meetings to support progress	Assist in overcoming barriers	Resources available for recovery support	December 31, 2016
Increase police participation in program such as PAARI or Regional Access Point	Police Departments, North Country Serenity Center, Laura Hosley	Participation in meetings to support progress	Assist in overcoming barriers	Resources available for implementation of PAARI	June 30, 2017
Facilitate partnerships between Student Assistance	Student Assistance Counselors, Drew Brown, Laura	Student Assistance Counselor attendance at local	Attendance of Student Assistance Counselors at prevention		December 31, 2016

Counselors and other community resources	Hosley	resource/coalition meetings and events	coalition meetings		
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TREATMENT

ACTION	PARTIES RESPONSIBLE	TRACKING PROGRESS	ENHANCEMENTS	TA NEEDED	TIMELINE
Advocate for expanded Residential Treatment for adults	Tri-CAP Community Action, Laura Hosley	Conversations with Tri-CAP staff , attendance at local meetings	Conversations with Tri-CAP board member, legislators	Information about funding opportunities, changes in status and progress	March 31, 2017
Advocate for adolescent treatment facilities	State of NH	Conversations with Tri-CAP staff , attendance at local meetings	Conversations with Tri-CAP board member, legislators	Information about funding opportunities, changes in status	March 31, 2017
Advocate for changes in MLADC/LADC certification	State of NH	Conversations with Tri-CAP staff , attendance at local meetings	Conversations with Tri-CAP board member, legislators	Information about funding opportunities, changes in status	March 31, 2017
Increase availability of detox facilities	State of NH	Conversations with Tri-CAP staff , attendance at meetings	Conversations with Tri-CAP board member, legislators	Information about funding opportunities, changes in status	May 31, 2017

RECOVERY SUPPORTS

ACTION	PARTIES RESPONSIBLE	TRACKING PROGRESS	ENHANCEMENTS	TA NEEDED	TIMELINE
Assist in the opening of second recovery center in the region	North Country Serenity Center, Laura Hosley	Planning and implementation of Recovery Centers	Engagement with HOPE for NH Recovery	Funding opportunity updates	May 31, 2017
Increase the amount of Recovery Housing in the region	Linda Massimilla, Laura Hosley	Planning and implementation of recovery/transitional housing	Engagement with legislators	Funding opportunity updates	May 31, 2017
Increase the number of Narcotics Anonymous meetings in the region	Hope for NH Recovery, Laura Hosley	Planning and implementation of Narcotics Anonymous meetings	Connect meeting leaders	Updated list of meetings	December 31, 2016
Work with Public Health Network to hold regular prevention and overdose awareness events	Amy Holmes, Drew Brown, Laura Hosley	Hold one event	Provide free Naloxone training and kits	Updates on funding	March 31, 2017

COORDINATION WITH PRIMARY AND BEHAVIORAL HEALTHCARE

ACTION PARTIES RESPONSIBLE TRACKING PROGRESS ENHANCEMENTS TA NEEDED ONGOING

Work with SMP on “Scope of Pain” training for North Country providers	Drew Brown, Laura Hosley	Shared resources related to “Scope of Pain” training with local prescribers	In person in addition to online trainings	Information about changes in policies and practices through legislation	May 31, 2017
Collaborate with SMP on creating and distributing materials to local safety and health and medical sector representatives to aid them in the opioid crisis	Drew Brown, Laura Hosley	Outreach to 5 local safety agencies regarding use of “Community Card”	Additional materials made available	Appropriate resources available	March 31, 2017

It may be helpful to set up the implementation section by COC component.

- A. Prevention
- B. Early Identification and Intervention
- C. Treatment
- D. Recovery Supports
- E. Coordination with Primary and Behavioral Healthcare

Helpful Resources for the Capacity Section:

- *Previous regional continuum of care planning,*
- *Regional assets and gaps assessment,*
- *State, regional and community stakeholder information sources,*
- *Proposed actions to enhance work in the Assessment and Capacity section of the plan*

VI. Evaluation (and Monitoring)

Using information from the Planning and Implementation sections, the North Country region will describe the process for monitoring and evaluation progress that compares anticipated outcomes from proposed actions with actual outcomes, and to recommend adaptations to the plan. The evaluation process will be an ongoing process based on the inclusion of additional stakeholder, and new information/data as it becomes available.

Information in this section should include:

- *A description of the evaluation process including:*
 - *An overview of the process,*
 - *Identification of stakeholders to be included in the process and their roles,*
 - *Role of the Continuum of Care Facilitator in the process,*
 - *Anticipated barriers to the process and how they could be addressed,*
 - *Anticipated technical assistance support needs,*
- *A description of what methodologies will be used to:*
 - *Review progress toward anticipated outcomes,*
 - *Compare anticipated outcomes with actual outcomes,*

- *Formulate recommendations for adaptations to plan based on results and/or new information and data,*
- *Communicate results to regional stakeholders*

The Continuum of Care Facilitator will continue to document meetings and events attended as well as individual interviews held. Reaching deeper into the communities and having conversations with the most knowledgeable stakeholders will be important. Considering that there are limited resources, it has been fairly easy to keep abreast of the accomplishments and challenges, especially in the area of treatment and recovery supports. Encouraging improved prevention and intervention strategies will be more difficult but not impossible. Partners and team members will be utilized to gain access to the key stakeholders in each school district and community.

Keeping track of the processes, including successes and frustrations, will be documented and reported. There are clear expectations as to which strategies will help in each area, with flexibility allocated for ensuring fit with the communities. The reports can be communicated to partners in the hopes of getting assistance in moving forward towards the goals.

VII. Conclusion

Points that you may want to include in a brief conclusion to the document:

- *Brief summary of the state and regional determination of need.*
- *Brief summary of the major points identified in the asset and gaps assessment.*
- *Major goals outlined in the Implementation and Planning Sections.*
- *Emphasis that this is a “Living” Document and will be subject to changes, frequently.*

The 2015 New Hampshire Young Adult Survey (NHYS) was a result of the New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services (BDAS) conducting of an assessment using focus groups and an online survey. The North Country Health Consortium collaborated with BDAS on this project. Drew Brown conducted focus groups and promoted the survey through the distribution of flyers and postcards. New Hampshire residents aged 18 to 30 were recruited and then the data weighted by age group. The results provide a snapshot of alcohol and other drug (especially opioids) consumption patterns and perceptions of young adults.

The NHYS data reflects a disturbingly high percentage of students who reported easy or very easy access to prescription drug pain relievers (79.1), stimulants (77.9) and fentanyl and heroin (81.0).

All of these percentages are higher than the New Hampshire state average. Past year prescription pain

reliever use without a doctor’s prescription was also above the New Hampshire state average at 8.9% (compared to 6.5%).

41.2% of the participants reported that they perceive binge drinking (five drinks or more at a sitting) to be of no or slight risk, which is higher than the New Hampshire state average of 40.3%. Lastly, the percentage of students who reported seriously considering suicide in the past year was above the New Hampshire state average at 15.2 (compared to 12.4).

The tables below reflect 2015 NHYAS data:

Access to Drugs

Report very or somewhat easy to obtain prescription pain relievers such as Oxycontin and Vicodin without a doctor’s prescription	n (unweighted)	%
North Country Region	206	79.1
Statewide	4165	64.9

Report very or somewhat easy to obtain prescription stimulants such as Adderall or Ritalin without a doctor’s prescription	n (unweighted)	%
North Country Region	206	77.9
Statewide	4162	76.5

Report very or somewhat easy to obtain heroin or fentanyl	n (unweighted)	%
North Country Region	206	81.0
Statewide	4160	69.2

Perception of Risk

Report no or slight risk of harm from binge drinking (5 or more drinks) 1-2 drinks per week.	n (unweighted)	%
North Country Region	207	41.2
Statewide	4177	40.3

Use of Alcohol and Drugs

Report past month binge drinking (5 or more drinks)	n (unweighted)	%
North Country Region	206	28.2
Statewide	4165	34.5

Report past year prescription pain reliever without a doctor's order	n (unweighted)	%
North Country Region	202	8.9
Statewide	4067	6.5

Mental Health Status

Report seriously considering suicide in the past year	n (unweighted)	%
North Country Region	203	15.2
Statewide	3957	12.4

According to the NH Drug Monitoring Initiative, emergency department opioid visits were significantly higher in Coös County compared to New Hampshire as a whole during March through May of 2016.

Emergency Department Opioid Visits by County of Origin, March through May, 2016

County	Population Estimate	Raw	Per Capita	Rate per 10,000
NH	1,330,668	1,462	0.00109875	109.87
Coös	31,212	45	0.00144175	144.18

During July through October of 2016, emergency department opioid visits were slightly lower in Coös County compared to New Hampshire as a whole.

Emergency Department Opioid Visits by County of Origin, July through October, 2016

County	Population Estimate	Raw	Per Capita	Rate per 10,000
NH	1,330,668	2,244	0.0016863	168.63
Coös	31,212	48	0.0015378	153.78

In the area of prevention, implementation of K-12 evidence-based curricula has been legislated; the school districts will need guidance and monitoring. Coalitions are thriving in two communities, Woodsville and Berlin, but other communities have yet to mobilize on that level.

Conferences and forums have raised awareness in the North Country, with the result of groups working together to strengthen the network of supports and resources in the region. Youth are united through Youth Leadership Through Adventure programs, with adult advisors facilitating groups in each high school.

As far as Intervention goes, Student Assistance is becoming more prevalent in the North Country but there is no certification program (other than Prevention Specialist) and the low pay and lack of benefits for many counselors result in difficulty recruiting candidates and low retention rates. New schools were recruited and funds awarded which help in the NCHC's efforts to blanket the North Country with Student Assistance Programs.

None of the police departments have been trained as yet in a program such as PAARI, utilizing "angels" to assist those who need treatment. The first group of Peer Recovery Support Coaches has been trained; a key person is committed and willing to work with others to build capacity and develop systems. The Regional Access Point program will be helpful in connecting people in need with appropriate resources.

A Drug Court will be helpful in Coos County to identify and refer offenders to treatment resources. A juvenile diversion program would do the same for young people, although resources are few, and there are no residential treatment facilities for adolescents.

The lack of MLADCs and LADCs is a gap, with the cost and complexity of the certification process being a barrier. At this time, Friendship House, the only inpatient treatment facility in the region, is working on an expansion plan but finding hurdles and barriers impeding their progress. They are crippled by a lack of staff to run programs such as the Intensive Outpatient Program and Impaired Driving classes.

There has been an increase in the number of Narcotics Anonymous meetings, which has been helpful to provide support to those trying to navigate their recovery. The North Country Serenity Center is in the process of securing funding for a center in Littleton for the benefit of the region. Through Hope for NH Recovery, Berlin opened a center which is staffed from 9 - 5. Recovery housing would be a great investment in those who are in transition. It currently is not available but Linda Massimilla, State Representative, has been advocating and pursuing potential funding channels.

The goals in the plan will include:

PREVENTION

- Guidance and monitoring to ensure implementation of a K-12 evidence-based substance abuse prevention curricula;
- Assistance to communities in organizing community prevention coalitions;
- Support in holding events;
- Assistance in implementing the YLTA program.

EARLY IDENTIFICATION AND INTERVENTION

- Support for Student Assistance Program counselors;
- Encouragement for PAARI or Regional Access Point programs;
- Encourage formation of Coös County Drug Court;
- Encourage the development of juvenile diversion and/or mentoring programs.

TREATMENT

- Expand for adults and create for adolescents residential treatment programs;
- Encourage the changes in the MLADC and LADC certification process;
- Recruit and retain treatment staff through better salaries and benefits.

RECOVERY SUPPORTS

- Assist in the formation of new Narcotics Anonymous, Al-Anon and Alateen groups;

- Collaborate with the NC Serenity Center and Hope for NH Recovery to support their efforts to foster recovery through centers and coach academies;
- Create housing opportunities for those looking to sustain their recovery.

COORDINATION WITH PRIMARY AND BEHAVIORAL HEALTHCARE

- Encourage collaboration on dual-diagnosis clients;
- Assist in training providers in effective and consistent pain management protocols.

This is a “living document” that will change frequently as progress is made and difficulties encountered. Through an optimistic attitude and a great team of staff and partners, success is certain in improving the health and behaviors in the residents of the North Country region.