**Priority 1a: Family Treatment Services**

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| Broad target population: Pregnant or parenting women with substance use disorder who utilize behavioral health treatment for themselves, their child or their partner. | Problem description: When women are seeking treatment there is often a need to engage and involve other family members as well. There needs to be a mechanism to do this and an understanding that this is better practice than treating the women only. |
| Specific target population: To be determined |
| Potential data points:* Number of parents and children both receiving behavioral health services at one location
* Number of case workers available to parents receiving SUD treatment
* Number of DCF involved parents
 |
| Stakeholder agencies and providers:Family Support Service AgenciesCase Management SUD Treatment providers |
| Articles, evidence or publications: [Family Centered Treatment for Women with substance use disorder, SAMHSA 2007](http://www.uvalltogether.org/wp-content/uploads/2016/02/Family_Treatment_Paper_2007.pdf); [Funding Family Centered Treatment for Women with Substance Use Disorder, SAMHSA 2008;](http://www.uvalltogether.org/wp-content/uploads/2016/02/Funding-Family-Centered-Treatment-for-Womenwith-SUD_2008.pdf) [Mulligan, 2010, Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta-analysis.](http://www.uvalltogether.org/wp-content/uploads/2016/02/Mulligan_MaternalSubstanceUseIntegration_2010.pdf) |

**Priority 1b: Implementing a system similar to the WISE model for behavioral health concerns**

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| Broad target population: Individuals who visit the emergency department or interact with the police due to a behavioral health concern. | Problem description: When individuals present to the emergency department there is an opportunity to connect them with services. These connections are not taking place potentially due to protocol, understanding of resources available, opportunity, etc. |
| Specific target population: To be determined |
| Potential data points:* Emergency department visits by (?) via the New Hampshire Drug Monitoring Initiative
* Emergency department visits by diagnosis
* Arrest counts by type (?)
* Number of trained RCs or CRSWs in Upper Valley
 |
| Stakeholder agencies and providers:Emergency Department StaffCase Management in the hospitalRecovery Coaches in the communitySUD Treatment providers |
| Articles, evidence or publications: [NH Drug Monitoring Initiative](http://www.uvalltogether.org/wp-content/uploads/2016/02/NH-DMI-Drug-Environment-Report-January-2016-UNCLASSIFIED-2016-2489.pdf) (does VT have something similar?) |

**Priority 2a: Extended stay recovery housing for 1-2 years**

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| --- | --- |
| Broad target population: Pregnant and parenting women who are in treatment or recovery who need additional supports such as case management and affordable housing to encourage recovery. | Problem description: Women are often stuck in unhealthy relationships with family and partners due to housing affordability, job stability, transportation, and financial needs. Safe housing for those in transition that can accommodate children and also provide basic supports is required. |
| Specific target population: To be determined |
| Potential data points:* Housing insecure women with children enrolled in local treatment centers
* Length of housing wait list for subsidized housing for women with children
 |
| Stakeholder agencies and providers:Case Management Recovery Coaches in the communitySUD Treatment providersMAT CenterRecovery centers and meetingsHousing services |
| Articles, evidence or publications: [Reif et al. 2014. Recovery Housing: Assessing the Evidence. Psychiatric Services. March 2014 Vol. 65 No. 3;](http://www.uvalltogether.org/wp-content/uploads/2016/02/Reif_RecoveryHousingEvidence_2014.pdf) [SAHMSA 2009, TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women.](http://www.uvalltogether.org/wp-content/uploads/2016/02/SMA15-4426.pdf) |

**Priority 2b: Comprehensive Case management**

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| Broad target population: Pregnant and parenting women who use drugs and are identified as needing resources beyond treatment to encourage recovery. | Problem description: When pregnant and parenting women are accessing care, they do not always have access to someone who is knowledgeable about local resources. It is unclear whether this is a problem because the resources do not exist or because most people cannot identify them.  |
| Specific target population: To be determined |
| Potential data points:* Number of women in treatment that have additional needs that are not able to be met
* Number of clients seen by case managers that are women with a substance use disorder who have children
 |
| Stakeholder agencies and providers:SUD Treatment providersCase Management Recovery Coaches in the communitySUD Treatment providersMAT CenterRecovery centers and meetingsHousing services Private practice counselorsHospitals and clinicsEmployers?Landlords? |

**Priority 2c: Improving the Continuum of Care for individuals on medication assisted treatment**

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| Broad target population: Individuals who are treated by private buprenorphine and methadone providers or are receiving buprenorphine through their primary care provider | Problem description: When individuals are enrolled in MAT there is an opportunity to connect them with recovery support services. These connections are not taking place potentially due to understanding of resources available and familiarity with the services. A warm hand-off may be necessary. |
| Specific target population: To be determined |
| Potential data points:* Number of patients currently in treatment at local MAT centers
* Number of individuals utilizing local recovery centers/meetings
* Number of trained RCs or CRSWs in Upper Valley
 |
| Stakeholder agencies and providers:MAT centersPrimary Care providers with patients on MATRecovery Centers and meetings in the UVRecovery Coaches in the community |
| Articles, evidence or publications: [Fullerton et al. 2014 Medication Assisted Treatment with Methadone: Assessing the Evidence;](http://www.uvalltogether.org/wp-content/uploads/2016/02/Fullerton_Medication-Assisted-TreatmentMethEvidence_2014.pdf) [Thomas et al. 2014 Medication Assisted Treatment with Buprenorphine: Assessing the Evidence.](http://www.uvalltogether.org/wp-content/uploads/2016/02/Thomas_Medication-Assisted-TreatmentBupEvidence_2014.pdf) |

**Priority 3: Trauma-informed care**

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| Broad target population: Pregnant and parenting women who access health and human services. | Problem description: Women who access the system of care for substance use disorder are often not met by individuals or systems that offer trauma informed care. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures.* Safety
* Trustworthiness and Transparency
* Peer support
* Collaboration and mutuality
* Empowerment, voice and choice
* Cultural, Historical, and Gender Issues
 |
| Specific target population: Those who have a history of trauma. |
| Potential data points:* Number of organizations who offer trainings in trauma informed care
* Number of providers who have completed a training in trauma informed care
 |
| Stakeholder agencies and providers:Case Management Recovery Coaches in the communitySUD Treatment providersMAT CenterRecovery centers and meetingsHospitals and clinics |
| Articles, evidence or publications: [Trauma-Informed Approach and Trauma-Specific Interventions. SAMHSA website;](http://www.samhsa.gov/nctic/trauma-interventions) [SAHMSA’s Concept of Trauma and Guidance for a Trauma Informed Approach, 2014;](http://www.uvalltogether.org/wp-content/uploads/2016/02/TraumaInformedApproachSMA14-4884.pdf) [Covington, 2008, Women and Addiction: A Trauma Informed Approach; Implementing Trauma Informed Approaches in Access to Recovery Programs.](http://www.uvalltogether.org/wp-content/uploads/2016/02/Covington-TraumafocusedcareSARC2008.pdf) |

**Priority 4a: A high intensity residential facility**

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| Broad target population: Women and individuals under 18 years old with substance use disorder and with a co-occurring mental health diagnosis. | Problem description: When seeking a high intensity level of care for women and people under age 18, there are no inpatient beds available in the UV. This is a facility issue and workforce (employer/employee) issue. |
| Specific target population: To be determined |
| Potential data points:* How many women are needing a level of care they can’t get in the Upper Valley
* How many 18 year olds and under are needing a level of care they can’t get in the UV
* Narcan administration by gender and age
* Overdose by gender and age.
* Number of intensive residential beds available for this population in the UV
 |
| Stakeholder agencies and providers:SUD Treatment providersIndependent counselorsHospitals and clinicsEmployers?Landlords? |

**Priority 4b: Extended stay recovery housing for 1-2 years**

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| --- | --- |
| Broad target population: Individuals who are in treatment or recovery who need additional supports such as case management and affordable housing to encourage recovery. | Problem description: When individuals are in treatment or recovery there is no appropriate safe and sober housing for them locally. The amount and cost of housing in the UV is an issue and subsidized housing has a huge wait list. Sober communities are also difficult to access if people are not willing to attend recovery meetings. |
| Specific target population: To be determined |
| Potential data points:* Housing insecure individuals enrolled in local treatment centers
* Length of housing wait list for subsidized housing
 |
| Stakeholder agencies and providers:Case Management Recovery Coaches in the communitySUD Treatment providersMAT CenterRecovery centers and meetingsHousing services |
| Articles, evidence or publications: [Reif et al. 2014. Recovery Housing: Assessing the Evidence. Psychiatric Services. March 2014 Vol. 65 No. 3](http://www.uvalltogether.org/wp-content/uploads/2016/02/Reif_RecoveryHousingEvidence_2014.pdf) |

**Priority 4c: Narcan administration in homes**

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| Broad target population: Individuals who are experiencing a health crisis due to a drug overdose | Problem description: When EMS, police, or any emergency personnel administers naloxone there is an opportunity to have a patient connect with recovery or treatment support in the community regardless of whether they are brought to the hospital. |
| Specific target population: To be determined |
| Potential data points:* Number of Narcan administrations
* Visits to ER by patients with Narcan administered
* Number of trained RCs or CRSWs in Upper Valley
 |
| Stakeholder agencies and providers:Case managersRecovery Coaches in the communitySUD treatment providers |
| Articles, evidence or publications: [NH Drug Monitoring Initiative](http://www.uvalltogether.org/wp-content/uploads/2016/02/NH-DMI-Drug-Environment-Report-December-2015-UNCLASSIFIED-2016-2459.pdf) (does VT have something similar?) |

**Priority 4d: Build skills to protect against and cope with anxiety and depression**

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| --- | --- |
| Broad target population: Youth | Problem description: With the complexities of life today, youth need additional skills to protect against and cope with anxiety and depression. It does not appear there are enough supports in place for youth at this time. |
| Specific target population: To be determined |
| Potential data points:* How many youth report issues with anxiety and depression
* How many behavioral health providers in the UV see youth for anxiety and depression
 |
| Stakeholder agencies and providers:SchoolsYouth servicesParentsEmployers? |

**Priority 4e: Children’s programming**

|  |  |
| --- | --- |
| Broad target population: Pregnant and parenting women who access health and human services. | Problem description: When EMS, police, or any emergency personnel administers naloxone there is an opportunity to have a patient connect with recovery or treatment support in the community regardless of whether they are brought to the hospital. |
| Specific target population: Children of the women. |
| Potential data points:* Number of children in the DCF system
* Number of youth enrolled in 1st grade compare to kindergarten and preschool for previous years.
 |
| Stakeholder agencies and providers:Child care providersParentsSchools |
| Articles, evidence or publications:  |