Population not necessarily identified

2 Prison/Jail Programs

**5 Increase women and adolescent higher intensity residential facility- SUD and CO-occuring disorders**

**5 Transitional housing(no defined populations) Support not treatment for 1-2 years, ASAM criteria can get help, capable or co-occurring**

**7 Medication assisted treatment increase evidence and social support connections to recovery**

**8 WISE Model, Emergency room and police, trained volunteer with warm handoff**

**5 Narcan distributions in home connection to resources- warm hand-off**

2 Case manage, peer support

2 BH Clinician bridge counseling

1 Transportation

2 Everything but treatment

1 Social norms campaign and cigarette smoking

**5 Build youth skills for anxiety and depression**

For pregnant and parenting women with SUD (not necessarily diagnosed)

2 Childcare affordable high quality

1 Peer support as part of staffing

**5 Children’s programming**

**8 Family Treatment services**

4 Male targeted services

1 Prenatal education

**7 Safe Housing and transitional- security and no drinking or drugging**

**7 Comprehensive case management**

**6 Trauma-informed mental health care**

1 Mental health for their children

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

|  |  |
| --- | --- |
| 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 (does VT have something similar?) |

Priority 2: 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 |

Priority 3a: Offer a high intensity residential facility for women and adolescents with substance use disorder and with a co-occurring mental health diagnosis

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| --- | --- |
| Broad target population: Women and people under 18 years old who need high intensity residential treatment. | 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 3b: Extended stay recovery housing for 1-2 years

|  |  |
| --- | --- |
| Broad target population: Individuals who are in treatment or recovery who need additional supports such as case management and affordable housing to continue to live sober. | 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 section 8 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 |

Priority 3c: Narcan distributions in home connection to resources- warm hand-off

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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 (does VT have something similar?) |

Priority 3d: 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? |