

Inventory of Activities directed at NH Governors Commission Healthcare Task Force Work Priorities					
PRIORITY AREA 1: Incorporate routine Screening Brief Intervention, Referral for Treatment (& Support of Recovery - SBIRT-R) into high yield practice settings (e.g. Primary Care, Ob Gyn, Adolescent Medicine, ER, Psychiatry, Mental Health providers)					
Sponsoring org/contact	Project	Reach	Funding	Status	Questions
Foundation for Healthy Communities, Rebecca Sky	ODU Access to Treatment Project, Bridge to Treatment including routine screening. 7 Hospital EDs https://www.healthynh.com/index.php/fhc-initiatives/oud-access-to-treatment.html	7 Hospital EDs (LRGH, Franklin, Concord, Frisbie, CMC, Elliot, SNHMC)	NH DHHS	Ongoing	ED induction? Replicability?
NH Citizens Health Initiative with UNH Institute for Health Policy & Practice, Maine Quality Counts, Vt Program for Quality in Healthcare, Jeanne Ryer	NNE Practice Transformation Network: Implementation EVB screening instrument required by CMS (?)	150 practices in NH, ME, VT	US DHHS	Ongoing through 2019	Clarify screening requirement for SUDs?
NH Citizens Health Initiative, Jeanne Ryer	Behavioral Health Integration Learning Collaborative: ? screening	65 organizations	Endowment for Health	Ongoing?	Screening component?
NH Centers for Excellence, New Futures, NHCF, Staff contact?	Youth SBIRT Initiative: intensive multisite on-site and collaborative learning project www.sbirtnh.org	>15,000 youth screened <ul style="list-style-type: none"> – Concord Hospital FHC – Dartmouth-Hitchcock OB/GYN Lebanon; Pedi – Lebanon Plymouth, Bedford & Manchester – Goodwin Comm HC – Health First Family HC – Manchester CHC – Mid-State HC – Valley Regional Hosp – Wentworth-Douglass – Weeks Medical Center – White Mountain CHC 	NHCF and Conrad Hilton	TA continues?	? status and staff
Southern Area Health Education Agency (AHEC)	Interprofessional UG Healthcare SBIRT Training	All health profession schools in NH engaged.	SAMHSA, US DHHS	2015-16, UNH nursing sustained, Geisel sustained, others?	Sustained in UNH nursing, Where else?

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Dartmouth Hitchcock, Lebanon	OUD/SUD Treatment Transformation Initiative	ED & Inpatient admission uniform screening in process 1 ? > DAST & AUDIT	Population Health funds	Ongoing	
PRIORITY AREA 2: Initiate SUD treatment, including MAT & referral to psychosocial treatment at the point of need; eg in settings where persons with substance use disorders are often in withdrawal and/or distress (eg Emergency Rooms, inpatient settings such as infectious disease, cardiology or cardiothoracic surgery, hospitalist care, etc)					
Sponsoring org/contact	Project	Reach	Funding	Status	
Foundation for Healthy Communities, Rebecca Sky	OUD Access to Treatment Project, >MAT development in primary care and ED settings. >MAT Community of Practice	9 Hospital PCP groups engaged: APD, CMC, Elliot, DHMC?, Weeks, Frisbee, Monadnock, Concord, Cheshire Additional participants In CoP	NH DHHS	Ongoing	
Bistate Primary Care, FQHC Projects	Screening and MAT in FQHCs. Active in past.		Funding ended	Ongoing efforts	Source of funding?
NNE Echo Project, Jeanne Ryer	Support for MAT implementation and practice in diverse settings	12-13 practices	Harvard Pilgrim Health	Launching	Funding?
UNH School of Nursing, Kerry Nolte	Pending grant MAT waiver training during ARNP training	All ARNP students	SAMHSA?		
NE Node NIDA CTN, Andrea Meier & Lisa Marsch	ED MAT project	CMC, Valley Regional	NIDA	October 2018	
NE Node NIDA CTN, Andrea Meier & Lisa Marsch	?Prison MAT project		NIDA?	In discussion	Check on status
Dartmouth Hitchcock Health System, Opioid Addition Treatment Collaborative (OATC), Charlie Brackett	ED (Patricia Lanter) & Inpatient (Christine Finn) induction with organized transition to OP care	DHMC	Population Health	Ongoing	
Dartmouth Hitchcock, ObGyn (Daisy Goodman) & Psychiatry (Julia Frew)	CARPP Center for Addiction Recovery in Pregnancy and Parenting. Includes inpatient. OUD care for pregnant and perinatal women and babies. Three projects.	All D-H practices, Total 15 other practices engaged.	NH DHHS, NHCF, March of Dimes, DSRP	Ongoing	
PRIORITY AREA 3 Stigma & Culture Change					
Sponsoring organization	Project	Reach	Funding	Status	

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NAMI www.nami.org/stigmafree	StigmaFree				
Faces & Voices of Recovery www.facesandvoicesofrecovery.org	All work relevant. Anti-Discrimination position paper	National		Ongoing	
McArthur Foundation: Frameworks Institute. Jeanne Ryer contact.	Changing conversations. Many relevant projects	National State contract?			
McLean Hospital & partners https://deconstructingstigma.org	Deconstructing Stigma Campaign Logan Airport & book	Local		Ongoing	
Lakes Regions Corely Gately & Daisy Pierce	Presentations around the State	Statewide on request		Current	
State Targeted Response TA Consortium	Stigma presentation on demand	National, NH on request.		Current	
Seacoast Community Health Center	McLean trainers on clear communications with patients				
NH Children's BH Collaborative	Magnified Voices video contest	NH Statewide		Current, closes 3/1 Winners 4/5	
North Country TF Opioid Treatment Outcomes Angela Thomas-Jones	STR-TA grant to improve provider resiliency	North country			
Foundation for Healthy Communities Tanya Lord contact	?	?			
Dartmouth Hitchcock Health Seddon Savage contact	Multifaceted anti-discrimination campaign: trainings, policy changes, materials etc.	Across DHH system		Ongoing	
99 Faces Exhibit – DHMC http://www.99facesproject.com	Art exhibit-people with MH issues and people who love them			April- Sept	
UNH					
PRIORITY AREA 4. Expand harm reduction interventions.					
Sponsoring org/contact	Project	Reach	Funding	Status	
New Hampshire Harm Reduction Coalition (NHHRC)	Syringe service programs Two active <ul style="list-style-type: none"> Syringe Services Alliance of the Nashua Area (SSANA): Nashua Seacoast /Strafford Emerging	100 contacts/mo 5-600 contact			

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	<ul style="list-style-type: none"> • Claremont – school & city council resolved. Dartmouth now legal issues • Manchester (Granite Pathway Hub services) <p>Opportunity: Elliot and other hospital settings, and Hubs. Funding: SSANA applied to RFP for harm reduction program.</p>				
NHHRC	<p>Harm reduction messaging to users; NHHRC Coalition developed great resources</p> <ul style="list-style-type: none"> • Available to print at nhhrc.org . 				
NHHRC	<p>Engaging practitioners in discussing harm reduction with their patients:</p> <ul style="list-style-type: none"> • Guide for providers in talking about harm reduction with IV drug use available on nhhrc.org. • Need training for medical professionals • Should permeate MAT programs, • Academic detailing as part of funding proposal for prescribers, RCOs • Distribute flyers at waiver trainings. 				
No Leadership at this time.	<p>Study the efficacy, advisability and feasibility of supervised injection sites:</p> <ul style="list-style-type: none"> • difficult to garner public support because usual incentive is to move people injecting out of public spaces, • Distance in rural places does not lend to development • Manchester may be a good opportunity. 	Limited given rural setting.		Maintain awareness	

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