

UPPER VALLEY COMMUNITY HEALTH IMPROVEMENT SUMMIT SUMMARY

SUBSTANCE USE DISORDERS

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WORLD CAFÉS

WHAT ARE THE FACTORS IN OUR COMMUNITY CONTRIBUTING TO THIS NEED?

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- It is so common to hear about substance misuse in this community.
- There is not enough access, especially for kids. Limited options to youth treatment, no open beds to send the clients too.
- The patient's current problem is not a crisis so there is even more limited access.
- This is a family challenge, and there are not enough supports for grandparents- many grandparents now have custody
- DCF is not putting drug use as high priority because it is so common (mostly in NH).
- In VT the parent's norm are becoming the kid's norm (alcohol, marijuana use- decreased perception of harm).
- We need more MAT providers. Younger providers have more stigma training allowing for more MAT. The older providers either don't understand or do not want to understand- or don't know how to approach the situation to work with MAT. Who is appropriate for the programs?
- Seeing lots of folks who are addicted who started out with an injury and are now addicted.
- People are having increased anxiety before procedures when they are receiving MAT causing relapse many time.
- Rural schools do not seem to have as many supports to help address these needs.
- Not adequate transportation options for patients.
- Social norming- different communities have a difference set of norms. If you are currently abusing a substance, how do we make not abusing them more attractive?
- We are not doing enough to help with children who are experiencing trauma.
- VT schools are doing more in regards to more appropriate programming and bringing in services. VT seems more linked in to statewide programs
- ACES and trauma are rarely talked about in regards to family/ parent challenges- is this a need for more training? Changing of practices?
- NH seems like they are more behind.
- There is a difference to access to acute treatment and long term recovery support (in term of a continuum).
- When someone is detoxing there is a window, and the person needs to fight and they need an advocate- the client gets dropped at this point in treatment
- Who is going to pay a long term stay in a sober house? Does the challenge with who is paying cause treatment to be less and rush clients out of treatment?
- We need to be able to make substance abuse more normal to talk about.
- People are afraid to talk because they don't want to say the wrong thing
- HIPPA is limiting the ability for people to understand that this is a disease and not a choice- families say they don't want people around if they are not clean.
- Educating health care providers in healthcare settings- providers do not take advantage of the fact that people are in the hospital longer. How can healthcare help in recovery while someone is in for the flu- or something else they are sick with?
- This has a direct relationship with mental health/illness.
- We wait until people are in crisis to perform interventions.
- There is a lack of clinicians in this region (credentials) and the process to be credentialed is difficult.
- Challenge to the clinical/ healthcare community on what is pain management and how does a provider navigate this?
- Senior Citizens and Veterans struggling with the increase of opioid prescriptions and addiction vs. alternative options like marijuana. (Prescribing practices and regulations) (Alternatives to prescribing opioids).
- There is not access to prescription marijuana in the Upper Valley.
- Increased access to information that can increase intensity of how people experience the world around them.

- Not feeling a sense of connectedness or belonging and a feeling that reality remains stable.
- The way things are marketed to promote binge drinking and use (big packages, sports boxes, etc.)
- Vocational requirements- getting kicked off of Medicaid

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- Lack of screening
- Primary care providers lack of education about it and what do to
- Language is important, it is not substance abuse, it is substance misuse
- Addiction is a chronic disease not a moral choice
- Using the word abuse shows judgement
- The stigma – preventing a lot of people from getting care
- Lack of knowledge and understanding for health care professionals
- Lack of recovery friendly offices and workplace and health care facilities
- Lack of continuum of care
- Someone who detoxes and goes right back to work, no services for them after that to change their lives and get into recovery – people go back to what they know – dealing with childhood trauma with substances, etc.
- Lack of insurance coverage for treatment
- Lack of coordination – left hand doesn't know what the right hand is doing
- People don't know about the services that are out there
- Treatment centers not accepting insurances from different states
- Lack of housing
- Transportation – it's hard getting to support services that are available
- Gap in mental health services – need to help support people on the mental health side, as it's very important
- Easy access to substances – prescription or not
- Access to dental care
- Lack of safe recovery-oriented housing
- Lack of good economic opportunities
- Went from culture of prescribing too much to refusing to provide enough because of fear that everyone is going to get addicted or are already a substance abuser
 - People are forced to suffer in silence or illegally obtain prescriptions to manage their pain. It's a problem
 - Need to find happy medium where there can be a dialogue and you know where every person comes from
- Food service worker area of employment
 - Poorly paid individuals bouncing from one kitchen to another
 - Tough to find staff but the ones you do find have socio economic issues
 - Dependence on tobacco and alcohol
 - Need targeted program for that segment of our employee population
 - Not just limited to food service, retail as well
 - Minimum livable wage in Upper Valley is much higher than what these people are making
- Need for support services and housing
- Folks not wanting to receive services because of punitive repercussions
 - Families and fear of involvement of DCYF, etc.
- Fear of putting yourself out for judgement
- Family denial and parents who find it difficult to acknowledge what is going on in their home with their children or partner
 - Becoming facilitators by not saying no or not getting them the services they need. Accepting the way the person is and just take care of them in their own way, which might not be the best way
- Give people more access to healthy lifestyle alternatives
- The many factors that lead to the risk of substance misuse – isn't talked about like it should be (i.e. pre-cursors of substance misuse like vaping)

- Over prescription
- Cost-prohibitive treatment centers
- People don't know how to access the services that they need
- Children in homes learning behaviors from their parents

WHAT COMMUNITY ASSETS ARE HELPING TO ADDRESS THIS NEED?

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- Collaboration with agencies that are working together such as APD and Headrest being collocated.
- MAT Providers
- Media coverage to help remove stigma and expose the disease (not just focusing on the data) - system failure.
- Prescription assistance programs
- Healthcare coverage
- Workforce Development Programs
- Recovery Coach Programs- including trainings.
- School system being involved by having social workers and they are reaching out to the hospitals to look for resources to help support the kiddos. It looks like the school systems have the supports.
- Classes like guiding better choices happening Dr. Greer.
- Substance free employment options (lots of people go to bars or restaurants to work).
- Free public transportation in the UV- new resident says this is a great experience and the drivers are sympathetic to people's needs.
- We have Medicaid expansion for treatment- helping people be able to access care.
- We have a growing number of MAT programs.
- Giving people autonomy in their choices for recovery.
- More providers being willing to learn about addiction medicine to serve their patients.
- People are starting to understand addiction is a disease- reducing stigma for both family members and providers.
- VT youth does not need to have parent consent to access mental health services, but they do in NH.
- Individual people's willingness to talk about these challenges.
- Second Growth
- Partnership with Second Growth and the Family Place.
- 12 Step recovery in our area
- IDN- more holistic approaches/ thinking and more access points.
- Private funding/ foundations (COUCH, Byrne, etc.).

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- Community Centers
- Hypertherm – recovery friendly workplace
- Headrest Back to Work Program
- Turning Point
- Getting Ahead
- Bridges Out of Poverty
- Upper Valley Haven
- Advance Transit
- West Central Behavioral Health
- Family Place
- HCRS
- Clara Martin

- Willing Hands
- TLC Resource Center Recovery Program
- UVAC and CCBA
- All Together
- HIV/HCV Resource Center
- Government funding
- Moms in Recovery
- Lebanon Recreation Department
- Treatment centers
 - Habit OPCO
 - Valley Vista

“IF YOU HAD A MAGIC WAND, HOW WOULD YOU ADDRESS THIS NEED?”

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- Providers seeing the importance of parents leaving the room to ask questions and receive answers from the youth on SM. BUT parents have access to these medical records which can negatively affect the kids. Can insurance companies broaden categories? Can this push parents and kids to feel more comfortable in having these conversations?
- Getting the resources to the parents to help the kiddos.
- Would like to see organizations, such as APD, do more community conversations and trainings on stigma.
- Transportation- wish there was more access to reliable, dependable transportation and that organizations saw the importance of helping to make easy access (so people do not owe others because they took rides).
- **Break the cycle** of childhood trauma (this seems to be the common factor with everyone) but people do not understand that.
- We need to support parents and children better
- We need to support the homeless.
- Focus on **the whole family** not just the patient.
- Increased provider awareness of social determinants of health and how they all link together.
- Everyone in an agency having the knowledge of local resources to help the patients.
- Limitations of HIPPA when it comes to working as a care team to best support the whole family- wrap around services. Can we create a blanket release for providers to be able to share with other providers?
- There are a lot of people right on the edge, if they could get a little support can we push them back from the middle line so they do not cross it?
- Long term recovery- we need a club house model; we need good sober living with good management so people can be in that period of their lives where they are independent but have someone to fall back on
- We need more groups for AA, NA, etc. Are these easily accessible? These meetings would be on a bus route, near where people live, walkable.
- I would fund the Headrest hotline and other crisis hotlines
- Better fund the schools for early interventions- can we talk about prevention better when we better understand the kids
- NH would not legalize marijuana and VT would take it away.
- Train judges on ACES and Trauma informed care to better dictate where children live/play and effects of trauma on development.
- Bringing people together to talk about needs- we are trying to professionalize this rather than promote it.
- Remove alcohol and other drugs- the way things are marketed to promote binge drinking and use.
- Addiction does not have to be defined as an illness. Can we just talk more about our lives in relation to the struggles we are having and make them real things rather than making them an illness? DE stigma movement. Deficient thinking rather than strength based.
- Security in self-concept. Appreciate who one is and how one shows up.
- Eliminate physical and sexual abuse.

- Talk person first rather than illness first (addict, diabetic, I'm adopted, vs. how this was a process). Start a movement of this.
- Make conversations about an experience so people can relate and feel more involved vs. being put in a box. Construct a story around recovery.
- Increase opportunities for inpatient treatment centers that are affordable and/or take insurance.
- Rethink about more open circles in schools. Rethink about how we do education to change the norm for future generations.

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- Recovery credit program – earn credits by helping others going through recovery
 - Incentivize sober behaviors and helping others
 - Earn the goods and services they need by practicing altruistic behaviors
 - Redeemable for goods and services – could be a tax write off for companies involved, etc.
 - Motivate people to help themselves and others
 - Promote change – pro social
- Free Bike Program
 - Have bikes out at bus stops for people to use
 - Could help with transportation issues
- Integrate addiction medicine into med school
 - Science for healthcare delivery
- Have primary care doctors that people struggling with addiction aren't afraid to go to
- More Advance Transit
- Build more affordable housing
- Social consciousness in businesses and accountability for businesses
- Immediate access to longer term residential treatment
- Open gyms – give people a release where you don't have to pay for it
- Self-supporting recovery housing
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- Train judges on ACES and Trauma informed care to better dictate where children live/play and effects of trauma on development. Contract between surgeon and patient prior to surgery and follow-up afterwards
- Alternative therapies – i.e. prescribing yoga
- Continuum of care – more collaboration with other agencies that are there and available to people released from treatment centers
 - Better discharge planning
 - Case manager and balance of services for mental health, etc.
 - Integrate services – family counseling, health and nutrition, exercise, etc. – have people pick a la carte what services they want to take advantage of
- More mental health practitioners
- More funding
- Abolish stigma
- VT & NH border – take away that line
 - Have more people take advantage of services in both states
- Better infrastructure in place
- Better prevention
- Give people a second chance
 - Make it so that employers are not as worried about hiring people that are recovering, etc.