

# Carroll County 2020: Community Health Improvement Plan 2016-2019

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## Acknowledgements

The following individuals serve as the core Public Health Advisory Council Leadership Team and were actively involved in the development of the **Carroll County 2020** Community Health Improvement Plan:

**Beth Hertzfeld** – *Principal of Ossipee Central School*. Beth has decades of experience in Ossipee and particular interest in access to mental health and substance abuse services for young families.

**Doug Wyman** – *Chief of Police in Sandwich*. Doug has been an outspoken advocate for improving the way our county responds to and supports residents with mental health and substance use issues.

**Howard Chandler** – *Administrator of Mountain View Nursing Home*. Howard runs this Carroll County resource and is eager to provide more county services for seniors across the whole county.

**Jane MacKay** – *Area Director of Northern Human Services*. Jane has weathered the storm of repeated slashes to behavioral health funding and has identified some promising models for rural regions.

**Jeanne Ryer** – *Director of NH Citizens Health Initiative*. Jeanne's organization has shone a spotlight on the tremendous impact that demographic changes will have on the health status of Carroll County.

**Jo Anne Rainville** – *Executive Director of Tamworth Community Nurses Association*. Jo Anne runs a town and community funded program that provides office and home-based preventive services to ALL ages.

**Kathy Barnard** – *Planning Board Chair for Town of Wolfeboro*. Along with multiple volunteer and government posts, Kathy works with the Eastern Lakes Region Housing Coalition.

**Mike Connelly** – *Executive Director of Huggins Hospital*. Mike, like other leaders of small rural hospitals is responding to tremendous change in the financing and delivery of health services in rural areas.

**Mike Coughlin** – *Executive Director of Tri-County Community Action Program*. As the new Director, of Tri-CAP, Mike is leading a strategic planning process to revitalize and realign its core services.

**Patricia McMurry** – *Executive Director of White Mountain Community Health Center*. Patricia is actively seeking to increase access to substance abuse services and other primary and preventive care.

**Peter Whelley** – *School Psychologist for Moultonborough Public Schools*. Peter co-leads a local coalition that helped develop a model that provides town-voter-funded support for local mental health services.

**Sandy Ruka** – *Executive Director of VNA Hospice of Northern Carroll County & Vicinity*. Sandy chairs the White Mountain Community Health Council, a coalition of providers in the valley.

**Sue Ruka** – *Director of Population Health at Memorial Hospital*. Sue has taken on this new role at Memorial with a keen interest in county-wide efforts to address obesity and health needs of the aging.

**Susan Ticehurst** – *NH State Representative for Albany, Madison, Tamworth*. As a representative, Susan is part of both the State Legislature and the County Delegation that votes on county funding decision.

**Theresa Kennett** – *Executive Director of Mount Washington Housing Coalition*. Theresa also chairs the Mount Washington Valley Regional Collaborative focused on housing and workforce issues and more.

# Carroll County 2020

## Executive Summary

Carroll County Promise 2020 tackles public health challenges that no one organization or community can address in isolation. We are interdependent. Like the opioid crisis that has captured recent headlines, the 5 key public health challenges we identify cut across town lines, across generations. We commit to working together as county to forge county-wide solutions.

The Carroll County Public Health Advisory Council (PHAC) is a group of local leaders representing medical, mental health, education, social service, municipal, and business communities who convened in April 2015 to craft a shared vision of where we want to be together by 2020.

To assess where we are now, our PHAC reviewed key local population health data including the *Huggins Hospital and Memorial Hospital Community Health Needs Assessments* (both 2013) and the *Mount Washington Valley Housing Matters Report* (2012). Data from the *NH Citizens Health Initiative* was reviewed to anticipate key demographic trends likely to impact population health in Carroll County in the coming decades. We compared local health factors and outcomes with other counties in the state and nation using data from the *Annie E. Casey Foundation*. Finally, we investigated within-county data at the census-tract level using the *NH Social Vulnerability Index* to identify demographic, social, and economic disparities among our diverse rural towns:

- ✓ ***Together, we are the fastest aging population in New Hampshire.*** We have the highest projected 2030 population age-ratio (ratio over age 65 and under 20 the workforce) of any county in the state and the correspondingly highest projected levels of primary care demand and preventable hospitalizations. (See [www.mapnhhealthdata.org](http://www.mapnhhealthdata.org) for these demographic projections for 2020 and 2030 in Carroll County.)
- ✓ ***Together, we share the housing and workforce challenges of a seasonal tourism economy.*** Wages in retail and service industries have not nearly kept up with housing costs leading many to struggle or migrate to secure affordable housing and employers report difficulty attracting and retaining workers. (See [www.mwvhc.org](http://www.mwvhc.org) and the Carsey Institute Report on Carroll County)
- ✓ ***Yet, our 17 towns experience wide disparities in factors impacting the health of residents.*** Levels of poverty, disability, and education, as well as percentages of children and the elderly vary widely across town lines. Generally, residents across the middle two-thirds of the county have higher levels of socio-economic vulnerability and are also most distant from the medical, educational, and social services associated with the hubs of Wolfeboro and North Conway. (See <http://nhdphs.maps.arcgis.com> for a visual tour of disparities in Carroll County.)
- ✓ ***And, Carroll County residents at key generational turning points face heightened risks.*** Poverty rates in Carroll County, for example, are highest among our youngest children, young adults who are just entering parenthood and the workforce, and the elderly. (See [www.mapnhhealthdata.org](http://www.mapnhhealthdata.org) for charts illustrating poverty levels by age in Carroll County.)

**Setting Priorities for Carroll County 2020:** Drawing on these key public health features in Carroll County, we selected priorities with an eye to demographic trends, geographic disparities, and the risks facing residents at generational turning points. We focused intentionally on areas that participants in the *Huggins* and *Memorial Hospital Community Needs Assessments* identified as key public health issues desperately in need of more resources and collaboration. Finally, in recognition of our shared economic challenges, we selected priorities that compliment efforts to prepare, attract, and retain the workforce and employers of the future. Five priorities areas were selected that met these criteria:

- **Early Childhood and Early Parenting Support**
- **Mentally Healthy Families**
- **Addiction Free Families**
- **Aging with Connection and Purpose**
- **Emergency Preparedness across the Lifespan**

Workgroups associated with each priority will be identifying and establishing benchmarks that are readily measurable on an annual basis and for which baseline data exists or can efficiently be gathered. Benchmarks will be chosen to closely align with key objectives outlined in the *New Hampshire State Improvement Plan*. To address each goal, we will highlight a small group of promising evidence-informed approaches that are already underway or can be embarked upon by county-wide workgroups to make a difference. These benchmarks will be used to measure our progress and hold ourselves accountable to our promise.

**Changing the Carroll County Narrative – From Pessimism to Promise:**

In a year when both county and state budgets are beset with challenges that hamper efforts to expand public health resources, we refuse to be held back by pessimism. We are determined to focus on promising solutions that bring out the best of local ingenuity, collaboration, and mutual aid that are at the heart of Carroll County.

# I. Introduction: Carroll County Regional Public Health Network

The Carroll County Public Health Network is one of the 13 regional public health networks in New Hampshire. Each Regional Public Health Network (RPHN) includes a fiscal agent, a PHAC lead, Public Health Emergency Preparedness and Substance Misuse Prevention coordinators, and a Continuum of Care facilitator. Information about each of these key positions for the Carroll County Public Health Network can be found in the table below.

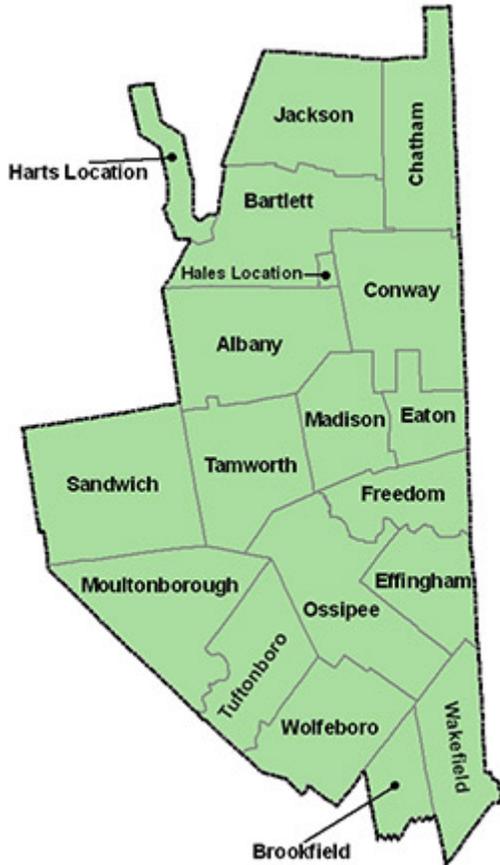
[Click here to enter text. Regional Public Health Network](#)

	<b>Name/Organization</b>	<b>Contact Info</b>
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<b>Continuum of Care Facilitator</b>	Cheri Sullivan (as of Nov. 10, 2015)	

The Carroll County Public Health Network staff works under a contract between the Carroll County Coalition for Public Health, a private, not-for-profit, 501C3 organization and the State of New Hampshire Department of Health and Human Services. Staff works closely with Leadership Groups made up of

community leaders and stakeholders, including the Substance Misuse Prevention/Continuum of Care Leadership Team, the Regional Coordination Committee, and the Public Health Advisory Committee.

## II. Community Profile



Towns Served:	
Albany	Bartlett
Brookfield	Chatham
Conway	Eaton
Effingham	Freedom
Hale's Location	Hart's Location
Jackson	Madison
Moultonborough	Ossipee
Sandwich	Tamworth
Tuftonboro	Wakefield
Wolfeboro	

Carroll County population is approximately 47,000 people, living in 17 towns across a geographic area of 934 square miles. Carroll County is rural, with significant distances between towns, and includes a large portion of the White Mountain National Forest within its borders. The local economy is heavily dependent on four-season tourism which encompasses the hospitality, retail, food, and beverage industries. The county has been growing as a retirement and pre-retirement destination for people throughout New England. This trend is enhanced by technology that allows people to relocate here and continue to work.

Levels of poverty, disability, and education as well as the percentage of children and the elderly vary widely across town lines.

### III. The Vision and Mission of the Carroll County Public Health Region

**Our Vision:** Carroll County will be a great place to grow up, to live well, and to age gracefully. All Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all phases of life.

**Our Mission:** To realize this vision, Carroll County Promise 2020 will focus public attention on 5 key public health priorities that impact residents across the lifespan, engage our communities in evidence-informed solutions, and set clear benchmarks by which we will measure our collective impact.

**Our Commitment:** Carroll County Promise 2020 tackles public health challenges that no one organization or community can address in isolation. We are interdependent. Like the opioid crisis that has captured recent headlines, the 5 key public health challenges we identify cut across town lines and across generations. We commit to working together as county to forge county-wide solutions.

## IV. Community Health Improvement Planning

### WHO WE ARE:

The Carroll County Public Health Advisory Council (PHAC) is a group of local leaders representing medical, mental health, education, social service, municipal, and business communities who convened in April 2015 to craft a shared vision of where we want to be together by 2020. (See list of planning participants under acknowledgements (page 1))

### PLANNING STEPS:

To assess where we are now, our PHAC reviewed key local population health data including the Huggins Hospital and Memorial Hospital Community Needs Assessments (both 2013) and the Mt. Washington Valley Housing Matters Report (2012). Data from the NH Citizens Health Initiative was reviewed to anticipate key demographic trends likely to impact population health in Carroll County in the coming decades. We compared local health factors and outcomes with other counties in the state and nation using data from the Annie E. Casey Foundation. Finally, we investigated in-county data at the census-tract level using the NH Social Vulnerability Index to identify demographic, social and economic disparities among our diverse rural towns:

#### **Together, we are the fastest aging population in New Hampshire.**

We have the highest projected 2030 population age-ratio (over 65 and under 20 to the workforce) of any county in the state and the correspondingly highest projected levels of primary care demand and preventable hospitalizations.

#### **Together we share the housing and workforce challenges of a seasonal tourism economy.**

Wages in retail and service industries have not nearly kept up with housing costs leading many to struggle or migrate to secure affordable housing and employers report difficulty attracting and retaining workers.

#### **Yet, our 17 towns experience wide disparities in factors impacting the health of residents.**

Levels of poverty, disability, and education, as well as percentages of children and the elderly vary widely across town lines. Generally, residents across the middle two-thirds of the county have higher levels of socio-economic vulnerability and are also most distant from the medical, educational, and social services associated with the hubs of Wolfeboro and North Conway.

#### **And, Carroll County residents at key generational turning points face heightened risks.**

Poverty rates in Carroll County, for example, are highest among our youngest children, young adults who are just entering parenthood and the workforce, and the elderly.

## V. Setting Priorities for Carroll County 2020

Drawing on these key public health features in Carroll County, we selected priorities with an eye to demographic trends, geographic disparities, and the risks facing residents at generational turning points. We focused intentionally on areas that participants in the *Huggins* and *Memorial Hospital Community Needs Assessments* identified as key public health issues desperately in need of more resources and collaboration. Finally, in recognition of our shared economic challenges, we selected priorities to complement efforts to prepare, attract, and retain the workforce and employers of the future. Five areas were selected that met these criteria. Benchmarks for these priority areas will be established by the Public Health Advisory Council work groups.

- **Early Childhood and Early Parenting Support**
  - Increase the number of children receiving age-appropriate developmental screenings (NH SHIP)
  - Increase number of parents receiving in-home visiting pre- and post-natal visits
  - Decrease the number of uninsured children in Carroll County to 0
- **Mentally Healthy Families**
  - Reduce the number of emergency room visits for mental health issues each year from # to #
  - Reduce the number and rate of suicide attempts by adolescents each year from # to #
  - Reduce the number and rate of suicide deaths at all ages
- **Addiction Free Families**
  - Reduce the number of babies born with neonatal withdrawal syndromes Reduce drug-related overdose incidents and deaths each year (NH SHIP)
  - Reduce non-medical use of pain relievers
- **Aging with Connection and Purpose**
  - Reduce the number of preventable hospitalizations among residents over age 65
  - Reduce fall-related hospital visits and deaths over age 65 from # to # (NH SHIP)
- **Emergency Preparedness Across the Life Span**
  - Strengthen capacity to respond to public health emergencies in a timely manner (NH SHIP)
  - Incorporate preparation for mental and behavioral health needs into mass casualty and sheltering plans.

### **Setting Benchmarks and Strategies for Carroll County 2020**

Workgroups associated with each coalition have contributed to selecting benchmarks that are readily measurable on an annual basis and for which baseline data exists or can be efficiently gathered. Workgroups will identify specific, attainable benchmarks which will be selected to closely align with key objectives outlined in the New Hampshire State Improvement Plan. To address each goal, we highlight a small group of promising, evidence-informed approaches that are already underway or can be embarked upon by county-wide workgroups to make a difference. These benchmarks will be used to measure our progress and hold ourselves accountable to the promise. Specific targets will be identified by the workgroups and presented to the Public Health Advisory Council for endorsement.

### **Changing the Carroll County Narrative – from Pessimism to Promise**

In a year when both county and state budgets are beset with challenges that hamper efforts to expand public health resources, we refuse to be held back by pessimism. We are determined to focus on promising solutions that bring out the best of local ingenuity, collaboration, and mutual aid that are at the heart of Carroll County.

## Priority Area 1: Early Childhood and Early Parenting Support

### Background

“New Hampshire is only as strong as our children, their families and the communities in which they build their lives. We have a shared responsibility to one another to ensure every child has the opportunity to succeed. It’s time to do more. Our future prosperity and productivity as a state depends on investing in our children now.” (*NH Kids Count 2015 Data Book*).

The Carroll County Public Health Advisory Council is committed to providing a strong foundation early in life for the growth and development that of all Carroll County children. We are working to create a coordinated, sustainable system of supports for families that will promote optimal cognitive, physical, social and emotional development in young children birth through age 5.

There are approximately 1400 children aged 0-5 in Carroll County. The Carroll County Early Childhood Coalition, the work group for the **Carroll County 2020** Early Childhood and Young Family priority is invested in early childhood development in Carroll County. The membership includes home visitors and supports, Head Start, Northern Human Services, and other professional early educators in the county. They are currently in the process of identifying indicators to help determine whether all Carroll County children and families are healthy, learning and thriving now and in the future. By ensuring that all Carroll County children will experience positive early experiences and relationships which shape the architecture of their developing brains, providing a sturdy foundation for all the learning and development that follows, Carroll County will be in a strong position to attract young families and retain younger, well educated workers as well as be more likely to have a highly educated and engaged workforce in the future.

#### REGIONAL ASSETS

Carroll County is fortunate to have strong organizations engaged in early childhood education and development that provide mutually-reinforcing activities and cooperative data sharing:

**A Snapshot of Community Strength: Early Childhood Development in Carroll County**

Organization	Level of Engagement
Tri County CAP Head Start	H
Children Unlimited	H
Bartlett/Jackson Public Pre-K Proposal	M

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Granite United Way	H
Central NH VNA Healthy Families	H
Children Unlimited	H
Memorial Hospital	H
White Mountain Community Health Center	H
Governor Wentworth Reg. School District	M
Moultonborough School District	M
SAU 9	H

**Legend**

- H Active member; represented in work groups and/or Leadership Planning Team**
- M Active member; work on selected programs or projects**

The members of Carroll County Early Childhood Coalition have identified action steps to identify indicators for healthy social and emotional development of children in the county.

## Goals, Objectives and Strategic Approach

<b>GOAL 1</b>	Increase # of children receiving age-appropriate developmental screenings (NH SHIP).
<b>OBJECTIVE 1A</b>	Develop and sustain a developmental screening system for children birth-Age 5 in Carroll County
<b>STRATEGIES</b>	
Building on existing Watch Me Grow (WGM) work, engage a steering committee to plan and monitor developmental screenings in Carroll County.	
Review and support centralized data collection system and input into Welligent.	
Identify organizations already administering ASQ	
<b>GOAL 2</b>	Increase # of parents receiving in-home visiting pre- and post-natal services
Objective 1a: Increase capacity of existing home visiting agencies, including Head Start, Central NH VNH Healthy Families, White Mountain Community Health Center	
<b>STRATEGIES</b>	

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Building on existing Watch Me Grow (WMG) work, engage a steering committee to plan and monitor developmental screenings in Carroll County.	
Review and support centralized data collection system and input into Welligent.	
Identify organizations already administering ASQ	

<b>GOAL 3</b>	Decrease number of uninsured children in Carroll County to 0
<b>OBJECTIVE 1A</b>	Provide all parents with information about insurance options available to them

## Work Plan

The tables below provide space to give detailed information related to how each strategy will be carried out.

<b>Engage the Carroll County Early Childhood Coalition as lead for Early Childhood initiatives</b>			
Click here to enter text.			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Insure Early Childhood representation on the PHAC.	Carroll County Coalition for Public Health	<b>Completed</b>	Member of CCECC sits on PHAC Executive Committee
Engage Steering Committee to plan and monitor developmental screenings	CCECC	November 2016	Steering Committee identified
Review and support centralized data collection system	CCECC with Children Unlimited		Click here to enter text.

## Summary

The Carroll County Early Childhood Coalition is a vibrant and active group of professionals and stakeholders committed to improving supports for children and young families in the county. Working cooperatively and collaboratively, this designated PHAC work group will be identifying opportunities to engage new partners, sharing and leveraging resources, and identifying appropriate evidence-informed initiatives to promote with the county providers of early childhood services.

## Priority Area 2: Mental Health Across the Lifespan

### Background

Although not specifically addressed in the *State Health Improvement Plan as a state priority*, “Injury Prevention” and “Misuse of Alcohol and Other Drugs” are priorities that can be positively impacted by increasing access to mental and behavioral health resources. Access to mental health was cited in both *Huggins* and *Memorial Hospitals Community Needs Assessments* as a gap in the region. The Huggins report stated:

**Behavioral Health Care Provider Availability** This indicator reports the number of Carroll County residents per Behavioral Health Care Provider (Includes Psychiatrists (MD and DO), and Clinical Psychologists). A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes. This measure includes doctoral level providers and does not include all types of Behavioral Health Care Providers; however, compared to New Hampshire, Carroll County providers of this type have a population to provider ratio 2.4 times that of New Hampshire, demonstrating a critical shortage of these provider types. (p.16, *Huggins Hospital Community Needs Assessment*).

<b>Area</b>	<b>Total Population</b>	<b>Total Behavioral Healthcare Providers</b>	<b>Ratio of Population per Behavioral Healthcare Providers</b>
Carroll County	47,641	10	4,764
New Hampshire	1,318,194	662	1,991

Data Source: Area Health Resource File (AHRF) 2012-2013. US DHHS, HRSA, Bureau of Health Professions. Medical Doctors, Non-Federal, Psychiatry, Total Patient Care (2011) Medical Doctors, Non-Federal, Child Psychiatry, Total Patient Care (2011) Doctors of Osteopathy, Non-Federal, Psychiatry, Total Patient Care (2011) Psychologists, State Boards of Licensure (2009) Note: Does not include Clinical Social Workers, Clinic Mental Health Counselors, Marriage and Family Therapists and LADCs. (p.16, *Huggins Hospital Community Needs Assessment*).

Carroll County is part of the catchment area of Northern Human Services, the designated mental health center for the region. Northern Human Services also covers Coos and Grafton Counties, essentially half of the geography of the state. In addition to mental health services provided by Northern Human Services, the county has a number of private mental health and substance use disorder counselors, primarily in the more heavily populated communities of Conway/North Conway and Wolfeboro. The graph above illustrates that the ratio of population per mental health/behavioral health providers is significantly higher than the state as a whole.

### Regional Assets

While few in number, the mental/behavioral health providers in the community offer a variety of services and specialty areas. Recent headlines highlighting substance misuse and addiction in Carroll County have raised the level of community awareness significantly. There is an emerging constituency

## 2016-2019 Regional CHIP Template

developing in the county. This group of individuals, along with the professional mental health community, is committed to advocating for increasing not only the number of mental health and behavioral health resources in the county, but also to position those resources so that more individuals have easy access. The Mental Health Across the Lifespan Work Group will further explore resources and gaps in services in order to develop measurable benchmarks, goals and objectives.

## Goals, Objectives and Strategic Approach

<p>GOAL 1</p>	<p><i>Increase access to mental health screening, prevention, and early intervention for residents facing mental health challenges to prevent emergency service utilization and suicide deaths</i></p>
<p>OBJECTIVE 1A</p>	<p><i>Reduce number of hospital emergency department visits for mental health from # to #</i></p> <p><b>Strategies</b></p> <p>Strategy 1A1: Collaborate to add additional mental health service capacity in our county with special attention to expanding services in the middle two-thirds of the county where residents are distant from care.</p> <p>Strategy 1A2: Collaborate to co-locate these additional mental health practitioners in primary care clinics and schools to facilitate early intervention, efficient referrals, and “warm hand-offs.”</p> <p>Strategy 1A3: Pursue innovative collaborations between towns and/or town coalitions and the hospitals and mental health center to secure funding for additional services.</p>
<p>OBJECTIVE 1B</p>	<p><i>Reduce # and rate of suicide deaths and suicide attempts by adolescents each year from # to # (NH SHIP)</i></p> <p><b>Strategies:</b></p> <p>Strategy 1B1: Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.</p> <p>Strategy 1B2: Encourage all school districts to develop and revise their suicide prevention protocols and critical incident response procedures and to provide thorough training for all staff.</p> <p>Strategy 1B3: Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training.</p>

OBJECTIVE 1C	<b>Reduce # and rate of suicide deaths at all ages each year from # to # (NH SHIP)</b>
	<b>Strategies:</b>
	Strategy 1C1: Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.
	Strategy 1C2: Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training.
	Strategy 1C3: Equip public relations and media leaders with information to promote safe messaging about suicide.

## Work Plan

The tables below provide space to give detailed information related to how each strategy will be carried out.

**Objective 1A:**  
**Reduce number of hospital emergency department visits for mental health from # to #**

<b>Strategy 1A1</b>			
Collaborate to add additional mental health service capacity in our county with special attention to expanding services in the middle two-thirds of the county where residents are distant from care.			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Work with the RPHN Continuum of Care Facilitator to facilitate mapping mental and behavioral health services and identify gaps in services in the county	Carroll County Coalition for Public Health/RPHN	January 2016	Comprehensive list of mental health services available.  Gaps in services, both geographic and substantive, are identified.
Convene peer support group of mental and behavioral health	White Horse Addiction Center	In progress – regular	Increase collegial referrals based on specialty area and

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providers on a regular basis for the purpose of sharing information and identifying community needs.		meetings established by January 2016	geographical location.
Work with existing community groups in Tamworth and Wakefield to explore community-supported mental health services.	PHAC Mental Health Work Group	June 2016	Community-based mental health placed on town warrants.

Strategy 1A2: Collaborate to co-locate these additional mental health practitioners in primary care clinics and schools to facilitate early intervention, efficient referrals, and “warm hand-offs.”

Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Work with health care providers and mental/behavioral health providers to foster co-location of services	Huggins Hospital Memorial Hospital White Mountain Community Health Center Northern Human Services CC Provider Group	June 2017	Physical and Behavioral Health Practices co-located in two locations
Convene peer support group of mental and behavioral health providers on a regular basis for the purpose of sharing information and identifying community needs.	White Horse Addiction Center	In progress – regular meetings established by January 2016	Increase collegial referrals based on specialty area and geographical location.
Work with existing community groups in Tamworth and Wakefield to explore community-supported mental health services.	PHAC Mental Health Work Group	June 2016	Community-based mental health placed on town warrants.

Strategy 1A3: Pursue innovative collaborations between towns and/or town coalitions and the hospitals and mental health center to secure funding for additional services.

Activity	Lead Organization	Target Completion Date	Measurable Outcomes
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Work with existing community groups in Tamworth and Wakefield to explore community-supported mental health services.	PHAC Mental Health Work Group	June 2016	Community-based mental health placed on town warrants.
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**Objective 1 B:**

*Reduce # and rate of suicide deaths and suicide attempts by adolescents each year from # to # (NH SHIP)*

Strategy 1B1: Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.

Strategy 1B2: Encourage all school districts to develop and revise their suicide prevention protocols and critical incident response procedures and to provide thorough training for all staff.

Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Provide training to all middle and high school staff in the NAMI Connect Prevention and Postvention curriculum.	NAMI-trained RPHN trainers	In progress Completion date June 2016	Training provided to Kingswood MS, HS; Kennett MS, HS; Brett School, Bartlett School, Paul School, Moultonborough Academy.
Provide technical assistance to school staff re: suicide prevention and postvention protocols	NAMI-trained RPHN trainers	In progress Completion date June 2016	All middle and high schools have reviewed and revised prevention and postvention protocols.
Conduct annual regional prevention and postvention training for new school staff	NAMI-trained RPHN Trainers	Annually – August 2016, 2017, 2018, 2019, 2020	Regional training provided for all new school staff

Strategy 1B3: Equip community members and organizations to provide Counseling About Lethal Means (CALM)

Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Provide CALM training to community organization staff and others	CALM-approved RPHN Trainer	In progress Completion date June 2016	Training provided to law enforcement, visiting nurses, community members
Conduct annual regional CALM training for new staff and others	CALM-approved RPHN Trainer	Annually – August 2016, 2017, 2018, 2019, 2020	Trainings conducted

**Objective 1 C:**

**Reduce # and rate of suicide deaths at all ages each year from # to # (NH SHIP)**

Strategy 1C1: Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training.

Strategy 1C2: Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.

Strategy 1C3: Equip public relations and media leaders with information to promote safe messaging about suicide.

Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Provide community-based and organization-based training in the Counseling on Access to Lethal Means (CALM).	CALM-trained RPHN trainer	In progress Completion date June 2016	Training provided to law enforcement, visiting nurses, other organizations and individuals
Provide suicide prevention training to community organization staff	NAMI-trained RPHN trainers	In progress Completion date June 2016	Conduct 3 community based trainings in Year 1, and 1 in each subsequent year.
Conduct Safe Messaging workshops for media, spokespersons, others	NAMI NH	Annually – August 2016, 2017, 2018, 2019, 2020	Safe Messaging workshops conducted.

## Summary

During the spring and summer of 2015, C3PH coordinated multiple suicide prevention-related activities focused on steps that all of us can take to better recognize individuals who may be experiencing mental health challenges in our communities. Efforts involved leaders from local schools, law enforcement, and print and media outlets who participated in training about safe messaging about suicide, as well as CALM (Counseling on Access to Lethal Means) and suicide prevention trainings with several local schools and community groups.

Moving forward, eight local volunteers from towns and school districts across the county have been certified as trainers in the NAMI-NH’s nationally recognized CONNECT Suicide Prevention and Postvention curricula. Another local volunteer has been approved as a trainer for the national best

practice CALM initiative. These local volunteers stand ready to provide no-cost training to schools and community groups to better connect people in crisis to care.

Perhaps most importantly, a common theme emerged throughout the county echoing the findings of both our hospital health assessments – the need for increased access to high quality mental health services. Local innovations include the long-standing Moultonborough Mental Health and Suicide Coalition which has been successful in securing local access to mental health services for town residents – a model that Northern Human Services and multiple local partners including schools, faith groups, and law enforcement are eager to adapt to other towns or town coalitions.

## Priority Area 3: Addiction Free Families

### Background

New Hampshire has experienced increased heroin use in the past year. Overdose deaths in 2014 were 324 and are predicted to be substantial in the current year. Alcohol abuse remains a significant problem in New Hampshire families. While NH ranks first in binge drinking among high school students (YRBS 2013) in the nation, state expenditures for treatment and prevention rank 49<sup>th</sup> in the nation.

Carroll County data suggests that substance misuse among our high school population ranks among the highest in the state; qualitative data suggests that our young adult population is heavily involved in binge drinking, opiate use and engaged in negative behaviors to support their opiate use. Often children are present when law enforcement takes action, and the impact on families is devastating.

#### REGIONAL ASSETS

Carroll County has an active Substance Use Disorder Leadership/Planning Team that has been planning and working to address substance use disorder issues in the county. In the past year, C3PH and its partners have made significant progress. Representatives from all segments of the community have engaged in planning for and executing an information session: From Silence to Solutions: Carroll County Tackles Heroin. Individuals who participated in that event have met in work groups to develop specific activities designed to reduce stigma associated with substance use disorders, to promote evidence-based program implementation among health-care providers, and to support increased substance use disorder treatment and recovery support services across the county.

The following is a sampling of the organizations actively involved in the continuum of substance use disorder services:

#### A Snapshot of Community Strength: Prevention Partners in Carroll County

Organization	Level of Engagement
Tri County CAP	H
Carroll County Restorative Justice Center	H
Service Link	M
Granite United Way	H
Ossipee Congregational Church	M
Huggins Hospital	M
Memorial Hospital	H
White Mountain Community Health Center	H
Governor Wentworth Reg. School District	M
Moultonborough School District	M
SAU 9	H
Paul School, Wakefield	M
Carroll County Sheriff's Department	M

2016-2019 Regional CHIP Template

Tuftonboro Police Department	M
Wakefield Police Department	M
Wolfeboro Police Department	H
Sandwich Police Department	H
Ossipee Police Department	L
Ad Hoc Providers Group	H
MWV Chamber of Commerce	See Note
MWV Health Consortium	L
Carroll County Public Health Advisory Council	H
The Conway Daily Sun	H
Granite State News (Salmon Press)	H
Carroll County Independent (Salmon Press)	H
Community Health Collaborative	(in formative stage)

**Legend**

- H Active member; represented in work groups and/or Leadership Planning Team**
- M Active member; work on selected programs or projects**
- L Emerging Member; in communication not yet thoroughly engaged**

**MWV Chamber of Commerce** – In communication with Executive Director, have provided presentation to Women’s Caucus, involved in Strategic Planning Focus Group. The 2016-2019 Strategic Plan calls for the network to build new and to strengthen existing relationships with individual Chamber members.

## Goals, Objectives and Strategic Approach

<b>GOAL 1</b>	Addiction Free Families in Carroll County
<b>OBJECTIVE 1A</b>	Reduce # babies born with neonatal withdrawal syndromes
<b>STRATEGIES</b>	
Implement screening protocols at Ob/Gyn practices in Carroll County	
Increase the number of referrals of pregnant women to appropriate behavioral health resources	
Increase opportunities for peer support and counseling for pregnant women and new mothers	

OBJECTIVE 1B	Reduce drug-related overdose incidents and deaths each year (NH SHIP)
<b>STRATEGIES</b>	
Work with emergency services and others to make naloxone more readily available.	
Work with law enforcement in the county to increase referrals to treatment for drug offenses	
Advocate for increased treatment services throughout Carroll County, with special attention to the middle of the county where there are no services at the present time.	

## Work Plan

The work plan for substance misuse disorders will be developed by the established work group in concert with the Substance Misuse Prevention Strategic Plan and the Work Plan for the Continuum of Care Facilitator.

## Summary

The Substance Use Disorder Work Group consists of members of the Substance Misuse Prevention Network Leadership/Planning team. This is a group of individuals who are professionally or personally committed to strengthening the Substance Use Disorder Continuum of Care capacity in Carroll County. Building on the work of the Substance Misuse Prevention Network, this work group will continue to advocate for increased access to substance use disorder services in the county. The work group will continue to build the capacity in the county to provide evidence-based prevention, intervention, treatment and recovery support services through training and technical assistance with and for partners, increased awareness of the general public of the extent of the substance misuse problem, and promotion of the statewide campaigns, Anyone/Anytime, Partnership for a Drug Free NH Campaign, and others to destigmatize mental health and substance use disorder treatment and recovery support.

### Priority Area 4: Aging with Connection and Purpose

## Background

According to projections by the NH Citizen’s Health Initiative, Carroll County is older and aging faster than any other county in the State of NH. Indeed, the population age ratio (ratio of people under 25 and over 65 to the working age population) is expected to hit nearly 120% by 2030, and all of the age-ratio gain will be in the over 65 age range as child population is projected to decrease. Ratios of 80% or

higher are widely considered unsustainable, as fewer and fewer working residents are called on to provide services for an expanding older population.

As the human and financial resources available to support elderly residents shrinks, it will be essential to find ways to reduce common issues such as preventable falls and preventable hospitalizations in order to control health care costs and increase quality of life for our elders. In 2009, preventable hospitalizations of residents over the age of 65 accounted for ~17,000 out of the total of ~20,000 (or 85%) of all preventable hospitalizations across all age ranges in Carroll County. With the increased primary care demands of an older population, by 2030 Carroll County is also projected to have the highest primary care demand of any county in the state (NH Citizens Health Initiative).

Taking steps to help residents prepare for aging; plan ahead for their physical, social, emotional, and financial health; and take active steps to prevent falls and all of the health and housing consequences of falls must be a top priority for Carroll County going forward.

## REGIONAL ASSETS

During the summer of 2015, Memorial Hospital a falls prevention initiative by certifying local trainers in the Matter of Balance curriculum who now stand ready to offer this training county-wide. With collaborative support from senior centers, faith congregations, and parks and recreation departments, these trainers are now in position to spread the MOB approach to falls prevention in local town gathering places across the county who might not otherwise have access to this course.

Local innovations to reduce preventable hospitalizations include the long-standing Tamworth Community Nurses Association which provides preventive well-checks for residents of all ages, a service that is often particularly helpful for older residents and their families who are attempting to balance the goal of independent living with housing, social, and physical needs. There may be ways for other local communities to adapt this model.

## Goals, Objectives and Strategic Approach

<b>GOAL 1</b>	<b>Improve the preparation, connection, and purpose experienced by older residents by teaching skills to prevent injuries and improve life-planning conversations with their families and caregivers.</b>
<b>OBJECTIVE 1A</b>	Reduce preventable hospitalizations among residents over the age of 65 from 17,000 per 100,000 in 2009 to 15,000 per 100,000 by 2020
<b>STRATEGIES</b>	
Explore innovative local models to increase the number of home-visiting well-checks for older residents to increase early identification and support for preventable health issues.	

## 2016-2019 Regional CHIP Template

<b>OBJECTIVE 1B</b>	Reduce fall-related deaths among residents over the age of 65
<b>STRATEGIES</b>	
✓ Teach Matter-of-Balance fall-prevention programs to residents in every town by making use of senior centers, faith communities, libraries and other natural gathering spaces.	
<b>OBJECTIVE 1C</b>	Increase # residents over age 65 who have discussed their life goals and needs with family
<b>STRATEGIES</b>	
✓ Facilitate advanced planning conversation among families about needs, connection, purpose and wishes during retirement and at the end of life using Advanced Directives as a platform	

## Work Plan

The tables below provide space to give detailed information related to how each strategy will be carried out.

Explore innovative local models to increase the number of home-visiting well-checks for older residents to increase early identification and support for preventable health issues. <a href="#">Click here to enter text.</a>			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Host 2 workshops for area towns about the impact of community nursing well-checks on health outcomes.	Tamworth Community Nurses Association and PHAC Aging Workgroup	9/30/16	Two workshops held
Host 2 workshops for area towns about how other home services (meals on wheels, RSVP) can be enlisted to increase early identification of preventable health issues.	Service Link and PHAC Aging Workgroup	9/30/16	Two workshops held.
Explore bringing the Tri-State Learning Collaborative resources to the PHAC Aging Workgroup to work on establishing cooperative villages in Carroll County	PHAC Lead White Mountain Community Health Collaborative	9/30/16	To be determined by PHAC Aging Workgroup

2016-2019 Regional CHIP Template

Teach Matter-of-Balance fall-prevention programs to residents in every town by making use of senior centers, faith communities, libraries and other natural gathering spaces.			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Host MOB programs in at least 6 towns in different geographic quadrants of Carroll County	White Mountain Community Health Collaborative	9/30/16	Matter of Balance programs established and sustained in six locations.
Provide falls prevention public service announcements via radio and newspaper	White Mountain Community Health Collaborative	9/30/16	Public service announcements developed and shared through the media.
Equip other home service providers (meals on wheels, RSVP, etc) to make fall risk assessments, take preventive action, and make referrals to MOB	White Mountain Community Health Collaborative	9/30/17	Trainings conducted to prepare home visitors to make fall risk assessments. Referrals made to Matter of Balance.

Facilitate advanced planning conversation among families about needs, connection, purpose and wishes during retirement and at the end of life using Advanced Directives as a platform			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Enlist at least 3 Employee Assistance Programs, civic organizations, or businesses to host "Have the Conversation" workshops for their members.	White Mountain Community Health Collaborative	9/30/16	To be determined by WMCHC
Provide public service announcements via radio, newspaper and social media about the importance of "having the conversation".	White Mountain Community Health Collaborative	9/30/16	To be determined by WMCHC
Use each workshop and public outreach to emphasize planning ahead not just for physical needs but also for social and emotional connections.	White Mountain Community Health Collaborative	9/30/16	To be determined by WMCHC

## Summary

Carroll County's aging population, often here without extended family supports, is expected to continue to grow. As a public health issue, the county organizations that enhance health, purpose, and connectedness among our older residents will be supported by the Public Health Advisory Council through increased cooperation, collaboration and leveraging of resources among its network of members.

In the short term, there are already initiatives in place to enhance balance (Matter of Balance), provide Meals on Wheels, and to conduct home safety assessments. Taking the longer view, the work group will be exploring housing options, including the village model.

### **Priority Area 5: Emergency Preparedness Across the Lifespan**

## Background

Public Health Emergency Preparedness is an important aspect of community health. The Carroll County Coalition for Public Health receives guidance from the Centers for Disease Control and Prevention (CDC) on what preparedness capabilities are necessary in the event of a public health threat. Threats can include the spread of infectious disease, environmental events, bio-chemical hazards, acts of terrorism or natural disasters.

The Carroll County Coalition for Public Health recognizes that in order to protect and preserve the health of the people of this region, it is of utmost importance to be prepared for any health hazard that could arise. We have developed a robust plan for Public Health Emergency Preparedness and Response region-wide, but a plan in writing needs to translate to real action to protect the population's health. In 2015 a robust public health hazard vulnerability assessment was conducted, through focus groups and workshop sessions with public health and wellness oriented leaders in the Carroll County community. Out of this series of meetings, an Action Plan was created which prioritized how the region can best focus on Emergency Preparedness improvements over the months and years to come. Partners pointed out the importance of integration of behavioral health resources as a key to preparedness, and also focused on how to help our children learn how to be safe, well and prepared, and share this knowledge with their families.

### REGIONAL PARTNER ORGANIZATIONS

The Carroll County Coalition for Public Health leads a Regional Coordination Committee, made up of local public safety and public health leaders, who meet at least quarterly to review preparedness plans and conduct training exercises. Partners include Memorial Hospital, Huggins Hospital, the VNA and

Hospice, municipal Emergency Medical Services from across the County, Fire Departments, Police, Emergency Management Directors, Health Officers and others including Medical Reserve Corps volunteers. We receive technical support from Community Health Institute/JSI of Bow, NH as well as the NH State Department of Health and Human Services, The NH Department of Safety, and the NH Citizen Corps Council.

## Goals, Objectives and Strategic Approach

GOAL 1	<b><i>Strengthen community preparedness capacity in Carroll County</i></b>
	Increase community preparedness and individual preparedness of Carroll County residents
OBJECTIVE 1A	<b><i>Insert objective related to the goal.</i></b>
	Educate Carroll County residents on the importance of preparing for an emergency by increasing student attendance in STEP programs by 10% each year.
STRATEGIES	<b><i>Insert regional strategies below. Add or delete rows as necessary.</i></b>
	1. Plan and execute an emergency preparedness campaign for National Preparedness Month 2016 and National Preparedness Month 2017
	2. Hold emergency preparedness trainings in Schools by expanding enrollment in the STEP program.

## Goal 1 Work Plan

The tables below provide space to give detailed information related to how each strategy will be carried out.

<b>STRATEGY 1: Plan and execute an emergency preparedness campaign for National Preparedness Month 2016 and National Preparedness Month 2017</b>			
<b>Activity</b>	<b>Lead Organization</b>	<b>Target Completion</b>	<b>Measurable Outcomes</b>

2016-2019 Regional CHIP Template

		Date	
Hold a stakeholders' meeting to debrief on results of 2015 Campaign	C3PH	November 2016	Number of municipal leaders present at the event. Number of municipal shelter leaders who learn new information.
Convene a planning meeting for the 2016 campaign and develop a plan for audiences, channels, and appropriate messengers. Assign individuals to develop materials and messages. Repeat for 2017.	C3PH and CHI	July 2016, and July, 2017	Number of towns identified to invite to workshop, Minutes of Workshop planning meetings, Number of attendees at workshop
Conduct campaign, use communication channels of town publications, child cares, schools, HOSA program leaders, social service agencies, ServiceLink, Churches. Use mediums of newspapers, community TV and social media.	C3PH and Regional Partners	September 2016 and September 2017 (Sept is Preparedness Month)	Campaign executed. Number of messages published in different media recorded. Collect evaluation data.

<b>STRATEGY 2: Hold emergency preparedness trainings in Schools</b>			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Gain buy-in from schools by reaching out to Superintendents with information on STEP program	C3PH	January 2016	Number of Superintendents contacted. Number of school amenable to STEP program implementation.
Identify potential STEP Trainers and hold Training sessions	C3PH and CHI	April 2016	Number of advertisements for trainers shared Number of trainers trained in STEP
Conduct STEP Program in at least 2 new schools	STEP Trainers and C3PH	May 2017	Evaluation data collected from schools as trainings are conducted

<b>GOAL 2</b>	<i>Incorporate preparation for mental health needs into mass casualty and sheltering plans.</i>
	Ensure that Carroll County residents have access to mental health services if they seek sheltering services
<b>OBJECTIVE 1A</b>	<i>Insert objective related to the goal.</i>
	Increase the number of towns that have detailed shelter plans in place which include mental health services, by 2017.
<b>STRATEGIES</b>	<i>Insert regional strategies below. Add or delete rows as necessary.</i>
	1. Empower municipal leaders as pioneers to learn and share Functional Needs Sheltering Support guidance.
	2. Develop and maintain the workforce needed for behavioral health support in shelters.
	3. When organizations exercise response capabilities, choose activities which incorporate behavioral health needs.

## Goal 2 Work Plan

The tables below provide space to give detailed information related to how each strategy will be carried out.

<b>STRATEGY 1: Empower municipal leaders as pioneers to learn and share Functional Needs Sheltering Support guidance.</b>			
Activity	Lead Organization	Target Completion Date	Measurable Outcomes
Present Functional Needs Support Shelter Guidance information at a Regional Coordination Committee meeting	C3PH & DHHS	November 2016	Number of municipal leaders present at the event. Number of municipal shelter leaders who learn new information.
Host a scenario-based workshop on sheltering to increase awareness of municipal plans, potential gaps, and opportunities for resource sharing and joint planning.	C3PH and CHI	June 2017	Number of towns identified to invite to workshop, Minutes of Workshop planning meetings, Number of attendees at workshop

<b>STRATEGY 2: Develop and maintain the workforce needed for behavioral health support in shelters.</b>			
<b>Activity</b>	<b>Lead Organization</b>	<b>Target Completion Date</b>	<b>Measurable Outcomes</b>
Invite existing regional volunteers to a Disaster Behavioral Health Response Team training	DBHRT instructor	July 2017	Number of Carroll County volunteers who become DBHRT trained.

<b>STRATEGY 3: When organizations exercise response capabilities, choose activities which incorporate behavioral health needs</b>			
<b>Activity</b>	<b>Lead Organization</b>	<b>Target Completion Date</b>	<b>Measurable Outcomes</b>
Host a training and exercise planning workshop region-wide to plan an exercise event involving a shared goal to incorporate behavioral health in at least one exercise which will benefit multiple organizations	Community Health Institute as Technical Assistance Partner	November 2016	Region-wide planning for an exercise event incorporating mental/behavioral health occurs.
Hold one HSEEP-qualified exercise which incorporates behavioral health and benefits multiple organizations from multiple municipalities in Carroll County.	C3PH and HSEEP Qualified Exercise Controllers and Evaluators	July 2017	Number of municipalities participating Number of organizations participating HSEEP-qualified written After Action Report Clear written Improvement Plan Objectives

## Summary

The Carroll County Public Health Network is committed to integrating Emergency Preparedness with other initiatives in the county. The active Regional Coordinating Committee serves as the work group for the Emergency Preparedness Priority in the county. The RCC is committed to building membership in both the Medical Reserve Corps and the Community Emergency Response Teams through targeted recruiting by community. This was a plan identified by the Regional Hazard Vulnerability Assessment as viable in the summer of 2015.

## Resources and Tools

### Developing a Vision and Mission

The Eight Word Mission Statement:

[http://www.ssireview.org/blog/entry/the\\_eight\\_word\\_mission\\_statement](http://www.ssireview.org/blog/entry/the_eight_word_mission_statement)

### Community Health Improvement Plan Tools and Resources

Mobilizing for Action through Planning and Partnerships (MAPP)

<http://www.naccho.org/topics/infrastructure/mapp/>

Protocol for Assessing Community Excellence in Environmental (PACE EH)

<http://www.naccho.org/topics/environmental/PACE-EH/>

Health Healthy People 2020 – MAP-IT

<http://healthypeople.gov/2020/implement/MapIt.aspx>

The Institute of Medicine's Community Health Improvement Process (CHIP)

<http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

### Prioritization Tools and Resources

Appendix E: NH State Health Improvement Plan

<http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>

Importance and Changeability: SAMHSA <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/plan/1>

### Resource and Asset Inventory and Gap Assessment Tools

County Health Rankings and Roadmaps

<http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>

Community Toolbox

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main>

## Strategy Selection Tools

NH State Health Improvement Plan

<http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>

Substance Misuse Prevention 5-year Plan

[Collective Action-Collective Impact](#)

Plans for Other Health Priority Areas can be found on eStudio in the SHIP and State Plans Folder

<https://nh.same-page.com/studio/v7/>

- [2013 Suicide Prevention Plan](#)
- [CBHC Plan](#)
- [Coalition to End Homelessness Strategic Plan](#)
- [HEAL Strategic Plan](#)
- [NH-Outdoor Recreation Overview](#)
- [Red Cross Strategic Plan.pdf](#)
- [SPARK NH Strategic Plan](#)

### FEDERAL REGISTRIES:

The Guide to Community Preventive Services: The Community Guide

<http://www.thecommunityguide.org/index.html>

### WEBSITES

Cochrane Collaboration

<http://www.cochrane.org/>

PolicyLink

<http://www.policylink.org/>

CDC Best Practice Guidelines

<http://www.cdc.gov/chronicdisease/resources/guidelines.html>