

GNCOC General Committee

May 3, 2023 9 am – 10:30 am

1. Call to Order

- a. Wendy LeBlanc called the meeting to order at 9 am, and led the group in introductions.

2. Approval of Minutes

- a. Wendy LeBlanc asked for a motion to approve the April 5, 2023 Meeting Minutes. Motion was made by Scott Wellman, seconded by Kathy McNamara. All were in favor, motion carried.

3. Monthly Presentations: Mental Health Resources in the Greater Nashua Community

a. Shannon Osterhoudt, MSW, LCSW; Grief Support Group at St. Joseph Hospital

- i. With the increasing demand for therapy, waitlists for therapeutic services are growing. St. Joseph Hospital recognizes that gap and has partnered with the YMCA to provide in-person support groups hosted by two licensed social workers.
- ii. Do not need to be a patient of St. Joseph's Hospital or a member of the YMCA to participate.
- iii. They are seeing people who are grieving for many reasons - for a lost loved one, for caregivers, loss of job; the only requirement is to be grieving. You are not required to enroll or sign up, you can just show up.
- iv. The group is peer run, with a goal of connection amongst participants for community of peer support. From the group, they now have a "texting tree" so that if there is inclement weather or a reason the group is cancelled, they can still check in with each other. The group is only for adults. They can help facilitate connection to additional resources.

b. Peter Burke; Community Education Manager for Senior Behavioral Health unit at St. Joseph Hospital

- i. The Senior Behavioral Health Unit at St. Joseph Hospital is a 24-bed inpatient unit for adults 65+ experiencing behavioral issues, such as extreme depression and anxiety, bipolar, dementia, etc.
- ii. Have nursing and medical staff. Participate in Medicare and a host of other insurances. By virtue of the 65-age parameter, most have Medicare.
- iii. Average length of stay is 14-15 days: not long-term. Dr Suarez (Medical Director) can help manage medication, get them stabilized. Social Worker on staff that helps ensure that they have safe discharge plan, make referrals for next step supports.
- iv. Referral sources come from other hospitals, assisted living facilities, senior living facilities, community health centers, community members.

- v. Make an initial referral contact by calling 603-884-5560. Even if someone is not eligible, they can help make suggestions for other resources that they may be eligible for.
 - vi. Currently have 15 beds filled, primarily because of staffing. Waitlist ebbs and flows, taking in mind the acuity of the need. Insurance is required for access.
- c. **Michelle Gardner, RN, Kara Bishop, MSW, Kara Morse, LICSW; Southern NH Medical Center Behavioral Health Services**
- i. ACCESS Team – Acute Community Crisis Evaluation Service System
 1. The ACCESS team is a hospital-based service that provides crisis evaluations 24/7 to those who need immediate help with a psychiatric crisis. This is onsite at the hospital, not mobile. They evaluate children, adolescents, and adults. The ACCESS team sees 2000 patients a year.
 2. The ACCESS team is made up of Masters-Level Clinicians. Psychiatric providers consult with the clinicians on each case regarding the disposition. Mobile crisis is offered throughout the state by calling 988. GNMH operates the mobile crisis response team in this area. The Behavioral Health Annex is a small, locked space in ER for 6 beds for patients transitioning through ER.
 - ii. Behavioral Health Unit – on SNHHS West Campus
 1. The Behavioral Health Unit is an 18-Bed unit with board certified psychiatrists, nurses, health workers, and social workers. Develop intensive and comprehensive client centered treatment plans to facilitate successful transition back to daily life.
 2. There are many different spectrums of care provided, and they are able to support patients with more complex and behavioral needs. They are able to work with patients who are pregnant and need iv therapies, complex medical needs, eating disorders, and on the spectrum. Many other BHUs cannot meet these needs. They have an on-unit provider to provide this complex care.
 3. Provide a myriad of interventions such as CBT, DBT, individual/group/family meetings, comprehensive medical support to address the whole patient, motivational interviewing, Doorway recovery support groups, health and wellness-based programming, interpretive services, nutritional consultations and more.
 4. Focused treatment for the following diagnoses – adjustment disorders, anxiety disorders, bipolar disorders, borderline personality disorders, delusional disorders, obsessive-compulsive, self-harming, schizophrenia, and more.
 5. On average, they have 12-14 beds filled due to staffing. Average length of stay 7 days. They do take covid positive patients,

including from other BHUs, and social distance them appropriately.

iii. Partial Hospital Program

1. The PHP offers intensive short-term group therapy for individuals 18+ older who struggle with mood, anxiety, and co-occurring disorders. Their goal is to empower participants to acquire the knowledge and skills necessary to manage their illness. Most patients stay between 6-8 days with maximum of 10 days. Group is Monday – Friday 9 am – 3 pm. If the patient is already connected with an outside medication provider, they will not be seen by the psychiatric nurse practitioner. PHP is located at West Campus at 29 Northwest Boulevard in Nashua. Referral not required – call 603-577-5740 to schedule an appointment, can start group following day. No Waitlist. To learn more about our program, visit <https://www.snhhealth.org/>

iv. Intensive Outpatient Program

1. The IOP designed for individuals 18+ who are struggling with a SUD. The program allows for patients to attend evening sessions and receive treatment while living in comfort of home and continuing to work in the community. The goal of this program is to help patients establish foundation for life-long sobriety in a safe and supportive group environment. 16 sessions Monday, Tuesday, Thursday, Friday. After Care support group on Wednesday.
2. IOP program located at our West Campus at 29 Northwest Boulevard in Nashua. Call 603-579-5108 to schedule an appointment. No referral needed.

v. Foundation Medical Partners

1. SNNHS is part of Foundation Medical Partners, who offers step-down medication management and therapeutic interventions to patients who can then resume care from their PCP. Foundation Collaborative Care, The Doorway, and more. There is bus access right outside.
2. Question: What percentage of referrals into IOP are coming in through The Doorway? Estimate about 15%, it tends to be a lot of self-referral. Doorway helps with detox/residential, IOP supports people further down the line in their recovery.
3. Question: What has been your experience with the dropout rate of that program? Full participation rate is 75%, 25% drop out rate. They have folks who experience a reoccurrence but they welcome them back so they can rejoin group.

d. **Leah Elliott, LICSW NP, Behavioral Health Specialist from Nashua Public Health**

- i. Overview of DPHCS – departments include City Welfare, Community Health, Community Services, with a focus on equity across programming
- ii. Community Services Department – does outreach, provides training, and oversight to agencies providing those services.
 1. Mission is to promote, protect, and preserve the health and wellbeing of the GNPHR through leadership and community collaboration.
 2. Who do we serve? All the way from Pelham and Mason. Last week they had Drug Take Back Day in communities across the region last week, a great way to stay connected to police and fire departments across Southern NH.
- iii. Community Health Assessment (CHA)
 1. A CHA is a process through which you gain a better understanding of the health concerns and needs of the community by identifying, collecting, analyzing, and disseminating information on the community’s assets, strengths, resources, and needs. It includes information on risk factors, quality of life, morbidity, and mortality, social determinants of health, and health equity.
- iv. Community Health Improvement Plan (CHIP)
 1. The CHIP uses the results of a CHA to set goals and objectives for addressing the community’s most pressing health needs.
- v. Substance Misuse Prevention – focus on education and awareness within our community to understand the prevalence and increase protective factors against substance use disorder. Provides technical assistance to stakeholders and agencies looking to implement evidence-based prevention programs. They run the SAANA program in collaboration with Revive Recovery, provide naloxone boxes across city, and more.
- vi. Substance Misuse Continuum of Care – brings partners, providers, and stakeholders together build relationships, share resources, and collaborate on initiatives.
- vii. Three main behavioral health priorities:
 1. reduce substance use among all age groups in Greater Nashua Public Health Region. Main way they do this is through the Mayor’s Opioid Task Force meeting. Meets monthly, currently developing strategic plan to ensure equity, access, and affordability.
 2. increase awareness of Behavioral Health resources to improve/maintain mental health of all age groups in the Greater Nashua Public Health Region. They offer Mental Health First Aid Trainings 3x per year in Greater Nashua Public Health Region.
- viii. Third is to improve access to substance use and mental health services through workforce development. Develop behavioral health student

internship/matriculation project with a focus on how to keep practitioners in the area.

- ix. Youth Programming
 - 1. Gizmo's Pawesome Guide to Mental Health – education for children on mental health, coping skills.
 - 2. The Teen Brain and Substance Misuse trainings
 - 3. The Dangers of Vaping/Tips to Stay Substance Free
 - 4. Greater Nashua PhotoVoice – pick a theme and work with youth serving agencies and display their photos in a gallery at the Library.
- x. Communication –
 - 1. WSMN Radio – Public Health Hour
 - 2. Speaking Our Minds Podcast
 - 3. ACCESS TV – Public Health Matters
- xi. Trainings provided.
 - 1. Mental Health First Aid – Adults, Spanish Speakers, Youth Mental Health First Aid
 - 2. How to Dispense Naloxone/Narcan Training
 - 3. Impacts of Trauma on Youth/Adverse Childhood Experiences
 - 4. How to talk to your Child about Substance Misuse
 - 5. The Brain and Substance Misuse
 - 6. The Importance of Using First Person Language to Decrease Stigma
- xii. Question: What should an organization do to partner with you on Mental Health First Aid Training? Reach out to Leah Elliott or Lisa Vasquez at 603-589-4536. Offered via UNH free of cost.
- xiii. May 31 – Upcoming Mental Health First Aid session open to the public.
- e. **Russell Schaechtle; Clinical Program Manager at The Youth Council**
 - i. The Youth Council is now located on 74 Northeastern Blvd across from Boston Billiards.
 - ii. Student Assistance Programs (SAP) Counselors
 - 1. The Youth Council places counselors in both Nashua Public High Schools, all of the Middle Schools, and 2 of the Elementary Schools. The Merrimack School District have recently built this into their budget as well and will be offering SAPs in their district soon!
 - 2. Students are referred to the SAP when suspended. They are required to meet with the SAP for at least 3 sessions due to their suspension, where they complete a variety of assessments and process the suspension. From there, they determine what other resources/referrals are needed for that student. It is a voluntary program so after 3 sessions students can opt out, but many continue to engage and receive resources. The SAP is not part of

the school district, which makes students more comfortable using services. Referrals can also come from teachers, guidance counselors, admin, if they see student struggling with behavioral issues or substance use, can meet with SAP for supportive counseling more short term with plan to refer out to other agencies. Know there are long waitlists so can wait until they have mental health care in place. Can meet as frequently as student would like.

3. SAPS provide groups such as substance use, healthy coping skills. Currently working with an organization in Dover on a youth-to-youth program. Have youth be their own ambassadors to speak about mental health in the community.
- iii. Youth Assistance Program (YAP) Counselor at PAL and Girls Inc.
 1. They have a counselor who splits time between PAL and Girls Inc. The YAP does the same thing as school-based SAPs – meet individually with students, de-escalating, running psycho-education groups, even dance/movement group. They are looking to get another YAP to offer services at Nashua Boys and Girls Club.
 - iv. Project Succeed –
 1. Project Succeed is an in-school suspension center that was originally at The Youth Council’s offices but has recently moved to The Boys and Girls Club. Boys and Girls Club provides space, NSD provides kids, and TYC provides socio-emotional support. It operates as an alternative suspension system; rather than children be at home or miss school, they attend Project Succeed, do an intake, develop goals, and provide recommendations that go to the school and the family.
 2. When they moved the program to the Boys and Girls Club, they realized that they could support more than just the students who were getting suspended; they now have capacity for 20 high school students and 20 middle school students; each room has a tutor. Throughout the day, they do needs assessments, run psycho-educational groups. Based on the variety of needs that attendees present (some may be there for skipping class while others are there for substance use disorder) they developed a “themed weeks” model where each week focuses on different skills such as communication, healthy behaviors, coping skills. With this shift, they have changed the framework with the schools to have it be an opt in for referral, not only suspension based.
 3. When a student comes to Project Succeed due to suspension because of SUD, they can provide a fuller referral to SAPs for other needs that are presenting. They work with a telehealth service

and introduce them to their SAP via telehealth while they are at Project Succeed to reduce barrier to accessing the SAP.

- v. Court Diversion program –
 - 1. The Youth Council’s Court Diversion program provides a second chance for kids who are facing criminal charges. It used to be that the adolescent would share their story in front of a panel of 3 people who asked questions and then issued some kind of recourse, such as apology letters, etc. The program is no longer selective just to misdemeanors; now any youth that gets arrested comes straight to court diversion. From there, they assess and refer to what resources they can offer.
 - vi. Individual and Group Therapy –
 - 1. The Youth Council provides assessments and evaluations. They have three therapists who have individual case load, do GANE evaluation, grief management, healthy coping skills, and more.
 - vii. They also provide training opportunities for community partners.
 - 1. Youth Mental Health First Aid
 - 2. MOAB – Management of Aggressive Behaviors – learning verbal de-escalation cues.
 - viii. Question: Do you serve students outside of the school system? SAPs are just for school systems, but individual therapy can be anyone. Up to age 18. SAP = Student Assistance Program Counselor. All the therapy services are free, and they don’t take insurance currently.
 - ix. Do you work with students who have IEPs in the school district? Yes, and SAPs are often part of these meetings.
- f. **Christina Loder MLADC, LCMHC; Director of Behavioral Health and Substance Use Services at Harbor Care**
- i. Individual Therapy
 - 1. Available for all diagnosis
 - 2. Integrated care philosophy
 - 3. EMDR providers available
 - 4. Anger Management provider available
 - 5. Children and adolescent availability
 - 6. Accept most all insurances including Medicaid and Medicare
 - 7. Will provide services to uninsured individuals based on sliding scale.
 - ii. Group therapy
 - 1. Anger management
 - 2. Trauma/Coping Skills
 - 3. Starting up an ADHD skills group soon
 - 4. Accept most all insurance including Medicaid and Medicare
 - 5. Will provide services to uninsured individuals based on sliding scale.

- 6. Offered in person and over zoom.
- iii. Psychiatric medication management
 - 1. Medication Management currently available for Harbor Care Primary Care patients as well as individuals with external providers
 - 2. Child and adolescent availability
 - 3. Accept most all insurances including Medicaid and Medicare
 - 4. Will provide services to uninsured individuals based on sliding scale.
 - 5. Offered in person and over zoom (must have intake in person)
 - 6. Have a pharmacy on property available for patients.
 - 7. 3 providers, 1 with current openings
- iv. For appointments, call 603-821-7788
- g. **Scott Wellman, Susan Mead, and Dr. Marie Macedonia from Greater Nashua Mental Health**
 - i. Vision Statement – A community in which all individuals and families have access to transformational, integrated mental health services they need to lead hopeful, fulfilling lives.
 - ii. Mental Health Facts in the US:
 - 1. 1 in 5 US Adults experience mental illness each year
 - 2. 1 in 6 US youth aged 6-17 experience a mental health disorder each year.
 - 3. Suicide is 2nd leading cause of death among people aged 10-34
 - 4. Adults living with serious mental illness die 25 years earlier.
 - 5. LGBTQ youth 4 times more likely to attempt suicide than straight youth.
 - 6. 50% of all lifetime cases of mental health disorders begin by age 14 and 75% by age 24.
 - 7. 37% of students with mental health condition age 14 and older drop out of school.
 - 8. Mental illnesses are biologically based brain disorders, not a result of personal weakness.
 - iii. Greater Nashua Mental Health began in 1920 as “Community Welfare Council”. The mission was to further development, cooperation, and coordination of social services to meet the needs of the “poor, needy, and unfortunate”. Evolved to include mental hygiene, polio, and other issues at the time. They have been around for 103 years and are still going strong!
 - iv. GNMH Services Today – 5 sites around city today
 - 1. Individual, Couples, and Family Therapy
 - 2. Psychiatric Evaluation and Treatment for Clients
 - 3. Community Support Services – case management to help clients overcome barriers to treatment/wellness. Can provide accurate description of experiences to other resources.

4. 24/7 Emergency Services – Mobile Services
 5. Open Access Walk-In Services – 4 days a week; waiting list right now.
 6. Substance Misuse Treatment
 7. Housing
 8. Older Adult Services
 9. Integrated Health Care – work with Lamprey
 10. Drug Court
 11. Mental Health in the Schools
 12. Mental Health Court
 13. Homeless Outreach
 14. Statewide Deaf Services
 15. Supported Employment
 16. New! Veteran Services
- v. Drug and Mental Health Courts – initiated in 1998 (by Sue Mead), mushroomed when Judge Leary took it over. These are court intervention programs created to provide treatment instead of incarceration. They meet quarterly with judges, prosecutors, public defenders, Manchester Mental Health, State Hospitals, police departments, with the ultimate goal to redirect people into treatment. The program serves clients from all walks of life and has saved lives!
 - vi. Sue Mead does Mental Health Awareness training for Police Departments.
- h. Child Adolescent and Family Services
 - i. Individual, group, and family therapy using evidence-based approaches.
 - ii. Mental health in the schools program
 - iii. Project RENEW for high school students.
 - iv. Psychiatric evaluation and medication management for current clients as appropriate
 - v. Specialized evaluation and treatment for SUD specific to youth and families
 - vi. Crisis stabilization in clinic and community
 - vii. Specialized treatment services for trauma
 - viii. Case management in the community
 - ix. Children’s intensive community treatment program, designed to reduce hospitalizations and prevent out-of-home placement. How does family access this program? Through open access. Connect with the children’s coordinator; less than 2 months waitlist.
 - i. Mobile Crisis Response Team – Our mobile crisis response team is available 24/7/365 to meet with individuals who are experiencing mental health or SUD crisis. Have 2 two-bedroom respite apartments available 24/7 monitoring by GNMH staff. Dial 833- 710 6477 for Mobile Response. While the national 988 number is great, it may get you a clinician in a different state who does not know our local resources/systems. When you call the 833 number, they will send out a

clinician and peer support person to the situation. They have opened up the respite beds effective May 1. They are located at 5 Pine Street Extension.

- j. Assertive Community Treatment (ACT) – Evidence based practice.
 - i. Community based team of clinicians who address the needs of individuals with severe and persistent mental illness.
 - ii. 24-hour comprehensive care
 - iii. Goal is to lessen or eliminate the debilitating effects that the symptoms of mental illness have on quality of life.
 - k. Open Access Walk IN service
 - i. 440 Amherst St, Mondays – Thursdays 8 am – 11:30 am
 - ii. New clients can walk into our facility during these days and times and will be seen the same day. Clients receive a full evaluation of mental health status, meet a benefits specialist, and leave with a future appointment with the clinician that best meets his/her needs.
 - l. Job Placement - evidence based, provides employment support.
 - m. Main phone number – 603-889-6147
 - n. Scott Wellman – 603-889-614 ext 1562
 - o. Marie Macedonia, Director of Older Adult Services
 - i. 603-889-6147 ext 3238
4. **Preliminary 2023 PIT Data (see presentation Wendy Emailed)**
- a. Sheltered 320
 - i. Emergency Shelter - 171
 - ii. Transitional Housing - 145
 - iii. Safe Haven - 4
 - b. Unsheltered: 28
 - c. Subpopulation
 - i. Chronically Homeless Persons – 24
 - ii. Veterans Persons – 55
 - iii. Unaccompanied Youth – 6
 - iv. Parenting Youth – 12
 - v. Mental Health – 70
 - vi. Substance Use – 42
 - vii. Fleeing DV – 16
 - viii. HIV/AIDS 1
 - d. Households Count – 232
 - i. With children 64
 - ii. Adults only 168
 - e. Emergency Shelter
 - i. Households with children – 32
 - ii. With adults only - 89
 - f. Transitional Housing
 - i. With children – 32
 - ii. With adults only = 47

- g. Safe Haven
 - i. With children – 0
 - ii. With adults only - 4
 - h. Unsheltered
 - i. With children – 0
 - ii. With adults only – 28
 - i. Sue Mead – shout out to the community and City Hall for all the help on the PIT Count – we had 33 volunteers, 10 of whom came from City Hall!
- 5. Capacity Updates**
- a. Shelters
 - i. NSKS – Full.
 - ii. Rescue Mission – Zero availability, have never seen it so full.
 - iii. Hope Center – 3 beds available. (out of 16 total)
 - b. Transitional Housing – no openings
 - i. Front Door
 - ii. Marguerite’s Place
 - iii. Family Promise
 - c. Heather Nelson, Director of Housing at Harbor Care:
 - i. 23 individuals on list who are chronically homeless, 4 with voucher in hand and searching, 10 in process for eligibility for voucher, 2 working on documentation, 7 unable to contact.
 - ii. 21 of these individuals are 25 – 61, 2 of those are 65+.
 - iii. PH8 was not funded through NOFA process, so potential loss of 6 housing units for chronically homeless. Harbor Care is appealing this with HUD, looking at score and points. Did put through new program PH 19 that combines housing with health care. Hoping that this may give ten additional points which would allow to get refunding for PH8. If not, those individuals that are in PH8-C are going to have to be filtered into other PH programs list. Could potentially see a slowdown of the list.
 - iv. We do have to start looking at Chronically Homeless list, more of prioritizing using HMIS’ vulnerability algorithm. Need to start using eligibility list due to lack of voucher ability and potential closure of PH8. The Coordinated Entry list is not a “waitlist”, it’s a prioritization based on HMIS Vulnerability. This may cause a slowdown.
- 6. Announcements**
- a. Wendy – COC is HUD mandated planning body. HUD has released a Youth Demonstration Project that needs to be applied for by a COC through the same NOFO process. First, we apply as a COC, and then once our application is accepted, youth serving agencies can apply. Initial application demonstrates how our GNCOC cares about youth homelessness and what activities we are doing. The first meeting for Youth Demonstration Project planning is tomorrow morning. See Mike Apfelberg for information. All are encouraged to attend!

- b. Mike Apfelberg - Recently went into 211 and a lot of agencies need to update their information to make sure it's current!
 - c. Mike Apfelberg – Employee Retention Tax Credit – making sure everyone knows about this fund. If you are interested in finding out about ERTC please see Mike. He can share information
 - d. Doug Howard – HMIS and Coordinated Entry - what we are having a mandatory Coordinated Training for all HMIS users on Wednesday June 28 from 10 – 12 at Harbor Care (77 Northeastern Blvd). ICA will resend a signup. It is required for all users but if nonusers are interested in learning more they are encouraged to attend!
 - e. Adam from St Patricks' Church and Day Café. Offer funeral and burial services for folks who cannot afford it. Funeral mass tomorrow for Robert Stinson who was with Harbor Care for a long time. 9 am St Patrick's Church – all are welcome.
 - f. Stepping Stones signed a lease, have opened dormitories and townhouses, moving kids. (Hooray!)
7. **Meeting adjourned 10:32 am.**