



July 2018

PRSS Facilitating Organization

Annual Report FY 2017-2018



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Summary

Harbor Homes, Inc. was contracted in July 2016 to serve as the Facilitating Organization (FO) for the State of New Hampshire's effort to support the sustainable and integrated development of Recovery Community Organizations (RCO) and their delivery of Peer-Based Recovery Support Services (PRSS). RCOs and Recovery Community Centers (RCCs) were known elsewhere in the country to fill gaps in addiction treatment and recovery infrastructures and to grow numbers of people accessing vital supports to achieve and sustain long-term recovery. New Hampshire's innovation of funding a Facilitating Organization to aggressively grow a collaborative workforce of community-based PRSS providers is sure to contribute to an improved system of care for people affected by addiction.

The PRSS field, though new relative to clinical disciplines and unorganized peer support fellowships, has demonstrated measurably improved outcomes for program participants before, during, after, and in lieu of traditional addiction treatment services. Dramatic outcomes are demonstrated in New Hampshire by way of personal accounts, with outcomes data coming in FY 2018-2019 through a single data platform used across all state-contracted PRSS providers.

In summer 2016 the FO completed an environmental scan to identify the readiness of grassroots organizations for accreditation by the Council on Accreditation of Peer Recovery Services (CAPRSS). In September 2016 the FO subcontracted three organizations in three Public Health Network Regions, providing those organizations with technical and operational support, start-up funding, and monthly reimbursement-based funding after the first two months. Two additional organizations were subcontracted in December 2016; two more between January and May 2017, and an eighth contract was executed May 2017 to position FO-supported RCOs in seven of the state's thirteen Public Health Network Regions. We have identified two additional RCOs to contract in July 2018 (MWV Supports Recovery, North Conway; Center for Recovery Resources, Claremont).

Prior to the FO Contract, only one organization had opened an RCC which offered PRSS in New Hampshire; to date there are nine RCC's in New Hampshire that are open, active, and receiving support from the FO.

Highlights

- HHI secured grant for Sober Parenting Journey which adds staff to three RCOs
- HHI developed NHRecoveryhub.org in partnership with BDAS and Partnership for a Drug-Free NH
- First RCO received CAPRSS accreditation in June (SOS RCO)
- HHI coordinated 14 RCO trainings totaling 41 hours – 159 participants
- HHI provided back-of-office services and technical assistance to increased number of RCOs
- HHI collaborated with Department of Justice on grant for PRSS delivery in rural/remote areas
- HHI wrote grant to support RCC with Americorps Vista Volunteers for each recovery center to provide direct service for one year and complete CRSW requirements at end of year; begins in October 2018.
- HHI supported RCOs in requesting and justifying increased state funding in FY 2019
- HHI supported RCO's in Medicaid applications and MCO applications (Navigating Recovery of Lakes Region has received their Medicaid ID)
- HHI provided supervisory support to North Country Serenity Center

- HHI provided RCO tours and education about PRSS to NH Healthy Families, Managed Care Organization
- HHI vetted and negotiated contracts to add two new RCOs in July 2019 (totaling 10)

PRSS Terms Defined

Recovery Coaching – One-to-one mentoring wherein focus is to work with the service recipient in development and accountability with a personal Recovery Wellness Plan. Help with barrier reduction and systems navigation is also expected. Relationship is ongoing until terminated by either party.

Telephone Recovery Support – Weekly outgoing calls to individuals for brief check-ins on his or her status and progress in recovery. Referral to other resources is expected. Relationship usually lasts the length of each call, with multiple RCO representatives calling daily lists of program participants.



From *Housing As Health Care: A Road Map for States*,
<http://ngahousingroadmap.cwsit.org/housingroadmap.pdf>

Services Delivered

PRSS as they are defined for purposes of potential Medicaid billing are exclusive to Recovery Coaching and Telephone Recovery Support Services. However, PRSS as delivered by our state's RCOs comprise a broad array of services, including: Police-assisted recovery response programs; housing navigation and other basic needs assistance; treatment/health systems navigation; group facilitation at in/outpatient treatment programs; services delivered to family members; community outreach and education, adventure outings, naloxone training and distribution, etc. The FO collects and reports data for all PRSS activity. See quarter IV data and relevant comparisons below:

APRIL 2018										
RCO	Center	Recovery Coaching Enrollment	Telephone Recovery Support Enrollment	Organized Activities/ Ancillary Services	Crisis Mgmtg & System Navigation	Outreach & Community Education	Volunteer Engagement & Training	Community Based mtgs	Center Based mtgs	Totals
GTAFCR	Tilton	9	9	82	6	130	46	31	51	364
KSC	Keene	18	16	1999	15	95	16	1738	261	4158
NCSC	Littleton	39	36	153	68	67	0	95	58	516
NRLR	Laconia	12	0	565	13	263	0	244	321	1418
Revive	Nashua	6	4	406	15	32	133	0	406	1002
Safe Harbor	Portsmouth	2	3	581	6	626	0	379	202	1799
SOS	Dover	37	65	651	11	109	19	258	393	1543
SOS	Rochester	39	0	432	44	77	43	338	94	1067
White Horse	C. Ossipee	2	0	518	21	48	20	0	518	1127

Total Services 12994

MAY 2018										
RCO	Center	Recovery Coaching Enrollment	Telephone Recovery Support Enrollment	Organized Activities/ Ancillary Services	Crisis Mgmtg & System Navigation	Outreach & Community Education	Volunteer Engagement & Training	Community Based mtgs	Center Based mtgs	Totals
GTAFCR	Tilton	9	17	138	9	2348	57	24	114	2716
KSC	Keene	16	18	1985	13	38	62	1750	235	4117
NCSC	Littleton	45	45	149	40	239	37	107	42	704
NRLR	Laconia	20	0	554	15	84	0	263	291	1227
Revive	Nashua	26	4	505	15	35	204	0	505	1294
Safe Harbor	Portsmouth	80	72	549	40	188	0	447	102	1478
SOS	Dover	58	80	639	15	1031	83	273	366	2545
SOS	Rochester	39	0	461	46	98	64	210	251	1169
White Horse	C. Ossipee	2	2	320	23	100	5	0	320	772

Total Services 16022

JUNE 2018										
RCO	Center	Recovery Coaching Enrollment	Telephone Recovery Support Enrollment	Organized Activities/ Ancillary Services	Crisis Mgmtg & System Navigation	Outreach & Community Education	Volunteer Engagement & Training	Community Based mtgs	Center Based mtgs	Totals
GTAFCR	Tilton	29	47	198	9	92	71	77	121	644
KSC	Keene	35	40	1813	7	47	14	1479	334	3769
NCSC	Littleton	22	12	96	28	162	12	51	45	428
NRLR	Laconia	20	0	530	13	0	8	234	296	1101
Revive	Nashua	3	1	307	24	15	286	0	307	943
Safe Harbor	Portsmouth	94	110	555	29	304	0	475	80	1647
SOS	Dover	34	71	709	9	67	105	217	492	1704
SOS	Rochester	29	0	396	36	96	99	138	258	1052
White Horse	C. Ossipee	0	0	341	7	82	5	0	341	776

Total Services 12064

Quarter IV Totals							
Recovery Coaching Enrollment	Telephone Recovery Support Enrollment	Organized Activities/ Ancillary Services	Crisis Mgmtg & System Navigation	Outreach & Community Education	Volunteer Engagement & Training	Community Based mtgs	Center Based mtgs
725	652	15632	577	6473	1389	8828	6804
Total Services							41080

FY 2018 Totals							
Recovery Coaching Enrollment	Telephone Recovery Support Enrollment	Organized Activities/ Ancillary Services	Crisis Mgmtg & System Navigation	Outreach & Community Education	Volunteer Engagement & Training	Community Based mtgs	Center Based mtgs
2052	1868	51824	1910	21236	3427	34218	16985
Total Services							133520

* Totals may include duplicate or repeat services to same individuals

*Ancillary Services defined: Classes/Workshops; Groups/Meetings; Social/Recreational Activities; Spiritual Supports; Transportation; Childcare; Employment/Financial Services; Basic Needs

Accreditation

To date, one of the subcontracted RCOs is accredited through the Council on Accreditation of Peer Recovery Support Services (CAPRSS), a program of Faces & Voices of Recovery. SOS Recovery Community Organization, which had been assessed as ‘most ready’ for accreditation during our initial RCO scan, received a Standard three-year accreditation status in June. CAPRSS’s accreditation measures include four core areas of standards (Principles, People, Practices, Performance) and thirty domains of those standards that are assessed by the RCOs themselves and through a peer review process (See Figure 5). Each RCO is currently engaged in the accreditation process at an appropriate stage relative to its organizational capacity and maturity in developing, delivering, and documenting PRSS. Of the tasks involved in the accreditation process, completion of the Organizational Profile on the CAPRSS online portal requires the most preparation and time to complete with authentic data and documentation. In addition to client demographics, fifty-five documents are required of each RCO, ranging from a weekly schedule of events to strategic and risk management plans. The authenticity of all submitted materials is evaluated during the accreditation site visit. Site visits also include interviews of clients, the organization’s Peer Advisory Council, staff, board members, and community stakeholders.

The FO provides accountability and technical assistance for each RCO’s progress toward accreditation.

Organizations which received funding in 2016 are generally much further along than those contracted more recently in their capacity to deliver services and organizational stability. Nearly all of the 2016 cohort are prepared to schedule accreditation site visits by January 1 2019. FY 2019 subcontractors will benefit from our lessons learned relative to the accreditation process. (Note: In March 2017 CAPRSS instituted a policy that an organization must demonstrate **two years** of PRSS delivery before establishing a site visit.)

SOS RCO 10th in Nation to Receive Accreditation

SOS Recovery Community Organization is pleased to announce that it has just completed and received a three year accreditation from the Council on Accreditation for Peer Recovery Services (CAPRSS).

CAPRSS is the only accrediting body in the United States for recovery community organizations and other programs offering addiction peer recovery support services. The mission of CAPRSS is to identify and support excellence in the delivery of peer recovery support services and other activities by recovery community organizations and qualifying programs.

“As an organization which is just a little over two years old, we are definitely proud to be the 10th recovery community organization in the United States to become accredited,” says John Burns, director of SOS RCO. “I am extremely appreciative of the hard work, time and effort that our staff, Advisory Board, volunteers and members have dedicated toward our accomplishing this accreditation.”

From July 2018 SOS Recovery Revolution Review (newsletter)

Data Collection

In May 2017 a data tracking and evaluation tool was completed after thoughtful collaboration between BDAS, the FO, the Center for Excellence, and RCO representatives. The bulk of this work lay in determining practical and culturally appropriate questions, modes of questioning, and timing of information collection. Data reportable to BDAS will capture the following information about PRSS participants at regular intervals:

CLIENT DATA COLLECTION					
Employment	Housing	Financial Information	Arrests	Social Connectedness	Health Insurance Coverage
Primary Drug of Choice	Current Use of Alcohol & Other Drugs	SUD Treatment Utilization	Emergency Room Utilization for a Substance-Use-Related Reason		

After difficulty finalizing an appropriate software platform for data collection and reporting, Harbor Homes contracted with Faces & Voices of Recovery for licenses, training, and technical assistance for its own Recovery Data Platform (RDP) in June 2018. All RCOs have been trained to use this cloud-based software and Harbor Homes has hired a data specialist to help with implementation. All RCOs under the FO contract are expected to report activities and outcomes data using RDP as of July 1, 2018.

Until now, only activities, or ‘outputs’ have been reported. RDP will allow RCOs to capture client-level outcomes related to their activities. This data will demonstrate the efficacy of PRSS in New Hampshire as well as feed national outcome data maintained by Faces & Voices of Recovery.

Back Office Support

		Human Resources	Payroll	Medicaid Credentialing/Enrollment
Keene	Keene Serenity Center	X	X	X
Nashua	REVIVE Recovery Center	X	X	X
Littleton	North County Serenity Center	X	X	X
Tilton	Greater Tilton Area Family Resource Center			X
Laconia	Navigating Recovery	X	X	X

Training

Sub-contracted RCOs have participated in diverse and practical trainings aimed at broadening the scope of PRSS and improving PRSS delivery and organizational capacity and sustainability. The FO has collaborated with the NH Center for Excellence, BDAS, the Council for Accreditation of Peer Recovery Support Services, New Futures, The NH Harm Reduction Coalition, RCOs, and independent contractors to provide RCOs with interactive in-person trainings and webinars on the following topics, totaling fourteen sessions and 41 hours.

Trainings delivered in FY 2018 covered the following topics:

<ul style="list-style-type: none"> • Nonprofit Sustainability • Nonprofit Board Development • Peer Advisory Council Development • RCO Branding & Web Presence • RCO Fundraising 101/201 	<ul style="list-style-type: none"> • Telephone Recovery Support Services • Overdose Prevention & Response • Recruiting, Retaining, & Recognizing Volunteers • PRSS Outreach & Engagement • Data Collection & Reporting
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Sustainability

Each RCO has been successful in leveraging FO funds for service contracts and grants which expand the beneficiaries' scope of work. RCOs are written into each Integrated Delivery Network regional plan for funded services touching the Medicaid population statewide. Most RCOs still face capacity issues relative to their expanded roles in their communities, though expected additional state funding in FY 2019 and direct contracts with NH's Managed Care Organizations will help to match organization and service growth.

Challenges

Challenges	Action Steps
<p style="text-align: center;"><u>RCO Workforce</u></p> <p>Retaining staff and volunteers has presented an issue for more established RCOs as higher paying employment attracts RCO talent.</p>	<p>Assist RCOs in attracting additional non-FO funding for their workforce</p>
<p style="text-align: center;"><u>Medicaid Billing</u></p> <p>Delays in solidifying community-based PRSS Medicaid billing scheme</p>	<p>Continue to work with Office of Medicaid, MCOs, and RCOs to establish Medicaid reimbursement for PRSS</p>
<p style="text-align: center;"><u>Accreditation</u></p> <p>Scheduling accreditation site visits with CAPRSS; CAPRSS' capacity to keep up with NH's needs has not grown to meet increasing demand for NH</p>	<p>Utilize BDAS as needed to ensure Faces & Voices contract items are met</p>

Quarter IV RCO Reporting

WHITE HORSE RECOVERY CENTER

68 Rt. 16B, Center Ossipee

Original Contract Date: 9/1/16

Active Volunteers: 5	CRSWs Certified: 2	CRSWs pending: 5
Full-time staff: 3	Part-time staff: 3	Other Funding: IDN; Town of Ossipee; Carroll County; Churches; Private donors

Accreditation: We have restructured our Accreditation Team and have added two new team members. Currently revamping policies and procedures to replace outdated submissions to CAPRSS. In coming weeks, we expect to begin the final section of the CAPRSS portal, the Self Assessment.

Quarter IV Updates

1. Expansion into North Conway with “The Shed North”. We have one Shed North employee and hope to open by the end of August 2018. This will be different in many ways from The Shed because of location but it will be a safe place for those who are trying to make positive change in their lives. “The Shed North’ comes with a resource room as you enter, has 2 recovery coach offices, a shared staff office and a meeting room. We hope to also help provide basic needs such as food and clothing to those in need.
2. Ossipee Concerned Citizens asked us to help with their fourth of July event for second time.
3. We started a van route connecting Ossipee and Conway to help fill transportation barrier.
4. Have met with Carroll County Coalition for Public health monthly to discuss homelessness, SUD prevention and we will continue to collaborate on trying to fill the gaps in this region.
5. Maintained Peer Advisory Committee meetings while seeking Additional members. We have changed the day and time for meeting and are seeing positive results.
6. Partnered with MWVSR and trained 11 more Recovery Coaches during the month of June to service both organizations collaboratively.
7. We have increased our Narcan distribution to roughly a case a month.
8. Four CRSW’s pending went to 2 trainings each WH Provided advanced trainings for Ethics, Suicide prevention, HIV and AIDS.
9. Increased CRSW supervision to weekly.
10. Assisted a minimum of 4 people/guests a month for housing.

- 11. Our Annual Freedom event fund raiser in partnership with White Horse Addiction Center with 203 people on April 6th 2018 with attendance from Kingswood Youth center kids and the Governor of NH
- 12. We had our first free hair cut day on June 11th and did 4 haircuts. We saw a great impact with this, especially with the two women.
- 13. Staff engages in Kingswood Youth Center weekly while school is in session. We engage the kids on topics of addiction from opioids to tobacco or vaping. We have also arranged for speakers to talk about addiction, recovery, and family. We have used 4 corn hole games labeled A, B, C or D and asked questions about specific drugs, if the kids answer correctly they get candy. We also do an 'Ask Eric' segment when the kids can just ask questions about recovery.

Q IV Challenges

Challenge	Solution/Lesson
Activities of 'old behaviors' by guests	Better policing by staff and more importantly by the guests themselves
Participation by guests to actively take ownership of their recovery center and lead the way for the future direction of The Shed.	Planning meetings before events and around meals
Homeless/lack of affordable shelter	Working with local agencies at Carroll County Round Tables and Carroll County Coalition for Public Health
Lack of accountability with the guests. Trying to change the stigma of being a 'rat' to keeping The Shed a safe place for those who are trying to recover	Encourage self-policing among guests
Better communication between guests	Not stereotyping. And providing a safe environment for better communication.
Trouble keeping a steady roster on advisory committee due to relapse, returning to work and inconsistent engagement	We changed the schedule around Friday Family Night and are trying to empower the guests to take charge of The Shed and its direction. We are trying to make being a part of this committee more desirable.

SAFE HARBOR RECOVERY CENTER

865 Islington St, Portsmouth

Original Contract Date: 9/1/16

Active Volunteers: 49	CRSWs Certified: 4	CRSWs pending: 5
Full-time staff: 2	Part-time staff: 0	Other Funding: Sober Parenting Journey grant; Private donors

Accreditation: The online CAPRSS application has been submitted and we are awaiting a site review date.

Quarter IV Updates

1. Continued outreach at Portsmouth Behavioral Health Unit, Rockingham County House of Corrections, and Crossroads homeless shelter.
2. Outreach to Lydia's House of Hope in Somersworth; currently sending in three recovery coaches for two hours bi-weekly to meet with the residents.
3. Successful outreach at Newington methadone clinic.
4. Presented on a panel discussion for parents at the Dover Public Library.
5. Began a Buddhist meditation class.
6. Added a new Yoga class in place of two previously poorly attended classes; much improved attendance.
7. Remodeling our backroom is now in progress. Once this is complete this will allow two programs to run concurrently.
8. Trauma Healing Group meeting has been introduced.
9. Mediation Assisted Recovery Anonymous (MARA) meeting added to our schedule, which is the first to be offered on the Seacoast.

- 10. New 'Mindfulness' meetings offered weekly.
- 11. Jewelry making class has been added to our schedule.

Q IV Challenges

Challenge	Solution/Lesson
We are short-staffed	Using Granite Pathways employees as coverage in the center, scheduling more volunteers, giving our AmeriCorps member more hands-on experience, who is here 20 hours per week.

REVIVE RECOVERY CENTER

263 Main St, Nashua

Original Contract Date: 12/1/16

Active Volunteers: 15	CRSWs Certified: 2	CRSWs pending: 4
Full-time staff: 2	Part-time staff: 0	Other Funding: City of Nashua, Private Donors

Quarter IV Updates:

- 1. Have convened a Peer Advisory Committee that meets weekly.
- 2. Added numerous peer-based programs such as SMART Recovery, Self-Defense Class, LGBTQ in Recovery, Spirituality in Recovery, New yoga and meditation class, Eating Disorder Group, Art Therapy.
- 3. Raised over \$6,000 at Over The Edge fundraiser organized by Granite United Way.
- 4. Pride Parade, radio show, Java Jam fundraiser, Tree Streets block party.
- 5. Chiropractic services, NADA ear acupuncture training, Reiki.
- 6. Continued engagement with Safe Station collective, Mayor's Opioid Task Force, local Public Health Network, local Drug Court.
- 7. Have engaged with leadership and residents of two recovery housing providers.
- 8. Hosted state representatives' round table.
- 10. Contracted with Al Matkowsky, licensed clinician who is providing weekly CRSW supervision.

- 12. Provided one training with 20 participants.
- 14. Executed MOU for paid service contract with Drug Court program.
- 15. Received multiple donation checks totaling \$500.
- 16. Continued volunteer coordination for Syringe Services Alliance of the Nashua Area (SSANA).

Q IV Challenges

Challenge	Solution/Lesson
Volunteer Engagement	Need to create more events to get volunteers engaged
Hiring qualified people for open positions	Need to provide more trainings to create a greater network of people eligible for hire.
Funding for CRSW trainings	Continue to seek grants and partnerships to provide CRSW trainings at a reasonable rate.

GREATER TILTON AREA FAMILY RESOURCE CENTER

5 Prospect St, Tilton

Original Contract Date: 2/1/17

Active Volunteers: 30	CRSWs Certified: 3	CRSWs pending: 8
Full-time staff: 2	Part-time staff: 2	Other Funding: Winnisquam School District, Additional Grant for Parent Education, Private Foundations, NH Charitable Foundation, Completed Contracts with the State of Massachusetts, Early Learning Consortium, Headstart

		Collaborative, NH Healthy Families, Gorham Family Resource Center, Childrens Auction, Franklin Savings Bank, other community grants
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Accreditation: Through a grant from New Hampshire Charitable Foundation and funding earned through our Forever Hope Training Center, we hired a Strategic Planner who is organizing our CAPRSS goal of having a site visit before 2019.

Quarter IV Updates

1. Formalization of the Community Advisory Board.
2. Additional Board members for advisory board, including state rep of AA, Fireman, behavioral health counselor, Teen Challenge graduate.
3. Full Executive/and Board of Directors now including an attorney who used to be a police officer and treatment center employee specializes in working with families affected by addiction, triage nurse, 2 LDACS, former Director of Nursing, Housing specialist, School Board member & former House Rep, and former head of the System of Care who is now working for Dept. of Ed.
4. Added two p/t employees co-trained in parent education, early supports, and recovery coaching.
5. Added drop in playgroup facilitated by masters in early childhood education and a recovery coach with parent Ed training.
6. Trained two facilitators for Sober Parenting Journey classes.
7. Trained 4th facilitator for Positive Solutions for Families.
8. Secured funding to implement Grandfamilies group.
9. Training completed for two facilitators of Grandfamilies Group.
10. Trained 2 facilitators of SMART Recovery with one more in process.
11. Held CCAR Recovery Coach Academy and Ethics trainings.
12. Added two new recovery coaches in training after classes.
13. Added two new reception volunteers.
14. Contracted trainer/facilitator for Grandfamilies group and trainings delivered in MA.
15. Successfully delivered information/outreach to MAT center Groups.
16. Began Sober Parenting Classes.
17. Increased TRS to 47 successful calls last week of June (made contact).
18. Added outreach to homeless in the area with two volunteers/RC's in training & secured toiletries and food from other local organizations and an MCO.
19. Engaged with mental health center/Drug Court program to develop MOU for Sober Parenting Journey to be delivered at their Concord location.
20. Have collaborated multiple times with Farnum center for us to provide concrete resources to their clients.
21. Have collaborated multiple times with Farnum to provide speakers to their open group meetings/graduates coming back meetings.
22. Have collaborated with Farnum to train in the 3 Principles with a goal established to provide a support meeting at our location.
23. LDAC provides supervision in group and individual for Center Director.
24. Collaboration with local church to provide funding for peer resources (underwear, flip flops, socks, housing support).
25. Completed first phase of Strategic Planning.
26. web site now updated.
27. Increased use of social media. A recent Facebook post had over 2,300 views.
28. A guide for monthly finance review was implemented.

Q IV Challenges

Challenge	Solution/Lesson
<p>Implementing more efficient financial controls</p> <p>We outsource our payroll and legal book keeping requirements to a private contractor in Plymouth NH. As we grow, we are needing to look at moving this in house, but it is a large cost we are not sure how to proceed.</p>	<p>Our board guided by the Strategic Plan facilitator have taken on this challenge.</p> <p>A guide for monthly finance review was implemented.</p>
<p>Improving Documentation</p> <p>As a grassroots organization, funding software and having consistency in data collection has been a problem. When we rely on volunteers, resistance to a more 'clinical approach' to data collection has been strong in some. Contact notes often were missing key demographic information. Implementing the data platform with guidance from HH & Faces&Voices is taking more time than our staff has, not all volunteers are on board, and it is taking some 'education' on the fact it doesn't matter if we don't like it and it's contrary to a pee- based model. If we want to stay open we need to play by funders' rules.</p>	<p>Data Platform implementation, more training.</p>

Navigating Recovery of the Lakes Region

635 Main St, Suite 303, Laconia

Original Contract Date: 7/1/17

Active Volunteers: 3	CRSWs Certified: 2	CRSWs pending: 5
Full-time staff: 4	Part-time staff: 3	Other Funding: Granite United Way, Belknap County, Private donors

Accreditation: Completed the CAPRSS Self-Assessment and the follow-up phone call identifying areas that need improvement. Aiming for CAPRSS site visit before 2019.

Quarter IV Updates

1. Hosted a Legislative Lunch on April 27, 2018, in partnership with New Futures, to discuss Medicaid Expansion with our State Reps.
2. NRLR received a \$7,500 grant from Granite United Way to continue our Family & Friends Support Program.
3. NRLR hosted the Friends & Family Support Program Workshops (June 4th, 11th, 18th).
4. NRLR added a Grief Support Group for anyone who has lost a loved one to an overdose. See attached flyer.
5. NRLR has begun the process of applying for a Community Development Block Grant to purchase and renovate a building in downtown Laconia as our “forever home”.
6. NRLR hosted a NH Community Roundtable facilitated by the grassroots organization Rights & Democracy.
7. NRLR hosted the NH Human Trafficking Task Force for a training of all staff & volunteers.
8. NRLR expanded the Recovery Outreach program by adding an evening session at Lakes Region Community Services. We have been invited to Newfound, Spaulding, and Inter Lakes for the 2018-2019 school year, bring our total to 6 Recovery Outreach locations.
9. NRLR participated in the Lakes Region Community Developers Block Party, setting up an information table and providing face painting to youth.
10. NRLR began establishing an Advisory Committee, made up of 6 members, including clients, a volunteer, a staff member, a BoD member, a Creative Recovery program facilitator, and the Community Health Services Network director. The first meeting will be held in July.
11. NRLR’s Executive Director presented the “Partners in Recovery Wellness: How Hospitals and Recovery Coaches can Improve Outcomes for Patients with SUD” training to IDN1, and has been invited to present to IDN7, Cheshire Medical Center, Dartmouth Hitchcock ED staff, and 2 more IDN1 presentations.
12. NRLR completed the CAPRSS Self-Assessment and the follow-up phone call identifying areas that need improvement.
13. We continue to run groups (men and women’s) at Belknap County Jail 3 times a week.
14. We continue to provide 24/7 support to overdose survivors and their family, and visit all other patients identified with SUD at LRGHealthcare Lakes campus.

Q IV Challenges

Challenge	Solution/Lesson
Preparing for long-term sustainability with diverse revenue sources, when State contracts are no longer available.	Getting ready to launch our Workplace Recovery Assistance Program, offered to local businesses for an annual membership fee.
Needing more meeting space and storage than our current office provides.	Began the CDBG application for funding for a stand-alone building to relocate. Due July 30 th .

Keene Serenity Center

36 Carpenter St, Keene

Original Contract Date: 12/1/16

Active Volunteers: 12	CRSWs Certified: 6	CRSWs pending: 4
Full-time staff: 2	Part-time staff: 0	Other Funding: IDN, Behavioral Health Partner network, Dobles Grant, Individual donors

Accreditation: Accreditation Committee finalizing documents for upload in Self Study portion of CAPRSS portal.

Q IV Updates

1. Advisory Council: The Council's focus this quarter was on generating ideas for a Serenity Café as well as for the recovery resource library, recruitment of new members and assisting community partners with the First Responders' Appreciation event. Several members participated in the Community of Practice on the role of Advisory Councils.

- 2. Behavioral Health Partners Network (BHPN):** One purpose of the network is to ensure that the participating organizations—Cheshire Medical, Monadnock Family Services, Phoenix House and Keene Serenity Center—are connected so that peers don't fall through the cracks. In April we began negotiations on the terms of our contract with the Network, signed in May and including financial support to increase peer recovery support capacity over the next two years.
- 3. Integrated Delivery Network (IDN):** Our application for Workforce Development Funds is still under review, we have responded to two sets of follow-up questions thus far. If awarded the monies will be used to hire two half-time Certified Recovery Support Workers (CRSWs), pay stipends to coaches, pay for supervision by Masters Licensed Alcohol and Drug Counselors (MLADCs), and support trainings for coaches. In June we learned that the Executive Committee will make its decision after the Center leadership transition is complete.
- 4. Community Partners in Recovery (CPR):** As a result of hearing from the police and fire chiefs from Laconia at the April meeting, the partners are organizing a First Responder Appreciation Night to take place at Keene Serenity Center in September as a first step toward strengthening the partnership between our local first responders and the recovery community.
- 5. Meetings:** volunteers continue to reach out to peers who would benefit from a Maintenance Support group (MARA) and expects to begin with a small group that meets at the Center during the day. A new Cocaine Anonymous groups was initiated this quarter. A second All Recovery/FASTER blended meeting began in Walpole NH facilitated by one of our recovery coaches. Still seeking second facilitator to assist with bringing SMART recovery meetings to the center as well.
- 6. Creative Recovery** has held 4 events. Two of the four were well attended and included Phoenix House Keene participants. Due to its success this quarter, this will continue as a monthly event. We have received many donations of art and craft supplies from the community, made available for free for people to create works of their own. July event will include live broadcast event as new addition.
- 7. Forward progress** in conversations with Cheshire County jail on getting coaches in to see persons held in protective custody as well as those in the jail for short sentences or violations.
- 8. Maintaining successful advocacy** at and participation in Drug Court weekly.
- 9. Maintained consistent weekly and monthly Clinical Supervision** for all active and shadowing coaches.
- 10. Working to secure funding** for second RC/CRSW training series for fall 2018.
- 11. Meridian Therapy** continues to keep a steady 4-6 person attendance each week.
- 12. Continued forward progress** securing Ammon Foundation scholarships to help coaches with training and CRSW certification.
- 13. Center now hosts three volunteers** that are paid through the Operation ABLE program.
- 14. Working towards agreement** with Granite Pathways on how we can connect together and how the center can assist filling gaps where needed to keep coaches in the ER when requested and support the hotline when Granite Pathways is off hours.
- 15. Four Narcan Trainings** provided to outside agencies.

Q IV Challenges

Challenge	Solution/Lesson
<p>The Executive Director announced at the end of April that she is stepping down from her position at the end of June, having completed her goals to create organizational policies and procedures to transition the organization from board management to staff management, hire a PRSS, facilitate the development of an exceptional PRS program, begin diversifying the funding base and position the board for accreditation.</p>	<p>Leadership transition is in process. The good news is that virtually all the peer recovery expertise remains with the PRSS, who will play a substantial role in bringing the new ED up to speed.</p>
<p>Sustainability: Although we have succeeded in attracting financial support from foundations and local/regional initiatives, that funding is either project-focused or otherwise short term.</p>	<p>We are working to build our annual appeal campaign and other local fundraising in order to diversify our funding base and increase the proportion of long-term, unrestricted funding. Reliable, long-term financial support, such as a State funding stream for recovery community organizations, is an essential component of a sustainable funding base.</p>
<p>Recruitment of peers to TRS and recovery coaching is advancing more slowly than expected, especially given the collaborations we have developed with the jail, drug court, our local IOP, and our maintenance clinics.</p>	<p>We believe a partnership with the City is key to building our PRS program. This community once had a recovery champion in our Chief of Police Costa, now deceased, and having recently heard the story from the Police Chief and Fire Chief in Laconia we are working with our local Community Partners in Recovery to re-double efforts to reach out to our First Responders and City Council.</p>

North Country Serenity Center

39 Main St, Littleton

Original Contract Date: 5/1/17

Active Volunteers: 5

CRSWs Certified: 2

CRSWs pending: 3

Full-time staff: 2	Part-time staff: 2	Other Funding: IDN, Individual donors
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Accreditation: Ongoing work in collaboration with the FO to complete Organizational Profile section of CAPRSS online portal.

Q IV Updates

1. NCSC Continues to provide Life-skills Classes for Grafton County Drug Court Treatment Program
2. Completion of our Medicaid site review and awaiting response of our Medicaid status.
3. NCSC hosted a forum with region Recovery Coaches with Marty Boldin the Governors Policy Advisor from the Governor's office in regard to the current lack of funding and lack of individuals access to detox and treatment options.
4. NCSC represented the North Country at the State House to support Medicaid Expansion.
5. Changed the hours of operation to accommodate the recovery community.
6. NCSC attended two community events with actor Brandon Novak sharing about our services.
7. Met with David Mara, Governors Advisor on Addiction and Behavioral Health.
8. Invited to several roundtable forums with local Law Enforcement and First Responders alongside Mr. Mara.
9. NCSC was represented at the Coos County Drug Court Community information meeting.
10. NCSC was able to hire an Operations and Administration Coordinator to provide oversight to the business and financial operations of the center.
11. Conversations continue in regard to establishing protocols for entering into a QSA with Ammonoosuc Community Health Center for individuals to have the ability to meet both Primary and Behavioral Health Services in one location.
12. Hiring two new part time employees; one as a Peer Lead/TRS Coordinator and one as the Outreach and Events Coordinator.
13. Meetings with local Domestic Violence Shelter and Homeless outreach shelter to bring recovery focused meetings into their facilities.
14. NCSC sent two employees and two volunteers to the RCA Academy, 2 to the HIV/ AIDS Training.
15. The Creation of three new social media sites have been created and maintained and updated several times a week. The web site has moved forward with an actual template created and looking towards one of our volunteers to get it published.
16. Met with the regional manager from NH DHHS in regard to attending an all staff meeting to introduce the employees to NCSC services and the options for clients to receive PRSS, as well as, complete community service requirements at NCSC.
17. Discussions with New Hampshire Employment Program (NHEP) on service collaboration for shared clients.
18. IDN funding proposal accepted to begin to build an infrastructure to create a centralized peer support service agency across Region 7. This agency will be able to connect any individual in need of services, regardless if they are leaving this region or returning here, to the recovery community. This regional approach will enable the RCO's to make PRSS available to those needing this resource. The focus of the effort will be to identify primary and behavioral health providers, treatment providers, MAT providers and other providers who offer any services for substance use related disorders in the state that may serve North Country residents, but also being able to connect individuals leaving the North Country from treatment to their respective recovery community.

Q IV Challenges

Challenge	Solution/Lesson
Lack of transportation for clients	Discussion with dealerships for donated certified vehicle continues request has been submitted to Autoserve Group.
Seeking diverse members to join Board of Directors	Working with local Chamber of Commerce and other professionals to recruit new members.

SOS Recovery Community Organization

4 Broadway, Dover & 63 S. Main St, Rochester

Original Contract Date: 10/1/16

Active Volunteers: 52	CRSWs Certified: 6	CRSWs pending: 12
Full-time staff: 5	Part-time staff: 3	Other Funding: CVS Health Care, Greater Seacoast Community Health, Wentworth Douglass Hospital, City of Rochester CDBG, Open Society Foundation, Private donors.

Accreditation

SOS is now CAPRSS accredited. We have received notice in June that we received a standard three-year accreditation and are currently awaiting the final report from CAPRSS.

Q IV Updates

1. Received 3 year CAPRSS Accreditation.
2. Trained another 16 Recovery Coaches with CCAR RCA.
3. Trained 22 in CCAR Ethics along with 13 trained as trainers in TOT.
4. Trained 32 in a 2 day basic Motivational Interviewing training.
5. Trained 21 in HIV and 27 in NAMI Suicide for CRSW.
6. Completed development of and Trained 17 in Developing Excellence in Recovery. Coaching Curriculum as well as 8 Training of Trainers in TOT.
7. Completed training for 25 in crisis navigation.
8. Completed training of 8 in Peer Facilitator training.
9. Held a Trauma programming with Gretchen Schmelzer, Phd "Healing in Action, Trauma Informed, Leadership Strengthening, Results Oriented"; 95 attend over 2 days from 8-10 different community health, treatment and behavioral health related agencies in Strafford County.
10. Recovery Coaching an average of over 50 participants per month.
11. TRSS engagement continuing to be steady.
12. Implemented ARCO Recovery Data Platform (RDP) and have close to 700 participants entered. Now working through policy and protocol to gather data effectively.
13. Implementing Law Enforcement Assisted Diversion (LEAD) after receiving grant from Open Society Foundation.
14. Engaged in Re-Entry Capacity Building TA with SAMHSA BRSS-TACS to develop a correctional re-entry coaching program in Strafford County. Site visit in August scheduled with Dr. Pamela Keye.
15. Two staff (John Burns/Laina Reavis) were invited to and attended and completed SAMHSA BRSS-TACS 2 day training on "Evaluation for Strategic Planning and Organizational Learning" in Framingham, MA.

Q IV Challenges

Challenge	Solution/Lesson
<p>Getting Recovery Data Platform to be consistent with State required reporting. Trying to find a way for it to be user friendly so that we don't have to do everything on paper then duplicate data entry.</p>	<p>Need a web-based solution so that new members can enter it online without going straight into RDP and have RDP pull that data as they do at Hope for NH. Would also like to see this type of format for recovery coaches and TRSS so we aren't dependent on having to train volunteers on TRSS and open access to volunteers for member data they don't need access to.</p>
<p>Licensing Board has lost at least one criminal background check now (Elizabeth Atwood) and now don't meet in July so delays are building again</p>	<p>Time for credentialing process to get automated and be more consistent.</p>
<p>Received word that licensing board gave CEU's for 5 or 6 different trainings and curriculums but despite repeated requests we have still not received a single letter or notification that the CEU's were issued</p>	<p>Licensing board needs to communicate in a more timely manner. They require 6 weeks advance notice but can't provide feedback when we are forced to adhere to those times on our end.</p>
<p>Criminal background checks are taking 7-12 weeks from State of NH. This is ridiculous and holding up volunteer vetting process and hurting our volunteer engagement.</p>	<p>Fix is unknown – we have made several inquiries and told they are short staffed and backed up and there is a hiring freeze so things are taking twice as long as usual and we shouldn't expect that to change until further notice. NH is already one of the slowest states in the US for criminal background turnaround – why isn't this process electronic?</p>



Greater Tilton Area Family Resource Center Grand Opening at new 3,000 square-foot facility, May 24, 2018.

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