

Implementing The Seven Challenges[®]: New Hampshire's Continuum of Support for Youth and Young Adults with Substance Use Disorder and or Co-Occurring Disorders



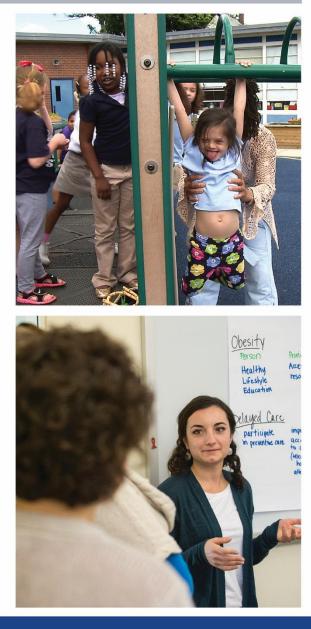
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Objectives

- Describe the elements of a continuum of treatment and recovery within the NH Children's Behavioral Health System of Care.
- Learn about the Seven Challenges[®], a research-based treatment intervention for youth with SUD.
- Describe the promising impact of the Seven Challenges model. Y
- Learn about the partnerships involved in high fidelity implementation and sustainability.

System of Care Definition

" A System of Care is a spectrum of *effective*, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."

Stroul, Blau, & Freidman, 2010

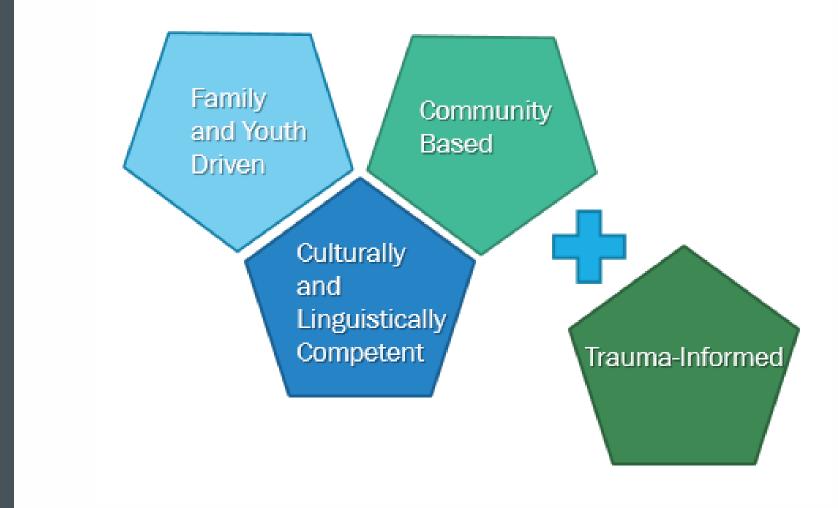
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Children's System Of Care (CSOC)

CHILDREN'S SYSTEM OF CARE FRAMEWORK

Framework is designed to ensure that children (birth to 21) and their families receive an array of services across a continuum of care.

<u>All</u> children and their families receive supports and services that adhere to the SOC Values.



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NEW HAMPSHIRE'S CHILDREN'S MENTAL HEALTH System of Care

A 5-TIER SYSTEM

Screening, assessment and treatment services

- All ages screening and assessment by PCP, Early Intervention, schools
- Individual, group and family therapies through independent provider networks

Community-Based Treatment, Care and Support

 Community Mental Health Centers: 4 Levels of Care including case management, medication management and school and employment supports. and community based supports.
Federally Qualified Health Centers: Provides Medical and Behavioral Health care and treatment.

Intensive home and Community based services and supports:

 Care Management Entity for: FAST Forward Program: intensive supports. Peer Support and Residential and Psychiatric oversight and transition support Therapeutic Day treatment or Partial Hospital programming
Infant and early childhood intensive programming

Residential Treatment 5 levels of care ranging from most intensive: Psychiatric **Residential Treatment** Facility to Least intensive: Therapeutic Housing and Supported Independent Living environments. Requires a standardized assessment to determine medical necessity and Level of Care.

Statewide Rapid Response

Statewide Rapid Response

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Creating Connections NH (CCNH)

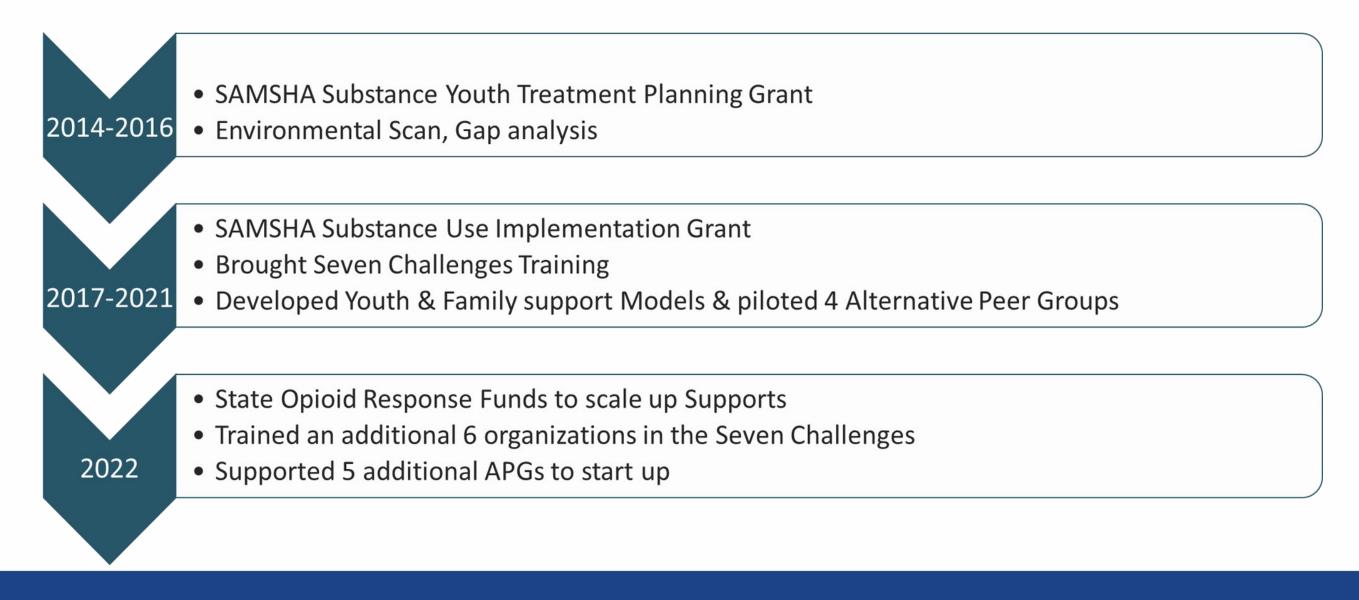
• (12-25) with substance use disorders (SUD), or SUD with co-occurring mental health disorders (SUD/COD)

• Evidence Supported, Comprehensive Counseling model, The Seven Challenges (7Cs),

• Recovery Support Model is Alternative Peer Groups (APGs)

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CCNH Timeline



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Creating Connections NH connections **NH** Youth Treatment and Recovery Continuum of Care

Recovery Coach and/or Peer Support

Youth is identified or self-identifies for SUD/COD services and supports

creating

Referral to CC-NH pilot site

SUD assessment is conducted

VALIDATED TOOL: The Child and Adolescent Needs & Strengths (CANS) Youth is linked to appropriate treatment level of care

> Medication-Assisted Treatment

Outpatient Counseling Intensive Outpatient Services

> Youth is linked to ancillary services

Recovery Support Services Peer Support

> Family- & Youth-**Driven Wraparound** RENEW

EVIDENCE-BASED PRACTICE: The Seven Challenges®

Alternative Peer Groups (APGs)

TURN AND TALK: WHAT ENGAGES YOUTH?

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THE SEVEN CHALLENGES®

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What is The Seven Challenges?

- Evidence-informed, Cognitive/Emotional **Decision-Making Model**
- Focus on Harm Reduction rather than Abstinence
- Culturally Sensitive
- Teaches Life Skills
- Meets youth and young adults "Where they're at"

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We decided to open up and talk honestly about ourselves and about alcohol and other drugs.

We looked at what we liked about alcohol and other drugs, and why we were using them.

We looked at our use of alcohol and other drugs to see if it had caused harm, or could cause harm.

We looked at our responsibility and the responsibility of others for our problems.

We thought about where we seemed to be headed, where we wanted to go, and what we wanted to accomplish.

We made thoughtful decisions about our lives and about our use of alcohol and other drugs.

We followed through on our decisions about our lives and drug use. If we saw problems, we went back to earlier challenges and mastered them.

The Seven Challenges

Challenging ourselves to make wise decisions about alcohol and other drugs



THE GOAL OF THE SEVEN CHALLENGES[®] IS HONEST AND REFLECTIVE **EXPLORATION** SO YOUTH CAN MAKE **THOUGHTFUL DECISIONS ABOUT ALCOHOL AND** DRUGS.

Reflective Journaling

- "Silent Conversation" between cli and staff member
- Opportunity to explore various as of substance misuse, including connections to trauma, family iss (including generational alcoholism/addiction), etc.
- Safe place to speak freely and honestly about drinking and drug misuse without fear of judgment or criticism



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Redefining the Therapist Role

- \succ Not there to make clients quit or to take something away
- \succ Is a problem-solving partner
- > Helps clients think about their options to give them more options
- Redefines success in smaller increments
- \succ Helps youth think through things for themselves and follow through on decisions

- Does not play "Try to make me quit" with youth
- Uses "care-frontation"
- Inspires hope and optimism and teaches skills for a better future
- Supports youth in making any behavior changes they have chosen to make, such as learning anger management or learning to cope with stress in positive ways
- Focuses less on drugs, and more on: -Addressing co-occurring problems -Teaching life skills

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Training and Professional Development

- Three-day Initial Training by Seven Challenges Staff on full curriculum and program development
- Two-day Leader Training by Seven Challenges Staff to develop leadership team to sustain fidelity of model and to train new 7C's staff
- Quarterly Support Call from Seven Challenges Consultant to discuss successes and challenges and to get Seven Challengesspecific information
- Professional Learning Community facilitate by the IOD

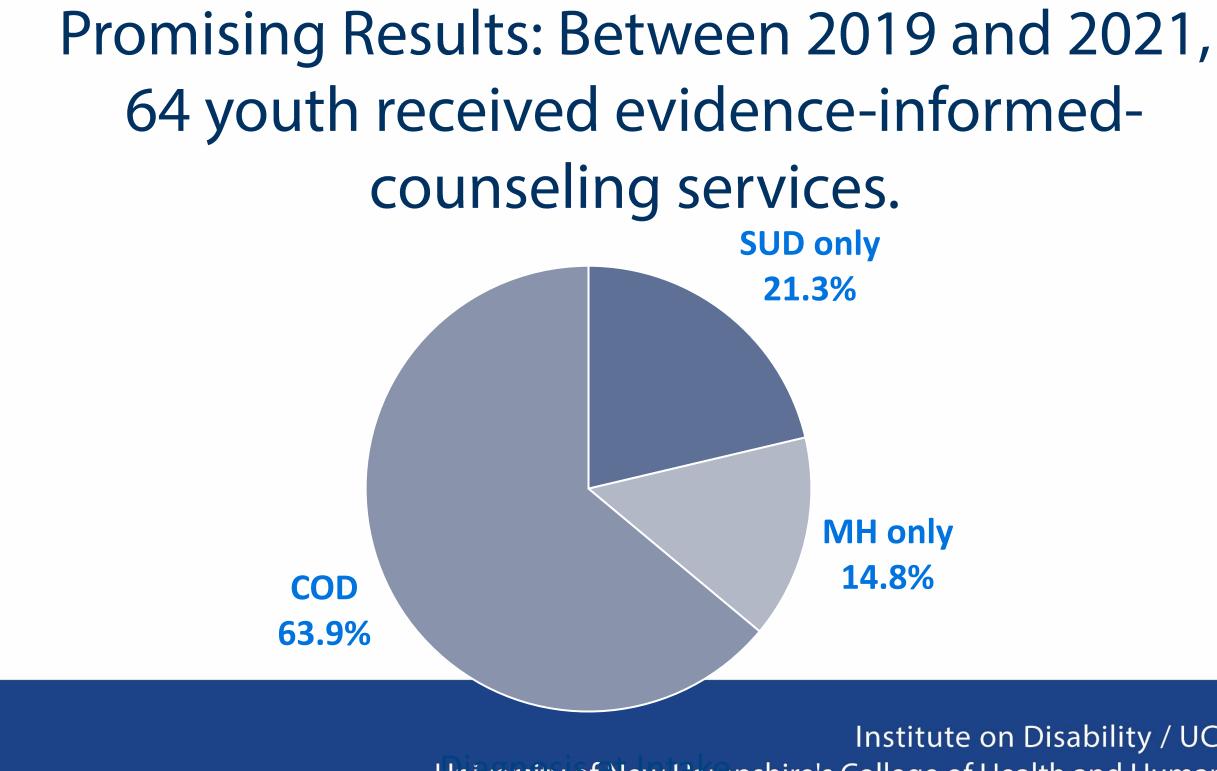
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CASE EXAMPLES

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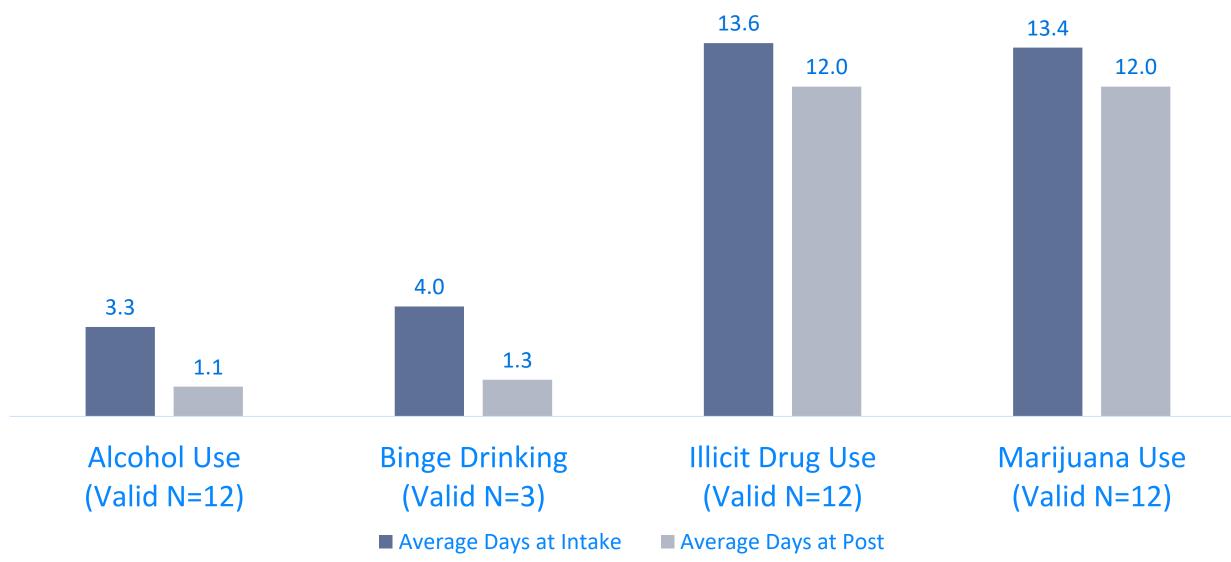
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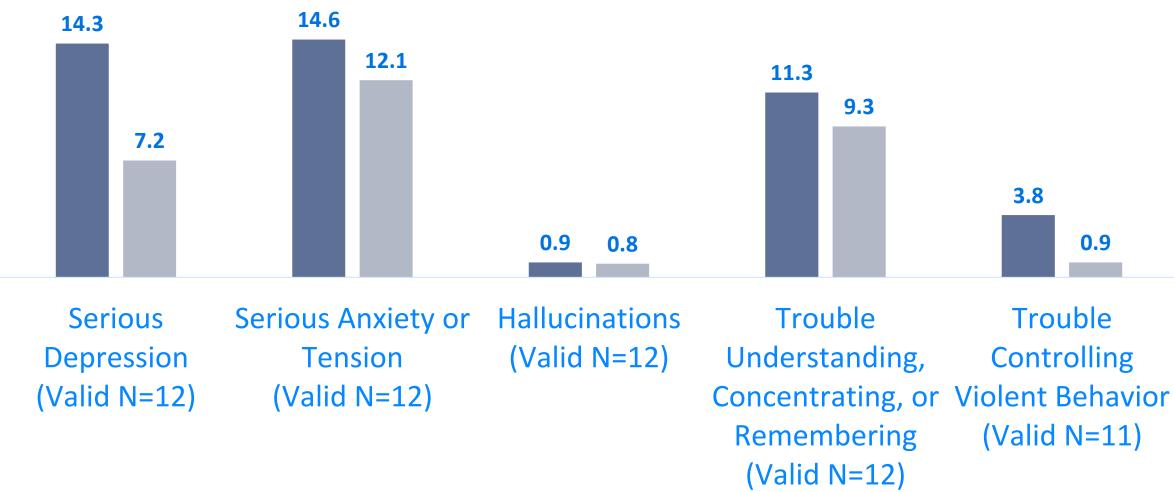
Number of Days of Substance Use, Past 30 Days



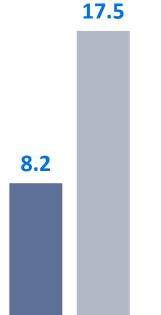


Number of Days of Mental Health Symptoms, Past 30 Days

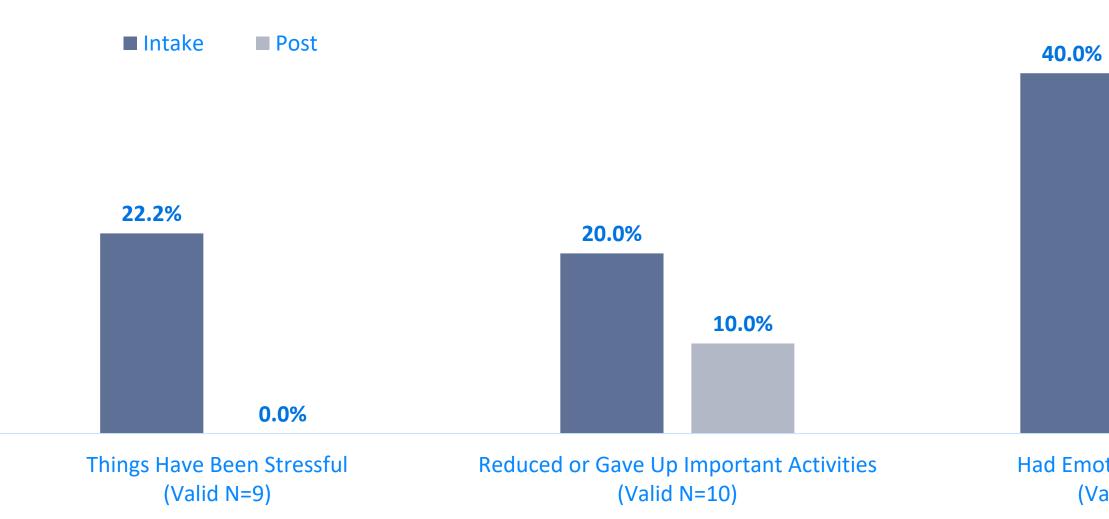
Average Days at Intake Average Days at Post



Prescribed Medication for a for Psychological or Emotial Problem (Valid N=12)

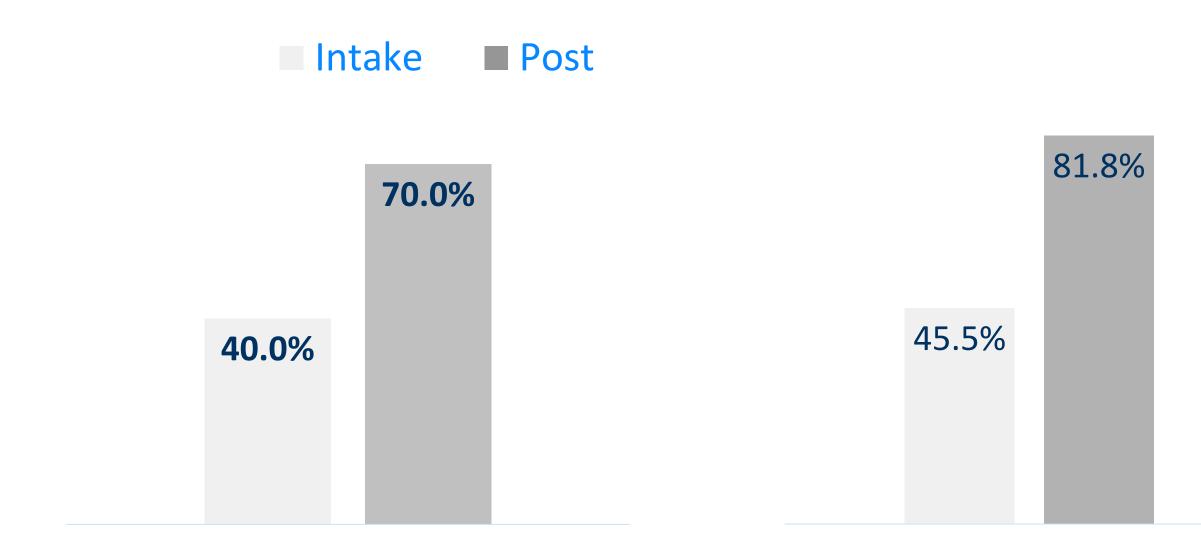


During the past 30 days, did your alcohol or drug use cause you to experience any of the following?



10.0%

Had Emotional Problems (Valid N=10)



Overall Health is Excellent, Very Good, or Good (Valid N=10)

Quality of Life is Good or Very Good (Valid N=11)



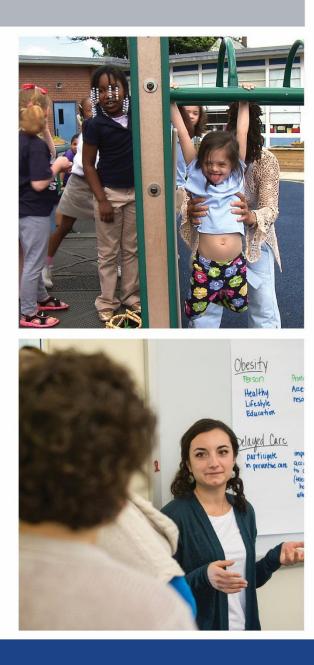


NH Alternative Peer Groups

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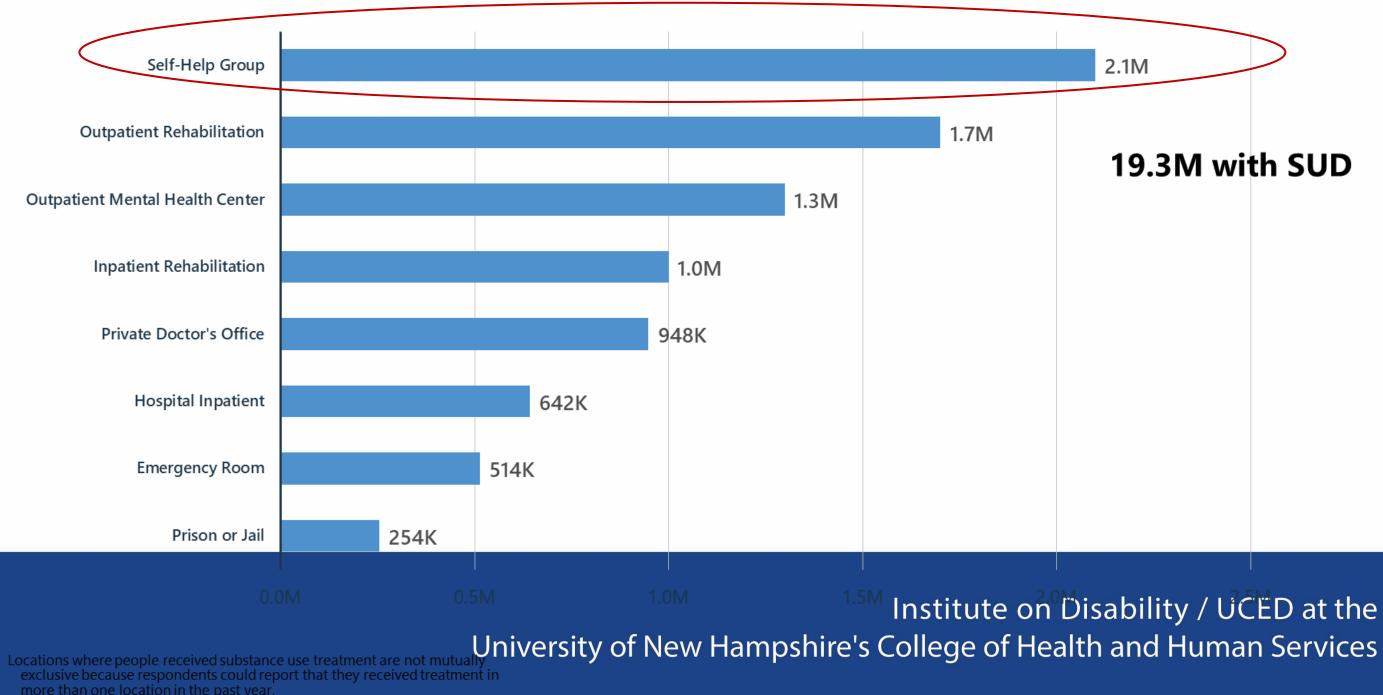


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Locations Where Substance Use Treatment was Received



more than one location in the past year.



PAST YEAR, 2019 NSDUH, 12+



19.3M with SUD

<u>Alternative Peer Groups</u> (APG's)

- APGs in NH
 - Grow youth leadership with youth taking on mentor role as they progress in their recovery
 - APG Facilitators are trained recovery support professionals
 - Youth help choose fun group activities that match their interests
 - Youths' physical and emotional safety and privacy are a priority
 - Alternatives to suspensions

How Do APGs Help? Alternative Peer Groups provide...



Safe, supportive peer environment



Fun, substance free activities



Family support



Sense of belonging

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Reduce stigma of being in recovery

Process Used to Define the NH APG Model

Convened Partners

- Reviewed existing literature about ۲ Alternative Peer Groups.
- Convened Contributors (youth, ulletfamilies, peer and recovery support providers, SUD treatment providers, state and University partners) to define critical components of the APG.
- Aligned the critical components to ۲ SAMSHA's Peer Recovery competencies



BRINGING RECOVERY SUPPORTS TO SCALE Technical Assistance Center Strategy (BRSS TACS)

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

- Created from SAMHSA's Core Competencies:
 - Recovery Oriented
 - Person Centered
 - Relationship Focused
 - Trauma Informed
 - * Ethical Responsibility Domain added by Creating **Connections NH**

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Essential Components of Alternative Peer Groups (APG)

Agency Implementation/ Oversight Team

Led by and for young people in Recovery (require Facilitators to be 18+)

APG Facilitator Training grounded in SAMSHA's Recovery Competencies

Data Collection tools and processes developed, staff trained to use

Statewide APG Learning Communities for APG Facilitators and Administrators

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Training and Resources for APG facilitators

- APG Canvas Learning Portal
- Training for APG Facilitators

<u>Creating Connections NH APG Website</u>

APG Implementation Tools



In accordance with HIPAA and 42 CFR Part 2, APG and youth information is treated the same as any other Protected Health Information (PHI). Please secure any identifying information in a locked cabinet or password-protected location.

- APG Coaches Resources
- APG Facilitator Resources
- Oversight Team

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Home Modules Assignments People Media Gallery Quizzes



Alternative Peer Group Learning Portal

Welcome to the Alternative Peer Group Facilitator's Training Portal! This learning portal is organized in modules that include the materials, tools, assignments and timelines you need to complete the process as an APG Facilitator. The Canvas platform is easy to use, and there are multiple types of support available should you encounter problems.

We are very excited that you are taking this path to provide recovery supports to youth!

If you have any questions, please contact your APG Coach or Heidi Cloutier at heidi.cloutier@unh.edu

APG Implementation Checklist Focus Areas



• Used to assess level of implementation & develop an action plan for the APG at the organizational level

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Recovery Capital



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Greatest Areas of Needs Indicated by the Youth Surveyed in the APGs

- 18% I enjoy spending time with my family
- 45.5% I can manage my emotions well
- 45.5% I can recover from mistakes without feeling ashamed.
- 45.5% I find it easy to make new friends

Lessons Learned from Cohort 1

- By partnering with schools the APGS were able to reach more youth and provide substance use treatment & Recovery supports to youth & families in need
- Wonderful community support
- Hybrid (in person and remote) groups are challenging to coordinate but help increase access

- Restrictive NH School Survey legislation made it challenging to track progress with youth engaged in the APGs in schools
- Location of the APGs is extremely important (access, stigma, youth privacy, etc.)



Questions?



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Where to access The Seven Challenges in NH

- Community Mental Health Centers:
 - Nashua
 - Manchester
 - Concord (Riverbend)
 - Lakes Region
 - Seacoast MH
 - Community Partners-Dover
 - Derry (CLM)

- Archways Franklin
- Live Free Recovery Consultants
- Plymouth Area Recovery Connection
- Harbor Care (Nashua)
- Foundations Counseling (aligned with DCYF)

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Where to access APGs in NH

- <u>Addiction Recovery Coalition of NH (ARCNH)</u>: <u>Group flier</u> Milford, NH
- <u>Archways</u> Franklin, NH
- <u>Safe Harbor Recovery Center Granite Pathways</u> Portsmouth, NH
- Hope for New Hampshire Recovery Manchester, NH
- Live Free Recovery Consultants: Group flier Newton, NH
- <u>Plymouth Area Recovery Connection (PARC): Group flier</u> Plymouth, NH
- <u>Revive Recovery</u> Nashua, NH
- The Youth Council Nashua, NH

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Thank you!

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