

*Anna J. Thomas, MPH
Public Health Director*

*Philip J. Alexakos, MPH, REHS
Chief Operations Officer*

*Jaime L. Hoebeker, MPH, MCHES
Chief Strategy Officer*



BOARD OF HEALTH

*Reverend Richard D. Clegg
Stephanie P. Hewitt, MSN, FNP-BC
Robert G. Ross, DDS
Ellen Tourigny, MEd
Tanya A. Tupick, DO*

CITY OF MANCHESTER
Health Department

AGENDA

BOARD OF HEALTH MEETING

MONDAY, FEBRUARY 10, 2020, 4:30 P.M.

MINUTES OF DECEMBER 9, 2019, BOARD OF HEALTH MEETING

- A. PUBLIC HEALTH DIRECTOR'S REPORT
- B. CHIEF STRATEGY OFFICER'S REPORT
- C. ENVIRONMENTAL HEALTH BRANCH REPORT
- D. INFECTIOUS DISEASE BRANCH REPORT
- E. NEIGHBORHOOD & FAMILY HEALTH BRANCH REPORT
- F. PUBLIC HEALTH PREPAREDNESS REPORT
- G. CHIEF OPERATIONS OFFICER REPORT
- H. SCHOOL HEALTH BRANCH REPORT

ADJOURN

NEXT MEETING: APRIL 13, 2020

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MINUTES OF MEETING

A regular meeting of the Board of Health was held on Monday, December 9, 2019, 4:30 p.m. at the Manchester Health Department, 1528 Elm Street, Manchester, NH.

Members present: Reverend Richard Clegg, Clerk; Stephanie Hewitt, MSN, FNP-BC; Robert G. Ross, DDS; Ellen Tourigny, MEd.

Staff present: Philip Alexakos, MPH, REHS, Chief Operating Officer; Jade Chandronnait, Public Health Specialist II-School Health; Michelle Graham, MPH, Supervisor, Neighborhood and Family Health; Robin Harper, Administrative Services Manager; Jaime Hoebeke, MPH, MCHES, Chief Strategy Officer; Aaron Krycki, MPH, REHS, HHS, Environmental Health Supervisor; Nicole Losier, MSN, RN, Public Health Supervisor of Infectious Disease.

The Board welcomed Dr. Robert Ross, the newly appointed dental representative of the Board of Health.

MINUTES: Ellen Tourigny moved to accept the minutes of the December 9, 2019, meeting of the Board of Health. Richard Clegg seconded. Motion carried.

PUBLIC HEALTH DIRECTOR'S REPORT: *Duly noted and accepted as submitted.*

Ms. Thomas reported on the following activities:

- The department's FY 20 Budget is currently in good standing due to staff vacancies.
- Due to recruitment difficulties, the Human Resources Department has conducted desk audits of all nursing and dental positions to reclassify the positions at a higher rate of pay in an effort to compete with the job market
- The department has been working with the BeHealthle Consultant Group from San Antonio, TX, to design an integrated system for mental/behavioral health, addiction and homelessness with Manchester community partners for now and into the next 5-10 years. On January 30, 2020, we will be hosting a "community conversation" with members from at the Derryfield Restaurant Conference Room..
- In partnership with Harvard T.H. Chan School of Public Health, Elaine Michaud, Esq. and is working to complete an Age-Friendly Action Plan for the City of Manchester for her practicum to attain her Master of Public Health degree.
- Robin Harper, Secretary to the Board of Health, is retiring effective January 31, 2020.

CHIEF STRATEGY OFFICER'S REPORT: *Duly noted and accepted as submitted.*

Ms. Hoebeke reported on the following activities:

- Stacey Lazzar, MA, has accepted the newly created Behavioral Health Coordinator position and will begin work on December 18, 2019.
- An application has been submitted to the New Hampshire Supportive Housing Institute to join their Supportive Housing Institute on behalf of the "Manchester Supportive Housing

Team consisting of MHD, NeighborWorks Southern New Hampshire, Families in Transition-New Horizons, Mental health Center of Greater Manchester, 1260 Café, and the Way Home.

ENVIRONMENTAL HEALTH BRANCH REPORT: *Duly noted and accepted as submitted*

Aaron Krycki reported on the following activities:

- The staff continues to conduct inspections of temporary food service events which often occur during weekends and evenings. During 2019, EH staff inspected and processed 736 temporary food permits.
- Food safety booklets in multiple languages were developed by EH staff to distribute to new and existing establishments. The booklets provide food operators with the basic knowledge required to operate a safe food business.
- The Department hosted the biannual Manchester Food Safety Seminar on October 21, 2019 with a total of 133 people being trained.
- The UNH Cooperative Extension will provide ServSafe Training classes here at the Manchester Health Department for advanced training for food operators. The classes will be offered in Mandarin and Spanish.

INFECTIOUS DISEASE BRANCH REPORT: *Duly noted and accepted as submitted.*

Nicole Losier reported on the following activities:

- Routine Hepatitis A clinics were provided at offsite venues to individuals at high risk for contracting Hepatitis A. In addition, several clinics were held in response to a Hepatitis A investigation as determined by NH DHHS and CDC guidelines.
- Infectious Disease staff provided flu vaccine to 345 city employees. In addition, CHN staff collaborated with the School Health staff to provide 578 flu vaccines to Manchester School District employees.
- Infectious Disease staff assisted NH DHHS with a foodborne illness investigation in November. MHD staff gathered food samples, symptom histories and collected stool samples from individuals who were symptomatic.
- The newly purchased Outreach Van has been delivered to the City and is undergoing renovations to accommodate clinical activities. It is anticipated that the van will be completed by the end of January.

NEIGHBORHOOD AND FAMILY HEALTH BRANCH REPORT: *Duly noted and accepted as submitted.*

Michelle Graham reported on the following activities:

- This year the community schools project started the year with 2 Behavioral Health Counselor vacancies. Since then, the position at Gossler Park Elementary School has been filled and recruitment continues to for the position at Beech Street School.
- Community School's staff worked with the Manchester Professional Firefighters Association to collect orders and distribute winter coats to students through their Operation Warmth Program.

- The staff of the Oral Health Program have greatly enhanced the promotion of dental services provided on the dental van which has increased the number of students being seen. The van has visited Smyth Road, Highland Goffes-Falls, Northwest, Weston and Wilson elementary schools this school year.
- Recruitment continues to fill the part-time dental hygienist position.

PUBLIC HEALTH PREPAREDNESS REPORT: *Duly noted and accepted as submitted.*

Phil Alexakos reported on the following activities:

- Phil and Sarah Morris provided PHP/SNS/MRC training to 21 nursing students at St. Anselm College on November 6th. Additional trainings will be held at St. Anselm College in 2020.

CHIEF OF OPERATIONS REPORT: Duly noted and accepted as submitted.

Mr. Alexakos reported on the following activities:

- The department continues to work with partners relative to the need to effectively organizing resources and strategies around homelessness and substance abuse disorder. The needs of this population have become greater and more complex. In order to get a better handle on cold weather sheltering, the department is looking at the “UniteUs” tracking software.
- The department applied for a CDC funded grant (through NHDHHS) for 3 year funding for 2 positions in the city. An Emergency Management Coordinator to help plan and manage response to the substance misuse epidemic and a Community Epidemiologist to address the data gaps and inconsistencies.

SCHOOL HEALTH DIVISION REPORT: *Duly noted and accepted as submitted.*

Jade Chandronnait reported on the following activities:

- During the months of October and November there were 22 days of school and 42 incident reports filed by school health staff.
- School Health staff collaborated with the Infectious Disease staff to provide 578 flu vaccines to Manchester School District School employees.

ADJOURN: Ellen Tourigny moved to adjourn at 5:30 p.m. Robert Ross seconded. Motion carried.

Respectfully submitted,

Richard Clegg
Clerk

PUBLIC HEALTH DIRECTOR'S REPORT

JANUARY/FEBRUARY 2020

1. **STRATEGIC PLANNING:** On January 30th, we hosted a “community conversation” with members from Haven for Hope model in San Antonio at the Derryfield. One of the guest speakers was Joe Smarro from the San Antonio Police Department who recently was featured in a TedTalk and HBO documentary entitled “Ernie & Joe: Crisis Cops”. To view the event on demand, please visit: <https://vimeo.com/389732760>. Slides are also attached.
2. **COMMUNITY ENGAGEMENT:** On January 21st, I presented to the Board of Directors to the Boys and Girls Club of Greater Manchester on the “State of the Health of the City”.
3. **HOMELESSNESS/ADDICTION:** In partnership with the Manchester Fire Department, we have activated the City’s Emergency Operations Center to organize key stakeholders and first responders around emergency sheltering, data and outreach efforts. This is a new emphasis for the Department and will continue to be a priority for years to come. We will create a centralized page on our website to post meeting minutes and handouts. On January 10th, I presented on Manchester’s current needs to the Governor’s Commission on Alcohol and Other Drugs.
4. **JOB RECLASSIFICATIONS:** We have been working with the City’s Human Resources Department to regrade and reclassify all of our clinical positions to include both nursing and dental professionals in order to effectively recruit and retain a competitive workforce. We are recommending that eight job classifications be revised, with two new positions proposed and an adjustment for our per diem positions. These changes have been approved by the City’s HR Committee and will now go before the Mayor and Board of Aldermen on February 18th, 2020.
5. **FINANCIAL STATUS REPORT:** Attached.

*Respectfully submitted,
Anna J. Thomas, MPH
Public Health Director*

Growth

Resilience

Integrity

Tenacity

DEVELOPING A SAFETY NET FOR MANCHESTER WITH G.R.I.T.

January 30, 2020

BEHEALTHLE

BEHEALTHLE



Growth	Resilience	Integrity	Tenacity
<p>Create a systemic response to homelessness by strategically allocating and using resources.</p>	<p>Manchester has 8% of NH's population but 30% of the state's homeless. 46% of the homeless population in Manchester have either a severe mental illness or substance use disorder (MHSUD), which is higher than the national average.</p>	<p>Using an evidence-based approach, prioritize programs that use data and model practices, including cost-effectiveness and impact on positive outcomes.</p>	<p>Housing is an important social determinant of health. Housing stability is an essential foundation for achieving better health outcomes for people who have disabilities and chronic health conditions.</p>

THE GOAL

This is an effort to end homelessness by ensuring effective diversion of the community's highest social service utilizers away from unnecessary, high-cost settings like emergency departments and criminal justice settings, and into a better system of treatment and care.

Whether in jails, or hospitals, shelters or police encounters, the uncoordinated ways in which systems interact with the mentally ill result in fragmented, high-cost care that often makes vulnerable individuals worse off and does not improve the safety nor the health of the community.

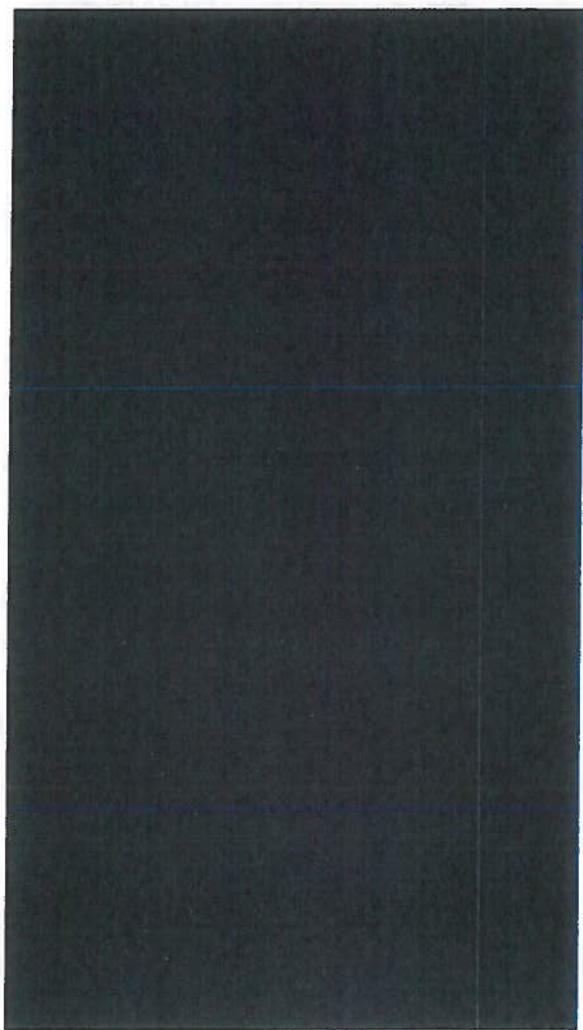
WHO IS BEHEALTHLE?

About Us Nationally & Internationally recognized for developing best practices to drive down the costs of healthcare; reduce unnecessary jail and hospital utilization; create community collaboration; blend, braid & integrate funding; and collect outcome data.

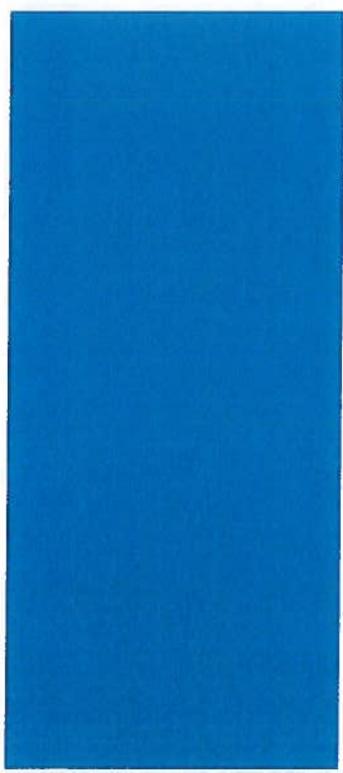
Our Mission Optimize the allocation and coordination of limited resources in order to connect high utilizer populations with the least restrictive and most cost-effective options for care.

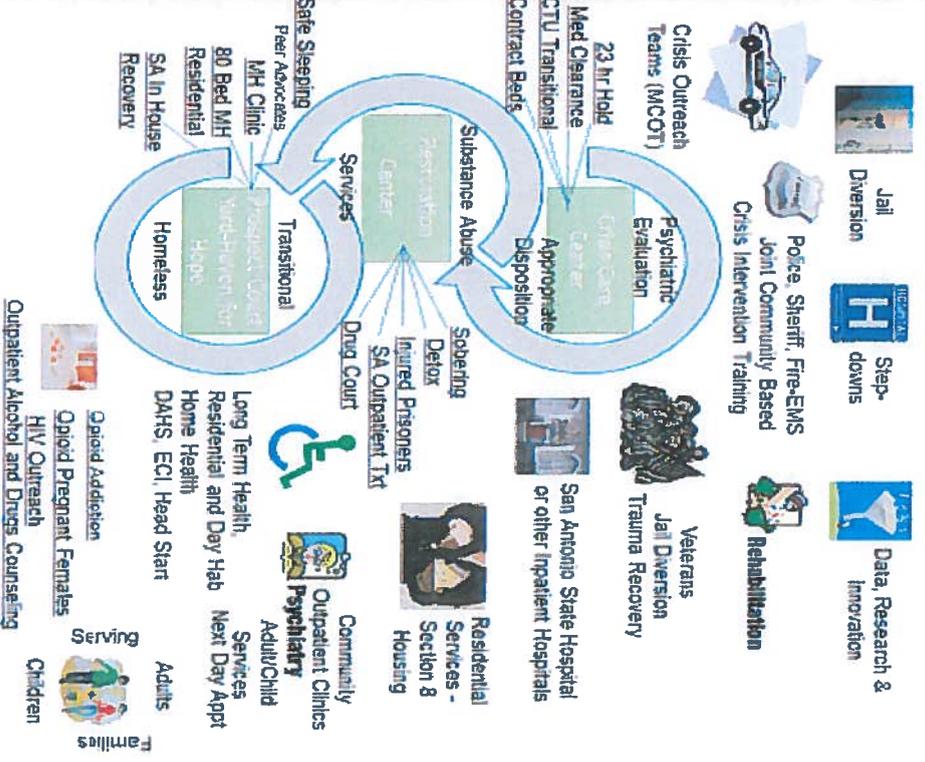
What Do We Do We help create solutions for emergency department overcrowding, tackling the opioid epidemic, jail diversion, homelessness, healthcare rising costs, regulatory challenges, and hospital readmission rates.

Meet the Team Our team has over 100 years' experience in executive leadership and public and private healthcare sectors, non-for-profit community organizational leadership and government agency leadership.

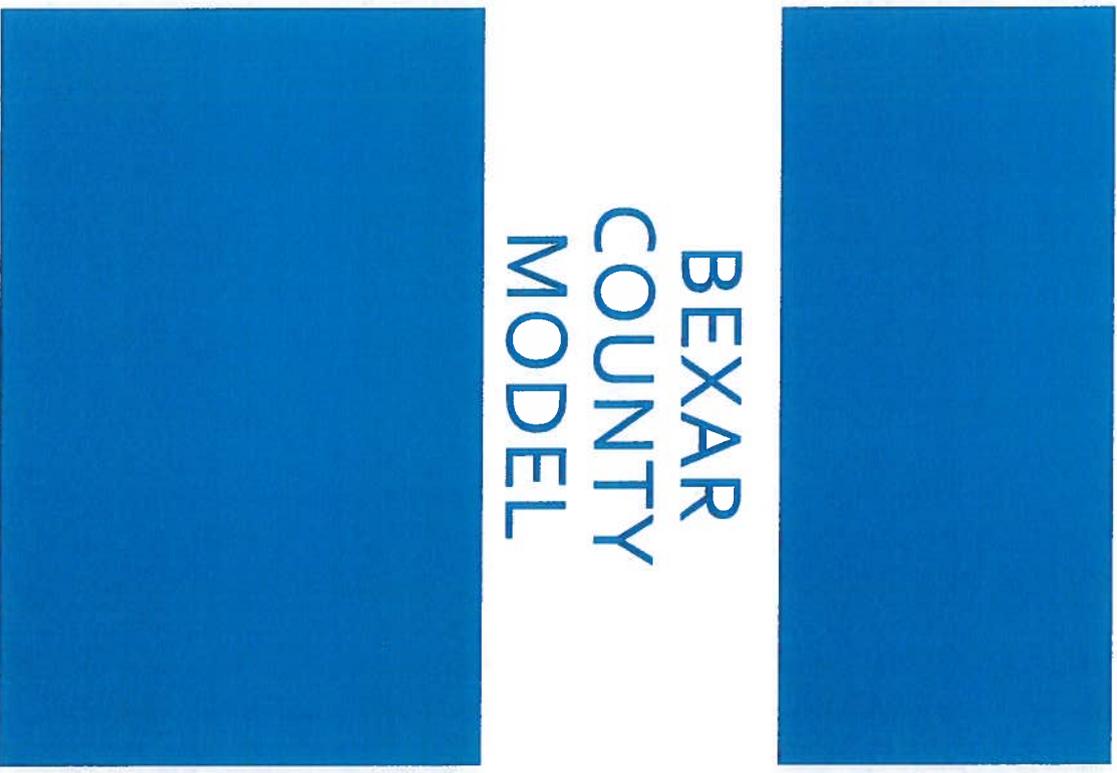


**BEXAR
COUNTY
MODEL**





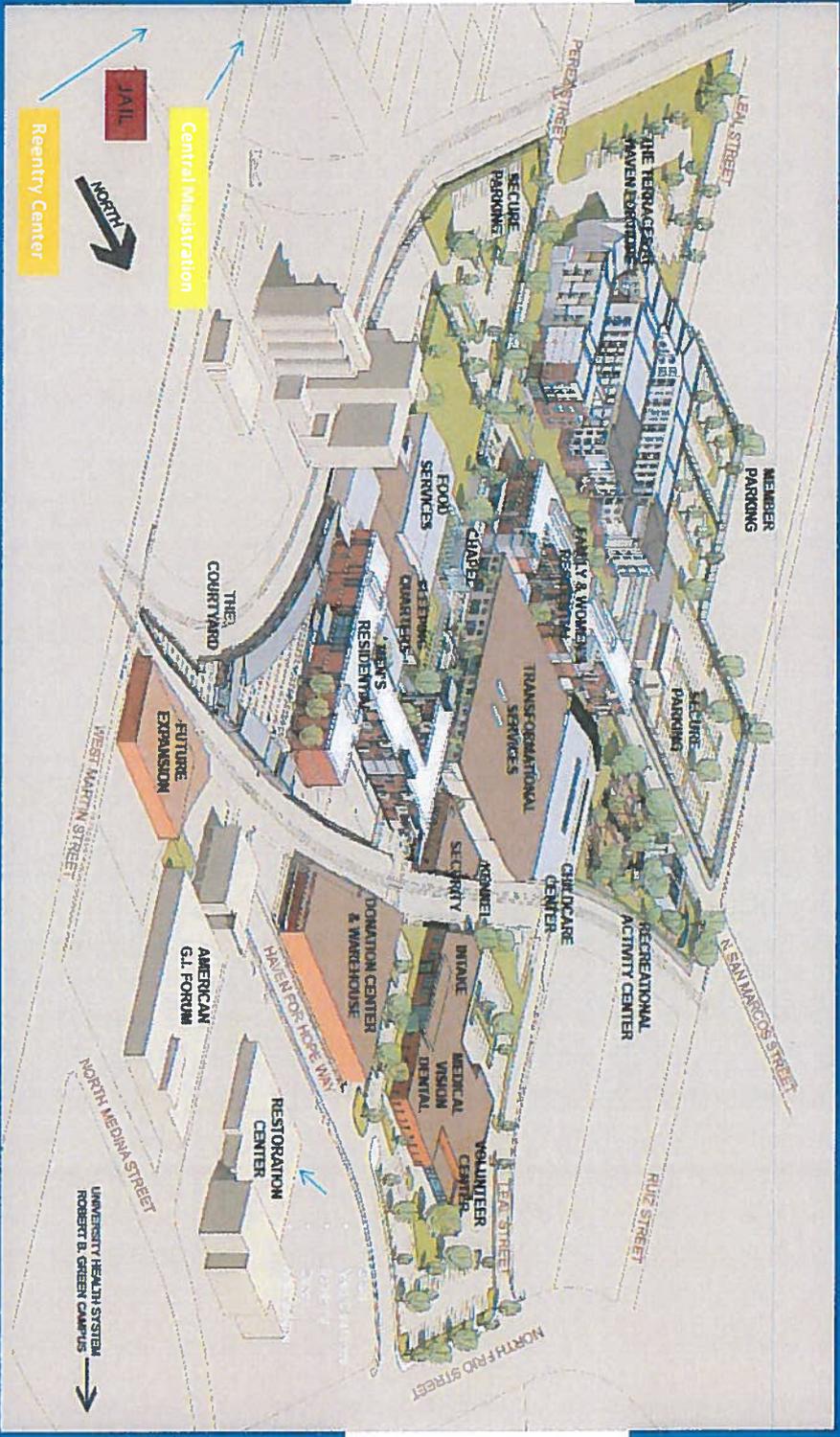
BEXAR COUNTY MODEL



- CHCS Restoration Center
- CT Crisis (Psych/Sa)
- Sobering
- Medical Clearance
- Detox
- in House Recovery access

Haven for Hope Site Map

- Haven for Hope
- Safe Sleeping
- Integrated health care
- Transitional Homeless Campus +



Judicial Services/Mental Health

- 100% MH Screening
- Law Enforcement (Screening Unit)
- Public Defenders
- MH Clinical Assessments
- Pretrial, clinical, PD integration
- Direct Access to Treatment
- Criminal Justice Coordinating Council
- Criminal Justice Improvement Initiatives
- Mental Health Consortium

UNIVERSITY HEALTH SYSTEM
ROBERT B. GREEN CAMPUS

BEXAR COUNTY MODEL RESULTS

Cost Category	Year	City of San Antonio	Bexar County	Direct Cost Avoidance	Cost Category	Year	City of San Antonio	Bexar County	Direct Cost Avoidance
Public Inebriates Diverted from Detention Facility	Year 1-8	\$7,018,376	\$32,092,472	\$54,453,566	Mentally Ill Diverted from UHS ER Cost	Year 1-8	\$3,345,000	\$8,028,000	\$11,373,000
Injured Prisoner Diverted from UHS ER	Year 1-8	\$3,715,000	\$8,916,000	\$12,631,000	Mentally Ill Diverted from UHS ER Cost	Year 1-8	\$1,125,466	\$7,131,464	\$9,508,557
Reduction in Competency Restoration Wait Time in Jail for Hosp Admission	Year 1-5		\$3,740,110	\$8,924,110	Reduction in Wait Time in Jail for Outpatient Competence/Wait Time for Restoration compared to Inpatient	Year 1-5		\$3,160,396	\$6,616,396
Reduction in Jail Time for Competency Restoration on Bond and on Return	Year 1-5		\$1,306,522	\$1,519,522					
TOTALS Year 1-8		\$18,453,462	\$78,287,016	\$96,740,478					

Reduced victimization and increased support for the homeless population.

Greater efficiency in the use of law enforcement, resulting in increased public safety and return of law enforcement officers back to community policing.

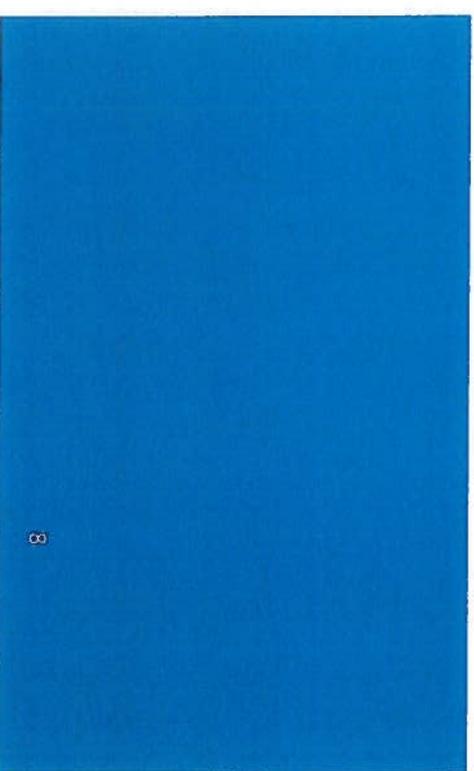
Reduced inappropriate incarceration of persons with mental illness and/or substance abuse issues.

Reduced inappropriate use of emergency rooms and hospitalizations

Increased efficiency and effectiveness in the use of public dollars



**BEXAR COUNTY
MODEL RESULTS**



In Bexar County, it costs
\$2,295 per jail booking
vs
\$350 per diversion

The Restoration Center sees about
2,200 people per month or 26,000
people per year who used to go to
jails or emergency rooms, or return
to the streets.

ER utilization has dropped by 40%
since the . This drop in utilization
amounts to approximately **\$4.7**
million in savings.

Prior to the Crisis Care Center and
the Restoration Center, law
enforcement officers spent an
average of 12 to 14 hours in
emergency rooms waiting on
psychiatric evaluations. Officers
now wait about 15 minutes.

Between 25 and 30% of the
expenses incurred by the program
are covered by Medicaid
Administrative Claims provided
from State and federal funds.

The County saves more than
\$10 million per year
on averted jail costs
and emergency room costs.

BEXAR COUNTY MODEL RESULTS

HIGH UTILIZERS (HC/HN)

Individuals with complex behavioral, physical, and social needs who are frequent users of social services and have excessive and unnecessary utilization of high-cost emergency services and criminal justice system involvement. Despite the large amount of resources devoted to this population, they are often provided in fragmented ways that do not lead to stabilization or improved outcomes for individuals.

HIGH UTILIZERS

Health care expenditures are a significant driver of budgetary pressure on states and accelerate momentum to find sustainable health care solutions.

A disproportionately large portion of states' Medicaid budgets are used for a small segment of the Medicaid population's care: **5% of Medicaid enrollees nationwide account for more than 50 percent of all Medicaid spending.**

Those high-need, high-cost enrollees have complex health and social needs. **80% have three or more chronic health conditions**, and 60% have more than five. A majority MHSUD challenges but have limited access to outpatient behavioral health (BH) services (and virtually no access to evidence-based practices [EBP] in those domains).

HIGH UTILIZERS

This population also has a range of challenges in social determinants of health, such as safe and affordable housing, food security, employment, social connectedness and transportation. When these basic human needs go un- or under-addressed, illness self-management and routinely accessing primary care is secondary.

The result is often an overreliance on more costly sites of care, such as emergency department (EDs) and inpatient hospital services, for non-emergent issues.

Redirecting state funds to effectively address the social service needs of this population can improve health and functional outcomes of high-risk Medicaid enrollees, break down the barriers that segment the continuum of services required by this complex population and rein in escalating health care costs.

Evidence shows that programs that have been successful in breaking the cycle of avoidable acute care utilization and time in other public institutions (e.g., corrections) invest in well-coordinated transitions to and among outpatient primary and BH care, evidence-based pharmacotherapy and social services interventions.

HIGH UTILIZERS

On average, Medicaid super-utilizers had **more hospital stays, longer stays, higher hospital costs per stay, and higher hospital readmission rates** compared with other Medicaid patients.

Super-utilizers had an average all-cause **30-day readmission rate that was four to eight times higher** than the readmission rate for other patients.

Compared with other patients, Medicaid and privately insured super-utilizers had **longer hospital stays and higher average hospital costs**.

An average super-utilizer had approximately **four times as many hospital stays per year as did other patients**.

HIGH UTILIZERS

Patients with multiple chronic conditions accounted for a greater share of all hospital stays among super-utilizers than among other patients.

The top 10 conditions for super-utilizers in different payer groups included common acute conditions such as septicemia, pneumonia, and urinary tract infections.

Mental health and substance use disorders were among the top 10 principal diagnoses for super-utilizers aged 1 to 64 years regardless of payer.

THE 2017 INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE (ISMICC) REPORT TO CONGRESS

- In December 2016, the **21st Century Cures Act** was signed into law. Through this Act, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was established to address the needs of adults with SMI and children and youth with SED and their families. The 2017 Report to Congress identified 5 areas of focus:
 - Focus 1: Strengthen Federal Coordination to Improve Care
 - Focus 2: Access and Engagement: Make It Easier to Get Good Care
 - Focus 3: Treatment and Recovery: Close the Gap Between What Works and What is Offered
 - Focus 4: Increase Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems
 - Focus 5: Develop Finance Strategies to Increase Availability and Affordability of Care
- This report is intended to set the stage for work by HHS and other federal government departments in the years ahead

Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization.

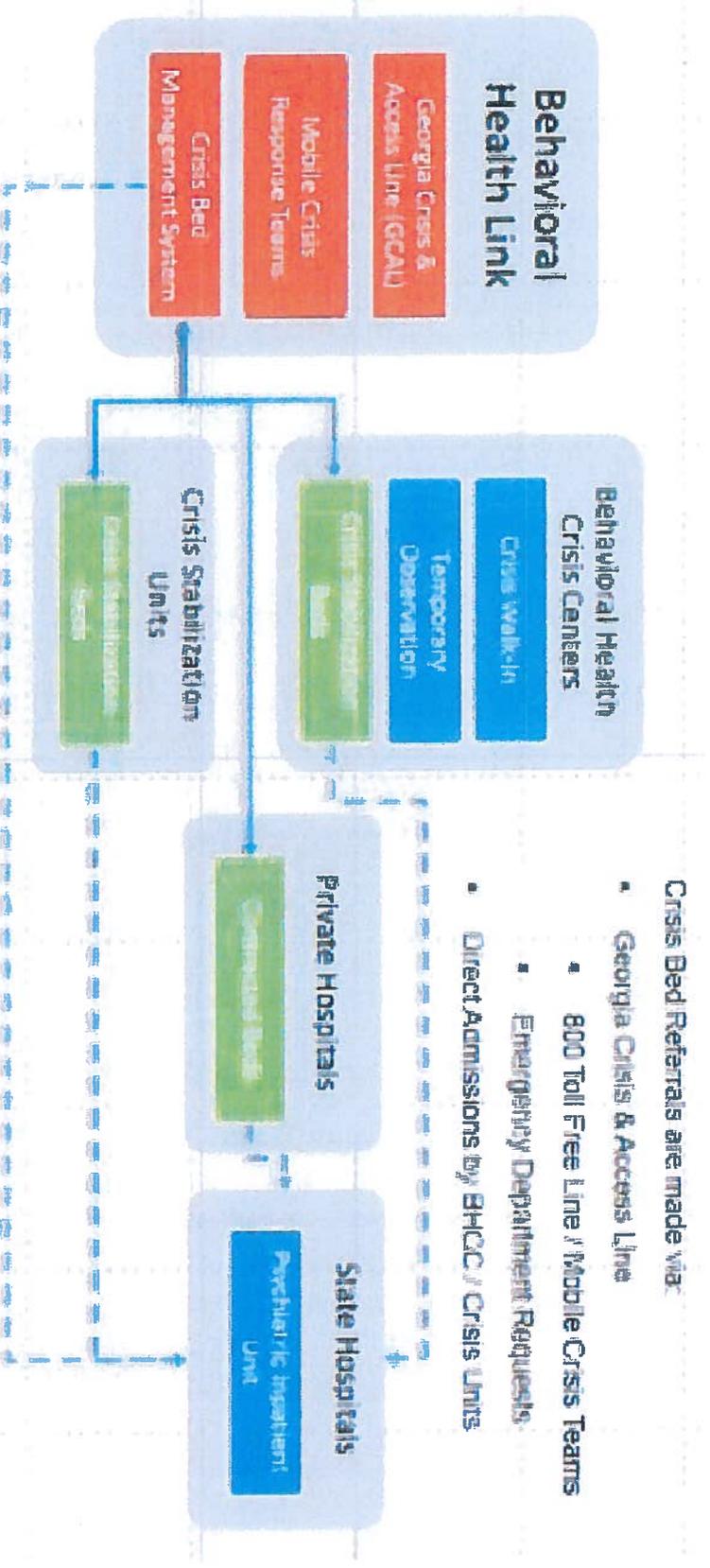


Psychiatric crisis response using least-restrictive appropriate settings... eliminating "psychiatric boarding" in hospital emergency departments

**INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS
COORDINATING COMMITTEE RECOMMENDATIONS**

SAMHSA EXPERT PANEL ON BEST PRACTICES IN STATEWIDE REAL-TIME CRISIS BED DATABASES

- Inventory Existing Services and Systems
- Develop a Description of the Existing System
- Design a Database
- The database should be designed with two goals in mind: – To reflect the system that exists and – With an eye towards the system you want
- Engage Stakeholders
- Incentivize Participation in the Registry
- “Real Time” Must be Useful to Users
- Transparency and Quality Data-Sharing
- High-Level Decision-Maker Oversees Registry
- Engage the State Medicaid Office in the Process



OPIOID CRISIS

The opioid drug problem has reached crisis levels in the United States—in 2015, over 33,000 Americans died of a drug overdose involving opioids.

CEA finds that previous estimates of the economic cost of the opioid crisis greatly underestimate it by undervaluing the most important component of the loss—fatalities resulting from overdoses.

CEA estimates that in 2015, the economic cost of the opioid crisis was \$94.0 billion, or 2.8 percent of GDP that year. This is over six times larger than the most recently estimated economic cost of the epidemic.

2.4 million Americans have an opioid-use disorder (Substance Use Disorder and Mental Health Services Administration 2016). This includes individuals who abuse prescription painkillers such as OxyContin and Vicodin and individuals who abuse heroin or other illicit opioids.

Prescription opioid misuse increases healthcare and Substance Use Disorder treatment costs by \$29.4 billion and criminal justice costs by \$7.8 billion

CASE STUDY: SEDGWICK COUNTY COMMUNITY COLLABORATIVE

2013

Vision Created

77 people participated in a strategic planning retreat

2014

Diversion

- Sedgwick County Jail adds a 49 bed mental health pod
- CIT and MH First Aid for law enforcement initiated, reducing numbers of arrests

COMCARE Crisis Center

- COMCARE opens Crisis Center, serving 11,000 patients a year with a cost avoidance of \$6 to \$10 million per year.
- Despite outstanding outcomes and significant cost avoidance permanent ongoing funding is needed like RSL in Kansas City

2015

Project Renewal

- Via Christi Health commits \$45 million to constructing new inpatient and outpatient facilities on the campus of Via Christi St. Joseph Wichita.

2016

BH & PCP Integration

- VCA Family Residency program expands capacity to provide services in low-income clinics and teach future family physicians to integrate behavioral health into patient care

Psychiatric Observation Unit

- 68% Medicaid cost savings by diverting inpatient psychiatric hospitalizations
- Reduction in hospital utilization resulting in savings to the State of Kansas of up to \$500,000 annually.
- \$200,000 in Community Service Tax Credits awarded to VCA through Kansas Dept. of Commerce

2017

Access to Care

- Via Christi opens a new outpatient center to house the Psychiatric Residency program
- 3 psychiatrists hired for Via Christi Clinic
- Partial day behavioral health program for adults and youth expansion

Research

- Study to identify the highest utilizers of behavioral health services initiated
- Via Christi Research conducted study with prisoners in Sedgwick County Jail resulting in an 88% reduction in recidivism rate.

Funding

- Via Christi has raised more than \$2.3 million toward a capital fund-raising goal of \$3 million for Project Renewal
- Utilizing Community Service Tax Credits, a total of \$630,000 is raised with broad participation of individuals from Via Christi's executive and volunteer leadership.

HOMELESSNESS IN MANCHESTER

At least **\$34.8M** is spent annually on homelessness in Manchester,
with **88%** concentrated in housing and healthcare.

HOMELINESS IN MANCHESTER, NH

- Manchester has 8% of NH's population but 30% of the state's homeless.
- 46% of the homeless population in Manchester have either a severe mental illness or substance use disorder
- Existing services do not coordinate care effectively enough to address the complex behavioral health needs among the homeless population
- Most resources go to healthcare (47%) and housing (41%)
- Definitions for homelessness are inconsistent, leading to difficulties obtaining an accurate count, as well as with data collection. The homeless count ranges from 427 to 2600.

HOUSING AS HEALTHCARE

Evidence suggests that providing housing to certain high-need, high-cost patients can transform lives and have a very meaningful return on investment. Among the most important interventions for this group is addressing homelessness and housing instability. Some estimates show that as many as one-third to almost half of high-need, high-cost individuals are homeless. Both pioneering and emerging programs are prioritizing housing interventions as a means of cost-effectively intervening with this subset.

State health leaders are actively pursuing solutions for homelessness as part of health system transformation efforts, working with their housing counterparts to build linkages and use resources effectively.

Recognizing the value for these individuals and the Medicaid program, many are taking advantage of clarification from the Centers for Medicare & Medicaid Services (CMS) on coverage of housing-related activities and services for individuals with disabilities to maximize payment for services through Medicaid.

Source: F. Arabo, S. Wilkniiss, S. Malone and F. Isasi, Housing as Health Care: A Road Map for States (Washington, D.C.: National Governors Association Center for Best Practices, September, 2016)

WHAT WORKS?

The framework

GENERATE COMMUNITY SUPPORT

- Rally support to address the issue and develop a shared vision by bringing together a diverse group
- Use data to tell the story and demonstrate the need
- Ascertain agreement that improving outcomes for the high utilizer population is a priority and cross-sector collaboration is needed.

IDENTIFY THE PEOPLE YOU HOPE TO SERVE

- Make agreements and document the specific uses of sharing data
- Identify the minimum types and amounts needed to achieve the goals
- Provide ongoing opportunities to inform individuals and the community how data is being used to build trust
- Use HIPPA as a tool

DEVELOP A DIVERSION STRATEGY

- CIT Training
- Co-Responder Model
- Mobile Crisis Teams
- Field-Administered MHSUD Screenings
- Crisis Lines/Warm Lines

DIVERT TO WHO? AND WHERE?

- Crisis Stabilization
- Detoxification Centers
- Psychiatric Emergency Programs provide short-term (24-72 hours) psychiatric stabilization for individuals in crisis, and may include detoxification
- Community Respite Programs offer moderate-term (1-2 weeks) psychiatric stabilization as an alternative to psychiatric
- Peer Crisis Programs
- Service or “Solutions” Centers
- Service-Based Diversion and Referral (SBDR)

SUPPORTIVE HOUSING/HOUSING FIRST

- Supportive Housing combines affordable, subsidized housing and support services for people with serious mental illness, substance use disorders, or chronic physical health issues.
- Housing First approach provide immediate housing with no preconditions (other than complying with a leasing agreement) to individuals with behavioral health issues and unstable housing situations, allowing them to achieve enough stability to work on their recovery process. When coupled with a Supportive Housing model, this becomes an intervention into which a high-utilizer can be diverted. Housing First is a proven method of ending all types of homelessness. Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions. By coupling a Housing First model with treatment services such as ACT, the whole individual's needs can start to be addressed. ACT is described in further detail in Strategy 5: Initiate and Deliver Ongoing Services Effectively.

INITIATE AND DELIVER ONGOING SERVICES EFFECTIVELY

- Medication-Assisted Treatment
- Assertive Community Treatment
- Intensive Case Management
- Peer Support Services

LEVERAGE FUNDING TO OPTIMIZE CARE

I. Medicaid

- 1115 Waiver
- Home & Community-Based Services
- MCO
- HITTECH funding (HIE)
- Innovation Accelerator Program
- SSI/SSDI Outreach, Access, and Recovery (SOAR)

I. Medicare/Dual Eligibles

II. SSI

III. VA

QUESTIONS?

Thank You!

BEHEALTHLE

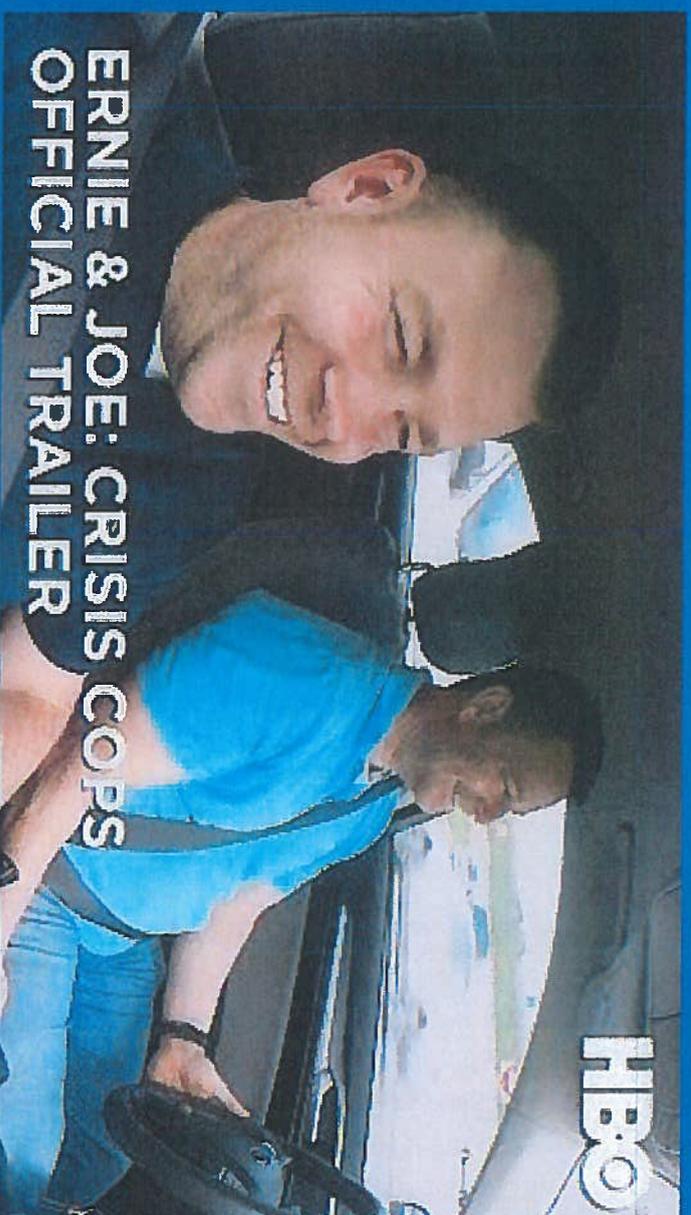
Karla Ramirez, MSHA, MSSW, LCSW

Karla@behealthle.com

210-842-6727

BEHEALTHLE

JOE SMARRO



**ERNIE & JOE: CRISIS COPS
OFFICIAL TRAILER**

MANCHESTER HEALTH DEPARTMENT FY2020 Budget Report

	Budget	Expenditure 1/25/2020	Balance Available
Regular Salary	\$ 1,341,781	\$ 717,430	\$ 624,350.82
Overtime	\$ 5,000	\$ 3,567	\$ 1,433
Health Insurance	\$ -	\$ -	\$ -
Dental Insurance	\$ -	\$ -	\$ -
Life Insurance	\$ -	\$ -	\$ -
Worker's Compensation	\$ -	\$ -	\$ -
Disability Insurance	\$ -	\$ -	\$ -
City Retirement	\$ -	\$ -	\$ -
FICA	\$ -	\$ -	\$ -
Staff Development	\$ -	\$ -	\$ -
Uniform Allowance	\$ 292	\$ 224	\$ 68
Other Services	\$ 50,000	\$ 39,342	\$ 10,658
Laundry Services	\$ 45	\$ 45	\$ -
Custodial Services	\$ 12,492	\$ 7,287	\$ 5,205
Maintenance & Repair/Mach/Equip	\$ 3,000	\$ 218	\$ 2,782
Gas, Oil, & Diesel for Fleet	\$ 3,640	\$ 1,149	\$ 2,491
Vehicle Repairs	\$ -	\$ -	\$ -
Telephone	\$ 4,363	\$ 2,241	\$ 2,122
Postage	\$ 2,300	\$ 1,590	\$ 710
Advertising	\$ 739	\$ -	\$ 739
Printing, Publishing, Binding	\$ 960	\$ -	\$ 960
Travel, Conference, & Meetings	\$ -	\$ -	\$ -
Mileage Reimbursement	\$ 2,216	\$ 906	\$ 1,310
Duplicating Services	\$ 3,752	\$ 1,857	\$ 1,895
General Supplies	\$ 4,917	\$ 3,024	\$ 1,893
Minor Apparatus & Tools	\$ 1,428	\$ 290	\$ 1,138
Custodial Supplies	\$ 3,940	\$ 493	\$ 3,447
Books	\$ 535	\$ 16	\$ 519
Periodicals	\$ -	\$ -	\$ -
Natural Gas	\$ 30,000	\$ 10,101	\$ 19,899
Electricity	\$ 45,993	\$ 26,195	\$ 19,798
Equipment	\$ 2,625	\$ 61	\$ 2,564
Dues, Fees, & Licenses	\$ 7,000	\$ 342	\$ 6,658
Medical Supplies	\$ 3,595	\$ 1,815	\$ 1,780
Miscellaneous	\$ 448	\$ 154	\$ 294
Special Projects	\$ 2,287	\$ -	\$ 2,287
	\$ 1,533,348	\$ 818,347	\$ 715,001

**MANCHESTER HEALTH DEPT
FY 20 Budget Report
School Health Branch**

	Budget	Spent as of 1/25/2020	Balance
Regular Salary	\$ 1,402,148	\$ 642,074	\$ 760,074
Maintenance & Repair/Mach/Equip	\$ 750	\$ -	\$ 750
Advertising	\$ 750	\$ -	\$ 750
Printing, Publishing, Binding	\$ 2,300	\$ 881	\$ 1,419
Mileage Reimbursement	\$ 500	\$ -	\$ 500
General Supplies	\$ 1,000	\$ 537	\$ 463
Books	\$ 2,700	\$ 16	\$ 2,684
Equipment	\$ 10,640	\$ 1,964	\$ 8,676
Medical Supplies	\$ 12,400	\$ 5,121	\$ 7,279
Miscellaneous	\$ 150	\$ 107	\$ 44
	\$ 1,433,338	\$ 650,700	\$ 782,638

**Health Department
Revenue Estimate through 06/30/20**

Account Description	FY20 Budget Amount	YTD Revenues 1/25/2020	YTD Balance
Medicaid Reimbursement	\$ 10,000	\$ -	\$ (10,000)
Dental (Non-Medicaid)	\$ -	\$ 140	\$ 140
Flu Vaccine Revenue	\$ -	\$ -	\$ -
Copying Receipts	\$ 250	\$ 31	\$ (219)
Research Fee	\$ 200	\$ 60	\$ (140)
Testing Fees	\$ 13,500	\$ 3,940	\$ (9,560)
Day Care Health Ins	\$ 550	\$ 180	\$ (370)
Food License Fees	\$ 205,000	\$ 112,445	\$ (92,555)
Septic Inspection	\$ 1,000	\$ 875	\$ (125)
Bathing Facility	\$ 10,500	\$ 175	\$ (10,325)
	\$ 241,000	\$ 117,846	\$ (123,154)

**School Division
Revenue Estimate through 06/30/20**

Account Description	FY20 Budget Amount	YTD Revenues 1/25/2020	YTD Balance
School Chargebacks	\$ 2,324,320	\$ 826,052	\$ (1,498,268)

CHIEF STRATEGY OFFICER'S REPORT

December 2019/January 2020

- 1. COMMUNITY NEEDS ASSESSMENT & PLANNING:** The final structure has been completed for the neighborhood data profiles created through Clear Impact. Any data indicators that have new data available will be updated and then the dashboards will be released publicly via the MyManchester website. Additionally, Stacey Lazzar is conducting a programmatic asset mapping process of the community as it pertains to substance misuse services. Once completed, a performance measurement dashboard will be created to better measure/monitor impact collectively. Lastly, the Department will be creating performance dashboards to track and monitor impact of services to the community. This work will begin in early spring 2020.
- 2. STRATEGIC INITIATIVES & QUALITY IMPROVEMENT:**

 - *Behavioral & Mental Health Supports* – Several meetings of the Work Group will be held via conference call and in-person in December 2019 and January 2020. The meetings included 1. defining a set of two questions to be asked by Safe Station, the Doorways, and New Horizons to standardize data collected pertaining to place of residence of clients served; 2. exploring data reports via HMIS; and 3. reviewing opioid-related, emergency room visits at both hospitals. In addition, the Behealthle consultant group conducted a site visit from January 28-31, 2020 with a Community Conversation occurring on January 30, 2020 (approximately 120 community leaders participated). The consultant group will be providing a report with recommendations for the community on February 14, 2020.
 - *School-Based Health Centers (SBHCs)* – Amoskeag Health is currently mapping their patient data along with the Mental Health Center of Greater Manchester. In February 2020, a white paper will be created to make the case for exploring SBHCs in Manchester.
 - *GovEx Economic Mobility Project* – The Johns Hopkins University GovEx Academy held its first training on data management practices on November 21, 2019. Approximately 30 participants from a mix of City Departments and local partner organizations completed the training. Four additional online trainings that build on learning in this first training program were launched in January 2020. The next planning meeting with GovEx will be held in February 2020 for a status update and identification of next steps.
 - *SAMHSA System of Care* – A Steering Committee meeting was held in January 2020. This meeting focused on finalizing enrollment criteria for program services and defining a recruitment plan. An expanded meeting with key community partners will be held on February 19, 2020. In addition, the non-competing continuation application for a second year of funding was submitted to SAMHSA on January 31, 2020.

- *Reclassification Process* – Both Phil Alexakos and I worked internally with staff members and Human Resources to update job classifications for clinical staff to more accurately reflect their current scope of work. The positions included School Nurse I & II, Certified School Nurse, Community Health Nurse, Certified Community Health Nurse, Assistant Public Health Nurse Supervisor, Public Health Nurse Supervisor, Dental Assistant, Dental Hygienist, and Certified Public Health Dental Hygienist. Human Resources utilized these updates to conduct a compensation analysis and subsequently is requesting revisions to job classifications to be reviewed by the Mayor and Board of Aldermen in February 2020.

3. RESOURCE DEVELOPMENT:

- *New Hampshire Supportive Housing Institute* – CSH New England released a request for applications for interested parties to join their Supportive Housing Institute. The Institute provides teams of developers, property owners, social service providers and others with opportunities to learn about and create a supportive housing plan for their community. Phil Alexakos and I drafted an application on behalf of a “Manchester Supportive Housing Team,” which included MHD (lead agency), NeighborWorks Southern New Hampshire, Families in Transition-New Horizons, Mental Health Center of Greater Manchester, 1269 Café, and The Way Home. The Department’s application has been selected and both Douglas Howard and Stacey Lazzar will serve as the Department’s representatives on the team. The first two-day workshop was held on January 29-30, 2020.

4. OTHER ITEMS:

- *Local/State Leadership* – Ongoing monthly meetings for the following groups: Mental Health Center of Greater Manchester, Board of Directors; Mental Health Center of Greater Manchester, Strategic Planning Committee–Chair; Leadership Greater Manchester, Steering Committee Member; NH Legislative Commission of Mental Health Education and Services, Commission Member; State Health Improvement Plan, Council Member.
- *Presentations* – December 9, 2019, NH Commission on Mental Health Education and Services, Manchester’s Mental Health Services in the District (with Mary Steady, Manchester School District).

Respectfully submitted,

Jaime Hoebeke

Jaime L. Hoebeke, MPH, MCHES
Chief Strategy Officer

ENVIRONMENTAL HEALTH BRANCH

December 2019 – January 2020 Activities

1. FOOD PROTECTION:

- a) Failed Inspections: There were seven (7) failed routine food service inspections during December (2) and January (5), and 13 in total for 2019 and 5 thus far in 2020.
- b) Food Sampling: The Branch continues to perform monthly food sampling at various food establishments. The findings are used to help reinforce hygienic food safety practices. This program is supported by the NH Public Health Lab.
- c) Temporary Events: The staff continues to conduct inspections of temporary food service events which often occur during weekends and evenings, outside of the typical work day. These events require a significant amount of prep time and include: **127** Temporary Permits were issued during Dec 2019 – Feb 2020. In 2019 we have processed **752** Temporary Food Service Permits and **56** thus far in 2020.

d) Food Safety Trainings:

The Department hosted the University of New Hampshire Continuing Education programs ServSafe Certification in December for an English language session resulting in 15 individuals being trained and a Mandarin language session in January resulting in an additional 11 individuals trained.

- e) Inspections: During December through January, the Branch completed: **180** routine unannounced food service inspections.

3. SUMMONESES:

There were **10** summons issued during the period for repeat critical item food code violations. The issues have been corrected.

4. OTHER COMMUNITY EDUCATION and PRESENTATIONS:

- a) Aaron Krycki and Phil Alexakos presented to the Manchester School Principals and the Superintendent's office on a variety of topics associated with school inspections and environmental concerns.

5. ENVIRONMENTAL HEALTH TRACKING:

The Branch continues to use their Tablet PC's in the field to conduct all food service inspections, pool/spa inspections and complaints. All routine food service inspection results are being posted to the website on a monthly basis.

6. SPECIAL ACTIVITIES:

- a) Aaron continues to participate on the Bed Bug Action Committee. The meetings are held at the Manchester Health Department on the *first Wednesday of every other month from 10:00 a.m. to 12:00 p.m.*

- c) The staff continues to receive calls (several each week) to collect used needles, syringes and sharps which are improperly disposed of, often, onto the ground. The following is a summary of response calls and collection data.

<i>Date Range</i>	<i>Response Calls</i>	<i>Sharps Collected</i>
June 1-December 31, 2015	146	209
January 1-December 31, 2016	219	N/C
January 1-December 31, 2017	224	389
January 1-December 31, 2018	147	382
January 1-December 31, 2019*	124	234
December 1, 2019* – Jan 31, 2020	8	15

N/C=not counted;

- d) Aaron continues to participate in a multi-agency workgroup (NET) to address issues associated with homeless encampments, blighted properties and nuisance areas in Manchester.
- e) Karen continues to work with several clients and partners across the health care continuum to address issues pertaining to sanitary living conditions and care coordination for the aging populations. These are complex situations which require a multi-agency and disciplinary approach. Karen participates in and represents the Department on the Manchester Regional Area Committee on Aging (MRACOA).
- g) On January 16th Aaron attended the State Self-Inspecting City and Town meeting. These meetings are designed to brief self-inspecting communities on aspects of food safety throughout the State to be discussed by State, Local and Federal partnering agencies. Topics included updated plumbing codes, FDA and USDA updates and State legislative efforts.
- h) On January 23rd Aaron participated in the NH Lead Partners meeting at the Conservation Law Foundation offices in Concord NH. The Community of Action for Lead Safety is a multifaceted approach to addressing factors related to lead poisoning prevention efforts state wide. Among the efforts are discussing evolving legislative initiatives.

7. VECTORBORNE DISEASE PROGRAM:

- a) Bryan Matthews participated in review of tick surveillance guidance and best practices webinar. Speakers included experts from the New York State Department of Health, Connecticut Agricultural Experiment Station, Maine Medical Center Research Institute, Vermont Department of Health, Delaware Department of Natural Resources, and Columbia University. Topics included: Considerations for starting a surveillance program; Field methods for medically important species; Pathogen testing; Data analysis and communication considerations; and Lessons learned from regional programs.
- b) Aaron Krycki will be representing the Department on the Tick Free NH Council. The next meeting is scheduled for Tuesday Feb 11, 2020.

8. RECREATIONAL WATERS:

- a) Pools and spas are being routinely inspected. The Department has 32 indoor pool and spa facilities currently permitted.

9. PERSONNEL, CONTINUING EDUCATION AND TRAINING:

- a) All EH staff will be assessed in the field by the EH Supervisor in Q4 of 2019, to assure that we are being as consistent with technical application as well as with communication of inspectional findings.
- b) Connor Lefevra, has successfully completed the ServSafe Food Safety Certification Program and earned his certification.
- c) All EH staff attended a State of NH Food Code webinar focused on the FDA 2017 changes to be incorporated into administrative rules He-P 2300.

10. UPCOMING TRAININGS AND MEETINGS (@MHD):ServSafe Food Protection Certification Course and Exam schedule:

February 20th, 2020: Spanish

Indoor Air Quality Association: February Workshop – ‘Fire & Smoke: the Hidden Dangers’

February 14th, 2020

Respectfully submitted,

*Aaron Krycki, MPH, REHS, HHS
Environmental Health Supervisor*

INFECTIOUS DISEASE BRANCH REPORT

February 2020

1. **REFUGEE HEALTH PROGRAM:** Newly arrived adults receive tuberculin skin testing. Newly arrived children receive immunizations, TB skin testing and screenings for lead and anemia.

	December	January
# of new arrivals resettled in Manchester	2	24
# of adults	2	12
# of children	0	12
Democratic Republic of Congo	2	24
Refugee home visits (lead education / iron supplement)	0	3

2. **HEALTHY HOMES:**

- a. Lead case management summary

	December	January
Manchester children receiving lead case management (>7.5 mcg/dl)	72	67
Manchester children newly identified with blood lead levels 7.5 mcg/dl or greater (venous)	0	3
Manchester children newly identified with blood lead levels between 3.0 – 7.4 mcg/dl (venous)	1	0
Manchester children newly identified with blood lead levels between 3.3 – 7.4 mcg/dl (capillary)	8	0
Number of initial (intake) home visits (>7.5 mcg/dl)	0	3
Number of follow-up visits (>7.5 mcg/dl)	0	3
Number of 3.0 – 7.4 home visits	1	0

- b. Asthma case management summary:

	December	January

Manchester children receiving asthma case management	40	41
# of initial (intake) home visits	0	1
# of follow-up home visits	0	1

3. IMMUNIZATION PROGRAM:

a. In-house clinic summary

	December	January
Scheduled Immunization clinics	14	15
Total # of clients	60	104
# of adults	29	58
# of children	31	46
Total # of vaccines given	130 <small>(including 34 flu shots)</small>	262 <small>(including 38 flu shots)</small>

- b. Hepatitis A immunization clinics were provided at offsite venues that provide services to individuals at high risk of contracting Hepatitis A, including the Farnum Center and Hope for NH Recovery. In addition, several clinics were held in response to Hepatitis A investigations as determined by NH DHHS and CDC guidelines.

Hepatitis A clinic summary

	December	January
# of offsite Hepatitis A clinics	4	2
Total # of clients (all adults)	15	14

- c. Community Health Nurses conducted one VFC (Vaccines for Children) assessment visit during month of January for a family practice medical office.

4. TB CONTROL:

a. Tuberculin skin testing summary

	December	January
TB skin tests administered at MHD	28	48
Positive skin tests identified through testing at MHD	3	2
Additional positive results reported to MHD by NH DHHS for investigation and case management	7	3

b. Tuberculosis case management summary

	December	January
Active TB cases	1	3
Suspect active cases of TB	3	4
Latent TB infection (LTBI) cases	34	27
% of LTBI cases that are high risk	35.3%	44.4%
# of assessment / intake / DOT visits	19	36
# of clients receiving DOT	1	2

5. COMMUNICABLE DISEASE PROGRAM:

a. Communicable disease investigation summary

	December	January
# Communicable Disease Investigations	40	26
# foodborne / waterborne	5	4
	cryptosporidium salmonella	cryptosporidium giardia salmonella
# vaccine preventable	8	8
	Hepatitis A Varicella	Hepatitis A
# Hepatitis C	11	5
# zoonotic	10	7
	Dengue Lyme malaria	Babesiosis Leptospirosis lyme

- b. Surveillance and recommendations were provided to one long term care facility in December experiencing an increase in respiratory illness. Specimens confirmed influenza.

6. STD/HIV PROGRAM:

- a. STD/HIV Clinics continue on Wednesday from 3:00-6:00 pm and on Thursday from 9:00 am - 12:00 noon by appointment.

STD/HIV in-house clinic summary

	December	January
# of scheduled clinics	6	9
# of clients accessing clinic services	26	40
# chlamydia / gonorrhea tests	17	22
# syphilis tests	16	24

# HIV tests (rapid tests)	15	45
# HCV tests (rapid tests)	7	15
# of chlamydia treatments	7	4
# of gonorrhea treatments	1	1
# of syphilis treatments	5	5
# of PID treatments	0	1
# of treatments for other conditions (bacterial vaginosis, genital warts)	4	6

At the end of November, the NH Public Health Lab began using a new type of testing technology (GeneXpert) for chlamydia and gonorrhea testing which allows them to test specimens from multiple exposure sites. The Manchester Health Department started collecting specimens for this new testing technology at the beginning of December.

- b. HIV counseling and testing services were also provided off-site at the Farnum Center, and the Hillsborough County Department of Corrections. Prevention education and supplies were provided to Breezeway Pub, Doogie's Bar & Grill, the Element Lounge and Family Willows.

Off-site HIV/HCV testing summary

	December	January
# HIV rapid tests provided	30	26
# reactive HIV screening test results	1	0
# Hepatitis C rapid tests provided	24	26
# reactive Hepatitis C screening test results	11	6
# confirmed Hepatitis C tests	9	4

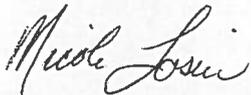
- c. The Public Health Specialist also conducted 10 home visits in an effort to contact 10 patients identified by NH DPHS with untreated gonorrhea to arrange for treatment and/or interview.
- d. The Public Health Specialist has also partnered with NH DPHS disease investigation personnel to outreach to individuals who were named during an acute HIV investigation.

2. STAFF ACTIVITIES

- a. Community Health Nurses participated in an in-service by the WIC program, describing the program and eligibility guidelines, on December 4th.

- b. Infectious Disease staff completed their blood borne pathogens training through Stericycle on December 9th.
- c. Four Community Health Nurses participated in the Passport to Partner Services training at the Manchester Health Department through the NY State STD/HIV Prevention Center from December 16th-20th.
- d. The Public Health Nurse Supervisor and the Chief Operations officer participated in the initial Manchester Infection Prevention Coalition meet and greet on December 17th at CMC.
- e. One Community Health Nurse attended the Refugee Advisory Council meeting on January 15th.
- f. The Public Health Nurse Supervisor, Immunization point person, and Chief Operations Officer met with NH DHHS Immunization program staff to discuss and review the current contract on January 17th.
- g. The Public Health Nurse Supervisor participated in a conference call with DHHS and the Nashua Health Department about Novel Coronavirus, current investigation guidelines, and the Local Health Departments on January 28th.
- h. The Public Health Nurse Supervisor participated in the workshop "Leading Through Emotional Intelligence" on January 29th.
- i. The Public Health Nurse Supervisor provided a presentation on Hepatitis A, Norovirus and Influenza to the staff at the Mental Health Center of Greater Manchester on January 29th.
- j. Community Health Nurses met with staff from Manchester's Planning and Development Lead Program and staff from The Way Home to discuss services and referral processes on January 31st.

Respectfully submitted,



*Nicole T Losier, MSN, RN
Public Health Nurse Supervisor
Infectious Disease Branch*

NEIGHBORHOOD & FAMILY HEALTH

February 2020

- **MATERNAL AND INFANT HEALTH**
- Healthy Start Home Visiting Program: Kathleen Berg, Nurse Home Visitor, received 8 new referrals for expectant mom home visiting in December/January, of whom 5 are actively enrolled in home visitation and 3 are pending. Of these newly enrolled clients, two have comorbid mental/behavioral health diagnoses (schizophrenia/bipolar). Kathi continues to utilize Community Health Workers for interpretation for limited English speaking clients.
- **HEALTHY EATING/ACTIVE LIVING**
- Fitness Programming: Zumba classes continue to be held for neighborhood residents at Beech Street Elementary School on Mondays and Wednesdays from 8:45-9:45am. The Division is working with the YMCA and the community schools to identify other fitness and health related programming.
- Health Education Programming: We are working with the NH Food Bank to expand the availability of the Cooking Matters family-oriented program to all of the Manchester Community Schools. This program has been offered at Gossler Park but not Beech Street, Wilson or Parker Varney schools during this school year.
- **HEALTHY HOMES**
- Adult Asthma Home Visiting Program: The Adult Asthma Home Visitation Program only received one referral from Elliot Health during December/January. This patient has been enrolled and has received one home visit. Overall, the Nurse Home Visitor has an active caseload of 8 high-risk adult asthma patients and 1 pending (currently homeless). Of Kathi's active cases, 3 have received one home visit, 3 have received two home visits, and 2 have received three home visits. We are currently working with the Care Coordinators at Elliot Health to develop a new Adult High Risk Asthma list and increase referrals to this program.
- Pediatric Asthma Home Visiting Program: We are currently working with the Care Coordinators at Elliot Health on a workflow for processing referrals to Kathi for pediatric asthma home visiting. We met with care coordinators at Amoskeag Health, who will be creating a high-risk pediatric asthma list based on ER/Urgent Care utilization. We anticipate receiving 3 referrals/month from this list.
- **COMMUNITY SCHOOLS**
- Community Care Coordination: Community Health Workers (CHWs) continue to support the four community schools in the areas of connecting families to community resources, medical homes, and overall school support for staff and faculty. In December/January, the Community Schools CHWs received 54 new referrals. Of these referrals, 13 were for connections to healthcare, 10 were for assistance with filling out forms, 3 were for housing assistance, 3 were for interpretation, 3 were for clothing assistance, 2 were for transportation, and 1 each were for utilities assistance and legal assistance.

Community Health Workers are also working with the School Based Oral Health Program team to provide follow-up care coordination for students whose treatment plans could not be completed on the Dental Van. We have worked with both Easter Seals and CMC Poisson Dental Clinic to create dedicated appointment blocks for Manchester students, allowing the CHWs to schedule treatment appointments for children in need of continuing dental care.

- Behavioral/Mental Health Systems Integration: We successfully filled the second open Behavioral Health Counselor positions within Community Schools. Gaby McNulty, MS, joined the Community Schools team as BHC at Beech Street Elementary School on February 15, 2020. Ashley has an MS in Clinical Mental Health Counseling and will be working toward licensing under the supervision of Amoskeag Health clinical staff.
- Trauma-Responsive Schools: Monthly staff consultation and reflective practice has begun at Gossler Park Elementary School. Two morning sessions have been conducted by Jenessa Deleault, PsyD, a member of Cassie Yackley's Trauma Responsive Schools team. These sessions have been well attended, with 8-10 teachers and behavioral health staff attending each. Janessa is working with Gossler Park School to implement monthly afternoon sessions for staff who are unable to attend in the morning.

The Trauma Responsive Schools training at Beech Street School was rescheduled for two consecutive Principal's Hours in mid-February. Ongoing consultation will be established with teachers and behavioral health staff at the time of training.

- Child/Family Stability & Wellbeing: Leader in Me Parent Breakfast Events were held at Gossler Park Elementary School on December 4 and January 8. Additional Parent Breakfast Events are scheduled for: December 4, 2019, January 8, 2020, February 5, 2020, March 4, 2020, April 1, 2020, May 6, 2020.

On December 19, 250 food bags were assembled distributed to families at both Beech Street Elementary and Gossler Park Elementary to help support them over the Winter Holiday school recess.

With funding from Project Launch, we will be holding three parent engagement events at Beech Street School in February. Each will feature a Toolbox presentation for parents along with breakfast served by Granite State Lunchbox. In addition, we will be providing food bags for parents to take home at these events. We will use the remaining funds from this \$1000 grant to purchase food for 250 food bags to be delivered to families at Beech Street, Gossler Park, and Bishop O'Neil preschool prior to the February school break.

- School/Community Involvement:

Michelle Graham is now co-chairing the Manchester School District's Wellness Council. The Council held the second of four educational events at the Manchester Health Department on January 21, which included a presentation on Mental Health Stigma by Rik Cornell of the Mental Health Center of Greater Manchester and a strategy session with Stacey Purslow of the UNH Sustainability Institute on

developing a Farm to School Initiative in the Manchester School District. Future events are scheduled March 17 and May 19, at the Manchester Health Department. In March, we will have a presentation on Student Homelessness in Manchester. The presentation topic for May is to be determined. Michelle has assembled a subgroup that is tasked with reviewing and revising the District Wellness Policy in time for the USDA audit happening in April. We will be presenting a revised Wellness Policy to the School Board in March.

- **Resident Leadership Training:** A focused women empowerment and health education program has been created in partnership with NeighborWorks Southern NH in the Beech Street Neighborhood. "La Hora Del Te" gives limited English speaking women an opportunity to connect with each other as well as learn about health topics. With participants originally from Mexico and the Congo, this first session a space for women to feel supported, reduce isolation, support language access and increase health literacy.
- **DIABETES/CHD PREVENTION:**
- The Diabetes/CHD Prevention Community Partnership Meeting took place on December 20th. Partners from Dartmouth Hitchcock, Amoskeag Health, Amerihealth Caritas, NH Healthy Families, Mental Health Center of Greater Manchester, CHAN, DHHS, and MHD were in attendance. Andrea Hirata and Michelle Graham shared the completed Provider Referral Sheet, a tool for providers to use when determining if a client may be eligible for DPP and what coverage options are available to them. This referral sheet has been updated and disseminated to diabetes educators across the state.
- We are working with the Granite Y to offer the first Spanish-taught Diabetes Prevention Program in New Hampshire, starting in late February. These classes will be taught by Community Schools CHWs who have been trained as Diabetes Prevention Lifestyle Coaches.
- We are also working with the Granite Y to offer the first community-based Diabetes Prevention Program in New Hampshire at Gossler Park Elementary School. This program will target neighborhood residents and begin in March 2020.
- We are working with DHHS staff to implement programs, such as SWAP (Supporting Wellness at Pantries) to promote better food choices in food pantries throughout the City of Manchester. We are also coordinating a partnership between the NH Food Bank and Amoskeag Health to offer fresh produce and heart-healthy food boxes to diabetic and hypertensive patients. The program will include the distribution of boxes filled with non-perishables and an opportunity to "shop" for fresh produce with the Food Bank's mobile pantry van.
- MHD and DHHS are working with Vicki Brown of Vicki J. Brown Marketing on campaigns aimed at ideas for increasing enrollment in NDPP and DSMES. These ideas include provider education through CME's, a large scale marketing campaign, and the usage of client testimonials to promote NDPP and DSMES. A public "Call to Action" campaign will be coordinated with Granite YMCA and will run from May through October 2020. Funding for the campaign has been approved through CDC rollover funds. The campaign will include ScreenVision ads, targeted social media marketing, bus wraps, and bus station advertising.
- The Manchester Health Department has implemented a pilot reimbursement program for up to 20 participants to attend the Granite YMCA YDPP. To qualify, participants must get a physician referral, have at least one blood-based test that

confirms prediabetes, have household incomes at or below 185% of the federal poverty level, and be either uninsured or insured by a provider that does not offer reimbursement for Diabetes Prevention Program. We currently have 1 participant enrolled in this pilot program and will be submitting the first invoice for payment this week.

- Michelle and Andrea attended the Diabetes Prevention Advisory Group meeting on Wednesday, January 22nd, where we discussed longterm goals of expanding the Manchester-based prevention initiatives throughout the state.
- With coordination by the MHD, Granite YMCA YDPP cohort that began on October 9th currently has 14 enrolled participants and the group has met milestone 3. New cohorts began on January 15th with 9 participants and January 23rd with 6 participants. The next cohort of YDPP is starting on February 18th. This cohort currently has 7 registered participants and will be conducted completely in Spanish lead by our CHW Wanda Castillo.
- **ORAL HEALTH:**
The Dental Van visited Beech Street, Green Acres, Parker Varney, Webster, and Jewett Elementary Schools in December and January. The Oral Health team provided screening exams for 205 students and treatment for 201 students at these schools.
- **OTHER BUSINESS:**
- Outside Funding Updates/Grant Proposals: The State will be applying for a SAMHSA Prevention Grant that will focus on substance use and social determinants of health in Manchester and one other district in NH. If funded, the grant will provide \$1 Million in funding per year for up to 5 years to support the development of a coordinated, multi-generational approach to substance use prevention in Manchester residents.

Respectfully submitted,

Michelle Graham

*Michelle Graham, MPH;
Supervisor, Neighborhood and Family Health*

PUBLIC HEALTH PREPAREDNESS REPORT

December 2010 and January 2020 Activities

PUBLIC HEALTH PREPAREDNESS: The public health preparedness program (PHP) continues to work on several initiatives:

- 1) Plans: Plans are continually reviewed and key contact information was updated by staff. Sarah Morris updated all of our plans to reflect our current staffing, roles and contact information. Also, Town specific plans and facility level info is being validated and updated this Quarter.
 - The BDS and MHD Closed POD plans have been updated and finalized.
- 2) Work Groups: Alexakos and Sarah Morris continue to serve as the Department's representatives on the:
 - (a) Public Health Emergency Preparedness (PHEP) Capability 14, *Responder Safety and Health Workgroup*-met on January 9.
 - (b) Phil represents local public health on the Granite State Health Care Coalition. The Leadership Team meets every month. The second annual Hazard Vulnerability Assessment was held on December 11 in Concord. Phil attended the session.
 - (c) Sarah and Phil are participating in the DHHS, multi-disciplinary STEP workgroup-State Training and Exercise Planning group. A public health workforce training needs assessment questionnaire is forthcoming.
 - (e) Staff continues to engage and coordinate with the leadership of the Region's affiliated volunteer groups (*VELCRO*) which include: Goffstown CERT, Bedford CERT, GMMRC, Greater Manchester ARES and the American Red Cross.
 - The next Meeting will be on February 3.
- 3) Medical Countermeasures-Operational Readiness Review (MCM-ORR): The State has finally hired a new coordinator. We are working to schedule a meeting with the new coordinator in February.
- 4) Grants/Work plans: The state entered into Sole Source contracts with all of the Public Health Regions for these services for FY20-21. We will submit quarterly reports as required.
- 5) BioGuys: The group did not meet on Tuesday January 14. Several partners were attending the Manchester Mass Care Tabletop (TTX) Exercise (see below). Next meeting is March 10.

6) PHP Exercises/Activities/Trainings:

(a) Amateur Radio (HAM): Jeanne Wurtele participated in a Hillsborough County NET and/or in-person training on December 19th and January 12th and 23rd. The Health Department needs to have new equipment installed on the roof once the weather warms.

(b) Technical Support:

i. Capability 14: January 9.

ii. Fit testing/PPE: IDB staff was fit tested in January and that will continue into February.

iii. Sheltering : MHD and MFD have been updating the City Shelter plan. A site visit was held at SNHU Arena to assess the potential use of that space for relocation/sheltering. Several City partners from: Health, Fire, Hospitals, DPW, Facilities, Manchester School District and Manchester Transit Authority attended the TTX. and met with NH HSEM on November 22 to lay the groundwork for a Shelter TTX and FSE in 2020.

iv. Emergency Plans: Phil, Sarah and Doug Howard have been meeting with the Winter Emergency Homeless Sheltering workgroup every week. Other members include: Chief Goonan, FIT/New Horizons, NH DHHS and CMC

(c) Inventory exchange: We provided cots to the Community Cold Weather Surge Facility as well as cold weather comfort/safety kits for those experiencing homelessness.

(d) Exercises:

i. Shelter TTX (see above)

ii. Sarah attended a TTX at the Courville.

(e) Real World Events:

i. Hepatitis A: The Infectious Disease Branch staff has been conducting education and vaccination outreach for facilities and organizations that serve populations at-risk for Hepatitis A, including both Hospital Emergency Departments. Please see the Infectious Disease Branch report for specific details.

Note: Closed POD operations included: Dept. of Corrections, food establishments, rooming houses.

ii. Homelessness and Substance Misuse: MHD has been working with the MFD, City partners, community partners and the state to organize a response to these complex issues. The Incident management Team has been meeting bi-weekly and other workgroups have been meeting including: Winter Emergency Homes Sheltering; Data; Safe Station; Mayor's Task Force on Homelessness

iii. Fatality Prevention and Cold Weather Surge: MHD has been working with partners to coordinate overnight warming for those experiencing homelessness. A special thanks to Pastor John Rivera and his congregation for leading the effort to take care of

our most vulnerable citizens. The surge facility has been open for 10 nights thus far! Doug Howard, Homelessness Prevention Coordinator has been working with outreach workers and EMS to assure that on extreme cold weather days, those experiencing homelessness in the community, especially those who are hard to reach are encouraged to come to in from the cold.

(f) Training (Attended):

i. Phil attended PIO training (IS 290).

ii. Phil and Sarah attended cold weather sheltering training offered to our regional partners on December 10. There were 31 attendees trained. A special thanks to Tory Jennison and Jeff Jones from Strafford County who took the time to train our volunteers. A video of the training can be found at: Shelter training is available at: <https://vimeo.com/379048039>

iii. Phil, Sarah and Aaron met with USPS staff to discuss their plan to conduct a BDS Tabletop exercise in the spring.

iv. Phil, Sarah and Nicole attended the inaugural meeting of regional infection perfectionists from local health care institution. Following that meeting, we

(g) Outreach/Training (Offered):

i. Sarah and Jeanne have been actively updating the GMMRC and MHD Facebook pages.

ii. Phil and Sarah are meeting with St. A's staff to plan for the hands-on POD training has been confirmed for February 20.

iv. Phil was involved in several media requests in December and January.

v. The Mobile Public Health Outreach Van has been acquired and is currently being "fit-up". This Van is expected to be in service in Q3. It is almost ready.

h) Greater Manchester Medical Reserve Corps (GMMRC): Meeting was held on December 10-see Cold weather sheltering training. Members for Bedford, Goffstown CERT and GMMRC were present.

i) Institute for Local Public Health Practice: The next class to be offered will be *Core Concepts of Public Health* and will be offered in 2020-TBD.

Respectfully submitted,



Philip J. Alexakos, MPH, REHS
Chief Operations Officer

Notes from the Chief Operations Officer (December 2019/January 2020)

Building Security and Facility Improvements:

The Department has requested an assessment of the carpeting in the conference rooms which has been buckling. It was determined through testing that the carpet adhesive/mastic is asbestos containing and thus would require professional abatement were it to be disturbed. As such the Facilities Division is preparing a plan to re-carpet and paint the space in FY 20. Additionally, the Environmental Health Office carpet is also in need of replacement. This may or may not happen in FY 20. The EH office would need to be moved for period of approximately 2-3 weeks. Stay tuned for more.

Art Gallery Space (aka—McIninch Art Gallery):

The Manchester Artists' Association has begun to utilize the gallery space and has been holding its monthly meeting in the conference space.

State-Local Relationship Building:

The City, State and other public health and safety partners have been participating in Emergency Operations Meetings. This leadership group meets on a bi-weekly basis. There are 5 subcommittees/workgroups: Data (Jaime Hoebeke is the Co-chair), Emergency Winter Sheltering (Phil is the Co-chair), Child Maltreatment, Access Points for SUD/Safe Station group; and Justice which will be meeting regularly.

Overdose Response Grant Opportunity (*Overdose Data to Action-OD2A*):

The Department applied for a CDC funded grant (through the NH DHHS) in the amount of \$240,000 each year, for 3 years to fund 2 positions in the city. First an Emergency Management Coordinator to help plan for and manage the response to the substance misuse epidemic (in addition to all-hazards events) and a Community Epidemiologist to address the data gaps and inconsistencies, to properly and effectively track health outcomes, and assure the timely sharing of data across all sectors.

Update: On December 5th we were notified that we were successful in securing funding. As of February 6th, the item has not even made it through DHHS and to the Governor and Council (and they have had 3 meetings since that time!). It is unclear as to why. The Committee on Human Resources, the Committee on Community Improvement and the full Board has approved this funding and the positions.

Job Classification Review Process:

Phil and Jaime have been working diligently, with help from Nicole, Jenn and Jade on revising jobs description for School Nurses, Community Health Nurses and our Dental Professional. We submitted them to the Human Resources department for review. The positions have all been assigned new Pay Grades. This recommendation has been sent to the Committee on Human Resources for a meeting on February 4th. If this passes it will go before the full board on February 18 and it may need to go to a subsequent meeting on March 3rd. We expect to have 'desk audits' requested on all of these positions by the end of the calendar year.

Public Health Systems Planning:

I have been involved in several initiatives geared at improving public health systems. These initiatives included: Public Health Services Improvement Council, MCO Housing and the Community Conversation on Homelessness and Substance Use Disorder.

SCHOOL HEALTH BRANCH REPORT

February 2020

➤ **News from the Supervisor's Desk:**

➤ **Staffing:**

- We are currently short three nursing positions. The open positions are:
- Full-time float nurse
 - Southside MS
 - Wilson Elementary
- High school nurses, the nurses from Parker Varney, and sub nurses have been filling the open positions.

➤ **TOPIC: Incident Reports**

- Incident Reports are a form the school nurses fill out for any significant incident or injury sustained at school by a student or staff member. For October and November, there were 32 days of school and 50 incident reports.

MD Office Visit	No Medical Follow Up Needed	Urgent care or ER	Emergency Call - 911	Totals:
Student-8 Staff- 5 Other- 0	Student -6 Staff- 11 Other- 0	Student -8 Staff- 5 Other- 0	Student- 7 Staff- 0 Other- 0	Total students= 29 Total Staff = 21 Other= 0
Total= 13	Total = 17	Total= 13	Total= 7	Total Reports= 50

School/ Nurse	Total Encounters Between (11/18/19-1/17/20)	Total Encounters As of 1/17/2020	Enrollment Numbers as of 10/21/19
Bakersville & Preschool -M. Heustis RN, ASN	804	2,175	410
Beech St- E.Collishaw RN, BSN	971	3,346	571
Central HS –J. Maglio RN, ASN & J. Scarafile RN, ASN	1,559	3,890	1,324
Gossler Park – O. Bitzkowski RN, ASN	1,127	2,843	370
Green Acres – J. Pomer RN, ASN	1,243	3,294	489
Hallsville – B. Flanders RN, ASN	758	1,867	265
Highland-Goffe's Falls- V. Stanwood RN, ASN	1,182	2,872	426
Hillside Middle School- P. Anglin RN, ASN	1,592	4,799	859
Jewett St & Preschool- J.Laturno RN, BSN	854	2,579	411
McDonough –M.Sheehan RN, BSN	745	2,883	481
McLaughlin Middle School- J. Gattuso RN, BSN	1,680	4,794	733
Memorial HS- M. Bozoian RN, ASN & C. Meisel RN	2,326	6,055	1,427
MST CTE- S. Nelson RN, BSN NCSN	104	307	249
MST HS- S. Nelson RN, BSN, NCSN	821	2,129	389
Northwest –K. Seitz RN, ASN	756	2,735	552
Parker Varney-Janine Kerouac RN, ASN DELP – Patricia McBride RN	961	2,712	465
Parkside Middle School- L. Keefe RN, ASN	2,627	4,283	847
Smyth Rd- K. Meeker RN, ASN	997	2,372	424
Southside Middle school- Open Position	1,467	3,645	697
Webster St- J. Chandronnait RN, BSN NCSN	749	2,515	428
West HS –C. Guinta RN, BSN NCSN & C. Cipolla LPN	1,024	3,291	805
Weston- L. Hunter RN, BSN NCSN	938	1,967	518
Wilson- Open Position	1,158	2,559	442
Total Encounters for the District	26,443	69,912	13,582



Respectfully submitted,

J. Wyman RN, BSN

Jennifer Wyman, RN, BSN

Public Health Nurse Supervisor of School Health