

2018

Calculating Adequate Systems Tool Report for the City of Manchester, NH



PREPARED BY

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EXECUTIVE SUMMARY

In early 2018, the City of Manchester convened the Manchester Mayor's Council on Prevention, Treatment and Recovery (The Mayor's Council) to address the burden of substance misuse in Manchester. The Mayor's Council includes representatives from community partners throughout Manchester including Elliot Health Systems, Catholic Medical Center, Network4Health Integrated Delivery Network, Granite United Way, NH Charitable Foundation, Makin It Happen and the City of Manchester.

JSI Research & Training Institute, Inc. /dba Community Health Institute (CHI) received a grant from the New Hampshire Charitable Foundation to identify service capacity and gaps related to alcohol and other drug use within the City of Manchester. In order to quantify the service gaps and needs for the city, CHI staff, in close collaboration with the Mayor's Council, conducted a needs assessment utilizing the Substance Abuse and Mental Health Services Administration's (SAMHSA) published and peer reviewed Calculating Adequate Systems Tool (CAST).

The CAST was developed by an interdisciplinary group of researchers at the SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ). CAST was designed to help assess the presence of chronic social and community conditions that are likely to increase the risk of hospitalization for substance misuse in the community. The tool was utilized to provide a structured process to observe gaps and potential redundancies in the substance misuse care system in the City of Manchester.

CAST results categorize Manchester as "High Risk". This score indicates that the City is facing significant challenges to improving prevention and treatment outcomes when looking at social determinants such household income, education, crime, and alcohol outlet density. Estimates used to calculate this risk score include a compilation of social determinants of the community, substance use rates, and availability of services and resources in the community.

KEY FINDINGS

Increase/expand service for:

- Prevention promotion through social marketing campaigns and media advocacy events
- Universal prevention education programs
- Syringe services
- Primary care doctors with substance misuse training
- Inpatient and Outpatient treatment services
- Recovery support services

Sustainability/maintenance plan for:

- Prescription drug disposal events/locations
- Mental health awareness trained police
- Employment support

INTRODUCTION

In recent years the City of Manchester has faced an unprecedented public health crisis related to substance use which has brought to light gaps in service delivery capacity and access. The vision of Manchester is to have a comprehensive, integrated, accessible, and responsive Substance Misuse Continuum of Care that promotes the health of the whole community. In order to fulfill this vision, it is essential to comprehensively assess the current demand for services and the systems in place to address the substance misuse continuum needs.

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About the Calculating Adequate Systems Tool (CAST)

Background

The CAST was developed by an interdisciplinary group of researchers at the SAMHSA Center for Behavioral Health Statistics and Quality. The tool was created as a method for evaluating the capacity of the alcohol and drug services continuum of care system within a defined geographic area and provides users with both a risk assessment of county-level social and community determinants of substance misuse, and an assessment of local service need across the continuum of care.

CAST was designed to help assess the presence of chronic social and community conditions that are likely to increase the risk of hospitalization for substance misuse in the community. The tool also provides a structured process to observe gaps, potential redundancies and estimated need in the substance misuse care system.

The results of the Manchester assessment will help lay a solid foundation for the development and/or integration of substance misuse services across the continuum of care and to inform sustainability planning for the city. Specifically, results will be incorporated within the Mayor's Council Citywide Addiction Response Plan.

The assessment process involved meeting with The Mayor's Council and other designated community stakeholders who engaged in a series of data-informed interactive meetings and conversations to inform the plan.

The CAST protocol involves the following steps:

1. **Data collection** of information that may be indicators of substance misuse, including demographic, social and community indicators
2. **Establish Usage Rates** for substances of interest such as alcohol, cannabis, cocaine, methamphetamine, and opiates
3. **Calculate Community Risk and Needs** for continuum of care category components
4. **Results** presented in a summary of the service **needs** which indicates if the community has an excess or deficit for each component type

DATA COLLECTION

The CAST researchers identified a list of 32 components of the substance misuse and behavioral health care system, based on the five continuum-of-care categories. The indicators of substance misuse can be grouped by: *demographics* (descriptive statistics about population and community characteristics), *social indicators* (characteristics of people living in a geographically defined region) and *community indicators* (categorical variables that affect social context regardless of demographic or social indicators).

Using the primary and secondary data sources listed below, CHI investigated 28 of the 32 components of the substance misuse and behavioral health care system. Preliminary results were shared with key data users in the city of Manchester for vetting and interpretation. This iterative process provided valuable input around the availability of local-level data and services.

Demographic, social and community data indicators are used in the CAST behavioral health service capacity assessment and community risk calculation. While all of the community characteristics provide valuable context for the assessment of services, the items in Table I below are those that directly contribute to the risk calculation for the city.

Table 1: Community Characteristics Contributing to Risk Calculation

City Characteristics	Manchester, NH
% of adult population that is male ¹	50.3%
% of city that is rural ²	0%
High school dropout rate ²	15.47
Percent of households with income below \$35,000 ²	32.1%
Percent of population with a college degree ²	28%
Association rate per 100,000 people ³	106.1
Alcohol outlet density rate (City Rate per 1000 people) ⁴	2.9
Violent crime rate per 100,000 people ⁵	673.1
Percent of population with access to physical activity ⁵	73.7%

Table 2: Community Characteristics Not Included in Risk Calculation

City Characteristics	Manchester, NH
Total Population (12-65) ¹	80,914
% of population that is non-white ²	13.7%
Percent of population that is widowed or divorced ²	19.4%
Percent of the population that is uninsured ²	11.8%
City designated as a high incidence drug trafficking area ⁶	1
Percent of the population that is age 18 or below ¹	19.9%

¹ US Census

² American Community Survey 2012-2016 (5 year estimates)

³ US Census (NAICS Codes 813)

⁴ NH Liquor Commission

⁵ City Health Rankings

⁶ National HIDTA Assistance Center

Sources of Data

Primary Data Sources

Liquor Commission: Number of alcohol outlets in Manchester City

Makin' it Happen Coalition: Data on prevention and treatment services

Manchester Housing: Data on housing voucher programs in the city

Manchester Treatment Facilities: Treatment services and usage rates by Manchester residents versus those who live outside the city limits

Manchester Recovery Supports Programs: Availability of services and usage rates by Manchester residents versus those who live outside the city limits

NH Drug and Alcohol Treatment Locator: Identify services by location, service type, population/specialties served, and/or insurance type

Secondary Data Sources

American Community Survey/US Census: The US Census provides demographic estimates i.e. population, gender, race and ethnicity, educational attainment, veteran status, and median household income.

National Survey of Drug Use and Health (NSDUH): The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

National HIDTA Center: The National High Intensity Drug Trafficking Areas (HIDTA) program is under the Office of the National Drug Control Policy (ONDCP) and the purpose of the HIDTA program is to reduce drug trafficking and drug production.

City Health Dashboard: Provides web-based city-level data about social and economic factors, physical environment, health behavior and outcomes, as well as clinical care.

USAGE RATES

The community capacity calculator relies on aggregate social and community characteristics. The community characteristics calculation, as developed by Dr. Brandn Green, was based solely on the National Survey of Drug Use and Health findings and the original CAST tool was developed for larger geographic regions such as a state or county. Therefore, it took careful consideration and research to modify CAST to address the needs at the City level. This was a particular challenge as SAMHSA publishes findings for national, state and sub-state estimates for behavioral health indicators but not at the City level. While there are some behavioral health data available for special populations (school-age

youth, for example), there are currently no federally sanctioned behavioral health estimates for the City of Manchester as a whole (Table 3: 2016 NSDUH Selected Findings and Estimates).

Table 3: 2016 NSDUH Selected Findings and Estimates

Estimates Calculated Considering Population of Manchester (ages 12-65): 80,914

	NSDUH (NH)	Total Estimated # of Users in City	Maximum Estimate of Users in City Needing Treatment	Total estimated # of users in city with use disorders
Alcohol	28.10%	22,737	4,693	4,531
Marijuana	17.60%	14,241	2,427	1,214
Cocaine	2.80%	2,266	121	243
Opioid Misuse (Heroin)	0.90%	728	728	647
Pain Reliever and prescription psychotherapeutics	4.60%	3,722	218	728
Totals		38,887	8,188	5,141

CALCULATION OF RISK AND COMMUNITY NEED

The CAST identifies a calculation based on the population level data to identify and assess the community risk. The target population included in these calculations was restricted to those between ages of 12 and 65 for individuals who will be utilizing the services and for whom population level data are available. All modifications, such as adjusting from county to city-level data and analysis, were done under the guidance of Dr. Green, the CAST developer.

Community Level of Risk

Once the NSDUH findings were integrated, the calculations identified the total # of estimated users in the city, the maximum estimate of users in city needing treatment and the total # of users in the city with use disorders based on each substance (i.e. alcohol, marijuana, cocaine, opioid misuse (heroin), and pain reliever and prescription psychotherapeutics). A compilation of social determinants for the community are used to calculate the communities risk score.

The City of Manchester falls into the HIGH RISK Level with a score of 23.*

Table 4: CAST Levels of Risk

Level of Risk	Score (Range)	Description
Low Risk	0-9	This score indicates the community's risk is equal to or lower than the national median for hospitalization due to drug/alcohol diagnosis.
Medium risk	10-20	This score indicates the community's risk is between 0-25% above that of the national median for hospitalization due to drug/alcohol diagnosis.
High Risk*	21-33	This score indicates the community's risk is more than 25% above that of the national median for hospitalization due to drug/alcohol diagnosis.

Community Capacity Calculator

CAST produces estimated need totals for components of the alcohol and drug continuum of care system. Manchester's calculated community need is based on:

- Targeted population (ages 12-65; City of Manchester)
- Statewide substance usage rates (2016 NSDUH) Estimated number of individuals with SUD
- Service uptake rates (frequency, group size, usage)
- Indicators that correlate with adverse substance use outcomes within communities



Calculation of City Need for Behavioral Health Care Services

The calculation used is based on the difference between the CAST adjusted community need and the observed (actual) community totals. This calculation generates a numeric value. Generally, a negative result indicates a gap in services, while a positive result may indicate adequate services. Caution should be used when interpreting these results as further strategic planning is recommended to vet the actual services needs and gaps in the community.

RESULTS

There are five broad components that are included in the assessment:

1. Promotion
2. Prevention
3. Referral
4. Treatment
5. Recovery Support

I. Promotion

Promotion includes social marketing advertisements and is defined as intentional, informational campaigns that use advertising theories to alert community of a substance use problem and/or treatment program. Media advocacy events are media activities or campaigns with a specific, community change agenda related to behavioral health or management of substance use. Community coalitions are also included in the promotion component and are defined as any intentional collective of local organizational leaders (political, non-profit, or business organizations) receiving and allocating grant funding to limit substance use, misuse, and/or dependence.

Findings:

The Makin' It Happen Coalition is the primary driving force behind the substance misuse prevention efforts in the City. Although the calculated need indicates there should be three prevention-focused coalitions, the tools simple count does not take into consideration the structure of the Makin' It Happen Coalition with the targeted workgroups that are a part of the broader coalition and likely meet the intent of the described need for coalitions in a community of Manchester's size. This is not to infer that Makin' It Happen currently has adequate resources or reach to engage in all of the promotion and prevention activities that would be beneficial to the City.

Specific promotion activities included in the calculation are:

- Visual Media Campaign – Route Out Stigma
- Makin' It Happen Prevention Awareness Events
- Speak Up Campaign
- Take Back PSA
- Drug Enforcement Agency Prevention Night
- Makin' It Happen Learning Series Promotion

Although Makin' It Happen has been engaged in significant efforts to promote prevention messages through numerous campaigns and events, additional resources may be warranted for expanded reach and impact.

Table 5: Promotion

	Adjusted Community Need	Observed Community Totals	Adequate or Insufficient Designation
Social Marketing Advertisements	41	29	-12
Media Advocacy Event	15	11	-4
Community Coalitions	3	1	-2

Color Key:
Adequate Insufficient

2. Prevention

Prevention components include school-based prevention programs that provide population-level (universal) evidence-based prevention education. The calculation is based on the number of prevention education hours offered in Manchester schools.

Also included in the prevention domain are syringe services (a social service that allows injecting drug users to obtain hypodermic needles and associated paraphernalia at little or no cost) and prescription drug disposal events/locations that inform the general public about safe storage and disposal of prescription drugs; collection of drugs by officials at permanent return programs or one-day events.

Findings:

The following universal prevention education programs were incorporated into the calculation for school-based prevention programs: Student Assistance (SAP), Youth as Trainers, and Life of an Athlete.

According to the CAST the school-based prevention program need is being narrowly met. The tool does not, however, include a calculation that ensures that every student in the City is being exposed to prevention messaging and education in their classroom every year. If comprehensive school-based prevention messaging and programming is one of the City’s goals then the current programming is inadequate. It should also be noted that selected or indicated prevention education are not included in the CAST calculations. These are the programs that address students at high risk and those who have already begun to use alcohol and/or other drugs. Addressing the needs of these students should also be carefully considered in prevention planning and resource allocation in the City.

The CAST confirmed the need for syringe services and planning is underway for syringe exchange sites to address this gap. The City has also been very engaged in prescription drug disposal efforts with take back events at various locations and a permanent prescription drug disposal drop box located at the police department.

NOTE: Community-based prevention and housing voucher programs are included in the prevention component in the CAST but were unable to be calculated due to limited data available.

Table 6: Prevention

	Adjusted Community Need	Observed Community Totals	Adequate or Insufficient Designation
School-based prevention programs	112	114	2
Syringe Services	4	0	-4
Prescription Drug Disposal Events/Locations	4	9	5

Color Key:
Adequate Insufficient

3. Referral

Referral components include treatment services that identify individuals with unmet treatment needs and offer a “no wrong door” approach to accessing treatment. Adults and juvenile treatment drug courts provide substance misuse treatment in combination with collaborative case management and supervision. Juvenile court diversion is incorporated into the definition as a structured program that offers alternative to incarceration for juveniles while screening and linking the youth to needed services. A valuable referral source to the diversion programs are MH Awareness Trained Police (police officers serving a community who have received additional education and training on how to recognize and respond to mental health needs).

Findings:

The Hillsborough County North District adult treatment drug court, located at the Superior Court in Manchester, serves approximately 75 felony offenders diagnosed with a substance use disorder each year. The adult treatment drug court is an alternative sentencing program that has mandated supervision, case management and treatment requirements built into the model.

The Manchester Police Athletic League is host to the accredited juvenile court diversion program that is run by staff from The Youth Council. Although the CAST did not demonstrate a need for these services, juvenile court diversion provides valuable mental health and substance misuse screening, early intervention and referral for first time juvenile offenders and has been demonstrated to reduce recidivism in NH.

Both of these programs are included in the referral component as valuable access points to targeted treatment. Having trained police officers and prosecutors, key partners to both programs, is clearly recognized by the city as efforts have been made to train Manchester police officers in mental health

awareness. Of the 131 sworn officers in Manchester, 42.7% have received mental health awareness training.

NOTE: A count of primary care doctors with substance misuse training and referring social workers are included in the CAST but were unable to be calculated due to poorly defined constructs and limited data available at the city level.

Table 7: Referral

	Adjusted Community Need	Observed Community Totals	Adequate or Insufficient Designation
Adult Treatment Drug Courts	1	1	0
Youth Treatment Drug Court/Court Diversion	0	1	1
MH Awareness Trained Police	9	56	47

Color Key:
Adequate Insufficient

4. Treatment

Inpatient Treatment includes withdrawal management (24-hour medical acute care services in hospital or residential setting for safe withdrawal and transition to ongoing treatment); short-term (less than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use disorders); and long-term treatment (more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use disorders).

Outpatient/Partial Hospitalization includes withdrawal management (a period of medical treatment during which a person is helped to overcome physical and psychological dependence on alcohol occurring in an outpatient setting); and intensive day treatment/partial hospitalization (non-residential, co-occurring substance use and mental health disorders treatment programs).

Findings:

While Manchester is home to two inpatient treatment facilities, Easter Seals Farnum Center and Westbridge, residents effectively have access to only one because Westbridge is a private facility that treats clients who come from throughout the country and rarely from the City. Farnum Center, therefore, was used in the CAST tool calculation. Farnum provides withdrawal management, short term and/or long-term residential treatment as well as intensive outpatient treatment with 20 treatment beds for patients with substance use disorders. Based on the usage rates and available resources a significant gap was confirmed in the treatment capacity of the city. This is particularly salient when considering that people seeking treatment may come from any place in the state as placement in Farnum (as with other

State supported treatment facilities) is not prioritized for residents of Manchester over other areas of the state. In 2017, 68.7% of residential treatment patients at Manchester Easter Seals Farnum Center were from other towns across the state. When looking at the county level 48% of those served are from Hillsborough County. Therefore, Manchester’s treatment service gap is actually larger than what the tool has calculated and reflects treatment needs beyond the city limits. It should also be noted that Elliot Hospital provides medical withdrawal services through the ER as needed, though there are no beds specifically designated for that purpose.

Outpatient/partial hospitalization services are available through Farnum, Families in Transition (FIT) program, and the Fourth Dimension Recovery Center (4D). Outpatient withdrawal management is available at four locations in the city: Manchester Community Health Center; Manchester Comprehensive Treatment Center; New Season; and Fusion Health.

NOTE: Mental Health Professionals, and Office based opiate treatment are included in the CAST but could not be calculated with available data.

Table 8: Treatment

	Adjusted Community Need	Observed Community Totals	Adequate or Insufficient Designation
Inpatient/Partial Hospitalization			
Withdrawal Management	4	1	-3
Short-term (30 days or fewer)	2	1	-1
Long-term (more than 30 days)	7	0	-7
Outpatient			
Withdrawal Management	16	4	-12
24-hour/Intensive Day Treatment	16	3	-13

Color Key:
Adequate Insufficient

5. Recovery Support Services

Findings:

Recovery Support Services across the board were calculated as insufficient in the City in all areas except for **employment support** (programs explicitly aimed at assisting post-treatment, recovering, community members gain access to employment) which is offered through Chrysalis Recovery Center, LLC; Westbridge; Easter Seals NH/Farnum; Strive Health of Manchester; and Families in Transition (FIT).

Through direct communication with the Pastoral Counseling Services (pcs-nh.org), we were able to confirm the availability of four **religious or spiritual advisors** who work specifically with people in recovery. Further research could help identify additional advisors.

Based on the **12-step meeting** lists (<https://nhaa.net/meetings/>) there are approximately 65 Alcoholics Anonymous, 18 Narcotics Anonymous, 3 Heroin Anonymous, 6 SMART Recovery and 1 Celebrate Recovery meetings occurring in Manchester each week (93 total per week). When considering 52 weeks in 1 year, this totals 4,836 meetings being held each year. This count does not include unregistered or informal peer support groups, or those that are incorporated into other treatment settings.

Transportation services refer to transportation provided by treatment facilities to aid recovering individual in accessing treatment and are calculated as number of ride provided per week. FIT transportation services are offered to 198 riders per week.

Education support (adult education programs aimed at helping recovering community members to achieve educational goals i.e. programs providing high school equivalency diplomas) are offered at six locations in Manchester: Child & Family Services; Easter Seals NH/Farnum; Manchester Community Health Center; Westbridge; Hillsborough Department of Corrections; and FIT.

Although a count of actual classes being offered was not available, there are eight locations providing **parenting education** (classes designed to educate adults who have completed treatment learn about the challenges children may face from the effects of substance use disorders in family settings). Locations with parent education classes include:

- Families Sharing Without Shame;
- Families in Transition/Family Willows Substance Use Disorder Treatment Center;
- Catholic Medical Center;
- NH Catholic Charities;
- Hillsborough County Department of Corrections;
- HOPE for New Hampshire Recovery;
- Live Free Structured Sober Living; and
- Westbridge.

Housing Assistance programs (aimed at finding housing for individuals in recovery and may or may not include a specific treatment component) are available at three locations in Manchester: Catholic Medical Center/ Healthcare for Homeless; Easter Seals New Hampshire/Farnum; and Families in Transition.

Insurance assistance and support available to individuals in recovery can be found at three locations: Child and Family Services; Catholic Medical Center/ Healthcare for Homeless; and Service Link Resource Center.

Table 9: Recovery Support Services

	Adjusted Community Need	Observed Community Totals	Adequate or Insufficient Designation
Religious or spiritual advisors	20	4	-16
12-step groups	6551	4836	-1715
Transportation	358	198	-160
Employment support	4	6	2
Educational support	49	6	-43
Parenting education	21	8	-13
Housing Assistance	3	3	0
Insurance Assistance	15	3	-12

Color Key:
Adequate Insufficient

KEY FINDINGS

Table 10: Key Findings

Increase/Expand Service for:	Sustainability/Maintenance Plan for:
<ul style="list-style-type: none"> • Prevention promotion through social marketing campaigns and media advocacy events • Community-based universal prevention education programs • Syringe services • Primary care doctors with substance misuse training • Inpatient/Partial Hospitalization treatment services • Outpatient withdrawal management and intensive day programs • Recovery support services 	<ul style="list-style-type: none"> • School-based universal prevention education programs • Prescription drug disposal events/locations • Mental health awareness trained police • Employment support

DISCUSSION AND LIMITATIONS

Manchester is the first city in the country to endeavor to utilize the SAMHSA CAST tool to quantify gaps and opportunities in the substance misuse continuum of care. The Manchester implementation of the CAST tool was intended to provide leaders in the City of Manchester with an objective basis for policy discussions regarding identified needs.

While the CAST tool provided an objective review of components of the alcohol and other drug misuse continuum of care, it did not accurately provide a projected and actual number of services needed at the City level.

The CAST implementation was hindered by a number of limitations that the City of Manchester and CHI were unaware of prior to beginning the assessment. It was originally developed for county-level assessment and needed to be modified to be used at the city level. While the developer identified and supported the need for these modifications, they proved more difficult than anticipated and ultimately a number of the calculations were not transferable. The limited availability of city-level data was a major hurdle to interpreting the findings as the research and calculations used for the original (county-level) tool were simply not appropriate or useful at the city level. Calculations were also hindered by outdated language and definitions that are not reflective of NH's utilization of non-stigmatizing language and ASAM definitions of levels of care across the continuum.

Although there are significant limitations to using the CAST, the tool did provide an opportunity to organize and review existing data on current systems and services in place in the City. These results are complimentary to the broader strategic planning efforts of the Mayor's office and the Mayor's Council.

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