PUTTING THE MOUTH BACK IN THE BODY

THE ROLE OF ORAL HEALTH IN ADDICTION, TREATMENT, & RECOVERY

A Community's Challenges Are met by A Community’s Solutions

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The Challenge NH & Nation

A deadly dose
United States, overdose deaths involving opioids
By county, 2015

Source: Centres for Disease Control and Prevention
Economist.com
The Challenge NH

Number of fatal opioid doses taken in each state county in 2016:
- One fatal opioid dose recorded in Hillsborough County was taken in Billerica, MA; the death occurred in R.I. afterward.
- Total state fatal opioid overdose: 404

Number of Opioid Related Overdose Deaths in New Hampshire:
- 2016: 437
- 2015: 363
- 2014: 89

Source: CDC WONDER
The Challenge NH County

NH Opioid Trends
Prescriptions per 100 patients

ACHS’ Approach
- Combine integrated primary care with behavioral health and pharmacy services
- Use S.O.A.P.P. screener and opioid assessment tool to determine patient risk
- Patient/Provider Opioid Contract, including drug test compliance agreement
- Patient education protocol
- Partner with Friendship House Addiction & Recovery Treatment Center
- Provide Assisted Medical Addiction Training (MAT) with Suboxone
- Physician Peer Review

Ammonoosuc Community Health Services, Inc.
Littleton • Franconia • Warren • Whitefield • Woodsville 603.444.2464 www.ammonoosuc.org
Community All-Play: Solutions
Social Determinants Screening

Sociodemographic/Socioeconomic

DOB: 01/26/1976
Patient Age: 40 Years Old

Sociodemographic Characteristics

Race: Asian
Ethnicity: Hispanic or Latino
Preferred Language: English

At any point in the last 2 years, has season or migrant work been your or your family’s main source of income?

Veteran Status:

Family and Home

Address: 25 Mount Eustis Road
Littleton, NH 03561

Number of people in your household:
Monthly family income:
What is your housing situation today?
Are you worried about losing your housing?

Adapted from Alliance of Chicago Community Health Services, L3C (v08 - version date: 09/28/2015)
Behavioral Health Screening

### Patient Questionnaire - PHQ-9

1. Over the last 2 weeks how often have you been bothered by any of the following problems?
   - Not at All (0) - Some Days (1) - Most Days (2) - Nearly Every Day (3)
   - a. Little interest or pleasure in doing things
   - b. Feeling down, depressed, or hopeless
   - c. Trouble falling/staying asleep, sleeping too much
   - d. Feeling tired or having little energy
   - e. Poor appetite or overeating
   - f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
   - g. Trouble concentrating on things (i.e., reading paper/watching TV)
   - h. Moving or speaking so slowly that other people could have noticed Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.
   - i. Thoughts of hurting yourself or that you would be better off dead

   **Total Score:**

2. If you checked off any problem on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

3. Have the above symptoms been present most of the time for 2 yrs or more with no symptom free periods for greater than 2 months?
   - Yes
   - No

### Active Depression Diagnoses:

- Dx of Depressive disorder, major, recurrent, mild (ICD-10: F33.0)
- Dx of Depressive disorder, major-not managed at ACHS (ICD-10: F32.0)
- Dx of Axis I Adjustment disorder (ICD-10: F43.20)

### Patient Self Care Plan

- Last Reviewed/Updated: 06/16/2018

### Treatment Guidelines

- Click here to review treatment guidelines

### Handouts

- Depression Care at ACHS
- Counseling Services
- FAQ About Antidepressants

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Friendship House
Before & After
ACHS Contributions

- Prevention
- Diagnosis
- Treatment
- Recovery
Case 1: Case I is a 35-year-old male that presented to ACHS requesting counseling services. The PT was sober, but had previously been addicted to methamphetamines (meth). He was arrested for distribution of meth, and had entered the Grafton County Corrections FIRRM program. The program entailed the PT attending an intense substance misuse program while incarcerated. He was then allowed to exit jail three months early on the condition that he attend counseling, and comply with the program rules. The program rules required the PT to abstain from all illicit substances, attain licit employment, and obtain stable housing. Additionally, the PT was to wear an ankle bracelet tracking device, and was subject to random home searches and urinalysis. The PT entered sober housing at the White Mountain Recovery Homes (WMRH), obtained work through a local substance misuse felony friendly Employer, Jeff Winn. The PT attended Substance Used Disorder (SUD) counseling with ACHS’ BH/SUD CM. The PT became a member of ACHS and utilized its services. ACHS referred to North Country Serenity Center (NCSC) for recovery support. PT responded positively and engaged in his treatment completely. PT became a house manager at two of WMRH’s locations, attained employment at the Tyler Blaine House, and became a Certified Recovery Support Worker (CRSW). PT has recently become employed full-time by the NCSC as a CRSW and is successful in his own recovery as he helps others in theirs.
Case 2: Case 2 was an existing ACHS PT that was seeking help with her opiate addiction. Initially, she applied for ACHS’ Medication Assisted Treatment (MAT) program, but was denied due to severity and complication of her SUD and MH conditions. PT met w/ BH/SUD CM, and it was determined that her appropriate level of care was a residential treatment program for substance abuse. ACHS allowed PT to enter its MAT program on the condition that she enter treatment at the Friendship House. PT attended the FH’s low intensity program and graduated in approximately 28 days. She then was discharged back to ACHS where she attended to her medical, mental health, and SUD conditions. She also utilized ACHS’ PT navigator services. She struggled at first by lapsing with cocaine, but she continued to work with ACHS staff. At present she has been opiate free for 100 days. She has been able to stay free of cocaine, and just attained licit employment. PT has a long way to go but continues to utilize all of ACHS’s services.

Conclusion: I am particularly proud of these two individuals and really feel they would not be where they are without ACHS, and the coordination with other area services. It is an exciting time to be in behavioral health in Northern New Hampshire, as new and expanded services come on line.
Case 1: The Community Center received a call about a senior living center approximately 3 months ago about people bullying each other. It was getting so bad the local police had to come over approximately every week to deal with the situation. I was assigned to see if I might be able to help. After getting acquainted with the residents, the bullying started to diminish. Police were not called and everyone started to get along. While this is still a work in progress, people are wanting peace and harmony (those are the client’s words not mine)
Behavioral Health / SUD Community Health Worker

• **Case 2:** a person who is severely addicted to alcohol. He stated that it was so bad that he was injured (broke his shoulder bone). In fact, he was slightly intoxicated when he met with me the first time that I met him. He wanted to meet on a bi-weekly basis. I was thinking to myself (how am I going to help this guy out?) I started out by trying to understand why he was drinking and was result of a family problem. He started to get a clearer picture of his problem. We then started charting his drinking. After charting his drinking, we worked on the pros and cons. I was not able to see him for approximately three weeks, but he comes in with a big smile on his face and states in a calm voice, “I have been sober for three weeks!” We are still seeing each other every two weeks and do weekly check-ins via email and he is still sober.
CASE 3: I received a request from my supervisor about a wheelchair ramp that needed to be built. I was thinking to myself, “How hard could this be finding someone who would be willing to help out.” I was wrong. It seemed like no one would help. I reached out to anybody and everyone I could think of. I finally found a church that would fund the project and another volunteer that would help build it. We finally met today at the client’s house and they will start working on it soon.
Behavioral Health / SUD Community Health Worker

• **Case 4**: A troubled young man with anger issues from the FIRRM (Focused Intentional Re-Entry and Recovery Program) program ([http://www.graftoncountynhdoc.us/firrm-program-manual.html](http://www.graftoncountynhdoc.us/firrm-program-manual.html)). His past life is riddled with trauma and he has been in and out of the criminal justice system for most of his life. When we first met he was closed and did not want to discuss his issues, just looking at him you could tell that he was tightly wound. As we started building our relationship, he started wanting to learn how to control his anger. We also identified (together) what environmental stressors that might be causing his stressors. On the third visit he could announce what they were to me and made a plan to change it. The last session he was asked if he used any of his new coping skills when he was angry and he stated that he did and was able to walk away from the stressor instead of confronting it in a manner that could be considered less than suitable. The result is that he has been able to slowly turn his life around. He is also not hanging out with any of his negative peers, and has identified the positive ones. I believe after he finishes his probation, he will be a success.
By the Numbers

SNAPSHOT - Since February 2018 ACHS BH/SUD has:

- Actively case managed* 56 Patients w/ a Substance Use Disorder (SUD).
- ACHS has referred 15 people to Suboxone treatment either internally or externally that have not relapsed on Opiates/opioids.
- ACHS has provided wrap around services* to 10 personnel from the Grafton County Diversion or alternative sentencing program. 9 are working a licit job, are in stable housing, and have remained drug free. 1 was arrested for a previous crime not related to the diversion program. However, that person is being released back to Diversion due to her success in the program.
- ACHS provided wrap around services* to 5 Grafton County FIRRM program attendees. 4 are working a job, are in stable housing, have remained drug free, and have remained out of jail. 1 returned for violating conditions of release.
- ACHS has provided physicals, comfort medications and aftercare* for 30+ Friendship house clients.

*Case Management, aftercare, and wrap around services include: primary care, dental, behavioral health, substance misuse counseling, referrals to Friendship House, referrals to North Country Serenity Center (NCSC) Recovery Support Services, referrals for employment,
Additional Success Stories

Jessica, 42 - Marketing
Jessica works in marketing. She got hooked on prescription opioids from "friends", then switched to heroin. She was hiding it from her family, but when she realized the next step was Fentanyl, she saw her primary care physician. With ACHS' help, she entered a detox program and has now been sober for over a year. She has maintained her career and her family.

Travis 30 - Healthcare
Even though Travis and his girlfriend "only used after work", they both became addicted to prescription drugs and alcohol, putting their child's welfare at risk. Each sought treatment and used prescription Vivitrol to control their urges. Today, with counseling they are on the road to recovery. Travis started a local support group and plans to continue helping others battling substance misuse.

Ashley, 24 - Hospitality
Ashley has a history of mental illness and substance abuse. She became depressed when a family member died, and self-medicated with alcohol, cocaine and Oxycodeone. She attended detox, but relapsed. She completed a 28-day program at the Friendship House. Now on Vivitrol, she remains sober, has an apartment and a steady job.

"What sets us apart is our philosophy of treating the whole person. We combine primary care, with behavioral health and pharmacy, to achieve the best result for each individual. This partnership makes for better outcomes."

Ed Shanhala, ACHS CEO

Ammonoosuc Community Health Services, Inc., Littleton, NH  www.ammonoosuc.org

*Stories are representations of patient experiences and are not specific to actual persons.
Solutions After Next

• Relationships, relationships, relationships

• Applying the Golden Circle (https://startwithwhy.com/)
  – Why
  – What
  – How

• Rebuilding a life, the future awaits

• The 8,760 hour project of your life; who is managing yours?
Questions & Answer

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