

## **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*

*Edward D Shanshala II, MSHSA, MEd*



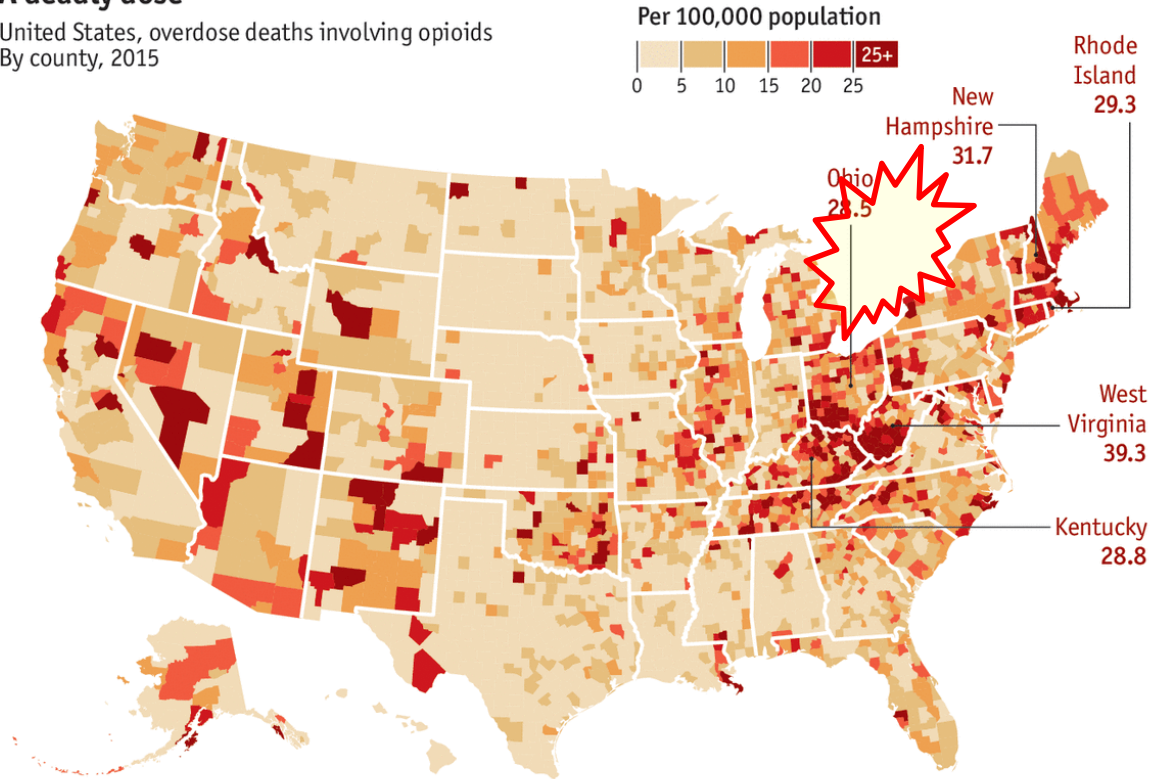
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# The Challenge NH & Nation

## A deadly dose

United States, overdose deaths involving opioids  
By county, 2015



Source: Centres for Disease Control and Prevention

Economist.com

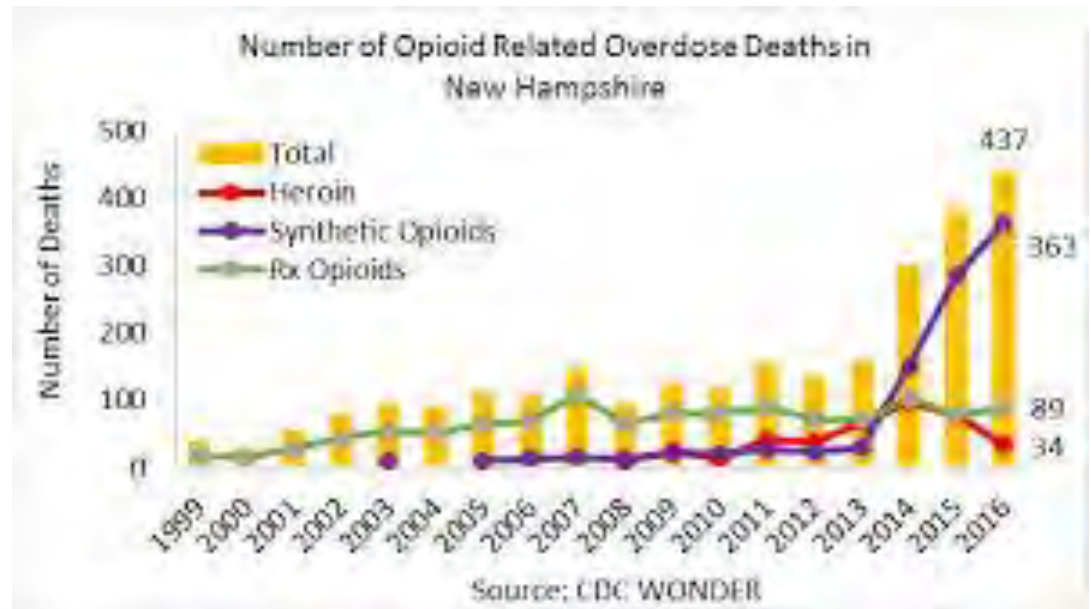
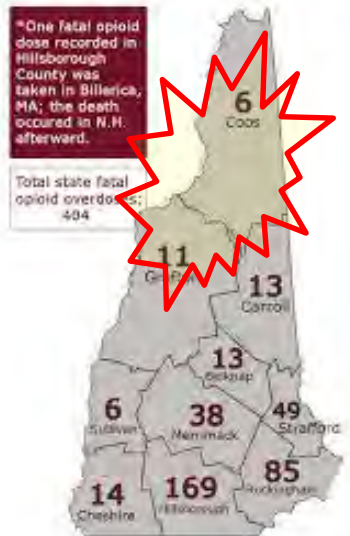


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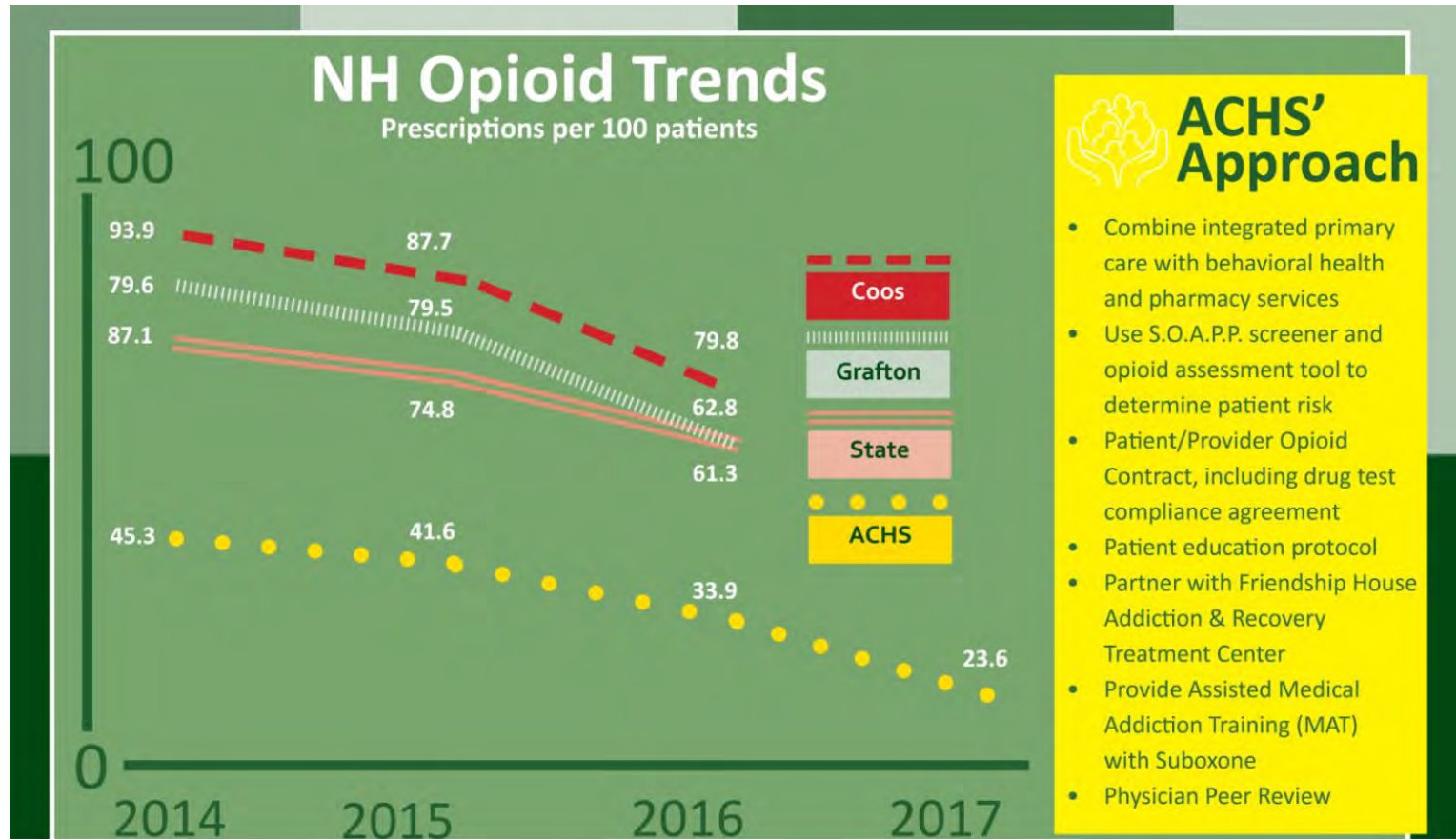
# The Challenge NH

Number of fatal opioid doses taken in each state county in 2016





# The Challenge NH County



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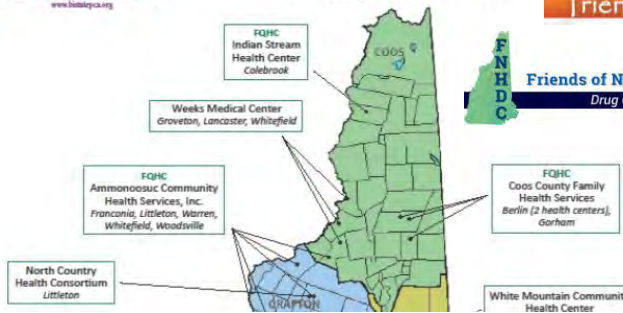
## Community All-Play: Solutions



Bi-State Primary Care Association  
525 Clinton Street, Bow, NH 03304  
New Hampshire Members



Friends of New Hampshire Drug Courts  
Drug Courts Work – They Transform Lives



NEW HAMPSHIRE REGIONAL PUBLIC HEALTH NETWORKS

- North Country
- Upper Valley
- Central NH
- Carroll County
- Greater Sullivan County
- Winnepesaukee
- Strafford County



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# Social Determinants Screening

Sociodemographic/Socioeconomic	Money and Resources	Psychosocial Assets
<b>PRAPARE</b> <b>DOB:</b> 01/26/1978 <b>Patient Age:</b> 40 Years Old		
<b>Sociodemographic Characteristics</b>		
Race: Asian	Ethnicity: Hispanic or Latino	Preferred Language: English
<a href="#">Previous</a>		
At any point in the last 2 years, has season or migrant work been your or your family's main source of income?		Not previously documented <a href="#">?</a>
Veteran Status:		Not previously documented
<b>Family and Home</b>		
Address: 25 Mount Eustis Road Littleton, NH      03561		
<a href="#">Previous</a>		
Number of people in your household:		Not previously documented
Monthly family income:		Not previously documented
What is your housing situation today?		Not previously documented <a href="#">?</a>
Are you worried about losing your housing?		Not previously documented

Adapted from Alliance of Chicago Community Health Services, LLC (v1.05 - version date: 09/23/2010)



# Behavioral Health Screening

PHQ-9
Suicide Risk
Past Psych Hx
Screening Tools
AMS

**Print PHQ-9**    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:    [Update Problem List](#)

Dx of Depressive disorder, major, recurrent, mild (ICD10-F33.0)

Dx of Depressive disorder, major-not managed at ACHS (ICD10-F32.0)

Dx of Axis I: Adjustment disorder (ICD10-F43.20)

Initial PHQ-9 Score:  (01/24/2014)

Follow-Up PHQ-9 Score:

Previous Follow-Up PHQ-9 Scores:

*The PHQ-9 should be given to the patient a minimum of every 4 weeks during the "Acute Phase" and every 3 months during the "Continuation Phase". You may give the PHQ-9 to the patient more often if desired.*

**Due for Follow-Up PHQ-9 today**

[Click Here to Review Treatment Guidelines](#)

**Last TSH:**

Counseling referral:  Yes     No     Declines

Stephen Noyes (06/05/2018)

BH Counselor:

Psychiatric referral?  Yes     No     Declines

None listed

Psychiatry:

Primary Support:

**Patient Self Care Plan**

Last Reviewed/Updated: 06/05/2018       

**Patient Handouts**

[Depression Care at ACHS](#)    printed previously

[Counseling Services](#)

[FAQ About Antidepressants](#)

[View Other Available Handouts](#)

[Suicide Risk](#)
[Past Psych Hx](#)
[Axis IV](#)
[GAF Score](#)
[Screening Tools](#)





# Substance Use Screening

Substance Use	Diet/Exercise	Non-Medicare Safety	Medicare Safety
<b>Tobacco Use</b> Last assessed: 06/25/2018 <input type="radio"/> current Current Tobacco Use: <input checked="" type="radio"/> current <input type="radio"/> previous <input type="radio"/> never <b>P</b> <b>C</b> <b>Smoker Status:</b> current every day smoker Year started: <input type="text"/> Cigarette Use (PPD): <input type="text"/> Pack-Years: <input type="text"/> <b>&gt; 30 Pack-Years</b> <b>?</b> Cigar Use (# PD): <input type="text"/> Pipe Use (#/wk): <input type="text"/> Vaping Nicotine Use (# PD): <input type="text"/> Smokeless/chewing Use (# PD): <input type="text"/> <b>Get Previous Comments</b> <b>Clear All Comments</b> Comments: <input type="text"/> <input type="checkbox"/> Counseled to quit/cut down Time Spent (min.): <input type="text"/> Stage of change: <input type="text"/> <b>SCP</b> <input type="checkbox"/> Referred to NH Quit Line <b>Enrollment Form</b> <b>NH Quit Works Brochure</b> <b>Enter order and documentation for smoking cessation counseling</b> <input type="text"/> <b>Due for Pneumovax</b>			
<b>Alcohol Use</b> Last assessed: 06/25/2018 <input type="radio"/> yes Current use: <input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> never <input type="radio"/> dta *dta = declines to answer <b>Get Previous</b> <b>Clear All</b> Average number of drink(s) per day: <input type="text"/> 2 <b>In the last 3 months have you had more than 4 drinks on any single occasion?</b> <input checked="" type="radio"/> yes <input type="radio"/> no <b>Click for additional screening &gt;&gt;</b> <b>Substance Abuse Screening</b> <b>Get Previous Comments</b> <b>Clear All Comments</b> Comments: <input type="text"/> <input type="checkbox"/> <b>Counseled regarding alcohol use.</b> Stage of change: <input type="text"/> <b>SCP</b> Referral to AA: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> declined Referral for counseling/bx: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> declined <input type="checkbox"/> Follow-up arranged.			
<b>Drug Use</b> Last assessed: 06/25/2018 <input type="radio"/> 1 <b>How many times in the past year have you used an illegal drug or taken a prescription medication for nonmedical reasons?</b> <input type="text"/> 1 History of IV Drug/Cocaine use? <input type="radio"/> yes <input checked="" type="radio"/> no History of sexual partner with known IV drug use? <input type="radio"/> yes <input checked="" type="radio"/> no <input type="checkbox"/> <b>Counseled regarding illicit drug use.</b> <b>P</b> <b>C</b> Stage of change: <input type="text"/> <b>SCP</b> Referral for counseling/bx: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> declined <b>Click for additional screening &gt;&gt;&gt;</b> <b>Substance Abuse Screening</b>			
		<b>Drugs used:</b> <input type="text"/> <input type="checkbox"/> marijuana <input type="checkbox"/> cocaine/crack <input type="checkbox"/> ecstasy <input type="checkbox"/> hallucinogens <input type="checkbox"/> heroin <input type="checkbox"/> inhalants <input type="checkbox"/> prescription drug <input type="checkbox"/> steroids <input type="checkbox"/> stimulants <input type="checkbox"/> IV drug use <input type="checkbox"/> shared needles Comments: <input type="text"/>	





# Dental Screening

### Dental Screening

[Get Previous](#) [Clear All](#)

Source of drinking water:

Fluoride supplement:  Yes  No  N/A

Brushes teeth:  # of times/day:

Fluoride toothpaste:  Yes  No

Age at 1st dental visit:

Dental visit in the past 6 months:  Yes  No

Fluoride varnish applied in last 6 months:  Yes  No  Parent/Guardian unsure

Dentist Name:

### Dental Exam and High Risk Caries Assessment

[Get Previous](#) [Clear All](#)

Prematurity

Congenital tooth defect(s)

Low socioeconomic status

Poor access to healthcare/dental care

Special needs

High frequency of sugary containing foods/drinks

Inadequate fluoride

Poor oral hygiene

Sleeping with bottle or at breast

Dental plaque

Mother or primary caregiver had active decay in the past 12 months:  Yes  No

White spots or visible decalcifications in the past 12 months:  Yes  No

Obvious decay:  Yes  No

Dental restoration present:  Yes  No

**Overall assessment of dental caries risk:**

Low  Moderate  High  Extreme

[ACHS Dental Referral](#)

### Additional Comments

[Get Previous](#) [Clear All](#)

### Previous Comments

11/19/2015 This is a test of the additional comments box of the pediatric dental screening form.

### New Orders

**Oral Evaluation and Topical Fluoride Varnish may be done once every 180 days**

Well Child: Normal findings	Well Child: Abnormal findings
<a href="#">Oral Eval, Children (&lt; 3 y.o.)</a>	<a href="#">Oral Eval, Children (&lt; 3 y.o.)</a>
<a href="#">Fluoride Varnish (&lt; 6 y.o.)</a>	<a href="#">Fluoride Varnish (&lt; 6 y.o.)</a>
<a href="#">Topical Fluoride Varnish, Children (&lt; 6 y.o.)_Dx Dental Caries</a>	

[Edit Orders](#)

### Application of Topical Fluoride Varnish

Parent(s) decline application of topical fluoride varnish.

Oral health instruction handout given.

Referred to dentist for further evaluation/treatment.

[Print Dental Exam / Fluoride Varnish Request Form](#)



## Friendship House Before & After



## ACHS Contributions

- Prevention
- Diagnosis
- Treatment
- Recovery





## Mental Health / SUD Care Manager

- **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 Use 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



## Mental Health / SUD Care Manager

- **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.



## Behavioral Health / SUD Community Health Worker

- **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.



## Behavioral Health / SUD Community Health Worker

- **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/firm-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.



## Additional Success Stories

12

Stories of Success



**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 Oxycodone. 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 Shanshala, ACHS CEO*



Ammonoosuc Community Health Services, Inc., Littleton, NH [www.ammonoosuc.org](http://www.ammonoosuc.org) \*Stories are representations of patient experiences and are not specific to actual persons.



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## 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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