

# 2008 Assessment of Community Needs and Assets in the Upper Valley Region of Vermont and New Hampshire

Prepared by Upper Valley United Way  
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Draft Version 3





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## Methods

### Recap of Prior Assessment and Assessment Related Work

In 2003, the Bi-State Coalition for Community Health Improvement performed a community needs and assets assessment. This assessment used several primary data collection techniques including a random-dial phone survey of community residents, surveys of Upper Valley United Way donors, Surveys of Community Health and Human Service Providers affiliated with Upper Valley United Way, focus groups and key informant interviews.

The data collected via the random-dial phone survey was reviewed by BCCHI and using a prioritization exercise, a list of community priorities was created.

In 2005, Upper Valley United Way (UVUW) convened a Community Impact Committee. One of the charges for this group was to update the 2003 Needs Assessment, and in doing so, design a process for performing interim updates. A group of key informants began meeting with a consultant and staff from Upper Valley United Way to address this charge.

The work of the United Way Community Impact Committee resulted in the creation of a Framework for Community Needs Prioritization. Each of the indicators included in the 2008 Assessment of Community are included in this Framework. Process notes from the work of the UVUW committee are included in this report as Appendix A and Appendix B.

The 2003 assessment included very little population based data and the 2008 assessment report attempts to include more data that can be measured over time to track changes in community conditions.

### 2008 Assessment

The design for the 2008 Assessment utilized 14 specific indicators including target populations, indicators of health and human service areas. For each of these areas primary and secondary data was collected to report both quantitative and qualitative information. In addition, a list of community resources and assets are provided for each indicator area.

Balancing community impressions with population based statistics helps to limit over-reliance on subjective impressions. Impressions of community conditions are hard to track in a consistent manner over time and can be influenced by personal experiences, media and recent events. Conversely, there is latency between the time when population based data is collected and when it is published. Population based data is generally outdated and this makes it is hard to document or identify trends in real time. Listening to impressions from engaged community members and key informants– and explicitly acknowledging that they are impressions – can help call attention to trends before they are documented. For this reason we are trying to provide both quantitative and qualitative data for each indicator in the 2008 Assessment Report.

## Primary Data:

In order to capture the community's perception in each of the Indicator Areas we performed a series of small focus groups for each of the areas. The notes from these focus group sessions were shared with additional key informants to solicit additional feedback.

It was our belief that utilizing small focus groups allows attendees to validate or question perceptions of others in the group. Attendees have the opportunity to brainstorm on how to work together. Attendees learn about other programs and share information. Larger groups make it more difficult to move beyond superficial comments. Our process was to collect the information from a small group and then vet it electronically.

In addition to interviews and small focus groups in all indicator areas, an electronic survey was distributed to approximately 50 direct service providers to solicit feedback specifically about community health priorities. This survey was distributed electronically via email using Survey Monkey. A prize drawing for all self-identified respondents and follow up calls were used to increase the response rate for the survey. Thirty-seven (37) responses were collected. The responses were tabulated and are included in this report as Appendix C. This survey will be distributed annually.

Since the last assessment, both Vermont and New Hampshire have developed 2-1-1 statewide I&R systems. Data collected at these call centers is presented as Appendix D.

## Secondary Data

Secondary data was used to present quantitative data in each of the indicator areas. Secondary data is information that has already been collected by another party. The data collected is generally of fairly high quality and collected over time in a consistent fashion. Sources of Secondary Data are listed as references at the end of this document.

At the time of printing in May 2009 we are still selecting the data for each of the Community Measurements. The data presented in the document will evolve and become more robust over time.

## Use of Indicators for the Assessment

The lives of individuals and the health of a community depend on a strong network of resources and services that recognize the importance of all aspects of wellbeing.

Through our focus group feedback we understand that providers are increasingly working to address clients' multi-issue needs, not just a single need in isolation of the whole problem. In reality, people often have a cluster of interconnected needs, and issues don't stand alone. The separation of indicators in this report is intended to provide clarity and flexibility in the reporting document.

One example of this is in the area of health. The Assessment Committee had several conversations about how to provide information regarding health. The committee felt it was important to recognize that in order for a person to have good health they must have good physical, mental and oral health. Separating these indicators in intended to highlight the differences in service provision in these three areas. This is not an indication that the needs in any of these three areas are independent of another.

The committee also recognizes that there is vast information for each indicator and that the scope of information included in this report is intended to highlight the indicator area. Further study of any of these indicators would be necessary to provide a comprehensive report about that specific area. The intention of this report is to provide limited information about a broad range of indicators to represent the status of the community as a whole.

This report contains information for the following indicators.

1. Crisis Services
2. Domestic & Sexual Violence
3. Legal Services
4. Child Care
5. Affordable Housing
6. Transportation
7. Substance Abuse
8. Primary Care
9. Oral Health
10. Mental Health
11. Seniors
12. Youth at Risk
13. Special Populations:  
Returning Veterans  
Criminal Offenders

## Upper Valley Region

*Describing the Upper Valley Region as a Micropolitan:*

*The following micropolitan description is a condensed version of The Lebanon NH-VT Micropolitan Statistical Area Report commissioned by the Upper Valley Lake Sunapee Regional Planning Commission and written by Robert Haslach and Robert Leland in 2006. Available online at*

*[http://lebcitynh.virtualtownhall.net/public\\_documents/lebanonnh\\_plandocs/LebanonMicropolisStudy20060325.PDF](http://lebcitynh.virtualtownhall.net/public_documents/lebanonnh_plandocs/LebanonMicropolisStudy20060325.PDF)*

A micropolitan statistical area is defined by the US Census bureau as "a core area containing a substantial population nucleus together with adjacent communities having a high degree of social and economic integration within that core. "With Lebanon as its core area, and adjacent communities tightly integrated socially and economically, the Upper Valley is definitively a micropolitan statistical area."

Geographically, the Upper Valley is defined by borders, natural features and land use issues. One significant issue is the state border of Vermont and New Hampshire; running through the middle of the Upper Valley, it has not prevented the Upper Valley from developing a regional identity. Another, similar issue is the extent to which town borders define approaches or resources related to a particular service. Two natural barriers: the Connecticut River on its north-south axis, and the White and Mascoma rivers on its east-west axis - define daily life. Transportation, roads and rail traffic line the rivers and both mitigate and exacerbate transportation issues. Land use is the third geographical issue which plays so much of a role in community life. The topography limits development, infrastructure, transportation, commerce and housing. Overall, the geographic features of the region have influenced and continue to influence the region.

The New Hampshire towns of the micropolitan are Canaan, Cornish, Enfield, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, Plainfield, Sharon and Springfield. The Vermont towns are Fairlee, Hartford, Hartland, Norwich, Pomfret, Royalton, Strafford, Thetford, Vershire, West Fairlee and Windsor. This assessment report also includes information on resources provided in Sullivan County and Merrimack Counties in NH which includes Acworth, Charlestown, Cornish, Croyden, Langdon, Lempster, New London, Newport, Plainfield, Sunapee, Unity, and Washington.

The estimated 78,000 population of the Upper Valley is distributed unevenly among its towns. At the center of the Upper Valley, Lebanon has 334 people per square mile, while outer towns have far less - as low as 13. The rate of population change for the Upper Valley since 1990 has been around 15 percent. Most of the growth in population has been in the southeast part of the Upper Valley. In general, the Upper Valley is aging, due to older people settling here and younger people leaving. The percentage of residents under age five decreased, while the population age 25-54 (the workforce) and the population over 65 has increased.

Upper Valley incomes have increased over the past fifteen years. The number of households earning annual incomes in excess of \$75,000 has increased and fewer people earn under \$30,000. On the high income scales, the towns in the center of the Upper Valley had a disproportionate percent earning over \$150,000 annually. Low-income earners, towns with households receiving high (six to seven percent) levels of public support include Windsor, Sharon, Vershire, Lyme, and Pomfret.

Employment patterns indicate a changing economy and a region integrated despite state boundaries. Despite the state boundary, between one quarter and half of employed Vermont residents in the area commute out of state, presumably to New Hampshire. Lebanon, Hanover, NH and Hartford, VT account for about eighty percent of the approximately 30,000 jobs in the Upper Valley. Fifty percent of the area's jobs are in Lebanon (13,000 people enter Lebanon every day for work). Hanover and Hartford accounted for twenty-five percent and five percent of jobs, respectively.

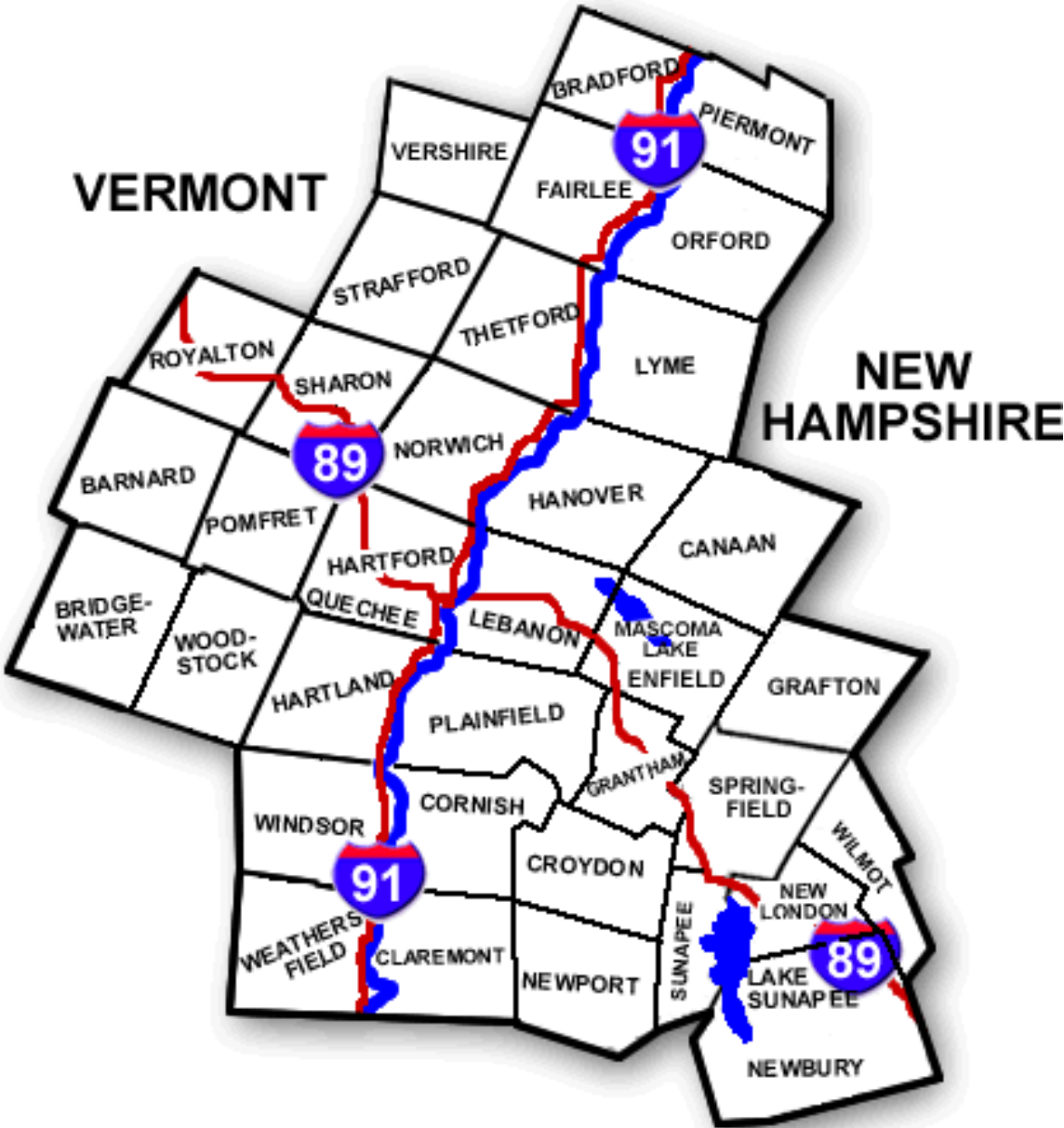
For the period 2004 – 2014, Grafton County is projected to have the fastest employment growth of any of NH's ten counties (NH Employment Security, Economic, & Labor Market Information Bureau), at 18.6%. Grafton is the only county where Manufacturing is expected to increase, primarily due to increases in fabricated metal and electrical equipment manufacturing.

Among occupations where most training is done on-the-job, the most openings are anticipated in retail sales, cashiering, food service/wait staff, food prep/fast food, and custodial work. For occupations requiring some post-secondary education, the greatest number of openings will be for registered nurses. For career fields that require at least a bachelor's degree, the greatest numbers of openings are anticipated for business operations specialists and the like (NH Employment Security, Economic, & Labor Market Information Bureau).

The fastest growing occupations are computer software engineers, dental assistants, and dental hygienists. Grafton County is expected to have the highest growth rate statewide for employment of Registered Nurses (43%).

Health care facilities and educational institutions are anticipated to help drive employment growth. Even with the impact of the recession, the core drivers of the economy make the Upper Valley region more recession proof than other areas of Vermont and New Hampshire as well as other parts of the country.

# Map of the Upper Valley Region





## Crisis Services

### Background

Many of the indicators described in this assessment address specific age groups or specific areas of need. The Crisis Services indicator describes services specifically related to the basic needs of shelter, heating and food.

While circumstances can place people of all income levels into crisis, most often crisis services are provided to families and individuals who are experiencing poverty. Federally defined financial thresholds for poverty are low and often families above the Federal Poverty Limits struggle. Seniors living on fixed-incomes are also financially vulnerable. Many assistance programs provide support for families who are at as much as two times the federal poverty limits. The 2008 federal poverty guideline for a family of four was \$20,650. In 2004, as many as 12,750 people in the Upper Valley were living below or close to this poverty guideline.

### Crisis Shelter Resources

Upper Valley residents have a number of different shelter related needs: emergency assistance for homelessness, longer-term supportive shelter, rental assistance and repair services for low-income homeowners. Since the last assessment in 2003 awareness of shelter and housing related issues in the Upper Valley has increased. Because of this, programs to address shelter related needs have become more robust. Emergency assistance takes a number of different approaches. One is finding temporary shelter through relatives or friends, transportation to shelters in other regions (the Upper Valley lacks a shelter for single men) or advocating with landlords on behalf of renters. WISE provides emergency shelter services for victims fleeing domestic violence. Ten Bricks, (the previous needs assessment served as a catalyst to launch it) also has an extended Stay Program – a stepping stone for the working poor that includes education about how to stay housed. The second approach, longer term family shelter, is available at The Upper Valley Haven, a family shelter in White River Junction. The Haven has plans to enlarge its facilities to include a shelter for single residents by 2009. Rental assistance, the third approach, is provided by South Eastern Vermont Community Association (SEVCA) and LISTEN Community Services. SEVCA noticed a substantial increase in the number and size of house grant requests in 2007. The fourth approach, home repair services, is provided by COVER Home Repair which provides structural repairs, re-roofing and wheelchair ramps.

### Crisis Fuel Resources

Because of the climate in New England, fuel assistance is a critical crisis service in the region. Community Action Programs (Tri-County CAP, Southwestern Community Services and SEVCA) administer the Low-Income Home Energy Assistance Program (LIHEAP) which provides modest fuel assistance and weatherization. In 2008 income qualification levels and the amount of assistance provided per individual through LIHEAP were both increased, still, these programs are often not adequate to meet the full cost of fuel or electricity for a full heating season. Faith based organizations serve as an additional resource for families in need. LISTEN Community Services has a program to assist with fuel and electric bills during crisis. Both states have mechanisms in place to serve citizens in crisis but these programs are managed on a town by town basis and offer inconsistent support throughout the region.

Due to the increase in oil costs, low income people may be facing very tight budgets in the future. In 2007, assistance for oil was much higher than expected and the rising cost of fuel suggests that future winters will prove as expensive. During the summer of 2008 fuel costs escalated to over \$ 4.00 per gallon. Service providers in the Upper Valley became very concerned about individuals and families being able to sustain themselves during the winter. Working together, over 20 organizations created the WARM Fund. The WARM Fund was able to provide outreach and education about how to improve efficiency through weatherization, information about how to safely heat ones home and information about how to stretch budgets to attempt to offset the high costs of fuel. Additionally, a weatherization program was created to assist families who did not have the skills or resources to weatherize their home for winter. The WARM Fund also raised money to support existing fuel assistance programs. During the fall of 2008, the costs of fuels dropped precipitously, but economic factors worsened leaving many community residents still in need of assistance.

### Food Assistance

The two primary resources for families in need of assistance with food are community based meals and food pantries. Many faith based organizations provide food pantries, similarly many towns keep small supplies of food on hand to provide to residents in need. Free community dinners are provided Monday through Friday in locations in Lebanon and White River Junction, coordinated by LISTEN Community Services. Several local churches provide community meals on different evenings during the week. Claremont Soup Kitchen offers meals Monday through Thursday. SERVE New England allows individuals to exchange two hours of volunteer service for groceries. Senior Centers throughout the region offer meals at lunchtime and while most often these are utilized by seniors, they are open to the community. Willing Hands is a community based organization that works with the Hanover-Lebanon Food Co-op to distribute baked goods and produce to low-income and senior housing communities.

### Informed Assessments

*The following represents the informed opinion of the following people:*

*Joie Finley Morris, Tri-County CAP Homeless Programs Coordinator*

*Tom Ketteridge, Upper Valley Haven Managing Director*

*Rob Schultz, COVER Home Repair Executive Director*

*Merilynn Bourne, Listen Community Services Executive Director*

*Peggy O'Neil, WISE, Executive Director*

*Steve Geller, Southeast Vermont Community Action Executive Director*

During the focus group discussion many representatives from the agencies represented had comments about the need for structural change, a more comprehensive approach to solving poverty, and the reasons why people are reluctant to accept support.

Suggestions for structural change included more small scale manufacturing, livable wages and the need for a measure of poverty specific to the Upper Valley, rather than relying on the federal poverty guideline. Comments also reflected the sense that the Upper Valley may be seeing increasing disparity in incomes and decreasing shared perspectives. One way to address this change would be for town Planning Commissions to recruit more people having a personal experience with poverty or with the difficulty of finding housing.

Comments about a comprehensive approach to solving poverty addressed the informal coordination between agencies and the need to maintain relationships with people even after their immediate need had passed. Good informal coordination enables agencies to refer people elsewhere if another agency is more appropriate or has more resources. One informant suggested that screening people on first contact for all their needs – physical health, mental health, living conditions, educational deficiencies – would be a benefit to the agencies and the population in need. While informal coordination is efficient, its inherently unsystematic approach means that some people will not receive all the assistance available. Agencies also noted that they make an effort to support people beyond their immediate crisis, in order to prevent the crisis situation from repeating itself. "An effective response requires continuing support after people have left the shelter. People come back for further assistance, and we are careful to assist without crossing the line from assisting to enabling," says Tom Ketteridge of The Upper Valley Haven, a thought echoed by Peggy O'Neil, from WISE.

Service providers felt that many people who could apply for assistance do not. A variety of reasons (pride, illiteracy, lack of awareness) prevent people from applying. Some deserving people are unwilling to make a public request for assistance in order to maintain their independence. Middle income people, or people who until now have been able to live without assistance, may be unwilling to appeal for help. "We are working with many lower middle income people who are sliding into poverty," observed the director of SEVCA, Steve Geller, and confirmed by Merilynn Bourne from LISTEN. They also noted that town assistance can be a stigma; the towns are not always supportive of people who are making use of town assistance. Legal services often play important roles insuring that people receive the services to which they are entitled.

Upper Valley United Way has been shifting its focus over the past three years to place more emphasis on addressing poverty and income in order to prevent the need for crisis services. In 2008 they provided support for several job fairs in the region. In the spring of 2009 they will be promoting the Earned Income Tax Credit, a tax credit available to working low-income families.

### **Opportunities to Support Needs in this Area**

- A shelter for singles
- Permanent supportive housing
- Additional life skills courses (financial fitness, and job finding skills)
- Discharge planning from prisons and hospitals in advance of release
- Increased assistance for taxes for low-income homeowners
- A speaker/facilitator series to identify common priorities of agencies and communities
- Recruiting by town Planning Commissions to under-represented populations, particularly young employees, people living on fixed income and seniors
- An employer summit on livable wages and training for employment
- A poverty statistic for the Upper Valley

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

ACORN	Lebanon, NH	acornvtnh.org	(603) 448-8887
Consumer Credit Counseling Services	Concord, NH	takechargeofyourmoney.org	(800) 327-6778
COVER Home Repair and The Recover Store	White River Junction, VT	coverhomerepair.org	(802) 296-7241
Hannah House	Lebanon, NH	hannahhouseinc.org	(603) 448-5339
Headrest Crisis Helpline	Lebanon, NH	headrest.org	(603)448-4400
LISTEN Community Services	Lebanon, NH	listencs.org	(603) 263-1166
Southeastern Vermont Community Action	Westminster, VT	sevca.org	(800) 464-9951
Ten Bricks	Lebanon, NH	tccaphomeless.org	(800) 552-4617
The Upper Valley Haven	White River Junction, VT	uppervalleyhaven.org	(802) 295-6500
West Central Behavioral Health-Emergency Program	Lebanon, NH	wcbh.org	(800)564-2578
Willing Hands	Lebanon, NH	willinghandsinc.org	(802) 333-4268
WISE	Lebanon, NH	wiseoftheuppervalley.org	(603) 448 - 5922

## **Domestic & Sexual Violence**

### **Background Information**

Domestic violence(DV) is a pattern of coercive behavior that is used by one person to gain power and control over another, which may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and economic control (from the Family Violence Prevention Fund). Sexual violence (SV) includes all types of sexual behavior, from sexual harassment to rape and incest, that happens without the freely given consent of the victim. (From the National Sexual Violence Resource Center).

WISE is the primary source for crisis-intervention, advocacy and on-going support services for victims of domestic and sexual violence and their loved ones in the Upper Valley. WISE stands for Women's Information Service, Inc. People come to WISE down different paths. Outreach is an important component as many people are uninformed or reluctant to recognize DV/SV. By bringing services to the community and increasing understanding of abuse, crisis centers can help more people. Referrals can also occur when a person files for a restraining order and there are indications of abuse. Other situations might be when receiving other kinds of assistance such medical care, therapy or public assistance.

WISE is the designated provider of domestic and sexual violence advocacy and support services as prescribed by its membership in both the New Hampshire Coalition Against Domestic and Sexual Violence and the Vermont Network Against Domestic and Sexual Violence. Senior staff at WISE sit on the advisory boards of several partner organizations including the Windsor and Grafton County Child Advocacy Centers as well as the advisory board of Emerge Family Advocates (a local supervised visitation center).

### **Community Measurements**

Domestic and sexual violence statistics are not a complete picture. National studies have indicated that domestic and sexual violence are the most underreported crimes in the U.S.

### **Informed Assessments**

*The following represents the informed opinion of the following people:*

*Peggy O'Neil, WISE, Executive Director*

*Abby Tassel, WISE, Assistant Director*

*Lavinia Weizel, WISE, Development Director*

*Jim Alexander, City of Lebanon Police Department, Chief*

Domestic and sexual violence are not necessarily correlated to income or class: abusers tend to exploit people who are vulnerable because of emotional, financial, physical or status-related stresses. Abusers find victims who will be less likely to report them and less likely to have access or take advantage of access to crisis centers. One particular source of control in the Upper Valley is access to transportation. Many women who contact WISE had the experience of having their abuser restrict access to the household's car. This loss of mobility can create a large burden for women trying to manage their own lives, the lives of their children and getting support. The lack of transportation, challenging for everyone in the Upper Valley, increases the control of abusers over their victims.

WISE also has been working closely with the Lebanon police department in order to develop better responses. Numerous conversations between the Executive Director of WISE and the Lebanon Police Chief resulted in a more effective response to domestic/sexual violence calls. Previously, victims of domestic violence were provided with a card or contact information for a WISE advocate. After discussions about why people were not contacting WISE, the Lebanon police implemented a process which patches calls through its crisis line so an advocate can be available to advise a victim as soon as the police arrive. After implementing this process in 2007, domestic violence calls, after increasing from 2001 to 2006, decreased for the first time. While the connection cannot be proved yet, the process appears to be effective. WISE is seeking to continue educating law enforcement about appropriate ways to respond to complaints of domestic or sexual violence.

The WISE model for working with victims is to allow the victim to be the expert in how to recover, and assists with increasing his or her strengths, network, stability, and resources. Another part of WISE's model is to look at the larger context, meaning the living situation, the effect of domestic violence on other family members and self-medication (alcohol and drug abuse). WISE and all of Grafton County were part of a Federal demonstration grant called the Greenbook Project, which focused on addressing the co-occurrence of domestic violence, child abuse and neglect. WISE continues to explore the best ways to support victims of domestic violence and their children. WISE provides opportunities for supportive listening incorporated with mind-body trauma healing modalities, such as Somatic Experiencing and yoga as supported by the work of internationally-recognized experts in the field including James Hopper, Ph.D., Bessel Van der Kolk, M.D., and Peter Levine, Ph.D.

### **Opportunities to Support Needs in this Area**

- Address the limits of public transportation which are particularly challenging for victims of domestic violence
- Increase the number of police departments able and willing to patch through counselors to the scene of domestic abuse
- Addressing other issues occurring within household with domestic violence
- Incorporate movement and other mind-body connection practices in therapy
- Batterers' Intervention Programs (BIP) on the New Hampshire side of the Upper Valley region

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Emerge Family Advocates	White River Junction, VT	svnetwork.org	(802) 296 – 7663
Hannah House	Lebanon, NH	hannahhouseinc.org	(603) 448 – 5339
New Beginnings	Springfield, VT	vtnetwork.org/orgpages/newbeg.html	(802) 885-2368
NH Coalition against domestic and Sexual violence	Concord, NH	nhcadsv.org	(603) 224 – 8893
Turning Points Network*	Claremont, NH	free-to-soar.org	(603) 543 – 0155
Vermont Network Against Domestic and Sexual Violence	Montpelier, VT	vtnetwork.org	(802) 223 – 1302
WISE	Lebanon, NH	wiseoftheuppervalley.org	(603) 448 – 5922

\*formerly Women's Supportive Services



# Legal Services

## Background

Access to legal services in the Upper Valley offers an important avenue to resolve problems, obtain and/or preserve benefits, secure safety and avert crises in areas involving fundamental needs. Services range from legal information and brief counseling to representation in court cases, including complex matters, as well as efforts to provide broader scale solutions to the problems of low-income individuals and families.

There are nine areas of legal services that are offered in the region for low-income individuals and families, these areas are described below.

Information and Referral - legal information that can prevent or resolve simpler matters and referrals to other appropriate sources of assistance needed in connection with a legal matter.

Direct Legal Services – legal services provided to an individual or family that may include advice and counseling, drafting of legal documents, mediation and/or representation before an administrative hearings officer (Social Security, for example) or in a court proceeding.

Systemic change - advocacy and representation on critical issues affecting groups of lower-income individuals, families and their children.

Education – providing information about legal issues that empowers people to protect their rights. These services are provided through a partnership between New Hampshire Legal Assistance (NHLA), a program with its own attorneys on staff offering a full range of legal services, and the NH Pro Bono Referral Program that coordinates and leverages the volunteer efforts of local private lawyers to provide advice and direct representation to those in need. Despite their best efforts as described below, the need for legal services is far greater than existing capacity. (American Bar Association studies indicate that only about one in four low-income people are able to access civil legal services due to funding and resource shortfalls.) The organizations work together to maximize legal resources devoted to many issues addressed in this report, including the following:

Housing assistance - *NHLA*-Averting foreclosures and evictions and promoting safe and affordable housing through both individual casework and impact/policy efforts. *Pro Bono*—helping tenants maintain their housing and assisting families in preserving shelter. (This is area particularly relevant now as many people are having difficulty meeting their mortgage obligations)

The Best Interests of Children - *NHLA*-Advocating for children's oral health, including a successful case requiring the State of New Hampshire to provide dental care to about 60,000 poor children, as well as serving young people through a youth law project.  
*Pro Bono*-Connecting parents with legal help to support the best interests, financial security and stability of children when families split up.

Income and Health Care Entitlements - *NHLA*—NHLA obtains millions of dollars statewide for their clients each year in Social Security, SSI, and Medicare cases. Other health care issues include advocating or representing seniors in assisted living facilities.

*Pro Bono*—helping to assure low-income people and children receive the medical benefits to which they are entitled through the family law process.

Domestic Violence - According to the NH Violence Against Women Survey, conducted in 2006, it is estimated that 33.4% of women in NH have experienced physical assault by an intimate partner. A study by university researchers found that access to legal services is a major factor empowering victims to extricate themselves from abusive relationships since securing economic stability is often the key to independence from an abuser. For many women, having representation at a restraining order hearing is the best way to obtain court orders granting custody of the children, child support, use of the home and vehicle. Victims of domestic violence are able to access the NH Bar Association's DOVE Program and the DVAP Program only through domestic violence crisis and support centers like WISE. WISE provides extensive legal advocacy for victims of domestic and sexual violence.

Through Pro Bono's special Domestic Violence Emergency (DOVE) Project, income-eligible victims of domestic violence may tap into the generosity of local attorneys for free advice and representation at final restraining order hearings. In partnership with WISE Crisis Center, DOVE recruits private attorneys and coordinates training seminars and marshals services enabling them to deliver free legal services to survivors of abuse. Clients access DOVE through the crisis center where advocates provide practical and emotional support, and make direct referrals to volunteer attorneys recruited and coordinated by DOVE. NHLA has joined DOVE to help meet the growing need for representation due in part to NH's developing case law that has impacted an unrepresented person's ability to present effectively her/his own case.

Domestic Violence Emergency Project (DVAP) – A collaboration between *NHLA and Pro Bono*, DVAP serves victims/ survivors of domestic abuse in family cases beyond the scope of final restraining orders. Cases involve high conflict divorce and custody disputes in which a victim's safety is at stake and the likelihood of a positive outcome for her and the children is severely compromised. Pro Bono coordinates access to services by reviewing and working up client applications received via crisis centers and sending cases as their resources allow to NHLA in the first instance and directing others local volunteer attorneys.

Crisis Services - One more area in which legal assistance helps is in crisis services, where attorneys work with people in need to help them obtain fuel, rent, or food assistance from federal state and town sources. When working with clients to secure volunteer representation, Pro Bono and NHLA also address client needs regarding fundamentals involving safety, shelter and other urgent matters by referrals to appropriate agencies and programs, including the FHA's Secure Program to help struggling homeowners refinance their mortgages at more affordable interest rates.

Finally, *NHLA* works on prisoners' rights to insure that they receive appropriate mental health care and vocational training to help them lead productive lives upon release. When possible, *Pro Bono* provides volunteer attorneys to assist prisoners with individual civil law matters.

## **Informed Assessments**

*The following represents the informed opinions of the following people:*

*Jonathan Baird, New Hampshire Legal Assistance (NHLA), Director*

*Bennett Mortell, NHLA, Staff Attorney*

*Mary Krueger, NHLA, Staff Attorney*

*Virginia Martin, New Hampshire Pro Bono, Director*

*Pamela Dodge, DOVE, Coordinator*

Like crisis services, legal assistance addresses the gaps in the socioeconomic continuum of the Upper Valley. Beyond the services specified in the overview, a few additional issues deserve attention: denial of benefits for those applying via town welfare offices in New Hampshire, the working poor, and policy advocacy.

Speaking generally, legal assistance in New Hampshire often helps low-income families secure the emergency assistance to which they are entitled under state law when their own attempts through their towns to obtain help to keep food on the table or a roof over their heads has been denied. Towns across the state are inconsistent in how well they meet this obligation to help their needy residents. NHLA's advocacy helps ensure that applicants get their full entitlements, and in a timely fashion.

A second issue involves the legal needs of the working poor - people who are living just above the federal poverty standard. The working poor have many of the same problems as people living in poverty, but often find themselves just over the guidelines to receive help. NHLA provides assistance to working poor families as does the NH Bar Association, with which Pro Bono is affiliated, through its Reduced-Fee Referral Program. In the 2008 economic climate, attending to this population is even more relevant.

The economic downturn, now crisis, and the attendant loss of jobs along with rising costs of gas, heating oil, food and medical care (and lack of affordable health insurance) are contributing to severe credit and debt-related problems among all age groups, but often fall most heavily on seniors and single parent families. Pro Bono and NHLA have witnessed an upsurge in calls for debt relief for those with no way out and facing the prospect of losing their car and thus their transportation, home and their peace of mind and health. Pro Bono is redoubling its efforts to ask private attorneys to volunteer to assist families, seniors and people with disabilities to secure a fresh financial start.

A final issue is NHLA's policy advocacy work. Most legal assistance work by Pro Bono and NHLA is devoted to helping individuals with specific problems. However, in a few situations, NHLA is able to address issues that can help large groups. Two examples of this within recent history are NHLA's advocacy for affordable housing and that against pay day lending. In the latter case, NHLA attorneys led a coalition to cap interest rates at 36 percent. In its work, Pro Bono explores ways in which to expand access to legal services on a statewide level, including its recent success in advocating for changes to attorney and court rules opening up opportunities for representation through limited scope services.

## Opportunities to Support Needs in this Area

- Increased Advocacy
- Improved Family Stability and Safety
- Increase access in Sullivan County to lawyers
- Maintain current levels of outreach and collaboration with other agencies.

## Community Resources

*The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.*

Domestic Violence Referral Program	Statewide		(866) 644 – 3574
Grafton County Drug Court / Grafton County Attorney's Office	North Haverhill, NH		(603) 787 – 6968
Legal Advice and Referral Center	Statewide	<a href="http://larcnh.org">larcnh.org</a>	(603) 224 – 3333
Legal Services Law Line of Vermont	Statewide	<a href="http://lawlinevt.org">lawlinevt.org</a>	(800) 889 – 2047
New Hampshire Legal Assistance	Claremont, NH	<a href="http://nhla.org">nhla.org</a>	(800) 562 – 3994
New Hampshire Pro Bono	Statewide	<a href="http://nhbar.org/for-the-public/free-legal-services.asp">nhbar.org/for-the-public/free-legal-services.asp</a>	
New Hampshire Public Defender	Concord, NH	<a href="http://nhpd.org">nhpd.org</a>	(603) 228 – 6110
Valley Court Diversion	White River Junction, VT	<a href="http://justice-works.org">justice-works.org</a>	(802) 295 – 5078
Vermont Legal Aid	Springfield, VT	<a href="http://vtlegalaid.org">vtlegalaid.org</a>	(800) 889 – 2047

# Child Care

## Background

Child care for children below the age of six provides more than a place for children to go while their care givers work. Child care provides an environment that can increase a child's readiness to succeed in school. Readiness to succeed in school means that children enter kindergarten developmentally on track in the areas of literacy and in social, emotional and cognitive skills. One way to track pre-literacy and cognitive skills is by looking at the percentage of children ages 3 to 5 who have all or most of four commonly recognized school readiness skills (recognizing their letters, counting to 20 or higher, writing their names and reading or pretending to read). Data from the National Household Education Survey show that less than 40 percent of kids enter school with the skills needed to succeed in kindergarten and beyond. Those without these skills are starting school already at a disadvantage.

Structured, licensed care child for toddlers and pre-school age children provides an environment for children within carefully defined parameters. Licensing defines parameters for health requirements, safety, staffing ratios, programming, discipline and nutrition. The requirements are defined according to the age of the children receiving care. There are three age defined classifications.

A little more than half of the population in Lebanon, Hanover and Hartford has access to regulated child care; the percentage in surrounding areas is probably less. Funding for child care relies on subsidies from New Hampshire and Vermont; generally Vermont provides higher tuition subsidies.

Like other service industries, childcare is expensive to provide. Although expectations are high for the level of service, the staff members providing child care typically earn low wages and rarely receive employment benefits. By comparison, fast-food restaurants and national retail stores offer better compensation. One of the reasons there is shortage of services because of the challenge of operating a financial viability childcare center.

Child care is also a workforce issue. Employer-sponsored providers are an important source yet only a few employers provide it (Dartmouth College, DHMC, River Valley Club, CCREL and Kendal).

## Community Measurements

Lebanon, Hanover, and Hartford Statistics:

Working population with children under six: 1,929

Children under six: 2,067

Available places for childcare in legal homes and centers: 1,146 (55 percent of need)

Gathered by Early Childhood Action Team, Fall 2006

## **Informed Assessments**

*The following represents the informed opinion of the following people:*

*Christie Binzen, VT Building Bright Futures, Regional Director*

*Dana Hanson, Upper Valley United Way, Campaign Director*

*Marla Ianello, The Family Place*

*Susan Lloyd, Child Care Project, Executive Director.*

Like so many other social service resources, child care has both immediate benefits and long term rewards. For single parents and families with two working parents affordable child care is a necessity. Existing research explains the value of early childhood care towards greater educational achievement and preventing problems from emerging later in life. As Susan Lloyd of the Child Care Project put it, "children under stress have brains that become wired differently," and this affects future learning. Investing in child care can prevent problems from emerging later in life which then must be addressed by the educational system, youth-at-risk services or in the worse cases, the criminal justice system.

In 2007, the Early Childhood Action Team (a coalition of childcare related resource providers) created "Champions for Childcare" to strengthen community based understanding of the importance of child care. The goal of this effort is to encourage employers to provide support for their employees to be able to access high quality affordable child care.

Childcare shares similarities with elder care and the same hurdles relating to scarcity, transportation and cost. Those without access may use neighbors, or they may be relying on people who are available but inexperienced in, unconcerned about or inappropriate for child care. Transportation – or geographically clumped child care – is another issue. For people not living or working in Lebanon, Hanover or Hartford, even if child care is available, the probability of convenient access is small.

## **Opportunities to Support Needs in this Area**

- Double the amount of child care locations and staff
- Increased support from the business community for more access, family friendly practices flexible hours and provider benefits

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Building Bright Futures	White River Junction, VT	buildingbrightfutures.org	(802) 295 – 8860
Child and Family Services	West Lebanon, NH	cfsnh.org	(800) 640 – 6486
Child Care Center in Norwich	Norwich, VT		(802) 649 – 1403
Children's Center of the UV	Lebanon, NH	ccuv.org	(603) 448 – 1615
Child Care Project	Hanover, NH	dartmouth.edu/~ccp	(603) 646 – 3233
Good Beginnings	West Lebanon, NH	goodbeginnings.net	(603) 298 – 9524
Green Mountain Children's Center	Hartford, VT		(802) 296 – 2296
Magic Mountain Children's Center	South Royalton, VT		(802) 763 – 7908
New Hampshire Division for Children, Youth and Families	Statewide	dhhs.state.nh.us/DHHS/DCYF/default.htm	(800) 852-3345
Special Needs Support Center	Lebanon, NH	sns-c-uv.org	(603) 448 – 6311
The Family Place	Norwich, VT	the-family-place.org	(802) 649 – 3268
Vermont Children's Aid Society	Woodstock, VT	vtcas.org	(802) 457 – 3084
Vermont Department for Children and Families	Statewide	dcf.state.vt.us	(800) 540-7942



# Affordable Housing

## Background

A general measurement of affordable housing is that its total cost should be not more than thirty percent of household income. Housing organizations focus on affordable rental ownership, housing development and advocacy. Generally speaking, informal communication and collaboration allow the organizations to serve the population efficiently; on the other hand, more ambitious projects are unlikely to occur without formal coordination.

Another community resource is the Upper Valley Supportive Housing Program. Twin Pines Housing Trust manages the supportive housing units and community partners include LISTEN, West Central Behavioral Health, Hannah House, WISE, and Health Care Rehabilitative Services. This program offers housing and ongoing support services to community residents who meet eligibility requirements and are sponsored by a participating consortium member.

In 2008, New Hampshire and Vermont legislatures passed bills that help develop inclusive zoning ordinances and expedite approval for affordable housing. Locally, land use decisions about density made by planning and conservation commissions continue to make it harder for people who are unable to afford large houses, large lots, or long commutes.

## Community Measurements

Over 1100 units of affordable housing are being constructed in New Hampshire towns including Lebanon (Gile Hill – 120 units, Sleeper Village – 140 units, Romano Circle – 16 additional units, Emerson Gardens – 160 units, Reed Court – 24 units, Mt. Support Road – 250 units, Nature Walk Project – 32 units, and Sachem Village – 73 units), Hanover (Rivercrest – 240 units), and Enfield (Laramie Farms – 64 units).

In Vermont, about 100 units are being added, including Windsor (58 units in Armory Square, Wilder (Stony Creek – 58 units, West Woodstock (Grange Hill – 36 units) and Randolph (Blakeman – 9).

## Informed Assessments

*The following represents the informed opinion of the following people:*

*Anne Duncan Cooley, Upper Valley Housing Coalition, Executive Director*

*Bruce Pacht, Twin Pines Housing Trust Executive Director*

*Helen Hong, Twin Pines Housing Trust, Homeownership Coordinator*

In 2002, the Upper Valley Lake Sunapee Regional Planning Commission released a widely referenced report on housing. The report was useful in calling attention to housing needs in the Upper Valley. The term “workforce housing,” entered in common vocabulary. The term recognizes the need to provide housing for the workforce such as law enforcement, public services, education and health service employees. Six years later, with major changes in the economy, a housing mortgage crisis and substantial developments in local zoning, a new report is needed.

There are three principal challenges to adequately meeting the housing needs in the region:

**Sufficient Quantity of Housing:** The effective vacancy rate for all types of housing (excluding seasonal properties) was below five percent in 2006 in most of the area. An additional 5,600 housing units were needed as of the 2002 UV Housing Report.

**Suitable Quality:** Older houses and trailer homes are often suffering from structural weakness, ineffective roofs and problems with access for the frail or handicapped.

**Balancing Housing and Jobs:** concern about the impact on municipal services has pushed housing development away from employment centers to the outer towns of the Upper Valley.

### Zoning

As the area's employment center, Lebanon's housing environment is more important than other towns. In 2008, the Lebanon Housing Commission proposed mixed use zoning while preserving open space in rural areas. After failing to pass in March 2008, whether the commission will try a different proposal or continue to rely on the existing zoning is uncertain. It was unclear whether the vote expressed general disapproval or a lack of understanding about the effects of passing (and not passing) the zoning changes.

### Seniors

Seniors are finding housing costs – and property taxes in particular – increasingly difficult to afford. In addition, living independently on the periphery of the Upper Valley becomes less practical for seniors as they require more services. Upper Valley Housing Coalition Executive Director Anne Duncan Cooley observed that although participation on zoning and conservation boards generally is skewed towards an older and retired population, that participation has not made proposals for senior housing easier to pass.

### Community Interest

In 2008, the United Valley Interfaith Project coordinated an assessment across their member faith based congregations. Using data gathered in listening sessions groups determined two areas that this interfaith coalition will support with grassroots advocacy. Improving the availability of affordable housing is one of the two areas selected.

### **Opportunities to Support Needs in this Area**

- An updated housing report
- Increased housing for seniors such as accessory apartments and senior housing
- Mixed use zoning
- Denser town centers
- Housing closer to employment centers a.k.a. workforce housing

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Lebanon Housing Authority	West Lebanon, NH		(603) 784 – 5475
New Hampshire Housing Finance Agency	Bedford, NH	nhhfa.org	(800) 439 – 7247
New Hampshire Legal Assistance	Claremont, NH	nhla.org	(800) 562 – 3994
Twin Pines Housing Trust	White River Junction, VT	tpitrust.org	(802) 291 – 7000
Upper Valley Housing Coalition	White River Junction, VT	uvhc.org	(802) 291 – 9100 x108
Vermont Affordable Housing Coalition	Burlington, VT	vtaffordablehousing.org	(802) 660 – 9484
Vermont Housing Data		housingdata.org	
Vermont Housing Finance Agency	Burlington, VT	vhfa.org	(802) 864 – 5743
Vermont Legal Aid	Springfield, VT	vtlegalaid.org	(800) 889 – 2047



## Transportation

### Background

A micropolitan area, as a population center with social and economic integration with nearby communities, requires good transportation. The recent skyrocketing rise in fuel prices affects organizations in a similar manner to private citizens, raising the cost of each trip. As a result, providers are considering cuts in service.

In the Upper Valley, Advance Transit (AT), Stagecoach Transportation Services and the Grafton County Senior Citizens Council (GCSCC) are the main providers for transportation. Advance Transit focuses on commuters, while GCSCC serves primarily seniors. Stagecoach provides a combination of commuter routes and elderly and disabled transportation.

Advance Transit provided almost 800,000 rides during the fiscal year that ended in June 2007. Further north, Stagecoach provides in-town taxi services as well as commuter bus lines that connect commuters along I-89 and I-91 to the VA Hospital, DHMC and Dartmouth College. Grafton County Senior Citizens Council (GCSCC) operates nine minivans on weekdays. During GCSCC's 2008 fiscal year they offered a total of 48,000 rides, with 25 percent of them to medical appointments. Alice Peck Day Memorial Hospital has provided substantial support for this program, as AT does not currently have a stop at APD. Those 48,000 rides covered all of Grafton County, within the Upper Valley the total rides was approximately 15,500. In Orange and Windsor Counties, senior centers also provide key transportation for the elderly and disabled. In the southern part of the region in Sullivan County, the providers are Connecticut River Transit and Community Alliance Transportation Services.

Advance Transit has the second highest number of riders in New Hampshire. Only the UNH Wildcat Transit system provides more rides. Advance Transit has more financial support than the other five rural New Hampshire transit systems combined. This reflects AT's success in obtaining funding from federal sources, as well as its support by Dartmouth College and Dartmouth-Hitchcock Medical Center. Per capita spending on public transit in NH as a whole, however, is far less than other New England states.

Transportation inherently requires coordination and collaboration. To address this issue, New Hampshire formed the State Coordinating Council (SCC), an advisory body to coordinate transportation programs and transit organizations. The SCC is establishing Regional Coordinating Councils (RCC) for transit providers. The Upper Valley will ultimately have a designated RCC. In Vermont's Orange and Northern Windsor County, an Elderly and Disable Transportation Partners Committee was established to similarly coordinate human service providers which include Stagecoach, VTrans, VT Council of Aging and many Senior Centers.

In 2008, the United Valley Interfaith Project coordinated an assessment across their member faith based congregations. Using data gathered in listening sessions groups determined two areas that this interfaith coalition will support with grassroots advocacy. Improving transportation is one of the two areas selected.

Advance Transit funding comes from federal, state and local sources. One significant difference between the Upper Valley and Claremont with regard to public transit is the level of funding coming from large employers. In the Upper Valley, Dartmouth College and Dartmouth Hitchcock Medical Center provide a substantial level of support for Advance Transit, whereas Claremont relies mostly on public funding sources for its very limited transportation service. In both areas, alternative funding streams need to increase to maintain current service and to accommodate increased demand.

### **On Demand Transit**

Under the Americans with Disabilities Act (ADA), an agency operating a fixed bus route must provide paratransit to people with disabilities living within 1/4 mile of the bus route (some providers extend up to 3/4 mile.) In practical terms, this means van service is required.

The State of Vermont puts several million dollars into paratransit annually, while the state of New Hampshire budgeted only two hundred thousand dollars. Medicaid support in Vermont for paratransit is about ten million dollars, while it is only five million in New Hampshire. Without Medicaid support, the cost of paratransit could overwhelm the system and outpace the ability to afford fixed route service.

### **Informed Assessments**

*The following represents the informed opinion of the following people:*

*Van Chestnut, Executive Director of Advance Transit*

*Holly Brown, Marketing Coordinator for Stagecoach Transportation Services*

*Lisa Paquette, Director of Transportation for Community Alliance Transportation Services*

*Nathan Miller, Commission Planner for Upper Valley Lake Sunapee Regional Planning Commission*

In many discussions across topics in the preparation of this report, a repeated theme was the need to improve transportation. For that reason, increased investment in transportation has emerged as a shared priority for the area.

Upper Valley residents are clearly willing to use public transit and, compared to other communities in New Hampshire, the Upper Valley is well served. There is still room for improvement. Weekend service and third shift service is something that AT would like to provide.

In terms of matching transportation to growth, development along bus routes helps to keep the system efficient. Conversely, developments off the fixed bus routes create traffic. Commercial and residential growth has forced Advance Transit to increase service along existing routes. For example, twenty years after Centerra Park was built alongside Route 120, over 5,000 employees commute there every day. In a second example, new housing on Mt. Support Road and at the Gile Community will increase demand for transportation services as well.

## **Opportunities to Support Needs in this Area**

- Increase frequency and connections for public transportation routes
- Second and third shift buses for Advance Transit
- Additional routes on 120 or 12A
- More park and ride/van pool locations

Other needs noted in previous assessments: increased service for people without transportation, access to health care and preventative program services

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Advance Transit	Wilder, VT	advancetransit.com	(802) 295 – 1824
Community Alliance Transportation Services.	Claremont, NH	communityalliance.net	(603) 863 – 0003
Connecticut River Transit	Springfield, VT	crtransit.org	(888) 869 – 6287
Good News Garage	Rutland, VT	goodnewsgarage.org	(877) 448 – 3288
New Hampshire Rideshare	Statewide	nh.gov/DOT/NHRideshare	(800) 462 – 8707
Stagecoach Transportation Services	Randolph, VT	stagecoach-rides.org	(802) 728 – 3773
Transportation Management Association	White River Junction, VT	vitalcommunities.org/Transport	(802) 291 – 9100
Upper Valley Lake Sunapee Regional Planning Commission	Lebanon, NH	uvlsrpc.org	(603) 448 – 1680
Two Rivers-Ottauquechee Regional Commission	Woodstock, VT	Trorc.org	(802) 457 - 3188
Vermont Rideshare	Statewide	vermontrideshare.org	(800) 685 – 7433

# Substance Abuse

## Background Information

Tobacco, alcohol, and other drug (TAOD) use and abuse continue as significant problems in the Upper Valley. They impact health, mental health, housing, employment, education, transportation, legal status, and other aspects of life.

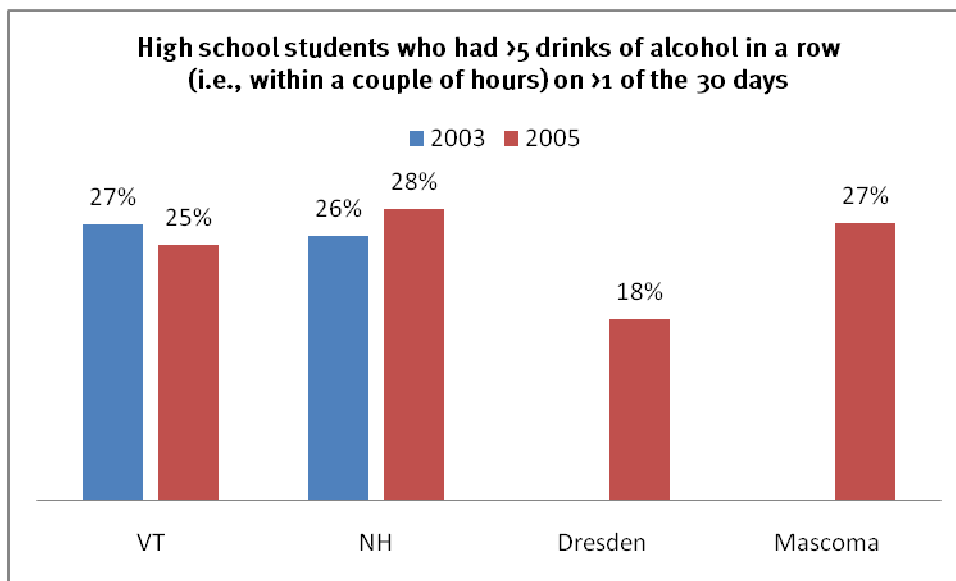
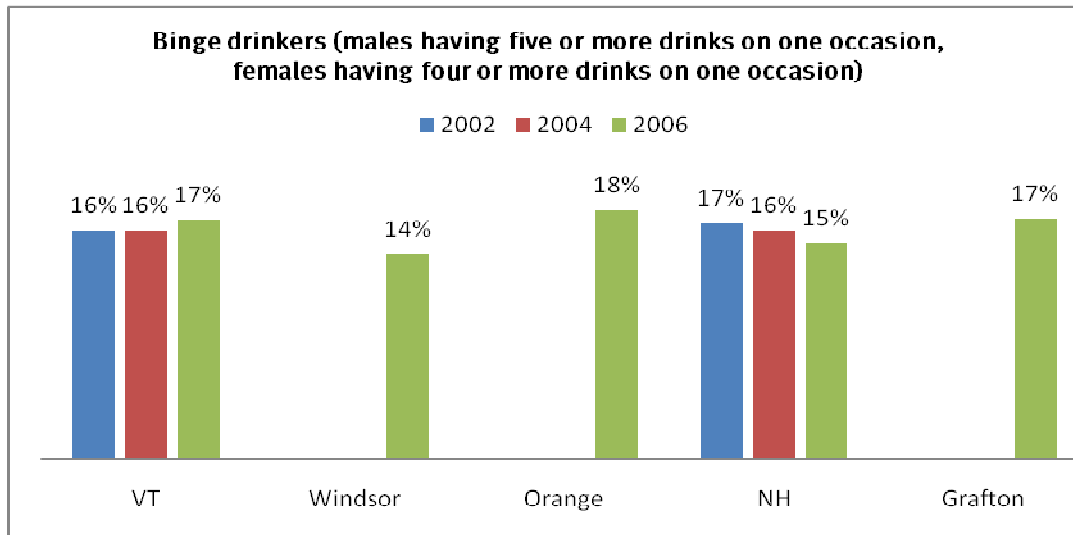
In general, rates of addiction to alcohol (10%) and other drugs (11%) in NH are higher than national averages (7.6% alcohol, 9.2% other drugs). Drug use by our 18-25 year old population is among the highest in the nation (26% NH, 30% VT used in past 30 days). Research indicates that 80+% of incarcerated individuals have substance use disorders that contributed to their criminal behavior, and police indicate substance use is a factor in a high % of local criminal behavior.

A comprehensive approach to substance use disorders includes a continuum of outpatient, intensive outpatient, residential, and medication-assisted treatment; case management; recovery programs such as AA/NA; recovery housing; transportation; and substance-free activities. It also includes prevention services ranging from broad-based TAOD education to targeted interventions for persons at risk for or experiencing TAOD problems. Prevention includes community organizing to counter pro-substance use norms and reduce TAOD availability. When effectively treated, rates of recovery are similar to treatments for diabetes, asthma, heart disease, and other chronic diseases.

Significant improvements in the past five years include.

- Intensive Outpatient Programs opened at DHMC and Headrest.
- Willow Grove opened, providing supported housing for women.
- New opioid treatment programs combining counseling and buprenorphine medication opened at DHMC (Lebanon) and WCBH (Claremont).
- The Grafton County Drug Court opened, treating addicted offenders.
- A methadone maintenance clinic (Habit OpCo) opened in West Lebanon.
- Evidence-based adolescent outpatient treatment services became available at WCBH, Headrest, Child and Family Services, and HCRS.
- DHMC is more assertively providing nicotine dependency treatment.
- Expansion of high quality diversion programs through Valley Diversion.

## Community Measures



## Informed Assessments

*The following represents the informed opinion of the following people:*

*Greg Norman, DHMC*

*Catey Iacuzzi, Headrest*

*Robert Bryant, Second Growth*

*Don West, DHMC*

*David Pelletier, WCBH*

*Ed Piper, HCRS*

*Jim Alexander, Lebanon PD*

*Cathy Ulrich, DHMC.*

*Treatment Capacity:* Providers report having capacity to meet current demand for outpatient behavioral services, but note that only 10% of those needing treatment seek it. There is a shortage of non-medical residential detoxification capacity, and limited residential treatment services. Requests for buprenorphine-assisted treatment for opioid dependency far outstrip local capacity. There is limited capacity to treat uninsured persons, and these individuals may face longer waiting times for services, especially residential care.

*Rise in Use of Opioid Drugs:* The most significant recent change in the Upper Valley is the increase in the misuse of prescription opioid pain medications and heroin. Prescribed opioids are widely available “on the street,” including use by teens. 60+ people participated in buprenorphine-assisted opioid treatment at DHMC last year, but the program anticipates ~75 requests for service and only 10 open treatment slots next year. 145 participate in treatment at Habit OpCo’s methadone maintenance clinic with 2-3 new patients requesting services weekly. Additionally, many individuals with opioid addiction participated in abstinence-based behavioral treatment services.

*Harmful Social Norms:* Providers note increasing public belief that TAOD abuse is a “normal” part of life. Less than 40% of Upper Valley high school students perceive it as wrong for youth to drink alcohol, and more than 20% report unclear, ambivalent or accepting messages from parents about teen alcohol use.

*Lack of Psychiatric Care:* There is an acute shortage of psychiatrists to treat substance users who also have mental health diagnoses. Many providers cannot access psychiatric care, and even when available, wait times can be long.

*Severe Shortage of Recovery-Supportive Housing:* Providers, police, and town officials stress a critical need for more “recovery supportive housing”, such as “Oxford Houses”, in which entire apartment complex are rented to recovering persons to provide supportive housing. Without such housing, persons in early recovery often live in situations where there is active substance use, other relapse triggers, or even outright pressure to use. The only recovery-supported housing in the Upper Valley is Willow Grove, which serves 9 women.

*Youth Issues:* By age 13, 16% of Upper Valley HS students had smoked a cigarette; 25% had their first drink of alcohol; and 12% had used marijuana. 48% of HS students drank and 24% used

marijuana in the past 30 days, including 31% who binged – having 5+ drinks on one occasion. Providers cite marijuana use as a primary, critical concern, and are also highly concerned about OTC drug use, poly-drug use, and increased prescription drug use. Ambivalent social norms, noted earlier, contribute to higher than average teen TAOD use. Lack of structured after-school activities for youth not interested in sports also creates a supervision gap where teens are at risk for TAOD use.

#### *Peer-to-Peer Recovery Support & Transportation*

The Turning Point Club and 12-step recovery programs like AA/NA provide excellent ongoing recovery support. 12-Step meetings exist in most Upper Valley towns, but are more frequent in the Lebanon / WRJ area. Limited transportation options reduce access to recovery support and treatment services.

*Drug Use, Misuse, and Interactions Among Seniors:* Metabolic changes due to aging can cause a small drink that had little effect at age twenty to have a more dangerous effect in a 70-year old. Prescription medications may interact severely with small amounts of alcohol or other drugs. Physicians, providers, and caretakers need training to identify TAOD abuse and misuse in this population.

*Health Care Providers:* Routine screening, brief treatment, and referral to treatment is not yet common in Upper Valley medical practices. Prescribing physicians can also benefit from additional training related to treating individuals with substance use disorders and managing patient use of addictive medications.

### **Opportunities to Support Needs in this Area**

- Recovery supportive housing.
- Increased funding and capacity for opioid dependence treatment.
- Increase funding and capacity for integrated psychiatric care.
- More funding to support treatment for uninsured persons with addictions.
- Transportation, case management, and "assertive community treatment."
- Age, gender, culture, language, and life cycle specific assistance.
- Organize community to change pro-use social norms.

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Alcoholics Anonymous, Narcotics Anonymous	WRJ, VT	(802) 295 – 7611, 773-5757
Headrest	Lebanon NH	(603) 448 – 4872
DHMC Addiction Treatment Program	Lebanon, NH	(603) 653 – 1912
West Central Behavioral Health	Lebanon, Newport, Claremont, NH	(603) 448 – 0 126
HCRS / White River Addiction Program	Hartford, VT	(802) 295 – 3031
Second Growth	West Lebanon, NH	(603) 643 – 6603
Turning Point Club	Wilder, VT	(802) 295-5206
Valley Vista	Bradford, VT	(802) 222-5201
Student Assistance Programs	Jr/Sr High Schools	Contact your school
MVHI Tobacco Coalitions	Canaan, NH	(603) 523-7100
Bridges to Prevention Coalition	Upper Valley	(603) 934-1464
Valley Diversion	WRJ, VT	(802) 295-5078
Habit OpCo	West Lebanon, NH	(603) 298-2146
Willow Grove	Wilder, VT	802-281-7076



## Primary Care

"We need to create an environment where an individual can take care of himself instead of asking him to show up when he doesn't feel healthy." -Ceil Furlong, RN

### Background

Primary care is defined as access to preventive care that promotes wellness and self-care, basic health screenings; including but not limited to blood pressure screenings, PAP tests, colorectal screenings and mammograms. Primary care also includes treatment for chronic conditions such as asthma, diabetes, and high-blood pressure.

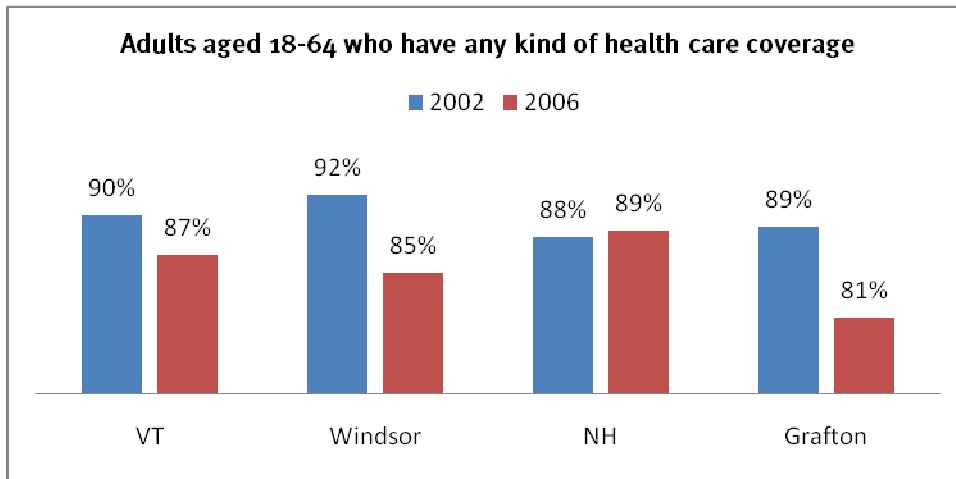
The status of primary care services in the Upper Valley is not dissimilar to other rural regions in the country. Residents without insurance are unable to afford regular primary care services. Transportation challenges are also impacting people's ability to access primary care services.

While there are many national issues impacting health care at all acuity levels, two are affecting primary care specifically. First, nationally, fewer medical students are choosing primary care as a specialty which is impacting the availability of primary care providers. Second, the complexity and multiplicity of medical information necessary to receive reimbursement or "bureaucratic red tape," as previous needs assessments called it, can make primary care difficult to obtain.

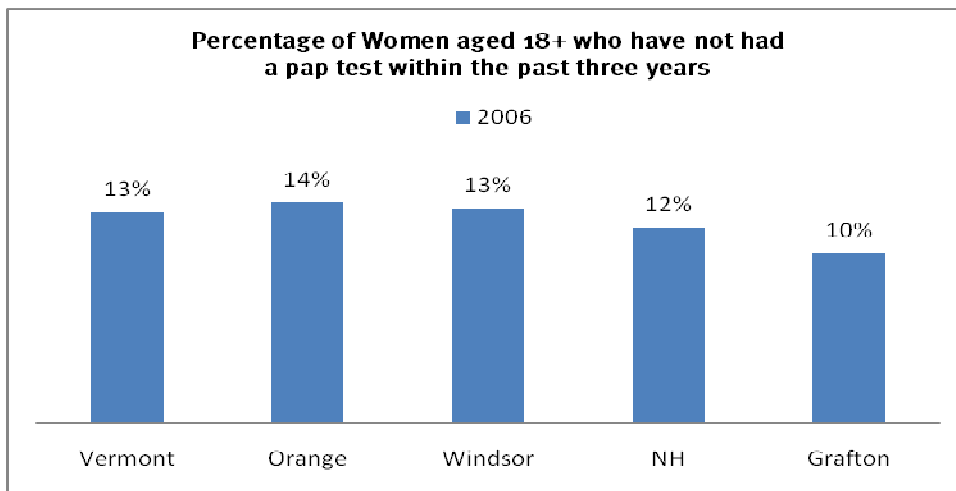
Locally, the community has one secondary/tertiary care facility (Dartmouth Hitchcock Medical Center) that provides primary care at the hospital and at hospital owned practices and several small community hospitals, all of which are designated as Critical Access Hospitals. These hospitals include Alice Peck Day Memorial Hospital in Lebanon, Valley Regional Hospital in Claremont, New London Hospital in New London and Mt. Ascutney Hospital in Windsor, VT. All of these hospitals offer primary care services. The Mascoma Valley region has one private primary care practice (with one provider who at times reaches capacity.) There are two other private primary care practices in the region. Residents of periphery towns lack geographically convenient health care resources. Public health resources like diabetes education, smoking cessation programs which could improve overall health are not easily access by residents in more remote rural areas. Seniors and other people who do not have their own transportation are often restricted by the availability of convenient transportation to appointments. For people requiring weekly treatments like chemotherapy or dialysis, finding transportation can be even more taxing.

Since the 2003 assessment, a satellite of Good Neighbor Health Clinic opened in Canaan, NH. Appointments are only available twice a month.

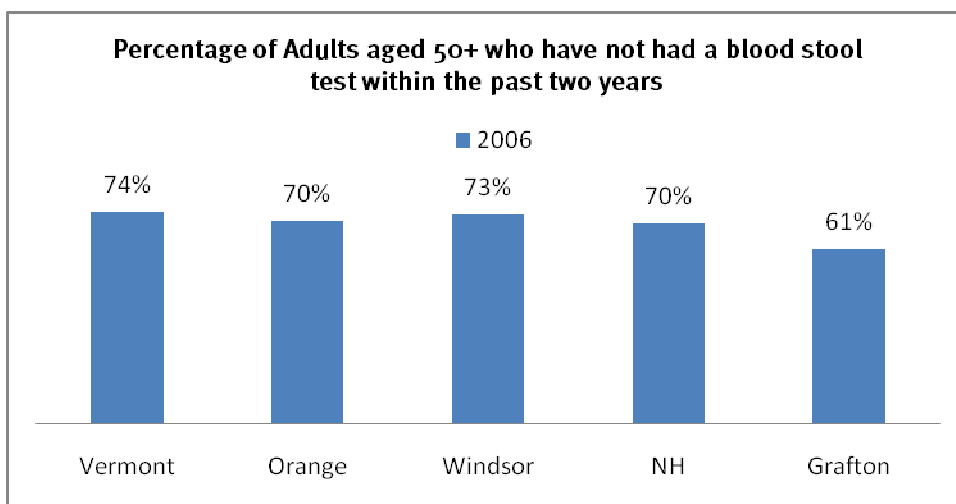
## Community Measurements



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## **Informed Assessments**

*The following represents the informed opinion of the following people:*

*Nancy DuMont, Alice Peck Day Memorial Hospital, Manager of the Department of Community Health*

*Mark Splaine, MD, Associate Professor of Community and Family Medicine, DMS*

*Ceil Furlong, Good Neighbor Health Clinic, Clinic & Case Manager*

*Tom Roberts Ottauquechee Health Foundation, Executive Director*

*Peter Mason, MD, Robert A. Mesropian Center for Community Care, phone interview.*

Low income individuals and residents with limited health insurance are challenged by lack of access to primary care services in the region. While all the hospitals in the region provide significant levels of charity care, often low-income residents and uninsured and underinsured residents only seek care when their conditions reach higher acuity levels. Additionally, financial pressures within the healthcare system may make the availability of charity care difficult to sustain at the current levels.

Many Upper Valley citizens rely on emergency rooms to manage chronic health problems. This is often ineffective for the patient and usually more expensive for the institutions providing treatment. Chronic care management, preventive care and education are a more rational approach. Although many doctors provide good care for individuals, a complementary and coordinated focus on preventive care and emerging trends in the population would help increase the health system's efficacy.

The community response to returning veterans will be an important issue in the next five years. People with post traumatic stress disorder (PTSD) affect their families, their neighbors and the entire Upper Valley. Hundreds of veterans are coming to the Veteran's Administration in White River Junction unprepared to deal with PTSD. Some are discharged before they can receive treatment or even receive a PTSD diagnosis. The VA is responding but it moves slowly.

Efforts to improve coordination between primary care providers, schools and clinics are ongoing. Hospitals have made efforts to bring educational resources to the schools throughout the region. Coordination could benefit providers and patients in areas such as providing services, collecting data, organizing clinics and reproducing successful practices. A number of programs and associations exist but few have been highly successful, emergency preparedness and flu clinics being the notable exceptions.

Collecting data is another rich area in which to explore sharing successful practices and to respond to regional public health issues. As examples, Dartmouth Hitchcock Medical Center already aggregates data from over twenty sources, Good Neighbor Health Clinic works with other clinics to share an electronic filing system and the Dartmouth Institute for Health Policy collects information about service quality and delivery. Coordinating, augmenting or supplementing each other's data could be an efficient way to increase Upper Valley awareness of public health initiatives.

The mouth and the mind are typically treated separately from the rest of the body. While both oral health and mental health can have large affects on a person's overall health, assessment of these two areas of an individual's health are not included in many routine physicals. Since the 2003 assessment there has been increased oral health training in primary care settings. Recently, a

West Central Behavioral Health clinician began practicing at New London Hospital which may provide resources to address mental health concerns.

Concerns over home visits for the frail, elderly or chronically sick that were expressed in the 2003 assessment still exist.

### **Opportunities to Support Needs in this Area**

- Coordinated support for returning veterans.
- "Assertive community outreach" or bringing services to community gathering places (e.g. schools or senior centers).
- Coordinate data collection.
- Incorporate mental and oral health into primary care (see sections on these topics).
- Continue efforts towards collaboration and coordination.

## Community Resources

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Alice Peck Day Memorial Hospital	Lebanon, NH	alicepeckday.org	(603) 448 – 3121
Dartmouth Hitchcock Medical Center	Lebanon, NH	dhmc.org	(603) 650 – 5000
Good Neighbor Health Clinic	White River Junction, VT	goodneighborhealthclinic.org	(802) 295 – 1868
Little Rivers Health Care	Bradford, VT	littlerivers.org	(802) 222 – 4637
New London Hospital	New London, NH	newlondonhospital.org	(603) 526 – 2911
Planned Parenthood	Lebanon, NH	ppnne.org	(603) 298 – 7766
Valley Regional Hospital	Claremont, NH	vrh.org	(603) 542 – 7771

## Coalitions and Networks

New Hampshire Health Access Network (NHHAN)	Concord NH	healthynh.com	(603) 225 – 0900
Bi-State Primary Care Association	Concord, NH or Montpelier VT	bistatepca.org	(603) 228 – 2830 (802) 229 – 0002
New England Rural Health Roundtable	West Lebanon, NH	newenglandruralhealth.org	(603) 643 – 2800
New Hampshire Citizen Health Initiative	Bow, NH	steppingupnh.org	(603) 573 – 3373

### More Data

New Hampshire HealthWRQS	nhhealthwrqs.org
New Hampshire Comprehensive Healthcare Insurance systems	nhchis.org



## Oral Health

### Background

Oral health, like primary care and mental health, refers to basic health maintenance, preventive measures, restorative treatment and education. More specifically, this means providing the population with regular cleanings and evaluations, fluoride and sealant treatments, and general education about the value and the practice of oral health, as well as restorative services such as fillings, extractions, crowns and root canals.

Medicaid coverage in New Hampshire and Vermont includes some basic dental insurance for children. In both states, covered oral health services for children enrolled in Medicaid include:

- Regular Dental Check-ups
- Cleaning and Fluoride Treatments
- X-Rays
- Sealants
- Fillings
- Simple Extractions

In Vermont, the Tooth Tutor Dental Access Program, established several years ago, was designed to find a dental home for each child lacking access to regular dental care. The program operated in Windsor County until 2005, when it was discontinued due to the lack of a dentist willing to provide the care for the reimbursement that was available through EPSDT and/or grant funds.

Children and adults who are covered through private dental insurance benefit from regular check ups cleaning and fluoride, x-rays, sealants, fillings and simple extractions, as well as more complex restorative procedures. However, the number of Upper Valley individuals with private insurance and/or affordable co-pays is declining, and for those who are uninsured and/or enrolled in Medicaid, access is limited.

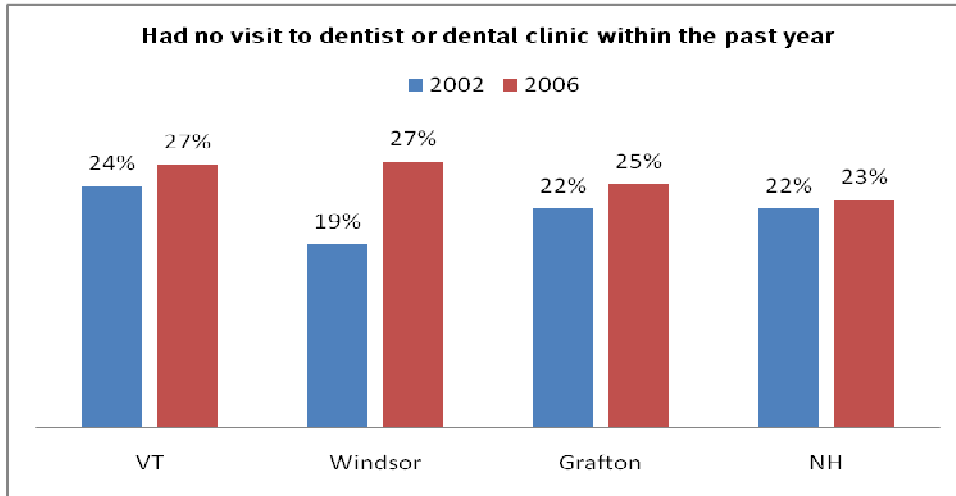
The Lebanon dentist with the largest number of Medicaid patients is no longer practicing. Some (if not many) Upper Valley dentists accept new Medicaid patients on a case-by-case basis, but the wait is often long and access to care often depends upon the overall economy. During the recent economic downturn, more dentists are making appointment times available for Medicaid patients (perhaps because the numbers of patients with private insurance is declining), but nonetheless, access to care for the area's most vulnerable citizens is sporadic at best.

In Sullivan County, the problem is just as acute, in terms of insurance, treatment, and a shortage of available dentists. About 25 percent of seniors and children do not have dental insurance. Almost 1,000 visits to the emergency department at Valley Regional Hospital's in FY 2005 –2006 were for oral health diagnoses. Sullivan County is eligible for the federal designation of a Dental Health Professional Shortage Area (DHPSA). Only one new dentist has opened a practice in the Claremont area in 2005. The practice is almost filled and struggles to serve the uninsured and Medicaid patients.

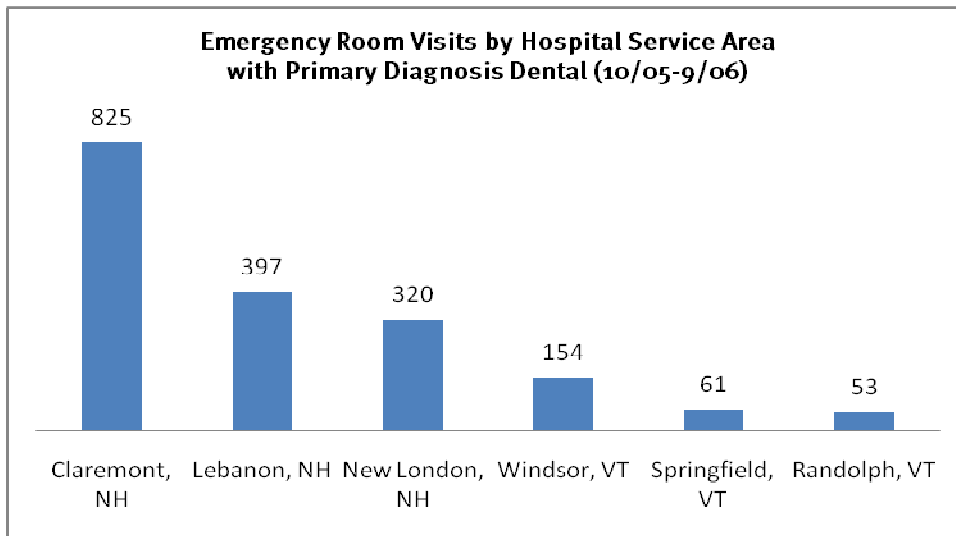
To meet the need, Sullivan County is working to develop a Claremont-based dental center that will serve uninsured, underinsured and Medicaid-eligible residents of Sullivan County under the aegis

of the Sullivan County Oral Health Collaborative (SCOHC). The Board of SCOHC consists of leaders from each of the initiating agencies, local dental professionals, the Claremont School District, community members, and a consultant from Community Health Access Network.

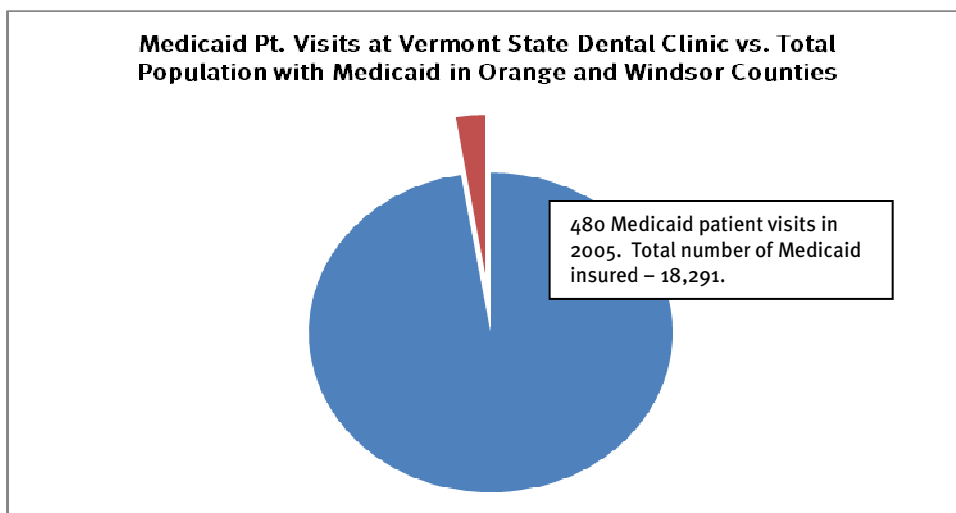
## Community Measures



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## **Informed Assessments**

*The following represents information and informed opinions provided by the following people:  
Nancy DuMont, Alice Peck Day Hospital Manager of Department of Community Health  
Susan Bryant, New London Hospital Sr. Director, Marketing & Community Relations  
Jennifer Petersson, United Way Community Impact Coordinator  
Community Oral Health Initiative, Community Coalition focused on improving oral health*

A significant part of the Upper Valley population, including children, adults and seniors suffers from significant and untreated oral pain. Many people are poorly informed about dental disease and do not manage it like other diseases, due to lack of education and/or lack of access to regular dental services, due to financial constraints. Instead, they go to the emergency room to treat problems once the pain becomes unbearable.

As prevention is less expensive than urgent care, good oral health care is a practical community goal. Good oral health for the community can be considered one of the successes of the Community Needs Assessment, as the Red Logan Health Clinic in White River Junction (for uninsured/low income adults) was an outcome of the 1994 Assessment. Yet even with Red Logan, and the co-located Vermont State Dental Clinic (serving Medicaid-enrolled individuals aged 8 and up) few appointments are available and children and adults needing dental care often must go to Claremont, Concord, Rutland or even Burlington to get services.

School-based programs in Lebanon, Newport and Claremont, have focused on increasing oral health access for the area's vulnerable youth populations. Starting in 2004, Alice Peck Day Memorial Hospital (APD) in Lebanon has offered a school-based oral health program for children in Lebanon, Enfield and Canaan. Specifically, the hospital-supported "Upper Valley Smiles" program provides preventive sealants to second and third in the Lebanon and Mascoma Valley elementary schools. The sealant program has been supplemented since 2007 by grant funding to support emergency treatment for Upper Valley children up to age 18. The emergency treatment team consists of private dentists identified by APD's Community Health Manager. While the grant support has been able to fund all children to date who have been referred for emergency treatment, the future of the program cannot be guaranteed. In Claremont, a similar program, The Claremont Dental Initiative provides services to students in Claremont and Unity Schools. New London Hospital has supported The Rock Dental Clinic for over ten years. This program provides services to students in grades K-5 in the Newport, Sunapee, Kearsarge, Goshen and Lempster Schools.

School based programs provide promise for young children and hope to establish good oral hygiene at a young age. The need for services at a higher acuity than are provided in school is great. With grant funding and support from local hospitals the Sullivan County Oral Health Collaborative has made significant progress toward opening a new dental clinic in Claremont, NH.

## **Opportunities to support needs in this area**

- Recruit dentists to the Upper Valley
- Provide preventive education, oral health treatments such as fluoride rinses and sealant in schools.

- Make oral health care accessible within more communities
- Develop a mobile oral health care unit
- Encourage more dentists to accept Medicaid patients
- Create a community fund to reimburse dentists who see Medicaid patients
- Educate primary care providers on how to evaluate patients for oral health care

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Alice Peck Day Hospital, Community Health	Lebanon, NH	alicepeckday.org	(603) 443 – 9548
Red Logan Dental Clinic	White River Junction, Vermont	goodneighborhealthclinic.org	(802) 295 – 7573
Sullivan County Dental Center	Claremont, NH		(603) 542-2263.
Vermont Medicaid Dental Office			(802) 296 – 5598
Community Oral Health Initiative (COHI)		Contact Alice Peck Day Memorial Hospital, Department of Community Health	APD (603) 443-9548
Sullivan County Oral Health Collaborative (SCOHC)	New London, NH	newlondonhospital.org	(603) 526 – 5067

# Mental Health

## Background

Mental Health refers to basic health maintenance, preventive measures, treatment and education for mental health and mental wellbeing. More specifically, this means providing the population with supports and treatment for anxiety, depression, mania, family issues and relationship issues.

Comprehensive evaluation involves assessment of current and past mental health issues as well as other social, vocational, legal, substance use, and medical issues which provide understanding of the patient as a complete person. Some mental health conditions and their symptoms can be treated on an outpatient basis while more severe mental health issues can require hospitalization. Outpatient treatment can include individual, group, couples, family counseling, and medication management.

ADHD, depression, anxiety, bi-polar disorder and schizophrenia have gained attention in the past decade. What used to be life-impairing conditions can now be successfully managed.

For residents in the region with insurance, resources include mental health professionals at Dartmouth Hitchcock and practitioners in private practice. For people without insurance in Upper Valley, there are two primary resources for mental health care, West Central Behavioral Health (WCBH) and Health Care and Rehabilitation Services (HCRS). As a community mental health provider, WCBH is mandated by New Hampshire to provide non-reimbursable services. WCBH serves Southern Grafton and Sullivan County residents. Health Care and Rehabilitation Service in Springfield, VT provides community mental health services in Windsor County, VT.

West Central works with a number of service providers in different fields: primary care, domestic violence and geriatric services. In primary care, it provides New London Hospital's primary care clinic in Newport, NH with a mental health practitioner who screens patients for mental illness and provides training to clinic staff. West Central Behavioral Health has contracts with school departments and provides screenings and brief treatment to their students. To address domestic violence, West Central is creating a group for batterers to complement the work being done by WISE. Finally, for geriatric care, primary care providers that identify problematic behaviors – depression, alcoholism and prescription abuse – refer people to West Central Behavioral Health.

## Informed Assessments

*The following represents information and informed opinions provided by:  
Suellen Griffin, West Central Behavioral Health, Chief Executive Officer.*

While mental health was not addressed separately in previous needs assessments, it was observed – as a cause or an affect – for people in crisis. National issues play a large role in determining the level of care. As an agency heavily dependent on Medicaid, state and federal changes in reimbursement policy have a large affect on West Central Behavioral Health's services in the Upper Valley. One change is a new case management system. Another issue is the practice of Medicaid patient spend down. A spend down is similar to a deductible; it occurs when a client is

responsible to spend down an amount – typically about \$200 – before Medicaid covers his/her expenses. While patients are billed for the service, they rarely can pay. West Central loses money each month with this arrangement when clients are unable to pay their spend down.

Two local issues are also preventing people from care: transportation and social stigma. Transportation and oil costs are significant issues. Case managers cannot afford to be on the road because of gas prices. The end result is more difficulty for people who are not mobile and less ability to monitor people's living conditions at home. The stigma attached to mental illness also prevents people from seeking diagnosis or treatment and complicates measuring the need for services. An extended waiting list, and the stigma of requesting services means that if a client does not receive prompt attention, he may not return. According to CEO Suellen Griffin, community members in the Upper Valley often regard mental health as volitional and a sign of weakness. WCBH is addressing this by engaging community volunteers to dispel mysteries and misconceptions about mental illness, symptoms and treatment.

### **Opportunities to support needs in this area**

- Address mental health needs which either cause or result from other crises.
- Alleviate the impact of Medicaid reimbursement policies decided at the federal level.
- Provide transportation resources to support the cost of bringing services to clients.
- Provide more adolescent mental health service and psychiatric crisis support.
- Improve school based assessments and outpatient treatment for school age children.

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Dartmouth-Hitchcock Psychiatric Associates	Lebanon, NH	dhmc.org	(800) 556 – 6249
Health Care Rehabilitative Services	Windsor, VT	hcrs.org	(802) 674 – 2539
National Alliance on Mental Illness	Concord, NH	naminh.com	(800) 242 – 6264
Next Step	Lebanon, NH	steppingstonenextstep.org	(603) 448 – 6941
Pathways (United Developmental Services)	Lebanon, NH Claremont, NH	pathwaysnh.org	(603) 448 – 2077 (603) 542-8706
Stepping Stones	Claremont, NH	steppingstonenextstep.org	(603) 543 – 1388
West Central Behavioral Health	Lebanon, NH	wcbh.org	(603) 448 – 0126

## More Resources

New Hampshire Bureau of Behavioral Health		dhhs.state.nh.us/DHHS/BBH	
Vermont Department of Health		healthvermont.gov	



## Seniors

Related topics: Housing, Mental Health, Primary Care, Transportation

“Living situations often deteriorate incrementally with elders and caregivers focusing on day-to-day coping. These frail elders may be closer to a crisis than they realize because they are consumed with the issues of meeting daily needs”– Dana Michalovic

### Background

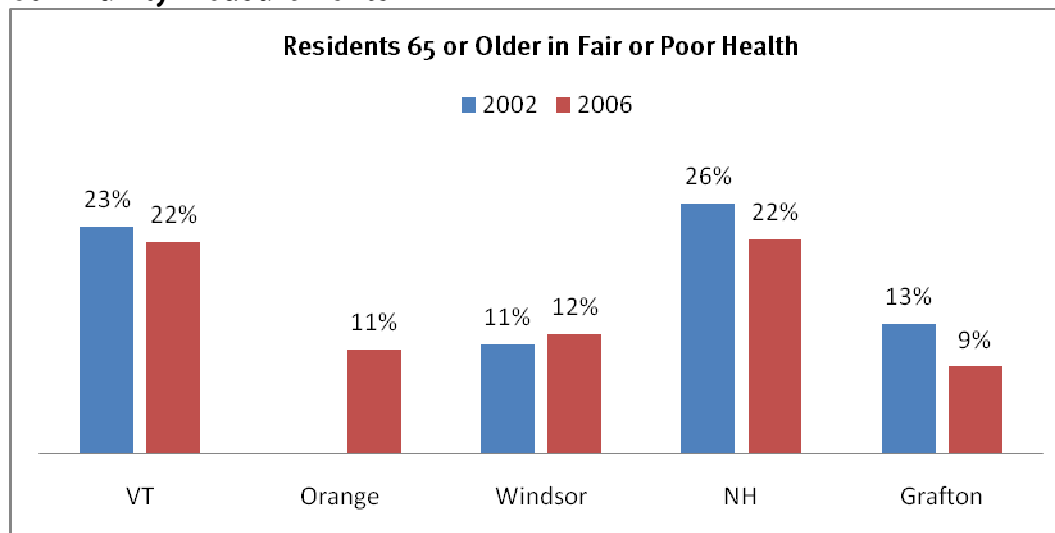
National census data shows that the senior population in Vermont and New Hampshire is currently about 14% and is increasing rapidly.

Although the financial and organizational arrangements differ between Vermont and New Hampshire, both states provide some of the same services for seniors. Vermont has regional Councils on Aging which distribute state funds while New Hampshire relies on a more varied set of non-profits to provide services.

Seniors in both states are impacted by factors affecting their physical access to resources, such as whether they can walk to services or take public or senior transportation. Remaining in touch with a social network is also key for most seniors.

Significant services provided to the elderly include home visits by Visiting Nurse Associations, transportation services from the Grafton County Senior Citizens Council and Advance Transit, and social opportunities at local senior centers.

### Community Measurements



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## **Informed Assessments**

*The following represents the informed opinions of the following people:  
Roberta Berner, Grafton County Senior Citizens Council, Executive Director  
Dana Michalovic, Service Link Center Manager  
Kathy Avery, Executive Director of White River Council on Aging (until 2008)  
Council on Aging - Southeastern Vermont.*

Seniors create an impact in the region through their networking, their volunteerism, and, in some cases, the needs associated with advanced age. Many seniors have the time and inclination to serve in volunteer roles, whether it be the town planning committee, tutoring or land preservation.

As some seniors' needs increase with age, they will rely on their social relationships and outside resources. The condition of the senior population may be more precarious than other populations. Some of this precariousness is due to the lack of caseworkers to visit seniors, which can affect the urgency with which a senior requires additional support and the level and consistency of support required.

Because of the high density of seniors relative to professional staff, caseworkers do not visit as often as is ideal, although they manage a minimum of every 90 days. Because the region does not have enough case workers, agencies rely on ad hoc monitoring.

This ad hoc monitoring can be provided by someone who has frequent, but superficial, contact with a senior, such as a Meals on Wheels volunteer or an Advance Transit driver. Their observations are able to catch some situations. Despite mandated reporting requirements, however, such a brief encounter can mean that problems often go undetected, particularly when a change is gradual.

When the situation does change, existing caregivers may be unprepared for the higher level of support needed – and senior centers and other resources then take on a critical role.

Housing is another concern for area seniors. The Upper Valley has limited, and relatively expensive, assisted living opportunities, leaving people with modest incomes with few choices. For those that own their own homes, the houses can be dilapidated, with structural, insulation and access problems.

One concern raised by Roberta Berner, Executive Director of the GCSCC, is that the community may underestimate the difficulty of maintaining the current level of services for seniors. The social network, transportation system and staffing are precariously dependent on the good will and generosity of volunteers and people who are willing to accept a modest salary in order to serve a cause in which they believe. Two-thirds of the Senior Citizen Council's employees earn an annual salary under \$20,000 and the Council uses ten volunteers for every one employee.

During discussions with those serving seniors, the key issues that emerged were transportation, mental health, and primary care. While seniors in Lebanon have transportation via Advance Transit to access doctor's appointment any day of week, public transportation levels in the outer circles (Lyme and Orford, for example) limit seniors to one day a week.

Maintaining wellness in area seniors remains a challenge. Substance abuse – or more frequently misuse – can crop up when the plethora of medications taken by a senior interact with each other. West Central Behavioral Health is the primary resource for elders with mental illness, but many seniors do not seek out mental health care which could benefit them.

To meet senior needs, there is collaboration and informal communication, often facilitated by Service Link, between the Visiting Nurses Alliance, COVER Home Repair and West Central Behavioral Health. For more extreme senior problems, Adult Protective Services intervenes, such as in the case of financial exploitation, physical, mental, sexual abuse, or self neglect.

### **Opportunities to Support Needs in this Area**

- Coordinated transit for health care
- Increased number of case workers
- Mental health and primary care services provided for seniors within their communities
- Medication management a.k.a. brown bag screenings
- Measure the level of growth in the Upper Valley senior population

## Community Resources

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### Senior Centers

Bugbee Senior Center	White River Junction, VT	bugbeecenter.org	(802) 295 – 9068
Grafton County Senior Citizens Council	Lebanon, NH	gcsc.org	(603) 448 – 4897
Horse Meadow Senior Center	North Haverhill, VT		(877) 711 – 7787
Newport Senior Center	Newport, NH		(603) 863 – 5139
ServiceLink	Various locations	nh.gov/servicelink	(866) 634 – 9412
Thompson Senior Center	Woodstock, VT	thompsonseneiorcenter.org	(802) 457 – 3277
Upper Valley Senior Center	Lebanon, NH	gcsc.org	(603) 448 – 4897

### Nursing Homes and Assisted Living

Brookside Nursing Home	White River Junction, VT	vermontnursinghome.com	(802) 295 – 7511
Glenclyff Home for the Elderly	Glenclyff, NH		(603) 989 – 3111
The Greens	Hanover, NH		(603) 643 – 5512
Harvest Hill	Lebanon, NH		(603) 448 – 7458
Homestead	Woodstock, VT		(802) 457 – 1310
Kendal at Hanover	Hanover, NH	kah.kendal.org	(603) 643 – 8900
Valley Terrace	White River Junction, VT		(802) 280 – 1910
Village at Cedar Hill	Windsor, VT		(802) 674 – 2254

### Coalitions and Networks

Council on Aging for Southeastern Vermont (COASE)	Springfield, VT	coasevt.org	(802) 885 – 2655
New Hampshire Adult Protective Services		dhhs.state.nh.us/DHHS/BEAS/adult-protection.htm	(800) 949 – 0470
New Hampshire Bureau of Elder and Adult Services	Concord, NH	dhhs.state.nh.us/DHHS/BEAS	(603) 271 – 4680
Vermont Adult Protective Services	Waterbury, VT		(800) 564 – 1612
Windsor County/Upper Valley Senior Coalition	Windsor County		802-885-2655

## Youth at Risk

### Background

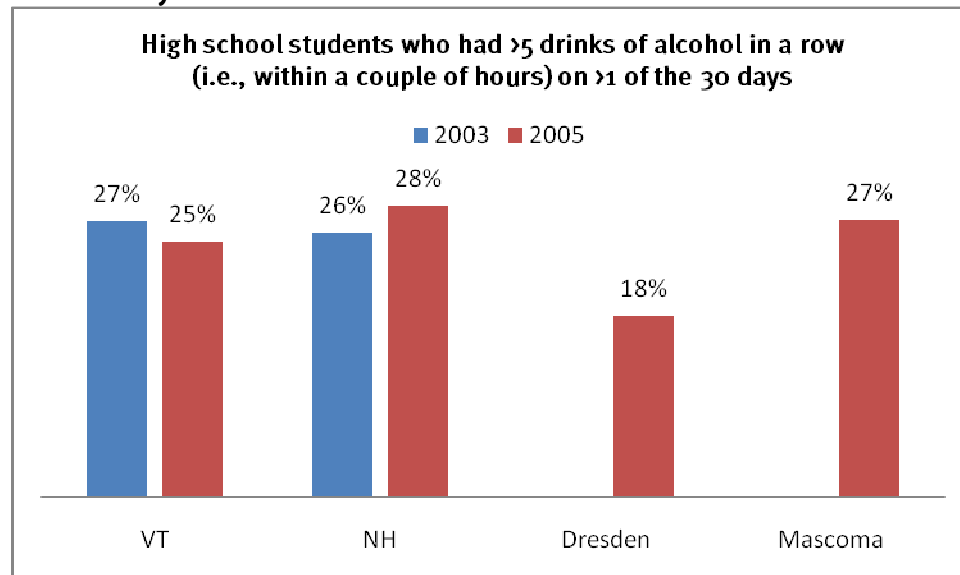
While young people –junior high and high school age – can find many healthy and positive opportunities in the Upper Valley, there is only a patchwork of services for the youth experiencing difficulty or who are in crisis. Substance abuse among youth, lack of supportive educational environments and an overall permissiveness are contributing to the difficulties of youth at risk. While more young people restrain themselves from alcohol abuse or abstain altogether, those who do drink are tending to greater excess. Prescription medications and opiates are also easily available and often lead to abuse.

School is where most efforts to address youth at risk are focused. To increase contact with at-risk students, Lebanon and Mascoma Regional High School have collaborated with police departments to hire School Resource Officers, a.k.a. SROs, who build relationships with students and provide guidance. And for the students who do not learn well in a traditional classroom, several local Career and Technical centers offer a different environment, and topics, to help keep those students engaged.

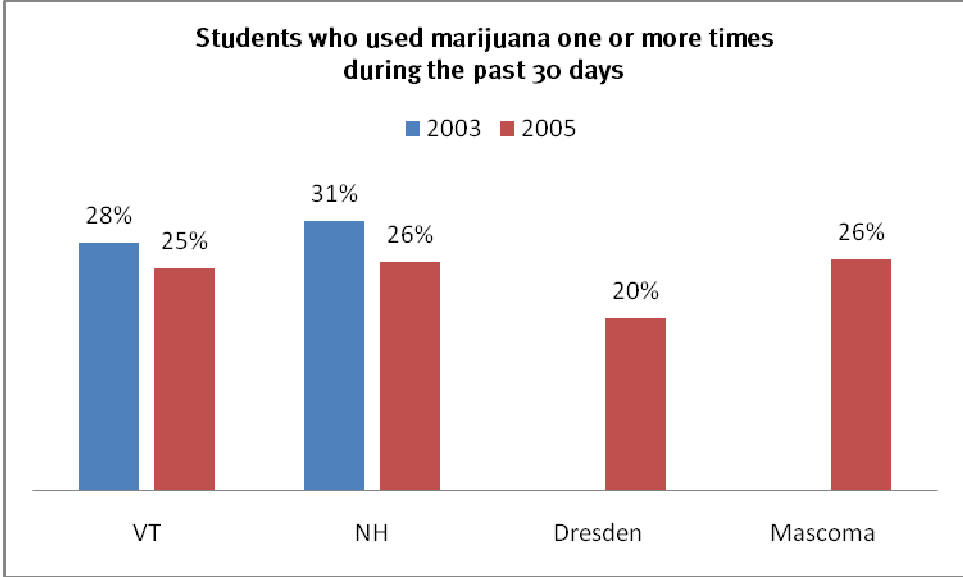
Like so many other populations, for youth living beyond the center of the Upper Valley, the lack of frequent and extensive transportation prevents them from getting services and accessing resources. Attending support groups, attending medical appointments, getting job training or going to work are harder because of the lack of transit.

Since the 2003 assessment LISTEN Community Services opened The Junction, a teen drop in center in White River Junction where between fifteen and twenty teenage youth spend their afternoons and evenings. In 2008, Nancy Bloomfield, LISTEN’s Teen Life Skills Coordinator began convening service providers working with youth to evaluate their resources and create strategies to better serve the needs of area youth in Vermont and New Hampshire.

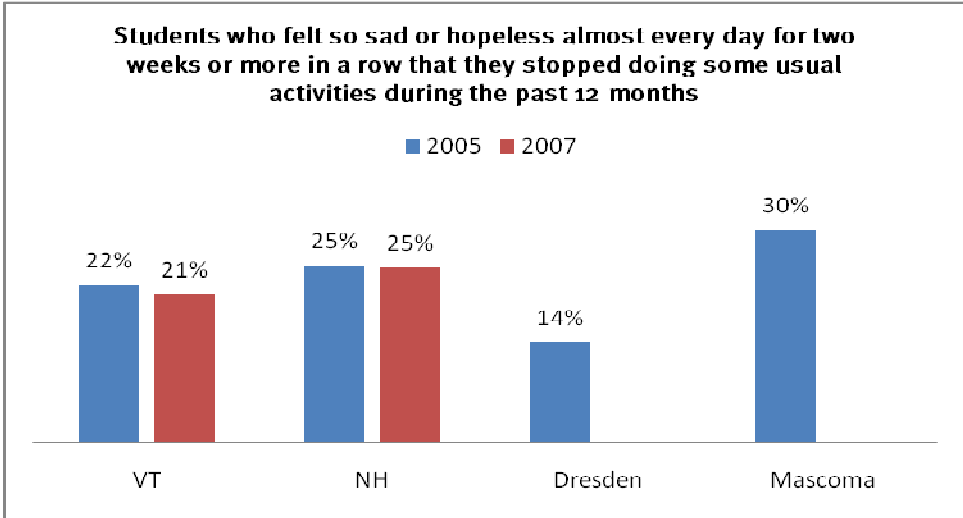
### Community Measurements



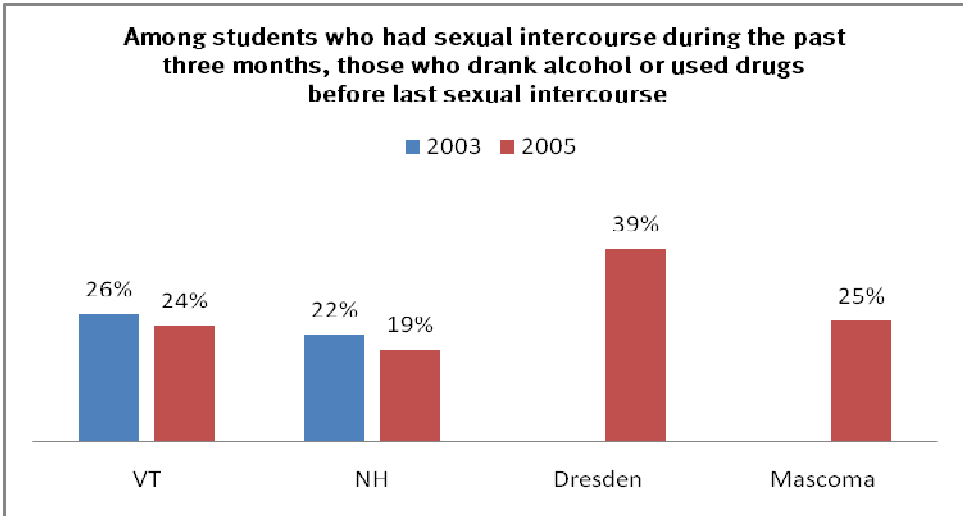
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## **Informed Assessments**

*The following represents the informed opinion of the following people:*

*Elena VanZandt, Headrest*

*Nancy Bloomfield, LISTEN Community Services, Teen Life skills Coordinator*

*Robert Bryant, Second Growth, Executive Director*

*Donlon Wade, LADAC, Private Practitioner*

Larger cultural issues and the attitudes of adults affect youth at risk. Attitudes about drug use, tolerance for misbehavior and a lack of support for education register with young people. Drug use is increasingly tolerated, whether prescribed or illicit. Another issue is tolerance or unawareness of misbehavior like skipping school. “I was surprised to see how easy it is for youth not to be in school,” observed Nancy Bloomfield, Teen Life skills Coordinator at The Junction. The youth notice the lack of community support for district school budgets. “When school budgets don’t pass, youth feel like they are a low priority,” noted Elena VanZandt. Two additional problems particular to the Upper Valley – the lack of alternative education and adequate transportation – remain un-addressed since previous needs assessments.

The staff at WISE pointed out that research indicates that victimization through dating and sexual violence is a significant risk factor for many negative outcomes for youth in terms of their long-term health and mental health as well as increasing the risk of substance abuse, eating disorders and high-risk sexual behavior. Additionally, in Appendix A: Highlights of Community Impact Work an increase in domestic and sexual violence, and “unreported sexual abuse and teen date rape is suspected to be on the rise” was key trends identified in local communities. WISE provides services to child and teen victims of dating and sexual violence and reaches over 2,000 young people in 6 school districts every year with prevention programming related to teen dating and sexual violence.

In previous needs assessments, people contacted were not able to identify resources for youth at risk. And while the Junction and expanded programs at Second Growth are good additions to the meager resources in the Upper Valley, in the opinion of the informants interviewed for this report, the Upper Valley is not doing enough to assist youth at risk. In general, the consensus was that earlier intervention would make the situation less adversarial.

## **Opportunities to Support Needs in this Area**

- Life skills training
- Youth-run business designed to prepare youth for entry in to the work force
- Extended bus routes and hours

Many of the needs identified in previous needs assessments continue to be under resourced or unmet: counseling for drug, alcohol and tobacco abuse, mentoring programs, life skills programs, early identification, alternative education and foster home availability.

## Community Resources

The chart below was created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

The Circle Program	Plymouth, NH	circleprogram.org	(603) 536 – 4244
Girl Scouts of Swift Water Council	Bedford, NH	swgirlscouts.org	(603) 627 – 4158
Hartford Area Career & Technology Center	White River Junction, VT	hartfordschools.net/Schools/HACTC/tabid/56/Default.aspx	(802) 295-8630
Headrest Teenline	Lebanon, NH	Headrest.org	(800) 639-6095
The Junction	White River Junction, VT	listencs.org	(802) 295 – 2612
The Mayhew Program	Bristol, NH	mayhew.org	(603) 744 – 6131
River Bend Career and Technical Center	Bradford, VT	riverbendtech.org	(802) 222-5212
Second Growth	Lebanon, NH	secondgrowth.org	(603) 643 – 6603
Second Wind /The Turning Point Club	White River Junction, VT	turningpointclub.com	(802) 295 – 5206
Sugar River Valley Regional Technical Center	Newport, NH Claremont, NH	newport.k12.nh.us/Schools/SRVRTC/index.htm	(603) 863-3759 (603) 543-4291
Valley Vista	Bradford, VT	vvista.net	(802) 222 – 5201
West Central Behavioral Health	Lebanon, Claremont, Newport, NH	Wcbh.org	603-448-0126

# Special Populations

## Returning Veterans

### Informed Assessments for Returning Veterans

*The following represents the informed opinion of the following people:*

*Larry Daigle, President, Friends of Veterans (FOV)*

*Jesse Vazzano, VA Medical Center, Grant and Per Diem Liaison*

*Cheryl Stancil, VA Medical Center, Eligibility Clerk*

*Lori Chase, VA Medical Center, Social Worker*

“Charity is not part of the soldier's vocabulary. He might trust a stranger but wouldn't want people or friends to know that he needs help.” Larry Daigle, 2008

Over 12,000 members of the armed services have returned to Vermont and New Hampshire after service in Iraq or Afghanistan and about 500 live in the Upper Valley. As they return home, not only veterans themselves, but also spouses, dependents, employers and other people are affected.

Transitional housing and emergency shelters are often the first concern for veterans and there are no such shelters in the Upper Valley. The Department of Veterans Affairs (VA) is considering building a residential treatment center to accommodate veterans' specific needs for supportive shelter. In the interim, a homelessness coordinator helps veterans arrange travel the nearest homeless shelters (Rutland, Claremont or Burlington). With appropriate paperwork, a subset of homeless veterans can also now access HUD VASH housing vouchers (the Vermont Housing Authority provides the VA with 20). Friend of Veterans Director Larry Daigle comments, “we had people who were coming into our office during the day and sleeping in a shopping cart at night because the VA had run out of beds.”

Medical care is another concern. Primary care, mental health services, substance abuse services and special clinics are available to veterans in White River Junction. Dental services however, are not readily available locally; one veteran had to travel 90 miles north to Burlington to get treatment.

Transportation was mentioned often as important to veterans. The Advance Transit service was recognized for being helpful, particularly because it is free, but veterans are limited by the lack of an evening or weekend schedule. The lack of transportation makes getting to support services harder, especially when a veteran may already have reservations about using an available support service.

“Having asked these young men and women to serve their country, the country should now be ready to serve them.” Mark Splaine

## Community Resources for Veterans

The charts below were created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.

Veterans Administration Medical Center	White River Junction VT	whiteriver.va.gov	(802) 295 – 9363
White River Junction Polytrauma Support Clinic	White River Junction, VT	polytrauma.va.gov	(802) 295 – 9363 x5362
Vermont Veterans Center	White River Junction VT		(800) 549 – 6603
Global War on Terrorism Outreach Program (GWOTO)	White River Junction, VT		(802) 295 – 2908
Friends of Veterans	White River Junction, VT	friendsofveterans.net	(802) 296 – 8368
Needy Veterans Fund	Montpelier, VT		(888) 666 – 9844
DAV Transportation	White River Junction, VT		(866) 687 – 8387 Ext. 5394
The Veterans Place		vermontveteransplace.org	
Dodge House	Rutland, VT		(802) 775 – 6772

## Coalitions and Networks

New Hampshire State Veterans Council	Manchester, NH	nh.gov/nhveterans	(800) 622 – 9230
State of Vermont, Office of Veterans Affairs	Montpelier, VT	va.state.vt.us	(802) 828 – 3379

## National Resources And More Data

Courage to Care	usuhs.mil/psy/courage.html
Military HomeFront	militaryhomefront.dod.mil
Military one Source	militaryonesource.com

## **Criminal Offenders**

### **Informed Assessments for Offenders Undergoing Rehabilitation**

*The following represents the informed opinion of the following people:*

*Regina Rice, Executive Director of Valley Court Diversion*

*Glenn Libby, Superintendent, Grafton County Jail*

Three approaches to rehabilitating prisoners are available in Grafton County. The first two involve alternatives to incarceration: alternative sentencing and drug court. The third provides supportive services for people while they are incarcerated.

1. Alternative sentencing incorporates strategies that both provide justice for the victim and also help the offender accept responsibility and improve his behavior. The alternative sentencing programs, run by Valley Court Diversion in White River Junction, focus on juveniles and first time offenders of any age, as well as alcohol and marijuana related offenses. The alternative sentencing program for juvenile offenders seeks ways to repair the harm done and also offers a life skills program to provide alternatives to criminal behavior.

The first offender program is notable for its assessment of the offender for mental health, substance abuse, or learning-related needs. This assessment can help identify problems within the offender's life that may have led to the offense, and prevent those problems from becoming more severe. An educational curriculum which is part of the program aims to increase the offender's maturity, self-confidence and communication skills, in order to help the individual avoid future mistakes.

2. As of June 2007, a second alternative to incarceration came in the form of the Grafton County Drug Court, which accepts repeat non-violent offenders with a history of addiction. The Drug Court is a collaboration between law enforcement, the legal system (including public defenders), and substance abuse counselors. The Drug Court team, which includes the county attorney, determines whether a referred offender is appropriate for the program. Rather than being incarcerated, participants enroll in a supervised two year program, during which they must meet regularly with a substance abuse counselor and stay clean and sober.

Grafton County is only the second county in New Hampshire to open a drug court. Because of the demonstrated success, Sullivan County is considering initiating a drug court as well.

3. The Grafton County Jail, which serves as the correctional facility for the New Hampshire side of the Upper Valley, is making efforts to include supportive services to help prisoners avoid reoffending after release. The jail has coordinated services with area agencies, and several now provide services at the facility. This includes counseling services provided by Headrest, West Central Behavioral Services and White Mountain Mental Health. Other agencies have informal agreements to provide services.

The new Grafton County Correctional Facility should increase the level of support provided to inmates. Construction is projected to break ground in spring 2009 and the facility should be

operational in 2011. The facility will focus on rehabilitation; among the enhancements is a space for volunteers to provide life skill classes.

### Resources for Rehabilitating Offenders

*The charts below were created to provide a list of the assets and resources available in the community. This document was printed in early 2009. For a current list of resources contact 2-1-1. 2-1-1 is a free call that connects callers with information and referral services for New Hampshire and Vermont.*

Grafton County Drug Court / Grafton County Attorney's Office			(603) 787 – 6968
Grafton County Department of Corrections	North Haverhill, NH	graftoncountydock.org	(603) 787 – 6767
Valley Court Diversion	White River Junction, VT	justice-works.org	(802) 295 – 5078

### More Data

Vermont Criminal Information Center	<a href="http://dps.state.vt.us/cis/crime_05/vcon.html">dps.state.vt.us/cis/crime_05/vcon.html</a>
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## **Appendix A: UVUW Highlights of Community Impact Committee work**

### **MEMO**

**FROM:** Lizann Peyton, consultant  
**DATE:** December 8, 2005  
**RE:** Highlights of Community Impact Committee work, fall 2005

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#### **Re-cap of Committee Charge:**

1. Update the 2003 Needs Assessment, and in doing so, design a process for doing interim updates every fall.
2. Recommend a ranking of priorities for Basic Community Needs funding (to be approved by the Board and used in the April 2006 Review & Allocation process)
3. Recommend issue(s) for Community Impact Funding (to be investigated and approved by the Board for a pilot project to be launched in fall 2006).

#### **Overview of Committee's Fall Work:**

The Community Impact Committee met 5 times this fall and, in the process, formed itself as a new component of UVUW's ongoing structure. The 16-member group worked extremely well as a team, building on last spring's Needs Assessment Committee work, and gave tremendous contributions of time, energy, and hard work. The group is well poised to continue annually, with the possible addition of one or two more members connected to good data sources.

#### **Tasks Completed This Fall:**

- Mapped availability of services by service sector, geography, and transportation access
- Identified gaps in services and transportation
- Designed a model for annual updating of the Needs Assessment, using "proxy" indicators to minimize data collection
- Identified a list of possible indicators and sources for the data
- Collected sample data to test the model and serve as a baseline for monitoring future trends
- Revised the framework for prioritizing Basic Community Needs R&A allocations
- Agreed on a plan to pursue future mapping of service coordination (jointly with UNH) and service funders (jointly with NH Charitable Foundation-Upper Valley region)

Due to the time demands of creating the model in this fall's first round, we agreed to wait and reconvene in January 2006 to recommend issues for the Community Impact project. Possible issues under discussion include child & adolescent dental care, a homeless shelter, life skills, and case management/coordination

## Recommendations to the Board:

1. The Community Impact Committee recommends eliminating the ranked list of 11 R&A priorities and replacing it instead with a new framework of three interconnected, interlinked dimensions: funding themes, service strategies, and target populations. The Committee makes this recommendation for several reasons:
  - Family needs are interconnected and in reality, the issues don't stand alone. Any group working in this field would find it difficult to list issues in ranked order.
  - Providers are increasingly trying to address client needs from the perspective of the whole problem, not just a single need in isolation.
  - The UVUW Board emphasizes coordination of programs, not stand-alone services.
  - No program or service can excel if not embedded in the larger picture of access, transportation, coordination and case management.
  - The multi-framework model makes these inter-connections visible and creates an opportunity for collaborating agencies to come together around needs.
2. High priority should be given in the R&A process to programs that meet one or more of these categories. R&A will weigh these along with other factors, such as: is the service critical? Is an influx of UVUW funding critical to the service? Is the program well managed and effective? Is it collaborating with other providers? Can UVUW use its voice and influence in other ways, besides funding?
3. The Board should design a plan for raising community awareness of the new framework that replaces the R&A priorities list and work to foster a mindset that treats human service problems from a multi-issue perspective.
4. Primary health care and transportation are not included in the framework because United Way does not fund them directly; however, they are critical issues and UVUW should use its voice to educate the community about the critical health care and transportation needs.
5. The UVUW Board should discuss how it will be able to provide a "rapid response" on any urgent issues picked up each fall in the needs assessment update (for example, this year's rising fuel costs). Because funding priorities are designed to affect next year's funding cycle, UVUW should discuss a mechanism (e.g. "contingency" set-aside within Basic Needs funding) for same-year response to urgent Needs Assessment findings.
6. The Board should discuss how it will get to outcomes and ends statements. There is great interest among Community Impact Committee members in linking the "priorities" framework to a statement of outcomes we wish for people in our community (see VT Agency of Human Services for an example). Yet this visible "outcomes" statement would need board policy discussion and approval.

## Community Trends:

This first year's schedule left inadequate lead time for agencies to provide in-depth data that would show us quantitative trends. With the model now designed, data collection can begin as early as the summer in next year's cycle. For this year, however, information on trends came from qualitative information provided by community service providers, police, and schools.

Because it does not represent a rigorous sampling of all towns, it cannot be considered a statistically complete picture of the region. However, several issues were named repeatedly:

- ***Primary health and dental care, affordable housing, and transportation continue to be major problems affecting families.*** Transportation is particularly difficult for retail and shift workers during evening and weekend hours, when virtually no public transit exists.
- ***People are worried that high fuel costs will have a ripple effect*** on housing costs, homelessness, family food and medical budgets, credit card debt, family stress, and children's worries about their family's security. Towns saw increased requests for help with rent and utilities this fall. Yet publicity about the fuel issue provides an opportunity to leverage awareness and community concern for families' well-being.
- ***Police are seeing an increase in alcohol and drug abuse incidents.*** Harder drugs like heroin are coming into the region, addicts are younger, and behaviors related to funding a drug habit are on the rise.
- ***Some towns are seeing an increase in domestic and sexual violence incidents*** to the point where an officer is needed just for these issues, and unreported sexual abuse and teen date rape is suspected to be on the rise. Clients are presenting with a more complicated array of traumatic histories, mental health, substance abuse, and housing needs.
- ***The intensity of senior service needs is increasing dramatically in the over-80 age group*** – particularly for home-based care and meals. The growing size of this over-80 age group, combined with new political trends to “empty out the nursing homes,” will further increase the pressures on home- and community-based senior care.
- ***On the legal aid front,*** family law cases are getting more complicated and changing rules about divorce and bankruptcy cases will complicate ability to serve those families well.

A complete copy of the indicators report is available from the UVUW office.

### **Next Cycle – Fall 2006:**

The Committee will reconvene again in late summer or early fall 2006 to launch the next update cycle, with more lead time to narrow the indicators and tell agencies of data needs. Hopefully, the availability of additional UVUW staff by mid-2006 can provide staffing support for this data collection. One or two more members might be added because of connections to data sources.

## **Appendix B: Recommendations of the UVUW Community Impact Committee**

### **Recommendations of the UVUW Community Impact Committee *November 30, 2005***

#### **Charge**

The Community Impact Committee was charged by the Board with three tasks:

4. Update the 2003 Needs Assessment, and in doing so, design a process for doing interim updates every fall.
5. Recommend a ranking of priorities for Basic Community Needs funding, to be approved by the Board and used in the April 2006 R&A process.
6. Recommend issue(s) for Community Impact Funding, to be investigated and approved by the Board for a pilot project to be launched in fall 2006.

#### **Process**

Over six weeks, the Community Impact Committee took the following steps:

1. Identified “proxy indicators” for each of the 2005 funding priorities, identified local sources for data to measure those indicators, and collected limited data within time and funding constraints.
2. Mapped services, gaps, and trends for each of the 2005 funding priorities.
3. Designed a new 3-part framework for funding priorities, to replace the ranked list.
4. Agreed to meet again in January 2006 to recommend issues for a Community Impact pilot project.

#### **Response to Charge #1: Updating the 2003 Needs Assessment**

The Community Impact Committee mapped availability of services in the region, identifying gaps, access issues, and a handful of “proxy indicators” for monitoring trends with limited data-gathering. *(summary of indicators and data attached)*

Because of the difficulty, time, and expense of collecting multi-year data, the Committee is unable to document actual data trends in 2005. Rather, the data from this year will serve as a baseline from which trends can be documented beginning in 2006. Hopefully, the availability of additional UVUW staff by mid-2006 can provide staffing support for this data collection.

The Committee recommends that:

- Two other mapping activities are completed at a future time: coordination of services, and funding of services.
- Service providers are notified of data that is needed annually.
- The indicator-measuring process is repeated in the fall of 2006 as the method of updating the Needs Assessment.

- Staffing support be provided to the Committee for data collection and trend analysis.  
(over)

## **Response to Charge #2: Priorities for 2006 Basic Community Needs**

The Community Impact Committee recommends eliminating the ranked list of 11 priorities and replacing it instead with a new framework of three interconnected, interlinked dimensions: impact areas, impact target populations, and impact service strategies (see attached). The Committee makes this recommendation because:

- A single ranked list artificially names some services as more important than others. In reality, Upper Valley residents typically have a cluster of interconnected needs, and the service issues don't stand alone.
- Providers are increasingly working to address clients' multi-issues needs, not just a single need in isolation of the whole problem.
- The UVUW Board emphasizes coordination of services and programs, not stand-alone services.
- Great programs and services do no good if clients can't find them, get there, and coordinate services with their other needs.
- The multi-framework model makes the inter-connections visible and creates an opportunity for collaborating agencies to come together around needs.

Two additional recommendations come from the Committee:

- Train R&A members to understand the linkages and give high priority to funding of programs that meet one or more of these categories.
- Use UVUW's voice to educate the community about the critical importance of primary health care, transportation, and housing, even though these are not funded directly by United Way.

## **Response to Charge #3: Issues for a Community Impact Pilot Project**

The Community Impact Committee will reconvene after January 1, 2006 to prioritize topics for Impact funding. Possible issues include child & adolescent dental care, a homeless shelter, life skills, and case management/coordination.

## **Other recommendations to the Board that emerged from this process**

- Look at UVUW's capacity to provide a "rapid response" to any urgent issues picked up each fall in the needs assessment update. For example, rising fuel costs will have a deep impact this winter on the needs for fuel assistance, rent assistance, housing support, and homeless prevention – yet our funding priorities are designed to affect next year's funding cycle. How should UVUW deal with similar urgent issues? Would such a program be best handled through building a "contingency" set-aside within Basic Needs funding, if such an option needed to exist?

**2005 Community Impact Committee members**

Merilynn Bourne, LISTEN Community Services  
 Mike Cryans, Headrest  
 Joie Finley-Morris, Tri-County CAP  
 Elaine Guenet, The Family Place  
 Julia Hadlock, Alice Peck Day Memorial Hospital  
 Donna Hutchins, City of Lebanon  
 Sara Kobylenski, VT AHS  
 Carr Robertson, DHMC  
 Steve Marion, DHMC  
 Peggy O’Neil, WISE  
 Kevin Peterson, NH Charitable Foundation  
 Chuck Townsend, DHMC  
 Anne Duncan Cooley, Upper Valley Housing Coalition, UVUW Board - Committee Chair  
 Brian Edwards, Dartmouth College, UVUW Board  
 Larry Root, Retired – TIMKEN, UVUW Board  
 Jack DeGange, Retired, UVUW Strategic Planning Committee  
 Jim Tonkovich, UVUW Executive Director  
 Lizann Peyton, Consultant

**FRAMEWORK for 2006 COMMUNITY NEEDS PRIORITIES**

<u>High Priority Impact Areas</u>	<u>Impact Populations</u>	<u>Impact Strategies &amp; Resources</u>
Safe housing and shelter	Youngest children	Health promotion, education, and disease prevention
Crisis emergency services	Adolescents at risk	Transportation
Mental health	Victims of domestic and sexual violence	Life skills education and training
Substance abuse	Seniors	Family supports
Oral health care	The uninsured, those living in poverty, and those with other poverty factors	Service access and navigation
Child development	(the working poor)	Case management and coordination

## Appendix C: Response Summary for Community Health Prioritization Survey

Tabulated Responses for all non-demographic survey questions:

<b>1. What are the top 3 health needs of your patients / clients? Please list them by priority of need: 1st, 2nd, and 3rd?</b>		
<b>Response Grouping</b>	<b>Response Count</b>	<b>Response Frequency</b>
1. Oral Health Care	26	23%
2. Mental Health Care	19	17%
3. Access to Basic Medical Care	18	16%
4. Health Education / Prevention / Wellness	11	10%
5. Substance Use Treatment	8	7%
6. Access to Prescriptions	7	6%
6. Chronic / Complicated Disease Management	7	6%
7. Patient Advocacy	4	4%
7. Transportation to Health Care	4	4%
8. Sexual/Relationship Violence Services	2	2%
Other Identified Needs	6	5%
<b>Total Responses</b>	<b>112</b>	<b>100%</b>
<b>Total Respondents</b>	<b>37</b>	

<b>2. What are the three greatest health needs that you see in the community? Please list them based on priority.</b>		
<b>Response Grouping</b>	<b>Response Count</b>	<b>Response Frequency</b>
1. Health Education / Prevention / Wellness	29	25%
2. Oral Health Care	24	21%
3. Access to Basic Medical Care	22	19%
4. Mental Health Care	16	14%
5. Substance Use Treatment	8	7%
6. Chronic / Complicated Disease Management	5	4%
7. Access to Prescriptions	3	3%
8. Transportation to Health Care	2	2%
8. Sexual/Relationship Violence Services	2	2%
Other Identified Needs	4	3%
<b>Total Responses</b>	<b>115</b>	<b>100%</b>
<b>Total Respondents</b>	<b>37</b>	

### 3. Which of the health needs in Question 2 will your organization address in the coming year?

Response Grouping	Response Count	Response Frequency
1. Health Education / Prevention / Wellness	12	26%
2. Mental Health Care	8	17%
3. Access to Basic Medical Care	6	13%
4. Oral Health Care	5	11%
4. Substance Use Treatment	5	11%
5. Chronic / Complicated Disease Management	4	9%
6. Sexual/Relationship Violence Services	2	4%
7. Access to Prescriptions	1	2%
7. Patient Advocacy	1	2%
7. Transportation to Health Care	1	2%
Other Identified Needs	1	2%
<b>Total Responses</b>	<b>46</b>	<b>100%</b>
<b>Total Respondents</b>	<b>36</b>	

### 7. What are the greatest barriers that prevent your clients/patients from accessing the services/resources they need to be healthy?

Response Groupings	Response Count	Response Frequency	Notes
1. No dental insurance	41	20%	24 no insurance, 17 no Medicaid
2. No personal transportation	32	16%	20 personal, 12 public
3. No/limited medical insurance coverage	23	11%	
4. Lack of same-day/walk-in non emergency medical clinics	17	8%	
5. Cost of prescriptions	14	7%	
5. Lack of supportive housing	14	7%	
6. inability of patient to understand how to access services	12	6%	
7. Not enough mental health providers	10	5%	10 "same day", 7 "quickly"
8. Not enough dentists	7	3%	
8. Location of dental services is too far from patient	6	3%	
9. Not enough specialists	5	2%	
9. Limited coaching/support for self care of chronic conditions	5	2%	
9. Access to care limited by lack of childcare options	5	2%	
9. Location of medical services is too far from patient	4	2%	
9. Poor communication/coordination between providers	4	2%	
10. Medicare Part D Donut Hole	2	1%	
Other (please specify)	13	6%	
<b>Total Responses</b>	<b>201</b>		
<b>Total Respondents</b>	<b>37</b>		

**9. If you could address only three of these barriers, which would you address? Please rank them listing the one you would address first, second, and third.**

<b>Response Groupings</b>	<b>Response Count</b>	<b>Response Frequency</b>	<b>Notes</b>
No dental insurance	20	21%	11 general, 9 Medicaid
No/limited medical insurance coverage	14	15%	
Limited public transportation	11	12%	incl. 10 "public", 1 "personal"
Lack of supportive housing	9	10%	
Not enough mental health providers	8	9%	
Other (please specify)	7	7%	
Cost of prescriptions	6	6%	
Quick access to non-emergency medical care	6	6%	4 "same day", 2 "timely"
Not enough dentists	3	3%	2 "oral surgeons"
Poor communication/coordination between providers	3	3%	
Inability of patient to understand how to access services	2	2%	
Location of dental services is too far from patient	1	1%	
Limited coaching/support for self care of chronic conditions	1	1%	
Access to care limited by lack of childcare options	1	1%	
Location of medical services is too far from patient	1	1%	
Medicare Part D Donut Hole	1	1%	
<b>Total Responses</b>	<b>94</b>		
<b>Total Respondents</b>	<b>37</b>		

## Appendix D: 2-1-1 Data

### 2-1-1 Services

In February of 2005 Vermont launched the 2-1-1 VT a statewide information and referral program. This program is managed by the United Ways of Vermont and receives funding from the State of Vermont, private grants and the nine United Ways in Vermont.

In June 11, 2008 United Ways of New Hampshire launched 2-1-1 NH. With this resource in place residents in New Hampshire can contact 2-1-1 NH toll-free by dialing 2-1-1 in state or 1-866-444-4211 from out of state. The 2-1-1 NH program is an initiative of the United Ways of New Hampshire in partnership with Public Service Company of New Hampshire. It is sponsored by the Citizens Bank Foundation, Exeter Hospital, New Hampshire Charitable Foundation and the State of New Hampshire.

Having a single information and referral resource in both states provides an easy to remember number where any person can get help. Information and Referral (I&R) is the art, science and practice of bringing people and services together. I&R is an integral part of the overall human services sector.

I&R organizations, like 2-1-1, create and maintain databases of programs and services and make that information available to individuals and communities through a variety of communication channels. People in search of critical services such as emergency financial assistance, food, shelter, child care, jobs, or mental health support often do not know where to begin. Calling 2-1-1 points them in the right direction.

Because 2-1-1 is the sole resource for general I&R in each of the two states, information from the 2-1-1 databases gives us a snapshot of the needs of individuals by town, county and for the entire state.


Because both these programs are developing, some of the growth in call volume may be a result of increase awareness of the service and not increased need. Over time the database will be a resource to compare change in needs over time.

2-1-1 VT receives an average of 200 calls per month an increase of approximately 500 calls per month over 2007. 2-1-1 NH call volume has been steadily increasing during it's first seven months of service, in the months of November, December and January 2009 that call center received over 2000 calls each month.


For the purposes of this assessment data from Vermont for all of 2008 in Orange and Windsor County has been included. Call volume from 1/11/09 through 2/11/09 for the top fifteen inquiry areas in Grafton and Sullivan County in New Hampshire is presented.

Monthly Call Volume  
January 11, 2009 – February 11, 2009

Orange County, VT


<b>Orange County</b>  Vermont 2-1-1 Referrals by Type of Need January 1, 2008 - December 31, 2008  Year-to-Date Calls for County: <b>803</b>		 Number of Calls by Month												
		J	F	M	A	M	J	J	A	S	O	N	D	
		49	42	48	42	58	64	80	62	84	98	82	94	
Need Category		Referrals YTD	Number of Referrals											
			J	F	M	A	M	J	J	A	S	O	N	D
<b>BASIC NEEDS</b>		<b>316</b>	<b>19</b>	<b>9</b>	<b>17</b>	<b>9</b>	<b>19</b>	<b>22</b>	<b>41</b>	<b>21</b>	<b>43</b>	<b>49</b>	<b>32</b>	<b>35</b>
Food		30	3	2	2	1	4	4	5	0	0	5	4	0
Housing/Shelter/Fuel		195	14	6	8	5	8	14	27	13	23	31	22	24
Material Goods		15	0	0	1	0	0	1	3	0	5	2	2	1
Temporary Financial Aid		59	2	0	4	3	6	3	5	5	11	8	4	8
Transportation		17	0	1	2	0	1	0	1	3	4	3	0	2
<b>CONSUMER SERVICES</b>		<b>40</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>9</b>	<b>2</b>	<b>3</b>
Consumer Assistance and Protection		33	4	1	2	0	2	3	5	3	3	6	1	3
Consumer Regulation		7	0	0	0	1	0	1	0	1	0	3	1	0
<b>CRIMINAL JUSTICE AND LEGAL SERVICES</b>		<b>66</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>7</b>
Courts		7	0	0	1	0	0	1	3	0	0	0	1	1
Criminal Correction System		0	0	0	0	0	0	0	0	0	0	0	0	0
Judicial Services		0	0	0	0	0	0	0	0	0	0	0	0	0
Law Enforcement Agencies		1	0	0	0	0	0	1	0	0	0	0	0	0
Law Enforcement Services		4	1	0	1	0	0	0	0	0	0	0	1	1
Legal Assistance Modalities		19	3	0	1	2	1	1	4	0	2	2	0	3
Legal Education/Information		0	0	0	0	0	0	0	0	0	0	0	0	0
Legal Services		29	1	3	3	4	1	2	2	1	6	3	1	2
Tax Organizations and Services		6	0	3	2	0	0	0	0	0	0	1	0	0
<b>EDUCATION</b>		<b>6</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
Educational Institutions/Schools		0	0	0	0	0	0	0	0	0	0	0	0	0
Educational Programs		4	1	2	0	0	0	0	0	0	1	0	0	0
Educational Support Services		2	0	1	0	0	0	0	1	0	0	0	0	0
<b>ENVIRONMENTAL/ PUBLIC HEALTH/ PUBLIC SAFETY</b>		<b>12</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>
Environmental Protection and Improvement		6	0	0	0	0	1	1	0	1	2	0	1	0
Municipal Services/Public Works		0	0	0	0	0	0	0	0	0	0	0	0	0
Public Health		4	0	0	0	0	0	0	0	1	1	0	1	1
Public Safety		2	1	0	0	0	0	0	0	0	0	0	0	1
<b>HEALTH CARE</b>		<b>60</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>7</b>
Emergency Medical Care		0	0	0	0	0	0	0	0	0	0	0	0	0
Health Screening/Diagnostic Services		2	0	0	1	0	0	0	0	0	0	0	1	0
Health Supportive Services		20	0	4	2	1	2	2	0	0	1	1	1	6
Human Reproduction		1	0	0	0	0	0	0	0	0	1	0	0	0
Inpatient Health Facilities		1	0	0	0	0	0	0	0	0	0	0	0	1
Outpatient Health Facilities		5	0	1	0	1	1	0	2	0	0	0	0	0
Rehabilitation/ Habilitative Services		2	0	0	0	1	0	0	0	1	0	0	0	0
Specialized Treatment		5	0	1	0	0	0	0	1	0	1	1	1	0
Specialty Medicine		15	0	1	0	3	3	1	3	1	1	0	2	0
Substance Abuse Services		9	0	0	1	1	1	1	1	1	2	0	1	0

Monthly Call Volume  
January 11, 2009 – February 11, 2009

Orange County													
Vermont 2-1-1 Referrals by Type of Need January 1, 2008 - December 31, 2008		Number of Calls by Month											
Year-to-Date Calls for County: 803		J	F	M	A	M	J	J	A	S	O	N	D
		49	42	48	42	58	64	80	62	84	98	82	94
Need Category	Referrals YTD	Number of Referrals											
		J	F	M	A	M	J	J	A	S	O	N	D
<b>INCOME SUPPORT AND EMPLOYMENT</b>	<b>73</b>	4	6	2	8	3	8	7	2	4	11	10	8
Employment	10	0	1	0	2	1	2	1	0	1	1	1	0
Public Assistance Programs	43	2	5	1	5	2	2	5	1	2	6	6	6
Social Insurance Programs	20	2	0	1	1	0	4	1	1	1	4	3	2
<b>INDIVIDUAL AND FAMILY LIFE</b>	<b>56</b>	2	3	5	7	6	1	5	10	9	2	5	1
Death Certification/Burial Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Surrogate /Alternative Living Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual and Family Support Services	55	1	3	5	7	6	1	5	10	9	2	5	1
Leisure Activities	1	1	0	0	0	0	0	0	0	0	0	0	0
Social Development and Enrichment	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>MENTAL HEALTH CARE</b>	<b>18</b>	1	1	0	1	2	1	2	4	1	3	1	1
Counseling Settings / Approaches	4	0	0	0	0	1	0	0	1	0	2	0	0
Mental Health Facilities	5	1	0	0	1	0	0	0	1	1	0	0	1
Outpatient Mental Health Care	6	0	0	0	0	1	1	0	2	0	1	1	0
Psychiatric Support Services	3	0	1	0	0	0	0	2	0	0	0	0	0
<b>ORGANIZATIONAL/COMMUNITY SERVICES</b>	<b>108</b>	6	3	4	4	8	3	13	10	15	12	14	16
Community Economic Development	2	1	0	0	0	0	0	0	1	0	0	0	0
Community Groups	6	0	0	1	0	1	0	2	0	1	0	0	1
Community Services	15	0	0	0	0	1	0	1	0	0	1	5	7
Disaster Services	1	0	0	1	0	0	0	0	0	0	0	0	0
Donor Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Information Services	84	5	3	2	4	6	3	10	9	14	11	9	8
International Affairs	0	0	0	0	0	0	0	0	0	0	0	0	0
Organizational Development/Delivery	0	0	0	0	0	0	0	0	0	0	0	0	0
Organizational Development/Services	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>REFERRALS TO SERVICES NOT IN 211 DATABASE</b>	<b>43</b>	1	5	1	3	8	3	4	2	4	5	2	5
<b>TOTAL NUMBER OF REFERRALS</b>	<b>798</b>	44	44	43	46	58	52	94	59	97	99	77	85


Monthly Call Volume  
January 11, 2009 – February 11, 2009

Windsor County, VT

<b>Windsor County</b>													
Vermont 2-1-1 Referrals by Type of Need January 1, 2008 - December 31, 2008		Number of Calls by Month											
Year-to-Date Calls for County: 1624		J	F	M	A	M	J	J	A	S	O	N	D
Referrals YTD		Number of Referrals											
Need Category	Referrals YTD	J	F	M	A	M	J	J	A	S	O	N	D
<b>BASIC NEEDS</b>	<b>671</b>	<b>45</b>	<b>28</b>	<b>57</b>	<b>41</b>	<b>35</b>	<b>47</b>	<b>82</b>	<b>43</b>	<b>50</b>	<b>72</b>	<b>74</b>	<b>97</b>
Food	48	6	2	3	0	0	1	6	8	2	5	6	9
Housing/Shelter/Fuel	376	21	15	29	21	19	29	52	18	31	38	44	59
Material Goods	30	2	3	2	2	1	3	4	3	0	3	4	3
Temporary Financial Aid	170	12	5	18	15	12	14	17	12	15	21	12	17
Transportation	47	4	3	5	3	3	0	3	2	2	5	8	9
<b>CONSUMER SERVICES</b>	<b>68</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>13</b>	<b>7</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>9</b>
Consumer Assistance and Protection	47	1	0	1	3	2	4	10	4	5	4	6	7
Consumer Regulation	21	3	0	2	0	2	0	3	3	3	2	1	2
<b>CRIMINAL JUSTICE AND LEGAL SERVICES</b>	<b>155</b>	<b>4</b>	<b>17</b>	<b>13</b>	<b>10</b>	<b>12</b>	<b>10</b>	<b>17</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>9</b>	<b>22</b>
Courts	12	0	1	1	1	1	0	0	3	1	3	1	0
Criminal Correction System	5	0	0	0	0	0	1	1	1	2	0	0	0
Judicial Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Law Enforcement Agencies	4	1	0	0	1	1	0	1	0	0	0	0	0
Law Enforcement Services	6	0	0	0	3	1	1	0	0	0	1	0	0
Legal Assistance Modalities	52	2	3	3	3	4	3	5	4	5	6	4	10
Legal Education/Information	0	0	0	0	0	0	0	0	0	0	0	0	0
Legal Services	58	1	6	8	0	3	3	7	6	6	2	4	12
Tax Organizations and Services	18	0	7	1	2	2	2	3	0	0	1	0	0
<b>EDUCATION</b>	<b>15</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
Educational Institutions/Schools	4	0	1	1	0	1	0	0	0	1	0	0	0
Educational Programs	8	1	2	0	3	0	1	0	0	0	1	0	0
Educational Support Services	3	0	1	1	0	1	0	0	0	0	0	0	0
<b>ENVIRONMENTAL/ PUBLIC HEALTH/ PUBLIC SAFETY</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
Environmental Protection and Improvement	2	0	0	0	0	0	1	0	1	0	0	0	0
Municipal Services/Public Works	1	0	0	0	0	0	0	0	1	0	0	0	0
Public Health	5	0	0	0	0	0	1	0	1	1	0	0	2
Public Safety	3	0	0	1	0	0	0	0	1	0	0	0	1
<b>HEALTH CARE</b>	<b>134</b>	<b>6</b>	<b>12</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>11</b>	<b>19</b>	<b>9</b>	<b>10</b>	<b>17</b>	<b>12</b>	<b>14</b>
Emergency Medical Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Screening/Diagnostic Services	3	0	0	0	0	1	1	1	0	0	0	0	0
Health Supportive Services	49	1	4	2	3	6	4	6	4	3	8	3	5
Human Reproduction	2	0	0	0	0	0	0	0	0	1	0	1	0
Inpatient Health Facilities	6	1	0	1	0	0	0	0	1	1	1	0	1
Outpatient Health Facilities	7	0	0	1	0	1	0	2	0	0	1	2	0
Rehabilitation/ Habilitative Services	4	0	0	0	0	1	1	1	0	1	0	0	0
Specialized Treatment	14	2	0	0	1	1	2	2	0	1	2	0	3
Specialty Medicine	30	1	6	1	2	1	2	4	1	1	3	4	4
Substance Abuse Services	19	1	2	0	1	1	1	3	3	2	2	2	1

Monthly Call Volume  
January 11, 2009 – February 11, 2009

Windsor County, VT

<b>Windsor County</b>													
Vermont 2-1-1 Referrals by Type of Need January 1, 2008 - December 31, 2008		Number of Calls by Month											
Year-to-Date Calls for County: 1624		J	F	M	A	M	J	J	A	S	O	N	D
		101	98	107	101	102	116	186	129	131	152	169	232
		Number of Referrals											
Need Category	Referrals YTD	J	F	M	A	M	J	J	A	S	O	N	D
<b>INCOME SUPPORT AND EMPLOYMENT</b>	<b>127</b>	<b>12</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>10</b>	<b>6</b>	<b>9</b>	<b>15</b>	<b>19</b>
Employment	17	1	0	2	1	1	2	3	0	0	0	2	5
Public Assistance Programs	78	9	3	6	3	6	8	6	6	4	6	11	10
Social Insurance Programs	32	2	3	1	2	3	2	4	4	2	3	2	4
<b>INDIVIDUAL AND FAMILY LIFE</b>	<b>81</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>5</b>	<b>11</b>
Death Certification/Burial Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Surrogate /Alternative Living Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual and Family Support Services	77	3	3	4	9	5	5	7	9	7	9	5	11
Leisure Activities	3	0	1	0	0	1	0	0	0	1	0	0	0
Social Development and Enrichment	1	0	0	0	0	0	1	0	0	0	0	0	0
<b>MENTAL HEALTH CARE</b>	<b>49</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>12</b>
Counseling Settings / Approaches	9	0	0	1	1	0	0	0	0	1	0	3	3
Mental Health Facilities	11	0	2	0	0	0	2	2	0	0	0	1	4
Outpatient Mental Health Care	26	3	2	1	3	2	1	4	1	0	1	4	4
Psychiatric Support Services	3	0	0	0	0	1	0	0	1	0	0	0	1
<b>ORGANIZATIONAL/COMMUNITY SERVICES</b>	<b>207</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>14</b>	<b>6</b>	<b>10</b>	<b>26</b>	<b>11</b>	<b>14</b>	<b>22</b>	<b>26</b>	<b>46</b>
Community Economic Development	9	0	0	0	1	0	0	0	1	2	2	1	2
Community Groups	10	0	0	3	2	1	0	0	0	0	2	0	2
Community Services	29	1	2	1	2	1	1	2	0	0	1	6	12
Disaster Services	4	0	0	0	0	0	0	0	0	0	0	0	4
Donor Services	8	0	1	1	1	0	1	0	1	1	1	1	0
Information Services	143	7	8	7	7	4	8	24	9	11	16	17	25
International Affairs	0	0	0	0	0	0	0	0	0	0	0	0	0
Organizational Development/Delivery	1	0	1	0	0	0	0	0	0	0	0	0	0
Organizational Development/Services	3	0	0	0	1	0	0	0	0	0	0	1	1
<b>REFERRALS TO SERVICES NOT IN 211 DATABASE</b>	<b>80</b>	<b>9</b>	<b>11</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>8</b>
<b>TOTAL NUMBER OF REFERRALS</b>	<b>1,598</b>	<b>95</b>	<b>98</b>	<b>115</b>	<b>101</b>	<b>94</b>	<b>113</b>	<b>193</b>	<b>115</b>	<b>118</b>	<b>151</b>	<b>164</b>	<b>241</b>

## Grafton County, NH

Call volume from 1/11/09 - 2/11/09 for the top fifteen inquiry areas

93	<b>Grafton</b>	
	14	Undesignated Temporary Financial Assistance
	13	Electric Bill Payment Assistance
	13	Heating Fuel Bill Payment Assistance
	6	Specialized Information and Referral
	2	Disabilities Issues
	2	Homeless Individuals
	2	Older Adults
	1	Physical Disabilities
	5	Food Stamps
	5	Rent Payment Assistance
	4	Automobile Donation Programs
	3	Dental Care
	2	Medicaid Recipients
	1	Medicaid Recipients * Oral/Maxillofacial Surgery
	3	Disability Related Transportation
	3	Wheelchair Users
	3	Food Pantries
	3	General Inquiry
	3	Legal Counseling
	1	Low Income
	1	Low Income * Divorce/Custody/Support Issues
	3	Medical Equipment/Supplies
	3	Medical Transportation
	1	Cancer
	1	Veterans
	3	Prescription Expense Assistance

## Sullivan County, NH

Call volume from 1/11/09 - 2/11/09 for the top fifteen inquiry areas

59	<b>Sullivan</b>	
	16	Heating Fuel Bill Payment Assistance
	8	Food Stamps
	8	Undesignated Temporary Financial Assistance
	1	Families of Military Personnel/Veterans
	5	Electric Bill Payment Assistance
	5	Legal Information Lines
	1	Fathers
	4	Rent Payment Assistance
	1	Families of Military Personnel/Veterans
	3	Dental Care
	1	Low Income
	1	People Without Health Insurance
	3	Legal Counseling
	2	Low Income * Housing Complaints
	1	Low Income
	2	411 Call
	2	Credit Counseling
	2	General Inquiry
	2	Home Rehabilitation Grants
	2	HUD Approved Counseling Agencies

## References

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<sup>i</sup> 2005 Youth Risk Behavior Survey

<sup>ii</sup> 2005 Youth Risk Behavior Survey

<sup>iii</sup> Behavioral Risk Factors Surveillance System, 2006

<sup>iv</sup> Behavioral Risk Factors Surveillance System, 2006

<sup>v</sup> Behavioral Risk Factors Surveillance System, 2006

<sup>vi</sup> Behavioral Risk Factors Surveillance System, 2006

<sup>vii</sup> Primary Diagnosis Dental ER Services by Hospital Service Area – Upper Valley Region Only, Melissa A McCutcheon, Senior Information Analyst, DHMC, Source: CONI\_DNT.fex.

<sup>viii</sup> Statement of Need, prepared for Community Oral Health Initiative (COHI) by Margaret Caudill-Slosberg, MD, PhD, MPH, VT Dept. of Community Public Health.

<sup>ix</sup> Behavior Risk Factors Surveillance System, 2006

<sup>x</sup> 2005 Youth Risk Behavior Survey

<sup>xi</sup> 2005 Youth Risk Behavior Survey

<sup>xii</sup> 2005 and 2007 Youth Risk Behavior Survey

<sup>xiii</sup> 2005 Youth Risk Behavior Survey