



WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

This training is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.8 million with 0% financed with non-governmental sources.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

## Series Learning Objectives & Schedule

### Learners will be able to:

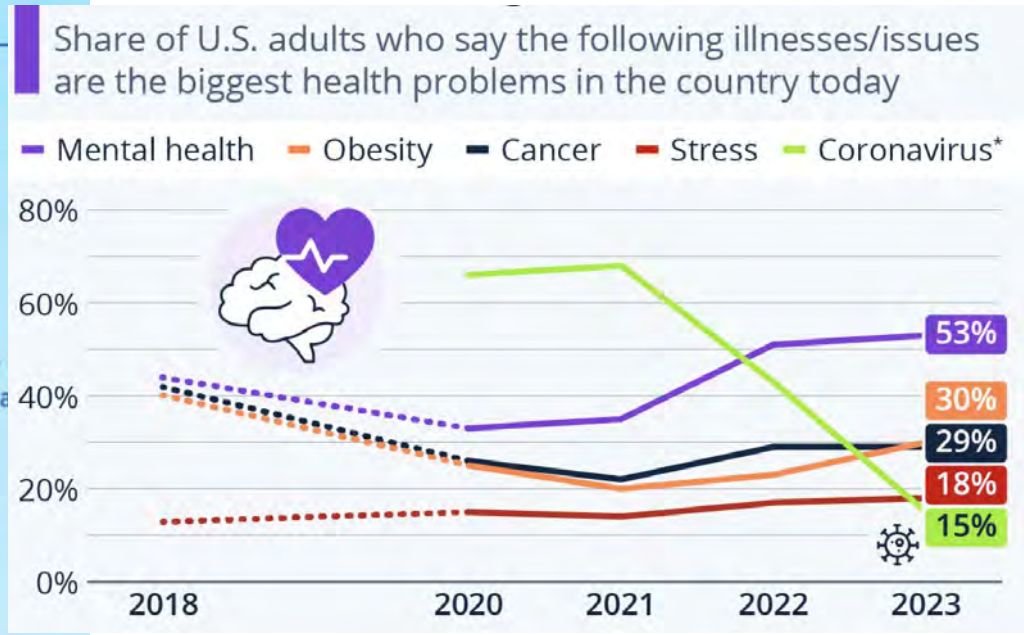
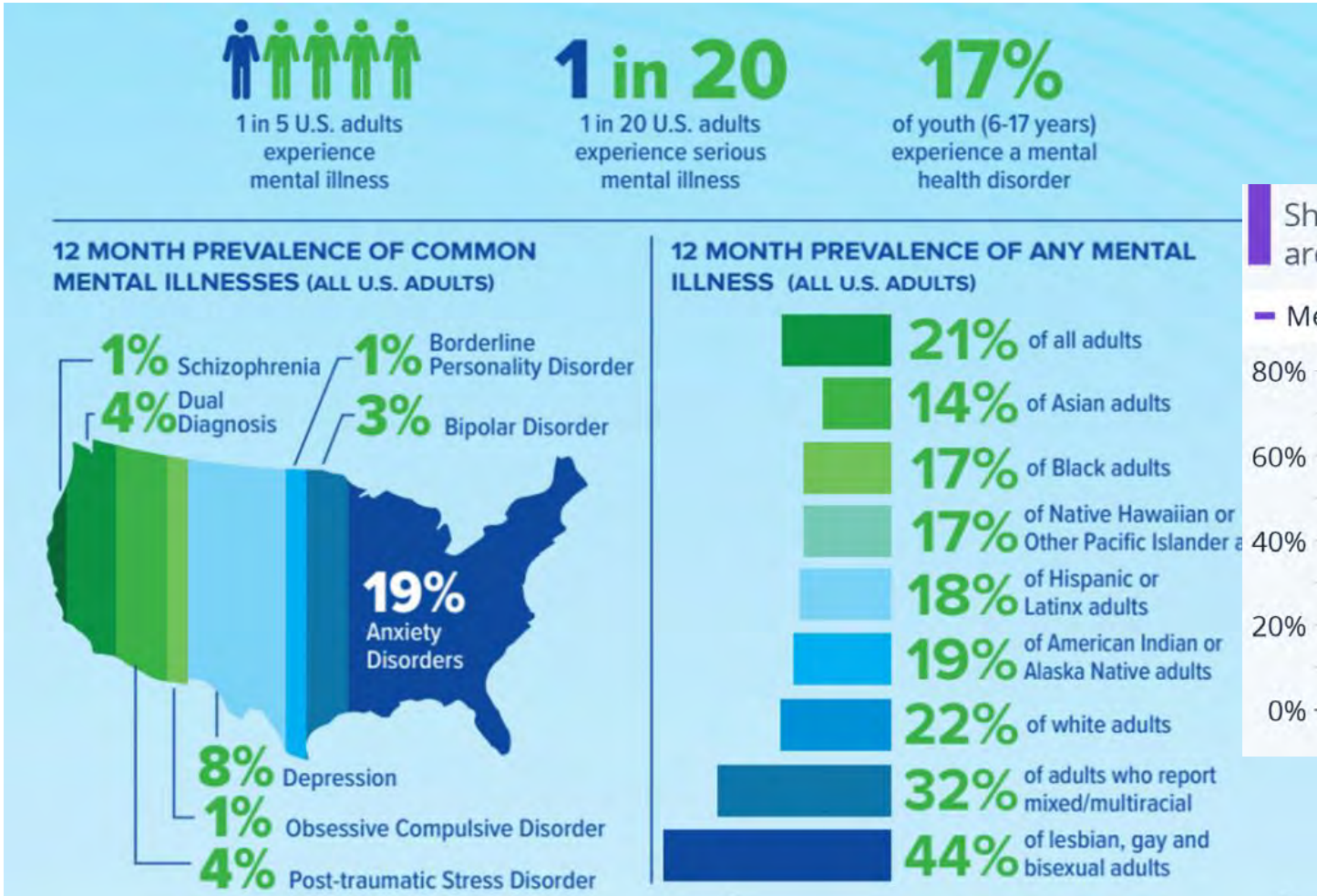
- Describe current and potential roles for libraries in supporting the health of their communities
- Identify robust resources and information to support individual & community health
- Nurture partnerships between libraries and community-based health professionals to support health needs of communities
- Grow library-based programming to support health and well being.

Date	Topic
June 11	<a href="#">Behavioral Health</a>
June 18	<a href="#">Social Determinants of Health</a>
June 25	<a href="#">Child and Family Welfare</a>
<i>No session the week of July 4<sup>th</sup></i>	
July 9	<a href="#">Older Adults</a>
July 16	<a href="#">Telehealth and other Online Service Access</a>
July 23	<a href="#">Onsite Health and Social Services</a>

### DH Survey on Libraries & Health

[2024-Survey-Libraries-Health-NH-VT-051524.pdf](#)  
([dartmouth-hitchcock.org](http://dartmouth-hitchcock.org))

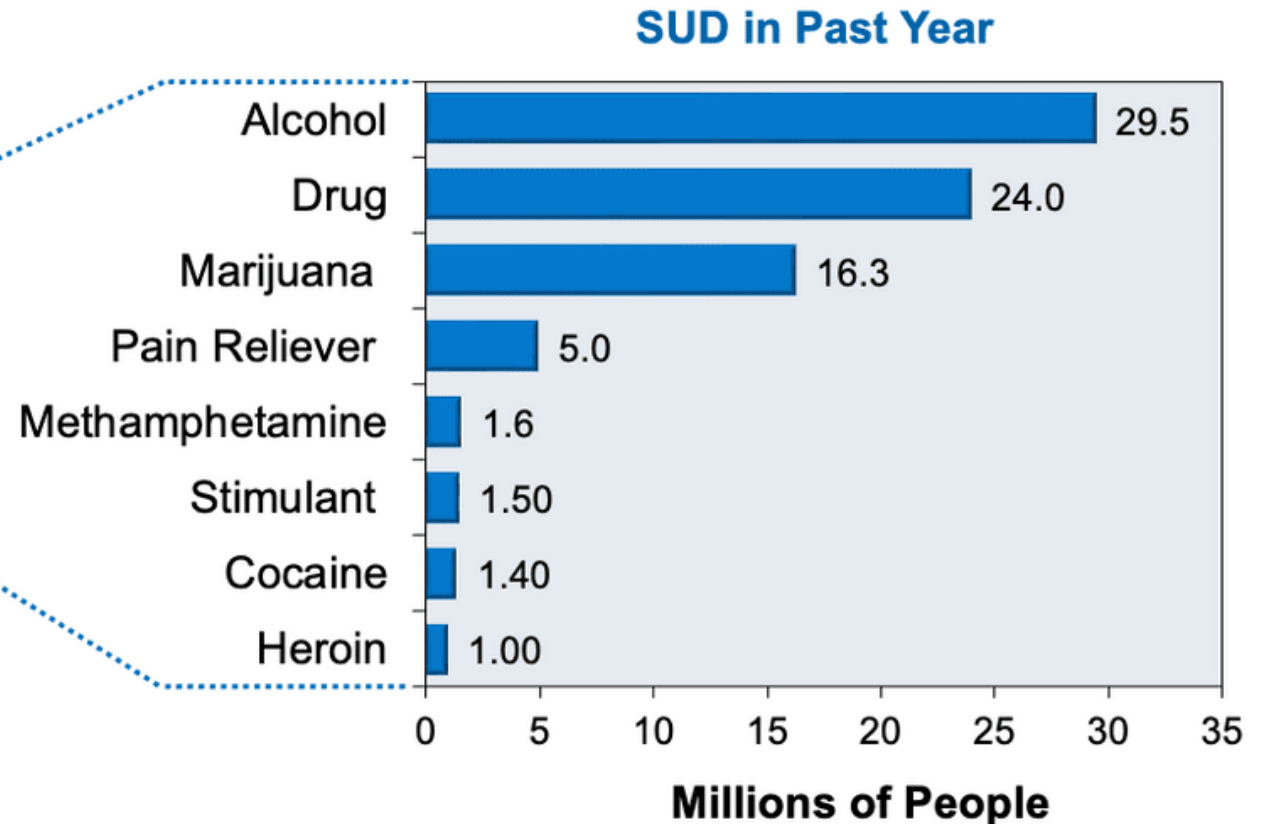
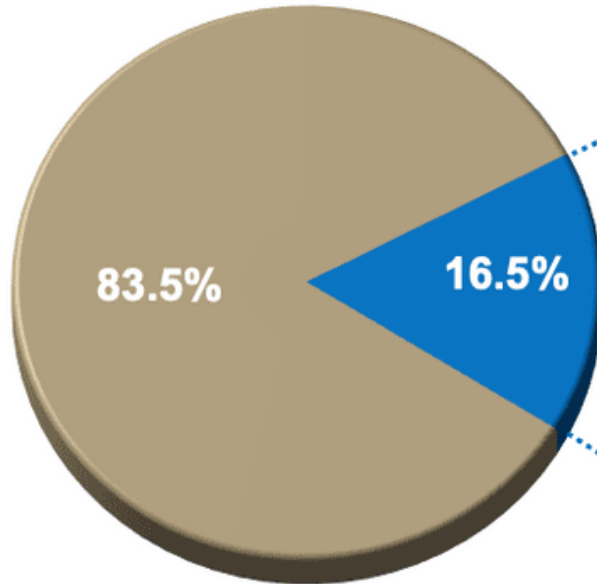
# Mental Health Disorders in U.S.



Data Source: Ipsos 2023 Global Health System Monitor, at <https://www.statista.com/chart/30995/biggest-health-concerns-among-americans/>

# Substance Use Disorders in U.S.

■ No SUD in Past Year: 233.6 Million  
■ SUD in Past Year: 46.3 Million



# What Can Libraries Do?

Community Solutions in  
Behavioral Health



# Agenda

- Introductions
- Statewide Resources
- National Resources
- What can libraries do?
- Sustaining yourself at work
- Suggested books for circulation





**Call or text** if you need  
mental health or substance  
use support.

**833-710-6477**

NH RAPID RESPONSE ACCESS POINT

At no cost to you, we are here to help.

---

**988**

NATIONAL SUICIDE & CRISIS LIFELINE

Call to speak to someone 24/7.

---

**211**

YOUR LOCAL DOORWAY

Confidential access for substance use and recovery resources.

---



**Help is here, it's for you. There are lots of ways to get connected.**

Different pathways all leading to the same place: a New Hampshire where getting help is the strong thing to do.



In need of mental health or substance use support? Call or text 833-710-6477 NH Rapid Response or the 988 Suicide and Crisis Lifeline. Confidential and no cost to you.

[dhhs.nh.gov/strongasgranite](https://dhhs.nh.gov/strongasgranite)



A STRONGER YOU.  
A STRONGER  
NEW HAMPSHIRE.

**Asking for help can be difficult. Receiving help is getting easier.**

If you or someone you know is feeling overwhelmed, please reach out.



In need of mental health or substance use support? Call or text 833-710-6477 NH Rapid Response or the 988 Suicide and Crisis Lifeline. Confidential and no cost to you.

[dhhs.nh.gov/strongasgranite](https://dhhs.nh.gov/strongasgranite)



A STRONGER YOU.  
A STRONGER  
NEW HAMPSHIRE.

**Recovery looks good on you.**

In New Hampshire, it's easy to get connected to resources that help you become the you you deserve.



**Call 211** to connect to your local Doorway for substance use and recovery resources.

[dhhs.nh.gov/strongasgranite](https://dhhs.nh.gov/strongasgranite)



A STRONGER YOU.  
A STRONGER  
NEW HAMPSHIRE.

# Peer Support

- **Peer Support Agencies (PSAs)** are private not-for-profit agencies located throughout New Hampshire that have contracted with the NH Department of Health and Human Services to provide mental health support. Peer support services are provided by and for people with a mental illness and are designed to assist people with their recovery.
- **Recovery Community Organizations (RCOs)** are peer-led and peer run agencies that offer services to support people in their recovery from substance misuse. The RCOs support all pathways to recovery and offer peer recovery coaching, telephone support, and mutual aid groups.

# National Resources

- NAMI (National Alliance on Mental Illness)
- [www.nami.org](http://www.nami.org)
- Search by state from link on national website, or directly by state For example:
  - New Hampshire: [www.naminh.org](http://www.naminh.org)
  - Maine: [www.namimaine.org](http://www.namimaine.org)
  - Massachusetts: [www.namimass.org](http://www.namimass.org)
  - Vermont: [www.namivt.org](http://www.namivt.org)

# National Resources

- National Institute on Mental Health (NIMH)
- [www.nimh.nih.gov](http://www.nimh.nih.gov)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- [www.samhsa.gov](http://www.samhsa.gov)



National Alliance on Mental Illness

New Hampshire

Offering free support, education, and advocacy for Granite Staters, and their loved ones, affected by mental illness and suicide.



Find Help, Find Hope.  
#StigmaFreeInThe603

NAMI New Hampshire  
National Alliance on Mental Illness

## FREE SERVICES

### SUPPORT

- **In-Person/Virtual Support Groups**
  - Individuals Living with Mental Illness
  - Families/Friends
  - Parents/Caregivers
  - Survivors of Suicide Loss
  - First Episode Psychosis/Early Serious Mental Illness
- **Online Support Groups**
  - Caregivers of Children & Adolescents with Social/Emotional Challenges
  - Family & Friends of Adult Loved Ones with Mental Illness
  - First Episode Psychosis/Early Serious Mental Illness
- **NAMI NH Info & Resource Line:** 1-800-242-6264 (press 4) or [info@NAMINH.org](mailto:info@NAMINH.org)
- **One-on-One Support** to connect individuals and families with information and community resources.
- **Support for Survivors of Suicide Loss:** 1:1 support

### EDUCATION PROGRAMS

- NAMI Basics
- Family-to-Family
- Peer-to-Peer
- Side-by-Side
- **Connect Suicide Prevention\***

\* Suicide prevention and postvention training is conducted nationwide by NAMI NH's Connect Program – a free 1.5-hr suicide prevention program is regularly offered in New Hampshire.

### ADVOCACY

- **Training**
  - It's Your Move Advocacy Training
- **Speakers Bureaus**
  - In Our Own Voice
  - Life Interrupted
  - SurvivorVoices
- **NAMIWalks NH** – the Granite State's largest mental health awareness and suicide prevention event.

For more information about NAMI NH's programs and supports, visit [www.NAMINH.org](http://www.NAMINH.org) or call 1-800-242-6264 (press 4).

NAMI NH Information & Resource Line

1-800-242-6264 – press 4

or

[info@NAMINH.org](mailto:info@NAMINH.org)



# How can public health partners support you?

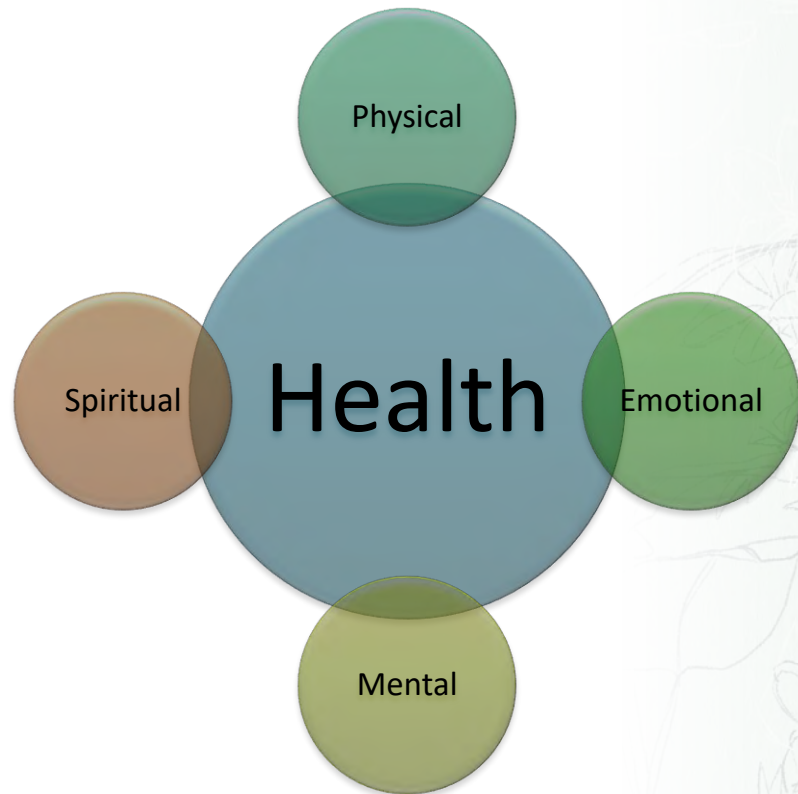
---

- Connect to and help understanding additional resources such as local, regional, state and national data
- Identifying vetted, trusted programs and speakers
- Evidence-based prevention strategies, trainings, curriculum and consulting with Certified Prevention Specialists staff
- Connection to resources and providers across prevention, intervention, treatment and recovery
- Following rapid changes in the landscape of mental health, substance use disorder and suicide prevention, intervention, treatment, recovery, insurance issues, other trends
- Increased collaboration with other providers and services to better serve your community

# What can Libraries do?

- **Change our own language**
- **Become informed and empowered through training**
- **Host community education sessions**
- **Reduce stigma**
- **Know where to refer**
- **Join community collaboratives (RPH, 988, SPC)**
- **Trainings (connect, QPR, MHFA)**
- **Connect with NAMI, AFSP, DHHS, DBHRT, CMHC to assist the community**
- **NaloxBox**
- **Narcan training and availability**
- **Keep resource cards available for community members**
- **Post public awareness campaigns**
- **Have materials available to help community members understand behavioral health**
- **Create a safe and supportive place for all**
- **Become a Recovery Friendly Workplace**
- **Workplace wellness/recovery friendly**
- **Host books clubs on the topics**
- **Normalize help-seeking**

# Sustaining Yourself at Work





---

## Suggested Books for Circulation

---

- Katie Arnold, **BRIEF FLASHINGS IN THE PHENOMENAL WORLD**
- Ken Duckworth, **You Are Not Alone: The NAMI Guide to Navigating Mental Health—With Advice from Experts and Wisdom from Real People and Families**
- Craig Miller, *This is How it Feels*
- Ned Vizzini, *Its Kind of a Funny Story*

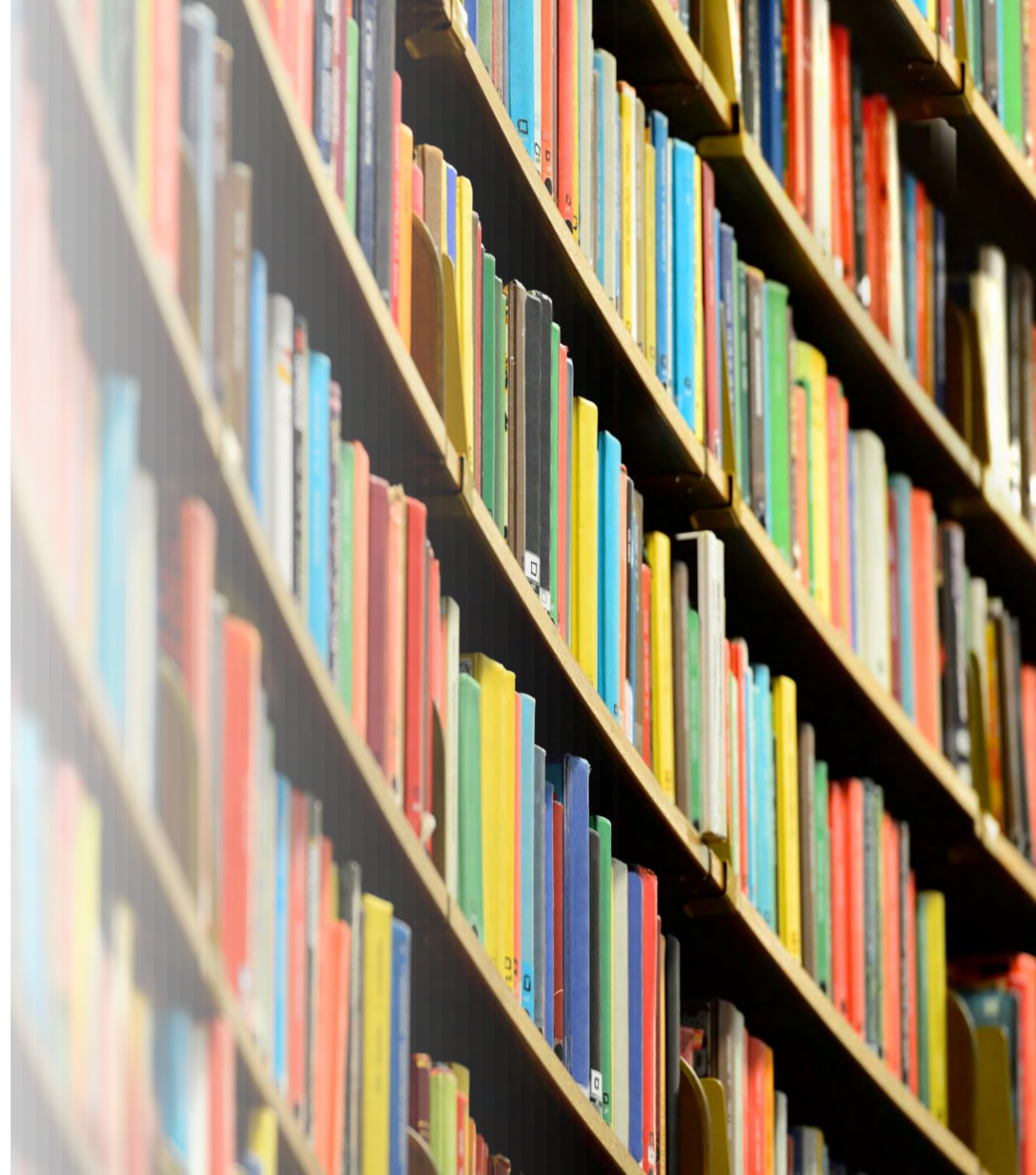


---

## Suggested Books for Circulation

---

- Carl Hart, *High Price*
- Geoffry Hunt (ed), *Drug Treatment in International Perspective*
- Philippe Bourgois, *In Search of Respect*
- Maia Szalavitz, *Unbroken Brain*
- Nancy Campbell, *Discovering Addiction*
- Sam Quinones, *DreamLand*
  
- SAMHSA has a ton of stuff that can be ordered or downloaded on their website that's written for the general public: <https://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Substance-Abuse?narrowToAdd=For-the-General-Public&pageNumber=3>



## Contact Information

NAMI-NH

**Bernie Seifert**

[bseifert@naminh.org](mailto:bseifert@naminh.org)

NH Department of Health and Human Services

**Jenny O'Higgins, Senior Policy Analyst**

[Jennifer.ohiggins@dhhs.nh.gov](mailto:Jennifer.ohiggins@dhhs.nh.gov)



WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

*Session 2, Social Determinants of Health, June 18, 2024*

# Today's Program

- Brief housekeeping
- Didactic: Social Determinants of Health
  - Employment: Jackie Pogue
  - Housing: Gail Quinlan
  - Food: Taralyn Bielaski
  - Transportation: Teri Palmer
  - Legal: Emma Sisti
- Case presentation/discussion
- Up Next

# Employment Resources

**Jackie Pogue**

**[Jacqueline.a.Pogue@Dartmouth.edu](mailto:Jacqueline.a.Pogue@Dartmouth.edu)**

# American Job Centers

- <https://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx>
- Good for everyone and locations in most communities
- Called “NH Works” in New Hampshire, varied names in other communities
- Employment assistance
- Access to training and hiring events
- Referrals to resources
- Computer space
- Special services for Veterans and Youth

# State Vocational Rehabilitation

- All states: <https://rsa.ed.gov/about/states>
- NH: <https://www.education.nh.gov/who-we-are/deputy-commissioner/bureau-vocational-rehabilitation>
- NH process overview:  
<https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/vr-toolkit.pdf>
- VT: <https://www.hireabilityvt.com/>



# Community Mental Health Centers

- Individual Placement and Support (IPS) supported employment programs
- In all NH and VT mental health centers, programs in most other states too

# Benefits Counseling

- Helps people receiving public benefits like SSI, SSDI, and Medicaid understand how working will impact their benefits
- Granite State Independent Living (GSIL) <https://gsil.org/services/benefits-counseling/>
- Online tool: <https://www.db101.org/>

# Recovery Friendly Workplaces

- NH: <https://www.recoveryfriendlyworkplace.com/designees>
- List of state programs: <https://www.dol.gov/agencies/eta/RRW-hub/Additional-resources>

# Apprenticeship USA

- <https://www.apprenticeship.gov/>



# Housing

*Gail Quinlan, Director, Program Operations,  
NH Housing Finance Authority*

# Housing Choice Vouchers and Public Housing

## Housing Choice Vouchers

- 11,034 Housing Choice Vouchers (Section 8) available in New Hampshire
- 18 local housing authorities
- Applicants can apply to more than one housing authority
- **4,341** vouchers are administered by New Hampshire Housing
  - Vouchers can be applied to homeownership
  - Special voucher allocations for Veterans, Mainstream, Family Reunification, Foster Youth to Independence and Emergency Housing Voucher Programs

## Public Housing

- 3,508 Units of housing available
- 11 local housing authorities
- 0 public housing units owner by New Hampshire Housing

# Waiting lists

- Each housing authority maintains its own waiting lists
- 12,000 applicants currently on the New Hampshire Housing waiting list

## Waiting List Preferences for New Hampshire Housing

- Higher Ranking Preferences: 6-12 months possible wait
  - Terminal Illness - Households with a family member who has a terminal illness
  - Choices for Independence (CFI) formerly HCBC – Households with a family member who is eligible for services through the State Medicaid Waiver
  - Transitional Housing – Transitional Housing programs (FIT, The Way Home, DHHS, and Veterans through Harbor Homes) which provide individual case management services
- Longer Wait: 5 – 7 years
  - People who are rent burdened / at risk of homelessness come after the higher-ranking preferences and the estimated wait time is 5-7 years
  - This includes victims of domestic violence and veterans

# How to apply at New Hampshire Housing



Apply at  
**[NHHousing.org/apply](https://NHHousing.org/apply)**



Application is available in  
English and Spanish



Call **1-800-439-7247**,  
select call center for  
information or to  
request application



Applicants are placed on  
HCV list by date of  
application

# Housing Search

Search for Housing <https://www.nhhfa.org/rental-assistance/search-for-housing/>

- New Hampshire Housing has partnered with [AffordableHousing.com](https://www.affordablehousing.com), which provides an enhanced program to list rental properties online. Listings are available to potential Housing Choice Voucher tenants or tenants looking for affordable apartments, duplexes, single-family homes, or townhomes nearby.

## Directory of Assisted Housing

- Our Directory of Assisted Housing lists rental properties that offer income restrictions or rent subsidies for low-income families and seniors. It is updated on a regular basis by New Hampshire Housing to provide consumers, housing interest groups, and others with a guide to rent-assisted housing facilities throughout the State. The publication is organized by county and community.



# Emergency Shelters

- Call 211
- <https://www.211nh.org>

211 NH is the connection for New Hampshire residents to the most up to date resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access is also available. For those outside of New Hampshire, call 1.866.444.4211.



# Food and nutrition support

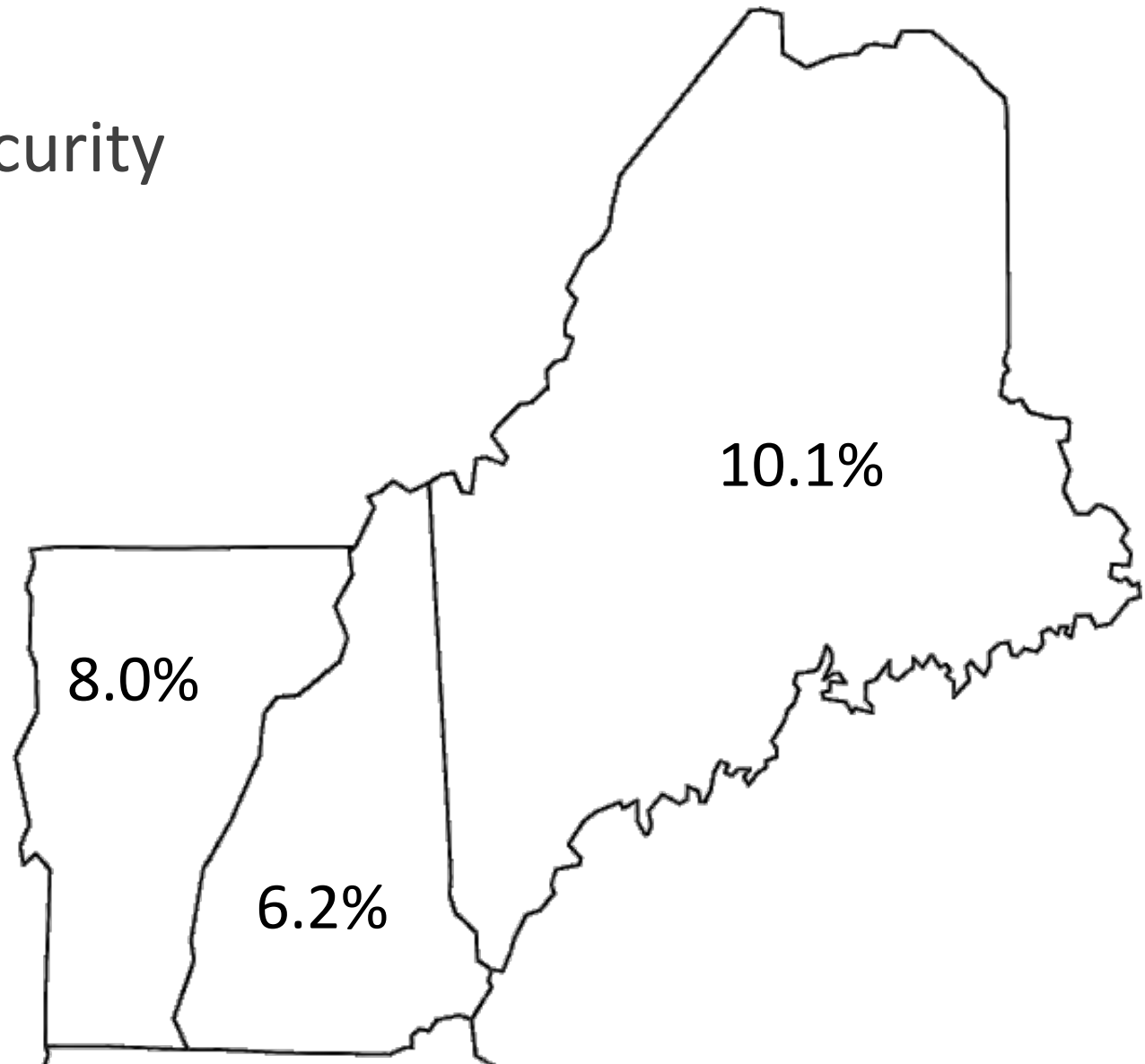
Beyond Books ECHO  
June 18, 2024

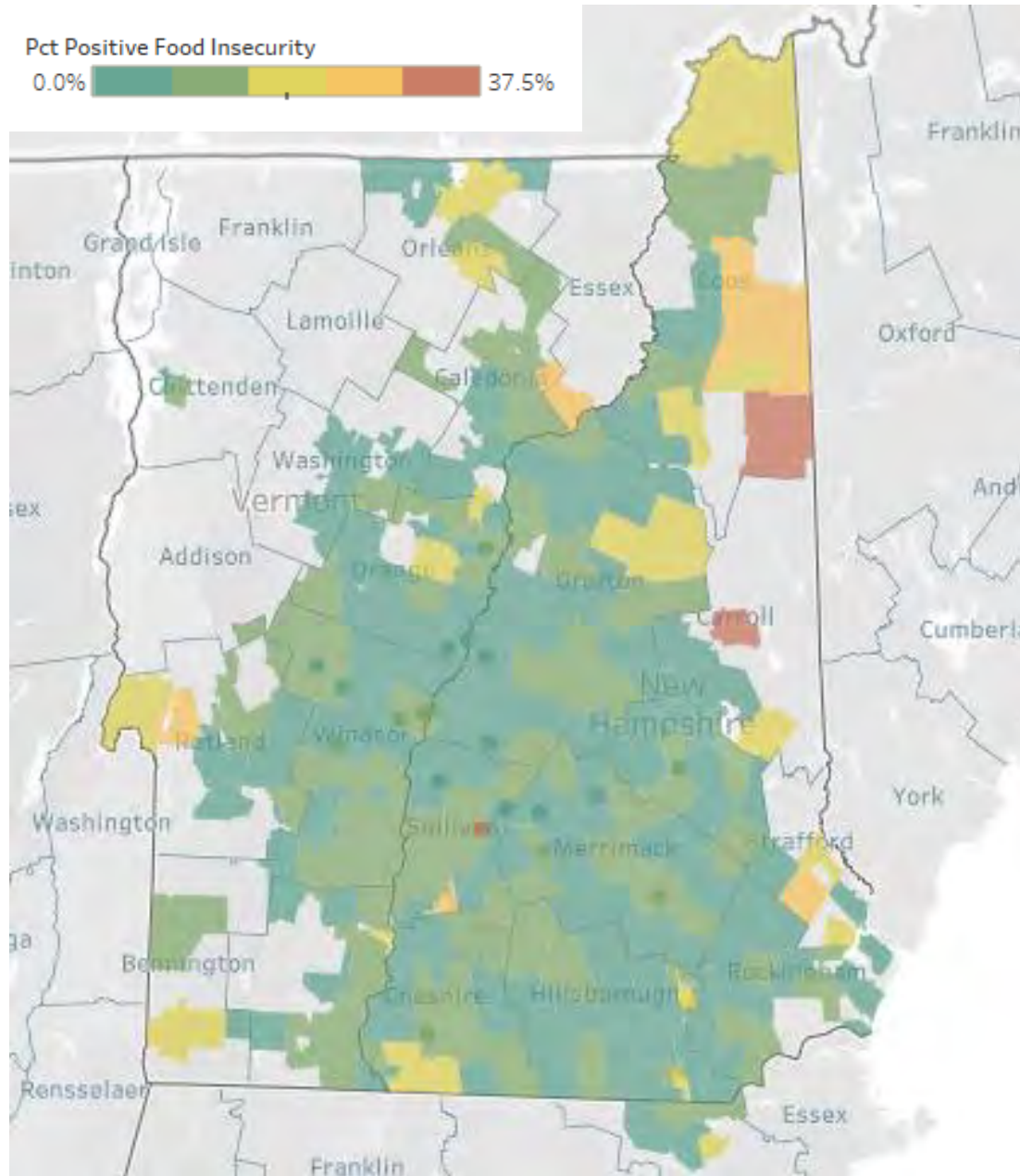
Chelsey Canavan, MSPH

Food security means access by all people at all times to enough food for an active, healthy life.

Nutrition security means consistent access to and availability and affordability of foods and beverages that promote well-being, while preventing—and, if needed, treating—disease.

## Prevalence of food insecurity

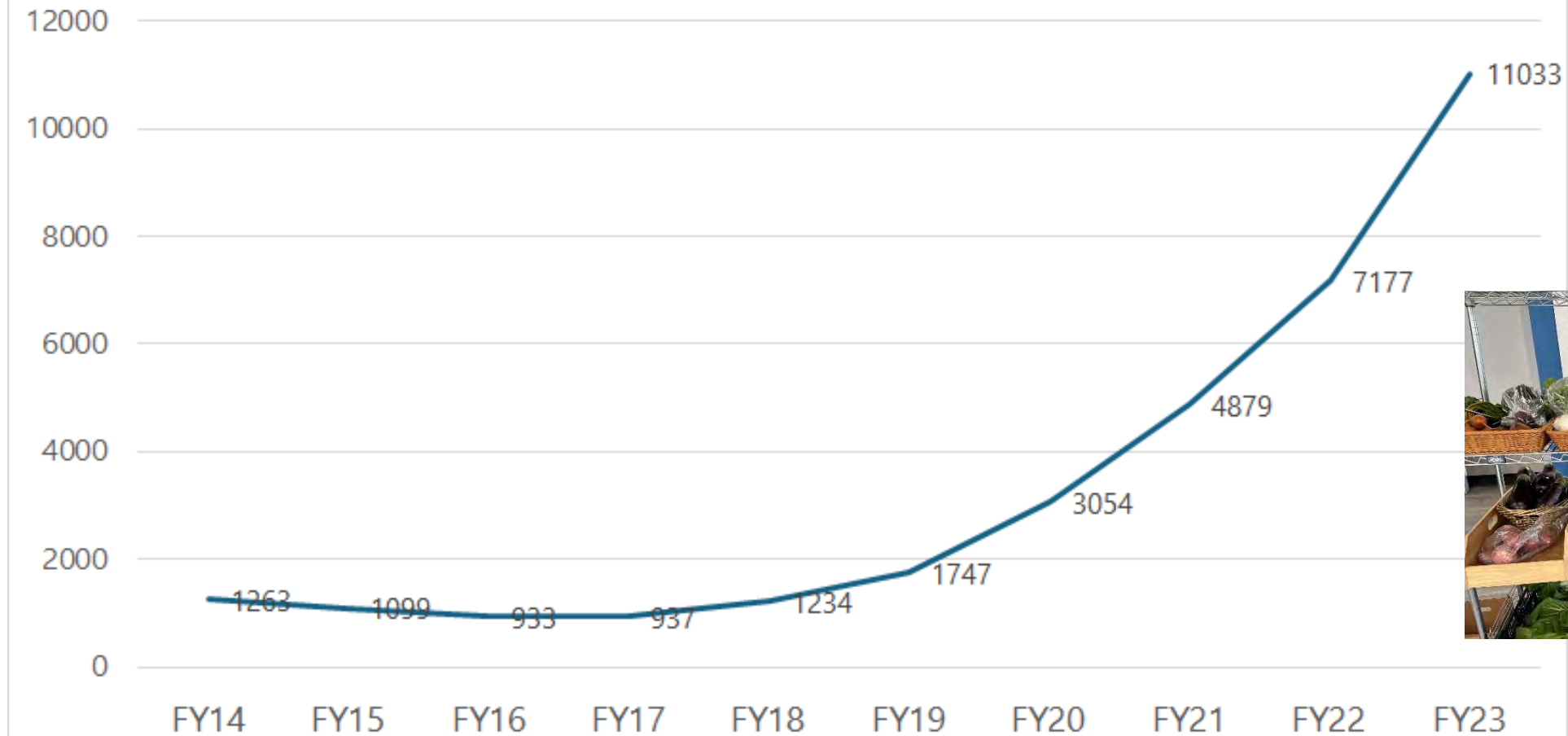




Food insecurity among DH primary care patients by zip code (2023)

Average ~10-11%

## LISTEN Food Pantry Demand, FY2014 to FY2023

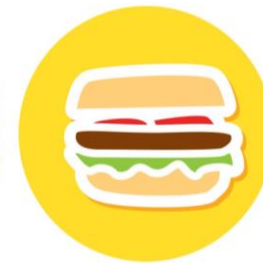


# What does food insecurity look like?



# What does food insecurity look like?

- Choosing between food and other basic needs
- Eating less; less frequently
- Prioritizing food among household members
- Cheap, highly processed and fast foods





Get to know  
these food  
resources



# Other public nutrition programs

- **Child and Adult Care Food Program (CACFP)**  
Healthy meals and snacks in child care centers, family child care homes, after school programs, emergency shelters, and adult day care programs
- **National School Lunch Program & Breakfast Program**  
Low-cost or free food for children at school
- **Commodity Supplemental Food Program (CSFP)**  
A monthly package of foods for low-income adults age 60+
- **Old Americans Act / Meals on Wheels**  
Daily meals for adults 60+ through congregate feeding or at home (MOW)

# Food Banks

- Tons of resources
- Maps of member locations
- Mobile food pantry schedule
- SNAP assistance
- Job training
- Cooking Matters
- And more!

New Hampshire  
**FOOD BANK**  
A Program of Catholic Charities NH

CATHOLIC CHARITIES  
NEW HAMPSHIRE  
**FEEDING AMERICA**

SEARCH AGENCY PORTAL **FIND FOOD**

Get to Know Us What We Do Get Involved In the Know Agency Portal Acc

## Food Map

The NH Food Bank distributes food to more than 400 partner agencies across New Hampshire including food pantries, homeless shelters, soup kitchens, children's programs, senior centers and more. Search our list of partner agencies to find a food assistance program near you.

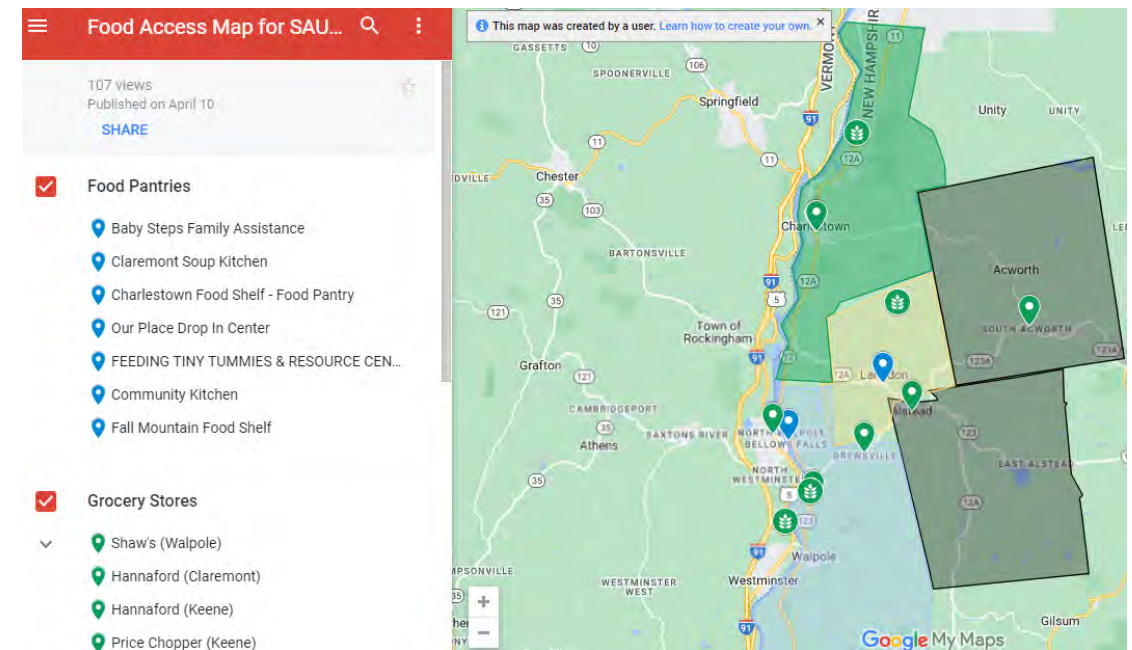
Address or Zip Code Agency Name **SUBMIT** Select a County

Satellite

Henniker Food Pantry  
21 Western Avenue  
Henniker, NH 03242  
603-428-7474  
9.52 miles  
Directions

# Other resources

- Local food pantries and food shelves
- Senior Centers
- Local school district
- NH Hunger Solutions
- Hunger Free VT





# What else?

Make **brochures/materials** available to everyone & easy to access.

Help **normalize the conversation**:  
*“A lot of people are having a hard time right now with these high food prices.”*

Consider **capacity to host** a food shelf, food drive, etc.

Host or promote **community gardens**.

Consider **books/events/activities** related to healthy eating for adults and children.

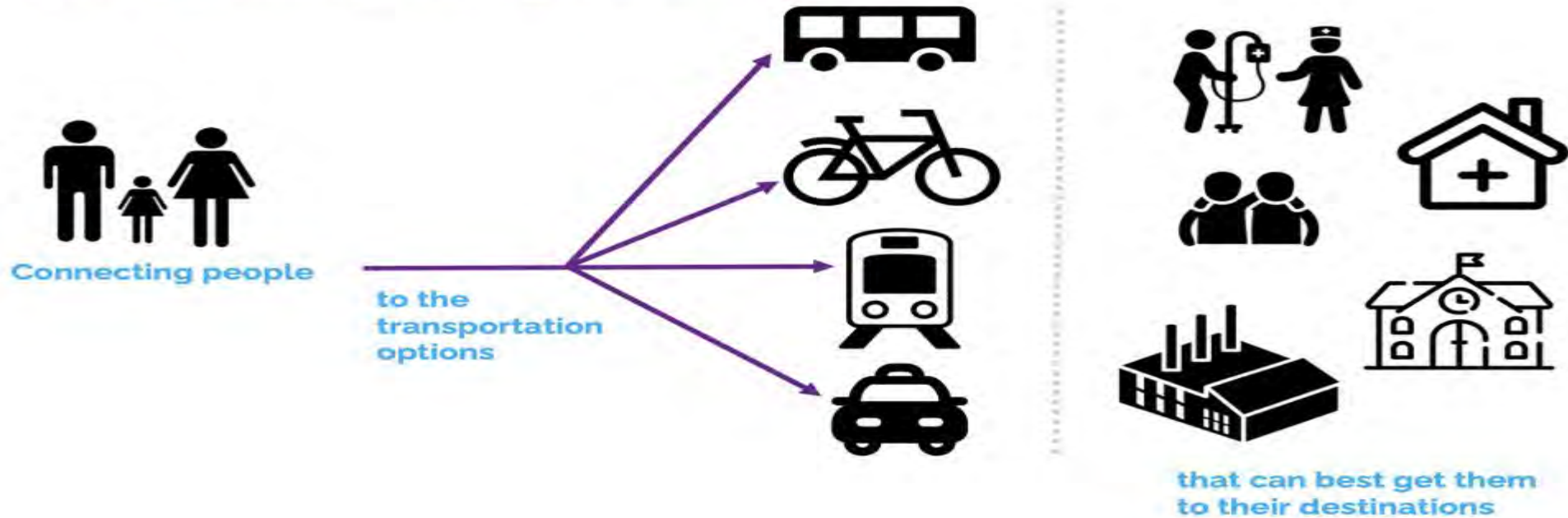


# Mobility Managers in New Hampshire

*Teri Palmer, State of New Hampshire Mobility Manager*

# Mobility Management

## What is Mobility Management? Part 1



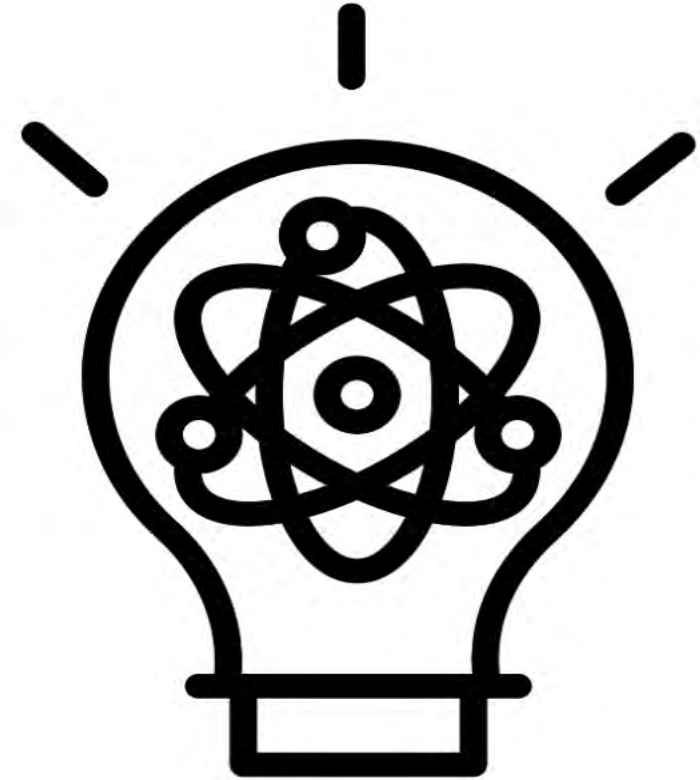
## What is Mobility Management? Part 2



Working  
across  
sectors  
with  
partners



to understand  
people's  
transportation  
needs



and together create  
the new services that  
respond to those  
needs



## Mobility Managers

### Region #1-Grafton & Coos County

Tala Silver

[tsilver@tccap.org](mailto:tsilver@tccap.org)

**603.723.4064**

### Region #2-Carroll County

Scott Boisvert

[sboisvert@tccap.org](mailto:sboisvert@tccap.org)

**603.723.4318**

### Region #3-Belknap & Merrimack County

Cindy Yanski

[cyanski@Capbm.org](mailto:cyanski@Capbm.org)

**603.225.1989**

### Region #4

Candy Reed

**603.477.5900**

### Region # 5-Monadnock Region

Terry Johnson

[tjohnson@swrpc.org](mailto:tjohnson@swrpc.org)

**603.357.0557**

### Region #7-Nashua Region

Donna Marceau

[donnam@nashuarpc.org](mailto:donnam@nashuarpc.org)

**603.417.6570**

### Region #8-Manchester Region

Ben Hebert

[bherbert@snhpc.org](mailto:bherbert@snhpc.org)

**603.669.4664**

### Region #10-Seacoast Region

Jeff Donald

[Info@CommunityRides.org](mailto:Info@CommunityRides.org)

**603.516.0796**



# Keep NH Moving Website- KeepNHMoving.com

Thank you!!

Teri Palmer

[tpalmer@rlsandassoc.com](mailto:tpalmer@rlsandassoc.com)

603.491.8027



# Accessing civil legal services in New Hampshire

Beyond Books ECHO  
Libraries Supporting Community Health & Social Services

# How can your client get help?

---



---

Apply online AS SOON AS  
POSSIBLE! [www.603legalaid.org](http://www.603legalaid.org)

---

Or have your client call us at 603-  
224-3333

Monday-Thursday 9AM-2PM

# Who we are



---

We are the mash up of the former Legal Advice & Referral Center and the Pro Bono Referral Service

We came into existence on June 1 2021

We do all of the things!

- Centralized intake for all civil legal service issues in the state
- Advice and counsel in house (for housing and family matters)
- Referral to pro bono attorneys
- Low Income Taxpayer Program
- DOVE
- Clinics

# Areas we can help with



Housing (evictions, foreclosures, etc)

IRS Tax issues

Domestic Violence

Family Law

Bankruptcy and consumer protection

Criminal Record Annulment

Administrative Hearings

Wills, POA, estate planning, advanced directives

Individual Rights

# Special Considerations-DOVE Project

---



This is a collaboration between 603LA and the crisis centers through the state to connect clients who need representation at final protective order hearings

Volunteers commit for a limited scope of representation

# Special Considerations-DV cases

---

If your patron is the victim of domestic violence the best way to get them help is to direct them to, the local crisis center

Cases that come in through the crisis centers are screened by specially trained DV paralegals and the cases are routed to the appropriate in-house attorney, to NHLA for their DV project, or to a pro bono attorney through our DOVE Project



# State of New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas

REV 03/21



## MAP KEY

- RESPONSE
- STARTING POINT
- VOICES
- WISE
- NEW BEGINNINGS
- TURNING POINTS
- CCCNH
- REACH Crisis Services at YWCA NH
- MCVP
- BRIDGES
- HAVEN/SHARPP\*

\*SHARPP serves the students, faculty and staff of the University of New Hampshire

Windham & Salem\*\*

\*\*Calls for Domestic Violence covered by HAVEN  
\*\*Calls for Sexual Assault covered by BRIDGES

- ★ MAIN OFFICE
- SATELLITE OFFICE

NOTE: Due to space restrictions, some smaller towns may not be shown on this map.

**24/7**  
HOURS / DAYS



- 1 - LOW & BURBANKS GRANT
- 2 - CRAWFORDS PURCHASE
- 3 - CHANDLERS PURCHASE
- 4 - BEANS GRANT
- 5 - CUTTS GRANT
- 6 - RADLEYS PURCHASE
- 7 - THOMPSON & MESERVES PURCHASE
- 8 - SARSENTS PURCHASE
- 9 - MARTINS LOCATION
- 10 - GREENS GRANT
- 11 - PINKHAMS GRANT



# Special Consideration-IRS Tax Cases

---

603LA has a Low-Income Taxpayer Project funded by a grant from the IRS

The entire mission of this project is to help people with their IRS tax issues

There are loads of free tax prep options for low-income people

- AARP provides free tax preparation for taxpayers regardless of age. 1-888-AARPNOW
  - Focus is on those over 50
- Can also receive fee tax preparation at their local Volunteer Income Tax Assistance (VITA) center--:  
<https://www.graniteuw.org/our-work/granite-united-way-initiatives/volunteer-income-tax-assistance>

Major take away: encourage your patrons to file their taxes, and if they need help, have them contact us! Our clients leave tons of money on the table because they are afraid of filing their taxes

If you have questions on behalf of your client, reach out to Adrianna Siniawski ([asiniawski@603legalaid.org](mailto:asiniawski@603legalaid.org))

Questions??

---

Call or email me ANYTIME. I mean it. I want to help you and your patrons.

---



[esisti@603legalaid.org](mailto:esisti@603legalaid.org)

---



603-584-4145 (this is my direct line)



WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

*Session 3, Child and Family Welfare, June 25, 2024*

# The Role of the Division for Children, Youth and Families (DCYF)

Beyond Book Library ECHO Presentation

June 25, 2024



# DCYF Mission Statement



NH Department of Health & Human Services  
Division for Children, Youth & Families

DCYF partners with families and communities to provide resources and supports that lead to the safety and healthy development of children and youth, and the communities in which they live.



The **Division for Children, Youth and Families (DCYF)** plays an important role in the child well-being and family strengthening system, working with families and children in the communities in which they live.

**Child Protection**

Juvenile Justice

Sununu Youth Services Center (SYSC)

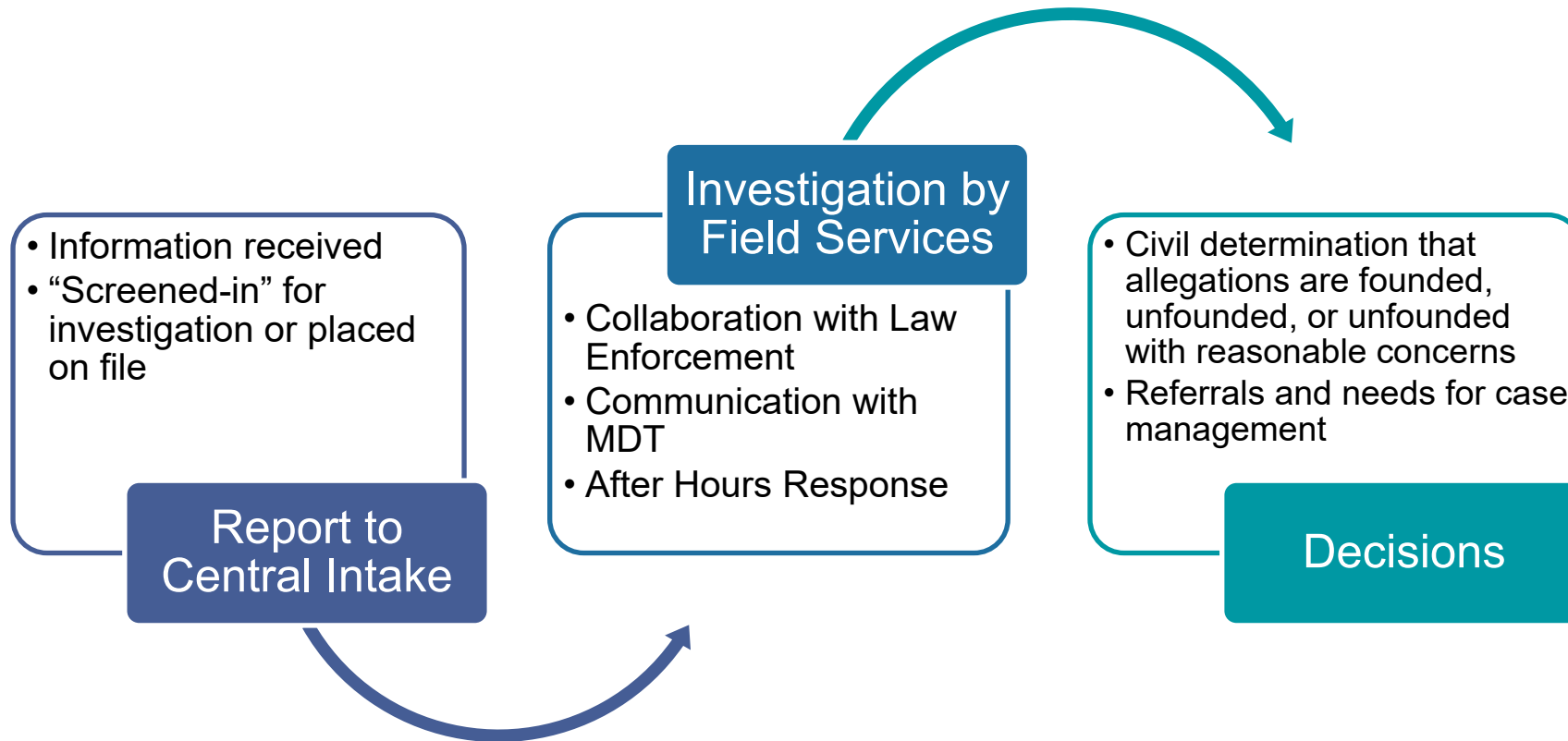
Supporting Functions

**Child Protective Services (CPS)** works to protect children from abuse and neglect while attempting to preserve the family unit.

**Child Protective Service Workers (CPSWs)** help prevent further harm to children from intentional physical or emotional abuse, sexual abuse, exploitation or neglect by a person responsible for a child's health or welfare.



# Child Protective Services





# The Role of DCYF

- DCYF is the agency mandated by RSA 169:C:34, II to assess allegations of child abuse or neglect.
- DCYF Central Intake is available **24 hours a day, 365 days a year** to take reports of child abuse or neglect.
- After hours - DCYF has Field Services staff available between 4:30 p.m. and 8:00 a.m., Monday through Friday and on weekends and holidays, to respond when there are concerns that a child is in **imminent danger of abuse or neglect**.



# Time and Place to Report

ALL new reports shall be directed to  
**DCYF Central Intake**

Central Intake is available to take reports  
24 hours a day, 7 days a week.



**1-800-894-5533** (in state) or  
**603-271-6556** (local or out-of-state)

# Deciding to Report

Any time you suspect there is abuse and/or neglect, you are mandated to report. The Intake CPSW will use your report and other resources to determine if an assessment is warranted.

Some agencies have internal protocols regarding when and how to report, such as informing a supervisor or requesting a supervisor's permission prior to reporting. This is not law or DCYF policy. Please do not allow these protocols to impede your report. If you are unable to meet with your supervisor immediately, make the report to DCYF and follow up with your supervisor at a later time. If you suspect abuse and/or neglect, you are mandated to report even if your supervisor does not agree.



# DCYF Intake Decision-Making

Decisions to screen-in a report are based on **NH state law, DCYF policy,** and the application of **structured decision-making tools:**

- Each report is examined in detail to determine if it meets the criteria for abuse or neglect warranting an investigation.
- If none of the screen-in criteria apply, a DCYF investigation will not be initiated unless assistance is specifically requested by law enforcement.



Intake staff will ask questions and request information to inform the decision.

RSA 169:C available online at [www.gencourt.state.NH.us/rsa/html/indexes/default.html](http://www.gencourt.state.NH.us/rsa/html/indexes/default.html)

# Report Disposition

Each report will have one of the following dispositions:

- **Assessment**
  - Meets the criteria for abuse/neglect
  - Assigned to a District Office for investigation
- **Screen Out**
  - Does not meet the criteria for abuse/neglect
  - Kept on record at intake
- **Additional Information (Add. Info.)**
  - Does not meet the criteria for abuse/neglect
  - An open assessment or case exists on the family
  - Attached as FYI to assessment or case



# Response Level

When a report is sent for assessment:

Response level is determined at Central Intake using a standardized decision-making process that factors in details such as the age of the child, severity of injury, access of the perpetrator and prior reports of abuse/neglect.

The response level will be one of the following:

- Level I 24 hours
- Level II 48 hours
- Level III 72 hours



# Assessment

## Assessment Workers must:

- Prioritize the safety of the child first.
- Initiate a relationship with the family.
- Determine the validity of the report.
- Determine if services are needed.



# Assessment

The Assessment process is meant to be rehabilitative, not punitive.

The goal is to engage with the family when concerns are identified and work with them to identify solutions that can help resolve those concerns.

The family's connection to the community is considered a strength and a source of support.

Alternative interventions will be required only when safety cannot be ensured.





# Assessment - Dispositions

## Assessment

- "Unfounded report" means that DCYF has determined there is insufficient evidence to substantiate a finding that the child is abused or neglected. These assessments may be closed with referrals to services.
- "Unfounded but with reasonable concern" means DCYF has determined there is probable cause to believe the child was abused or neglected, however, there is insufficient evidence to prove by a preponderance of the evidence that the child was abused or neglected. These assessments are closed with referrals to community services or access to a "Voluntary" case.

# Assessment - Dispositions (continued)

## Assessment

- “Founded” means that an incident of child abuse or neglect is believed to have occurred.
  - “Founded, Court Action” means a determination is made by the court that a child has been abused or neglected and a family service case is opened.
  - “Founded, Problem Resolved” means a determination has been made by DCYF that there is a preponderance of the evidence that a child has been abused or neglected, that the presenting danger has been resolved through various means, and there are no ongoing safety concerns.
  - “Founded, Services Only” means that an agreement has been reached with the family that there is sufficient evidence that an incident of abuse or neglect occurred, and the family is willing to engage in services.



2-1-1

Family Resource Centers (FRCs)

Community Based Voluntary Services

Community Navigator

DCYF-Specific Service Array





**Questions or Comments?**  
**DCYFConstituentRelations@DHHS.NH.GOV**





WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

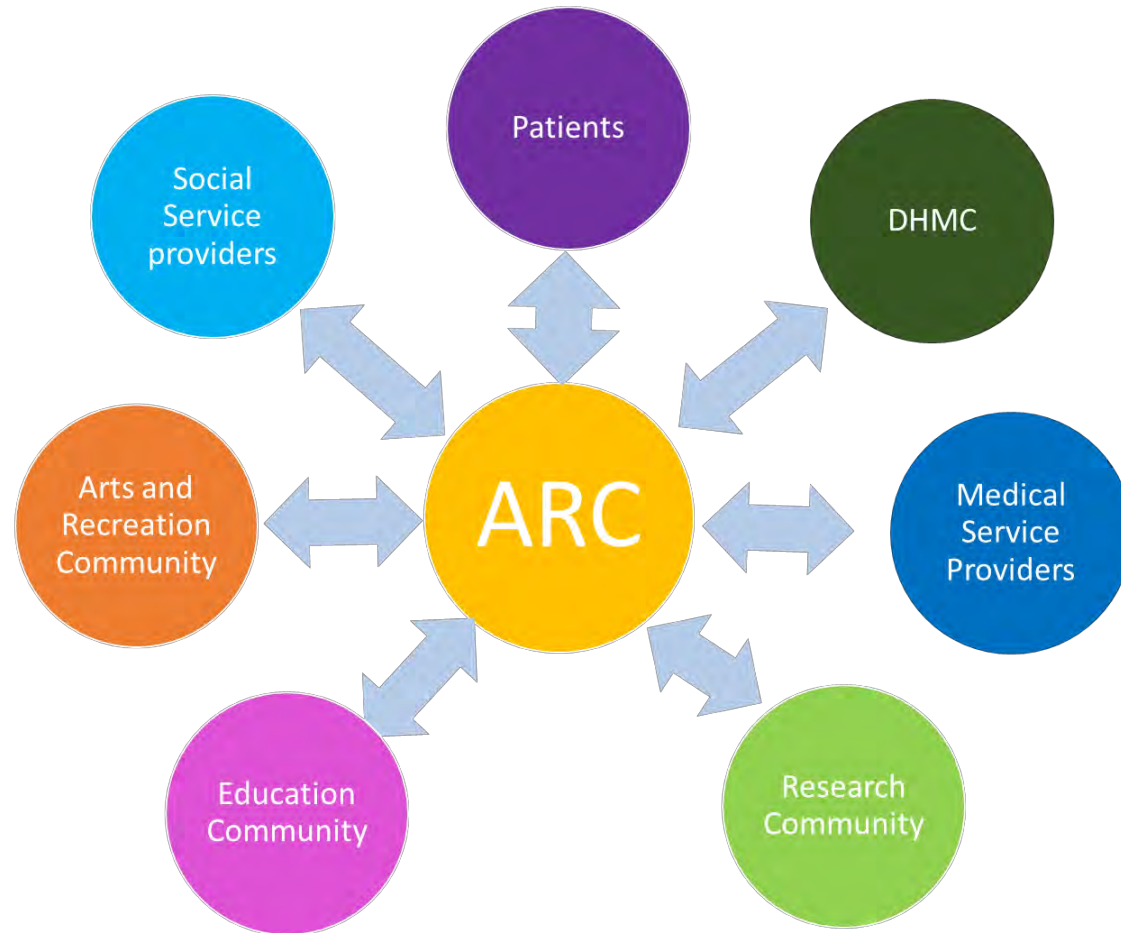
*Session 4, Older Adults, July 9, 2024*



# **Aging Resource Center - Community Resources for Older Adults**

**Lori Fortini, MEd  
Program Lead**

# Mission of Aging Resource Center



ARC provides high-quality education and support programs to improve the minds, bodies, and spirits of older adults & their families.

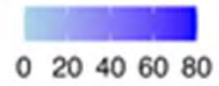
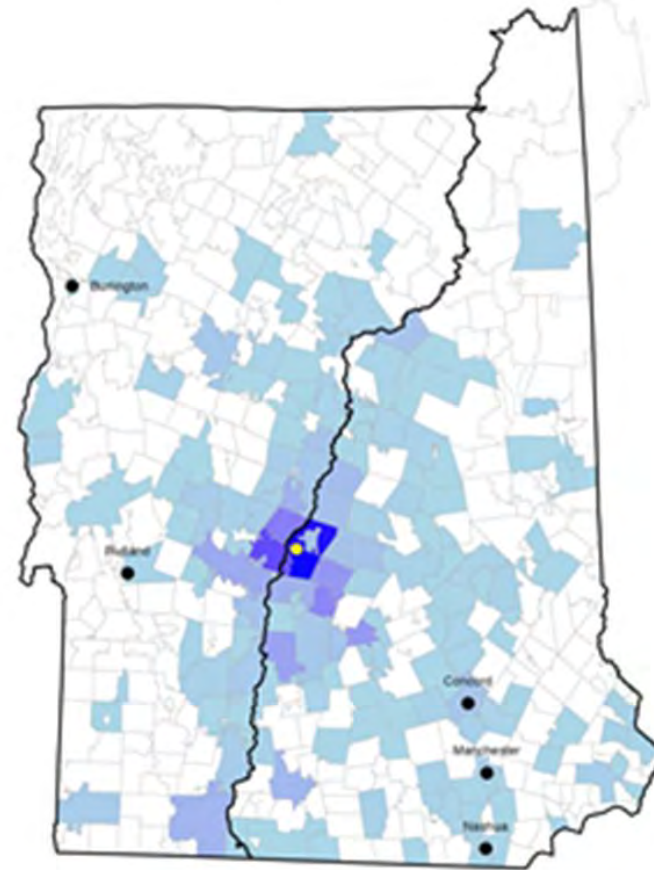
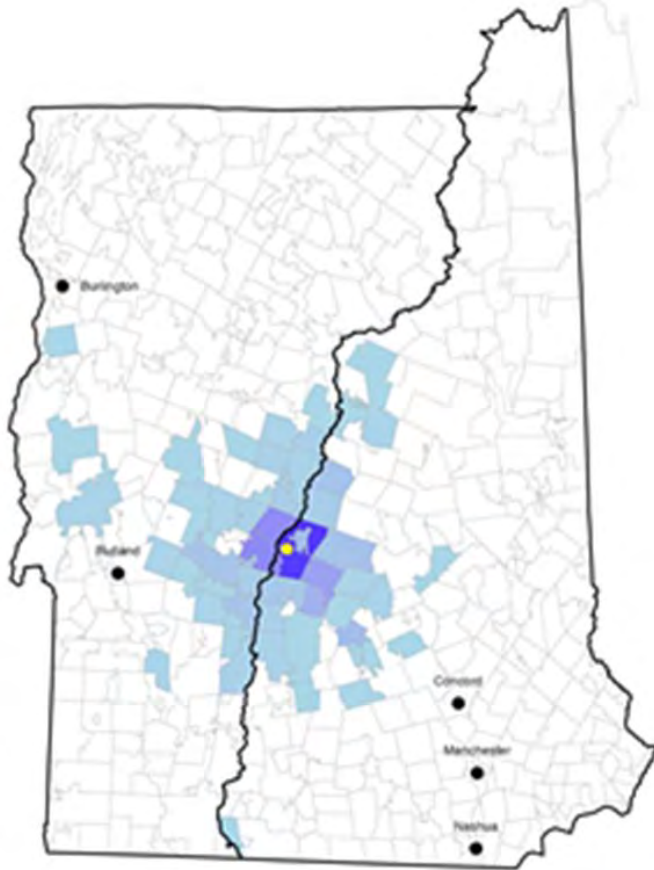
~~~~

We provide a value-added interface between Patients, Health Care Providers, and Social & Community Services in a warm welcoming environment.

## Number of Attendees to ARC Events

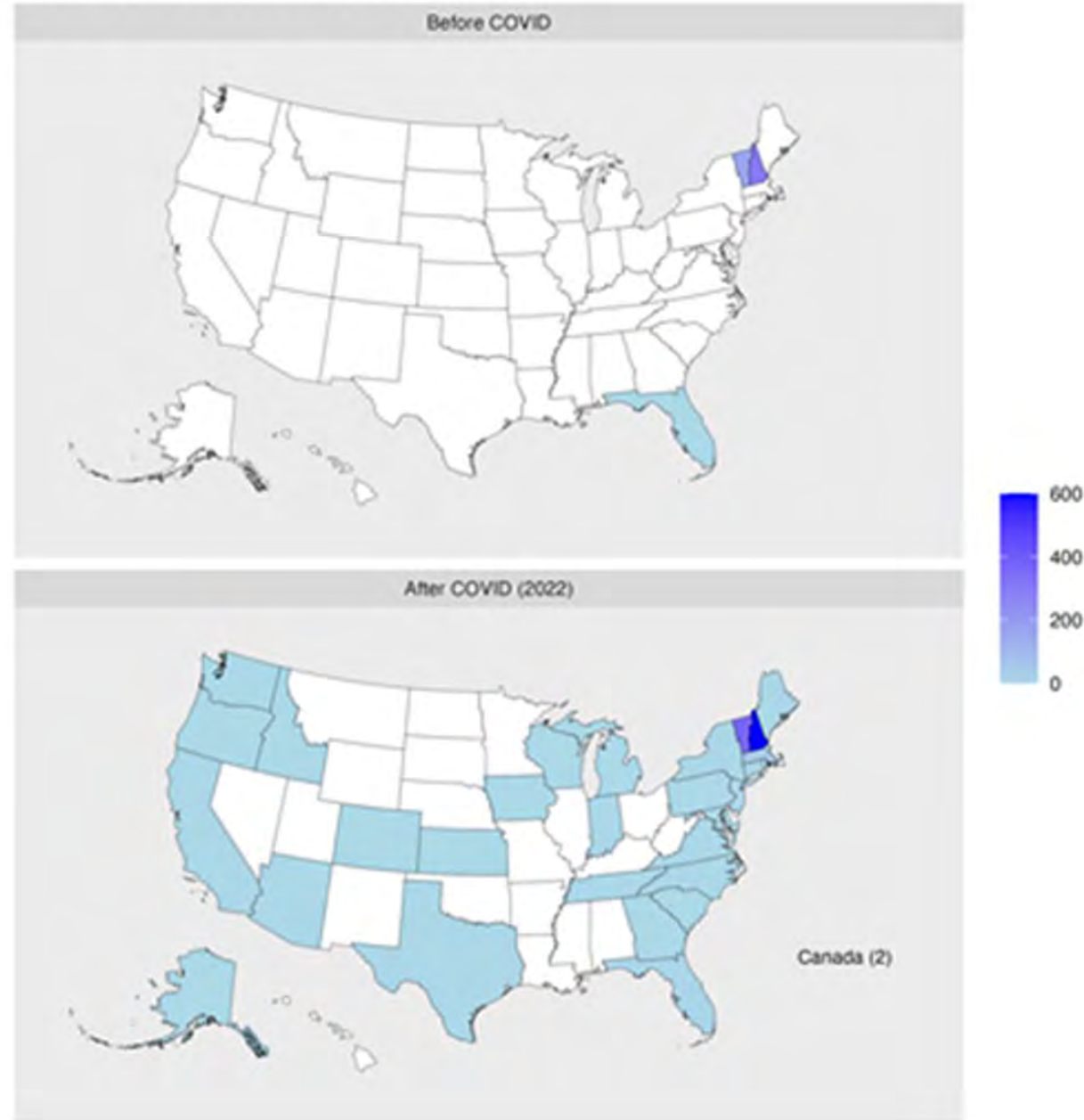
Before COVID

After COVID  
(2022)





### Number of Attendees to ARC Events



# Aging Resource Center's Services

- In-person and Virtual Workshops and Lectures
- In-person and Virtual Support Groups
- Lending Library
- 1:1 Resource Support Consultations
- Advance Care Planning Assistance
- Assistance with Connecting to Community Resources
- Tech Support & Coaching

# Dartmouth Health Aging Resource Center Program Areas

- Healthy Aging
- Planning Ahead
- Technology & Aging
- Dementia Education & Caregiving



- Mind & Spirit
- Arts & Aging
- Support Groups

# Focus Area: Tech Support and Coaching

- ❖ 1:1 tech coaching to improve technology skills – phones, tablets, etc.
- ❖ Zoom Practice Space
- ❖ Tech Support on virtual classes to help solve issues

# Focus Area: Dementia Supports Resources, & Education

- ❖ Programs for Caregivers – support group or one-on-one consultations
- ❖ Educational and Community Resources are matched to the needs of the family or individual
- ❖ Engagement Programs – Community Trips, Memory Café, Musical Events

# Focus Area: Falls Prevention

- ❖ Balance Screening: an individual balance screen conducted either in-person or remotely via zoom to reduce falls and falls risk
- ❖ Evidence-Based Programs
  - A Matter of Balance
  - Stay Active and Independent for Life (SAIL) - exercise program
  - Living a Healthy Life with Chronic Conditions

# Focus Area: Planning Ahead

- ❖ Advance Care Planning & Advance Directive Assistance
- ❖ AARP Fraud Awareness Series
- ❖ Social Security & Medicare
- ❖ Long-term Care Discussions
- ❖ Decluttering & Downsizing

# Feedback from Program Participants

This group is an invaluable resource. We all learn from each other. It is a place where I can freely express how I am feeling and receive empathy and understanding as well as help in how to respond to the challenges we are all faced with.”

-Dementia Support Group participant



## Feedback from Program Participants

These have all been a godsend through 3 years of COVID in the community. The ability to have these zoom sessions has really helped keep me interested, motivated, with something to look forward to on my calendar and offered some continued enjoyment of social interactions through topics of interest.”

-Buried in Treasures program participant

## Feedback from Program Participants

“I love everything and everyone who makes this possible and participates. Together we grow stronger and younger, in every way: mind, body, and spirit.”

-Morning Sing program participant

## How to reach us:

Contact us at:

(603) 653-3460

[agingcenter@Hitchcock.org](mailto:agingcenter@Hitchcock.org)

[dhging.org](http://dhging.org)



# **Adult Maltreatment:**

What You **NEED** to Know

**Stuart Lewis, MD**

# What is Elder Abuse?

An intentional act or failure to act that causes or creates a risk of harm to an adult 60 or older. The abuse occurs at the hands of a caregiver or a person the older adult trusts.

- Physical
- Emotional/Psychological
- Financial (not scams, a whole other talk)
- Neglect (usually caregivers)
- Sexual

## Prevalence Estimates

---

- 1 in 7 to 10 Community Living Older Adults >60 each year
- 25-50% of Adults with Dementia
- Only 15% ever come to the attention of authorities (APS)
- 700,000 older adults treated in emergency departments for nonfatal assaults, 2012-2021
- Over 26,000 homicides, 2012 and 2021
- Very little is know about prevalence in Rural areas

## Consequences

---

- 4x risk of placement in a nursing home
- 3x risk of hospitalization
- Increased mortality (ORs: 1.5–3.1)
- Chronic pain (OR: 1.65)
- Sleep disturbances (ORs: 2.3–5.1)
- Metabolic syndrome (ORs: 2.0–4.0)
- Suicide attempts (OR: 7.4)

# Risk Factors

- Any cognitive impairment
- Any mobility limitations
- Prior history of trauma
- Lower socio-economic status
- Women at more risk than men
- Social isolation
- African-Americans at more risk for financial exploitation
- CAREGIVER burden

# The Harmers and the Why's

- 1/3 Men, 1/3 Women, 1/3 Unknown (from APS Data)
- 60% have some family relationship
- Social Isolation
- Economic Dislocation
- History of Substance Use
- History of Behavioral Health Disorders
- Co-habitation
- History of child abuse
- Paid Caregivers, LTC staff, LTC residents



# When Helping Hurts

National Survey (1000 persons)

- 30% knew someone who experienced elder abuse
  - 67% of those persons who knew, experienced a high level of personal distress
  - 60% of those who knew, got involved
- 
- 73 million adults knew someone who experienced elder mistreatment
  - 44 million helped a victim with their mistreatment situation
  - 32 million people -- knowing about mistreatment was highly stressful, and trying to help exacerbated their distress

# Adult Maltreatment Report | 2021

Exhibit A: 2021 Data at a Glance

| Submitted by        | Allegation type*     |
|---------------------|----------------------|
| 59.2% professionals | 50.0% self-neglect   |
| 15.8% relatives     | 24.2% neglect        |
| 4.7% self-reports   | 24.2% exploitation   |
| 12.8% other^        | 12.7% physical abuse |
|                     | 1.5% sexual abuse    |

**268,902 (34.2%)**  
Individuals had a  
substantiated investigation  
(victims)

**46.4% of clients  
and 52.8% of victims**  
Received APS services



**2021  
Data at  
a Glance**

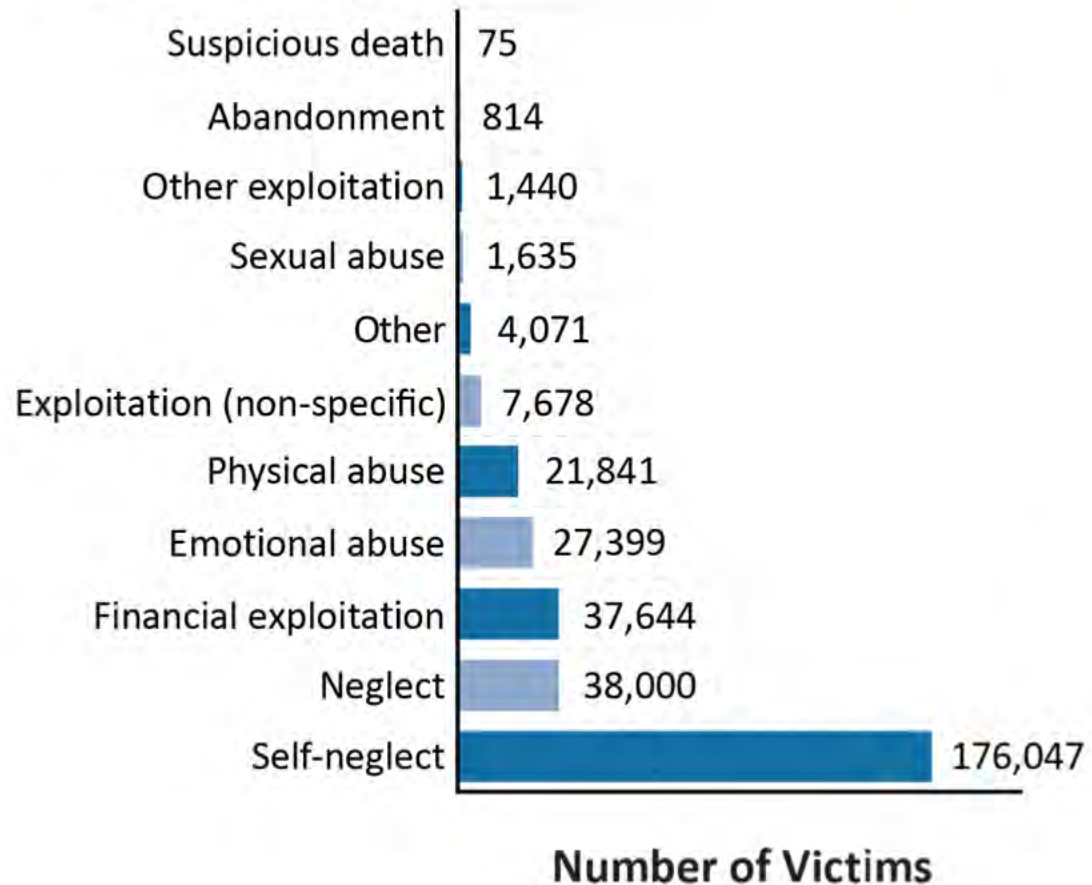
^ Other report source includes: in-home caregiver, substitute decision-maker, and other nonprofessional.

\* A single investigation may have more than one maltreatment type.

# Adult Maltreatment

Report | 2021

**Exhibit 2.6: Victims by Maltreatment Type**



# What is Self-Neglect?

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid harm as a result of self-neglect
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs
- The inability (intentional or non intentional) to maintain *socially and culturally* accepted standards of self-care with the potential for serious consequences to the health and well being of the self-neglecters and perhaps even to their community

## Medical Consequences of Self-Neglect

- 2.5 x Rate of Emergency Department Usage
- 5 x Rate of Nursing Home Placement if Substantiated by APS
- Almost 6 x Rate of Death Within 1 Year of APS Substantiated Self-Neglect
- Higher Rates of Hospitalizations and Re-Hospitalizations
- Source of Distress for providers/APS Caseworkers – steadfast refusal of care

## Common Characteristics of People Who Neglect Themselves

- Women (possibility because more women than men live alone)
- Depressed and/or increasingly confused
- Frail and older
- Have alcohol and drug problems
- Have a history of poor personal hygiene or living conditions

## Some Themes

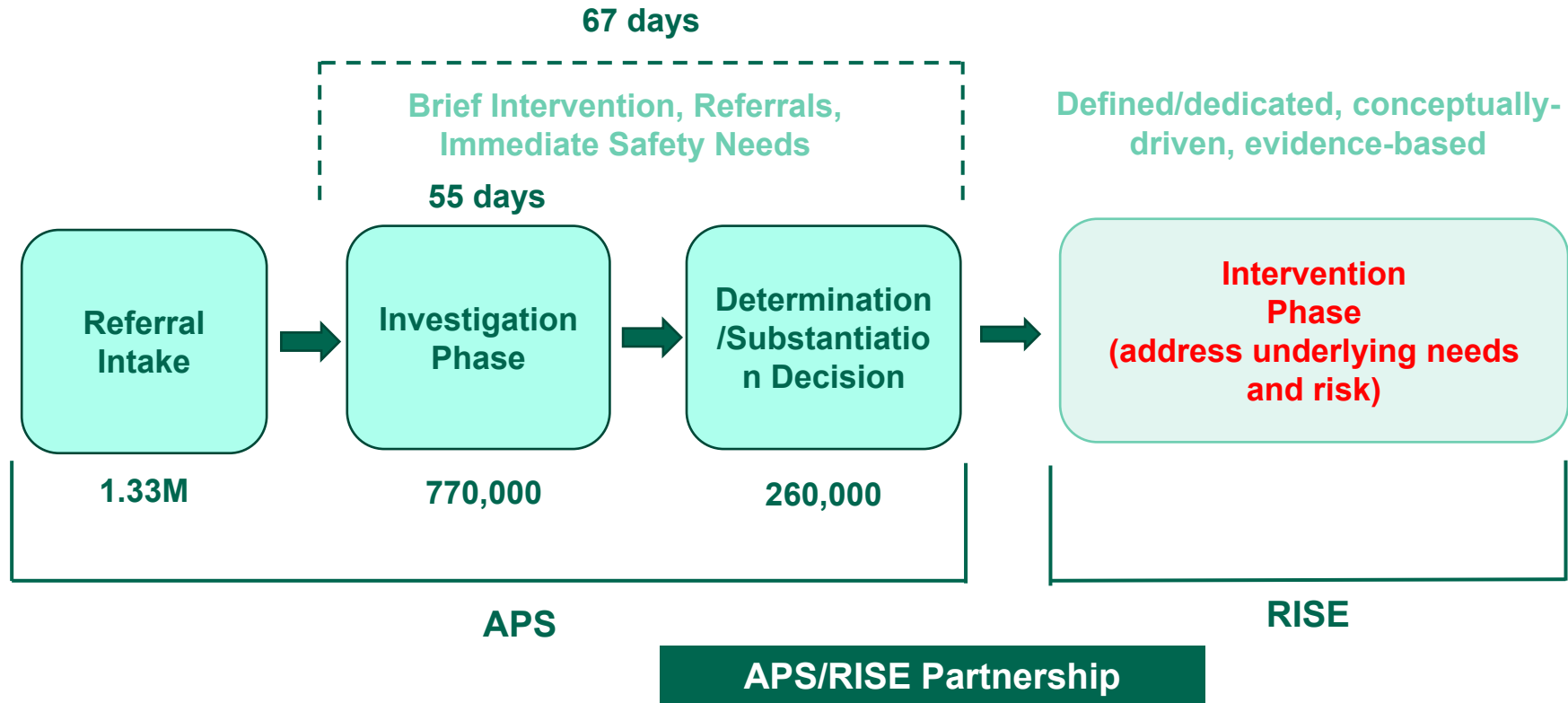
- Most do not see themselves as ‘self-neglecting’ at all
- Many describe their home as their “palace”
- Want to maintain self-control and self-sufficiency
- Often services offered don’t respect their lifestyles or preferences
- Social systems have generally failed them in their past (systems neglect)
- Highly positive self-appraisals, Strong spirituality and belief in God
- Deep connection with their pets
- Feelings of despondency and experienced suffering, losses, and up-rootedness throughout their lives including violence, sexual abuse, exposure to war or political violence

| <b>What We “See”</b>        | <b>What The Person “Sees”</b>          |
|-----------------------------|----------------------------------------|
| Squalor                     | A Palace                               |
| Hoarding                    | Treasured Possessions                  |
| Isolation                   | Self-Sufficiency                       |
| Unattended Medical Problems | Distrust of Doctors and Health Systems |
| Family                      | Betrayal                               |



# The Path to RISE

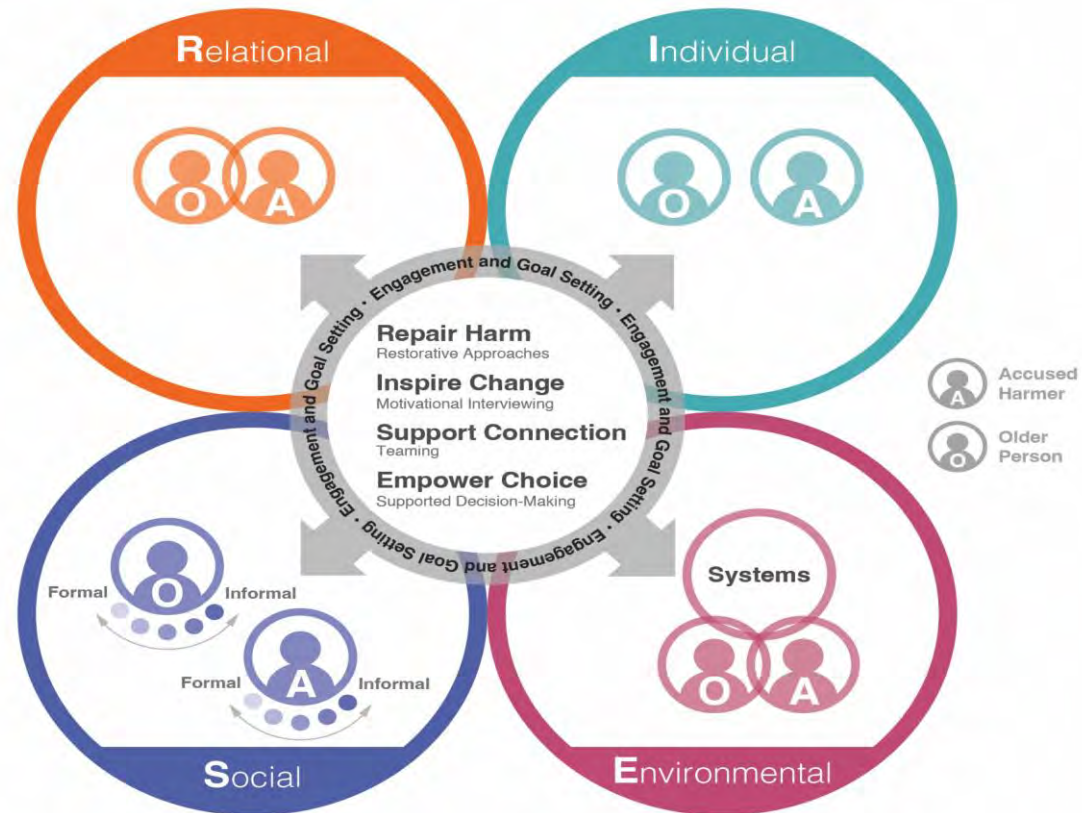
## Challenges in APS/Elder Justice Initiatives: System Service Gap



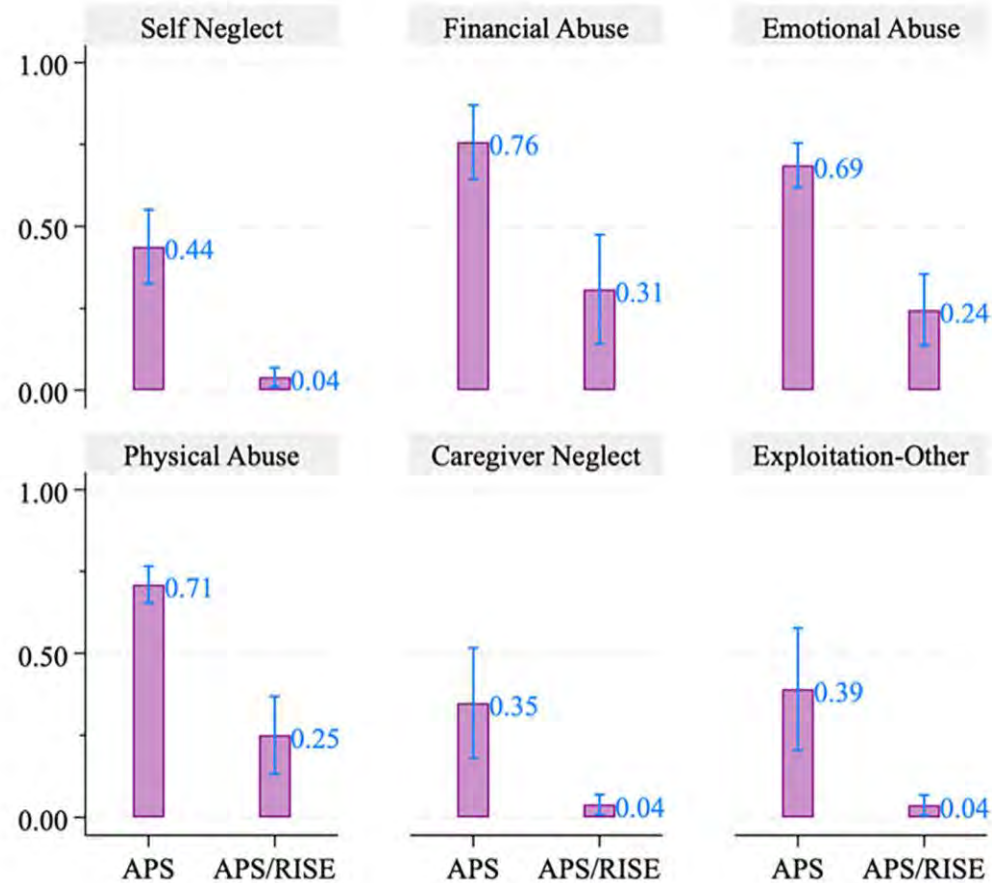
# RISE

**R**epair Harm   **I**nspire Change   **S**upport Connection   **E**mpower Choice

A Conceptual Model of Integrated and Restorative Elder Abuse Intervention



# Effect of RISE on Repeat APS Investigations

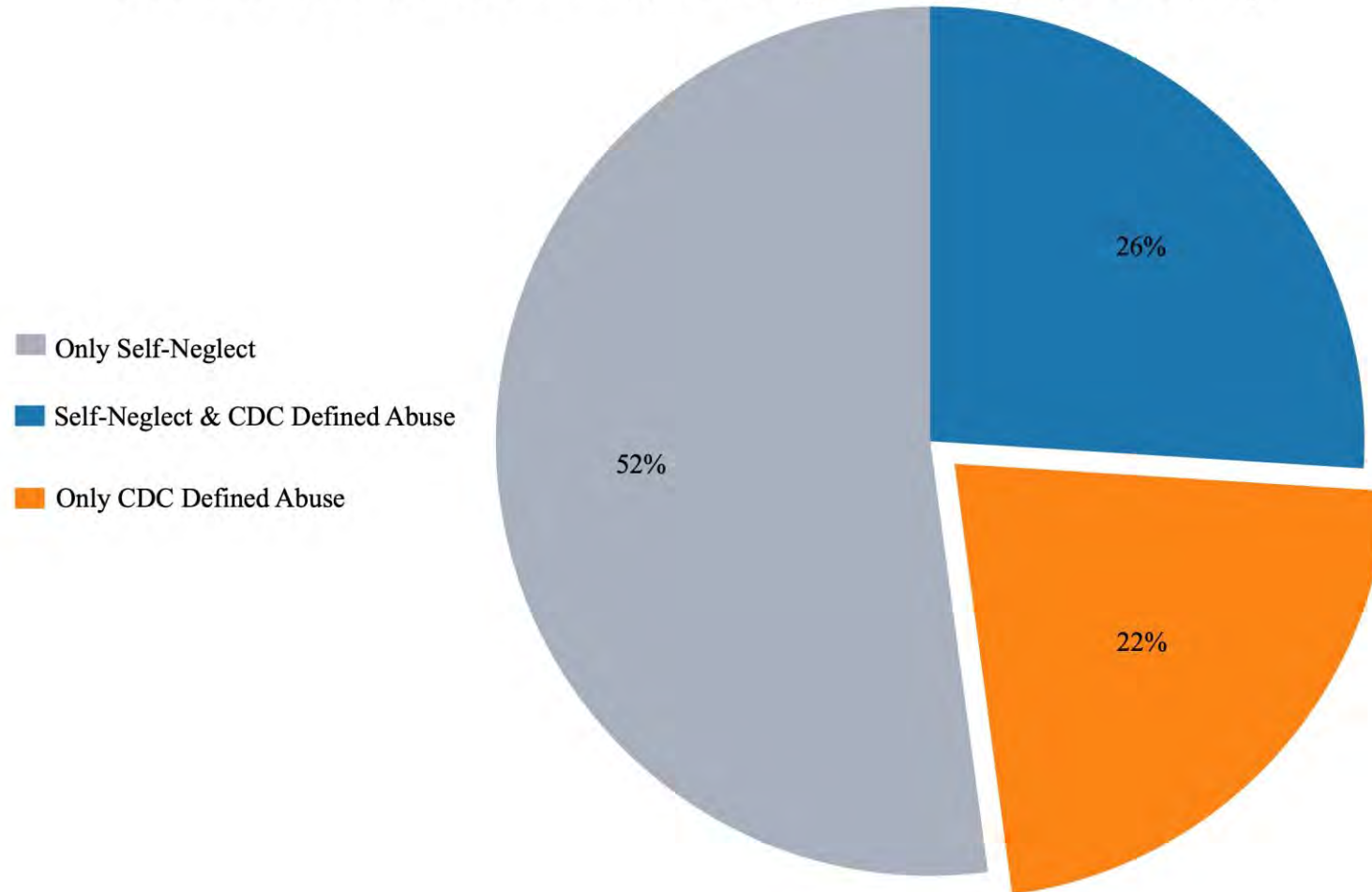


**FIGURE 2** Probability of a repeat investigation by history of substantiated abuse subtype.

Lewis S, Connolly MT, Salvo E, Kimball PF, Rogers G, MacNeil A, Burnes D. Effect of an elder abuse and self-neglect intervention on repeat investigations by adult protective services: RISE project. *J Am Geriatr Soc.* 2023 Nov;71(11):3403-3412.

## Is It Time to Re-Think What We Think About Self-Neglect?

Maine APS Data: First Substantiated Allegation by Type (2017-2021)



### First allegation self-neglect (substantiated)

|                                                | <b>CDC<br/>defined<br/>abuse</b> | <b>Caregiver<br/>neglect</b> | <b>Emotional<br/>abuse</b> | <b>Financial<br/>abuse</b> | <b>Physical<br/>abuse</b> |
|------------------------------------------------|----------------------------------|------------------------------|----------------------------|----------------------------|---------------------------|
| Median time to next substantiated abuse (days) | 215 days                         | 220 days                     | 307 days                   | 245 days                   | 388 days                  |
| Incident rate ratio (CI)                       | 1.49 (1.18–1.86)                 | 1.71 (1.31–2.21)             | 1.26 (0.80–1.90)           | 1.41 (1.02–1.92)           | 2.23 (1.41–3.44)          |
| Attributable risk proportion % (CI)            | 33 (15–46)                       | 42 (24–55)                   | 21 (–24–47)                | 29 (2–48)                  | 55 (29–71)                |

# RISE RECAP...

|                                        |                                              |
|----------------------------------------|----------------------------------------------|
| <b>Substantiated Self Neglect</b>      | 10x Reduction in Chances of Re-Investigation |
| <b>Substantiated Caregiver Neglect</b> | 9x Reduction in Chances of Re-Investigation  |
| <b>Substantiated Physical Abuse</b>    | 3x Reduction in Chances of Re-Investigation  |
| <b>Substantiated Emotional Abuse</b>   | 3x Reduction in Chances of Re-Investigation  |
| <b>Substantiated Financial Abuse</b>   | 2x Reduction Chances of Re-Investigation     |

**Violence and Crime are Social Determinants of Health – Healthy People 2030**

**Justice is What is Realized NOT What is Theorized – Amartya Sen**



WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

*Session 5, Telehealth and other Online Service Access, July 16, 2024*



# Telehealth: Background & Our Experience

**Katelyn A. Darling**  
**Director, Operations/TeleSpecialty**  
**Connected Care/Center for Telehealth**  
**Dartmouth Health**

**Kevin M. Curtis, MD, MS**  
**Medical Director**  
**Connected Care/Center for Telehealth**  
**Dartmouth Health**



# Agenda

- A Few Definitions
- Types of Telehealth
- Technology
- Rules and Regs
- Dartmouth Health Connected Care
- Patient Experience

# A Few Definitions

- It's okay to use Telehealth/Telemedicine interchangeably
  - Telehealth = all encompassing term; telemedicine may be narrower
  - Telehealth:
    - “Healthcare provided remotely by means of telecommunications technology”
    - Includes everything in “Telemedicine” + Project ECHO + mHealth
- Telemedicine
  - Focuses on remote clinical services
  - Includes “diagnosis, consultation, or treatment via live interactive audiovisual”
    - “HIPAA-secure medical FaceTime®”
  - Also includes audio-only, store-and-forward, texts to/from your clinicians, and remote patient monitoring (RPM)
- Originating Site: Location of the patient during the visit
- Distant Site: Location of the clinician during the visit

# Types of Telehealth



# Telehealth: Technology



# Telehealth: Rules and Regs

- Providers - State Licensing
- Consent
- Platforms and Privacy

*Telehealth is not a service or a medical specialty,  
but a tool to help deliver care*



# Dartmouth Health Connected Care



*Mission: To help deliver outstanding care to our region independent of patient location*

*Focus: Rural health care*

*2° Goal: To keep care local*

A photograph of the Dartmouth-Hitchcock building at dusk. The building is a multi-story structure with a prominent glass facade on the right side, which is illuminated from within, showing interior levels and a staircase. The sky is a deep blue. In the foreground, there are silhouettes of trees. The building's name and logo are visible on the upper part of the facade.

## DH Telehealth Services

Emergency

Neurology/Stroke

ICU

ICN

Outpatient Virtual Visits

Pharmacy

Psychiatry

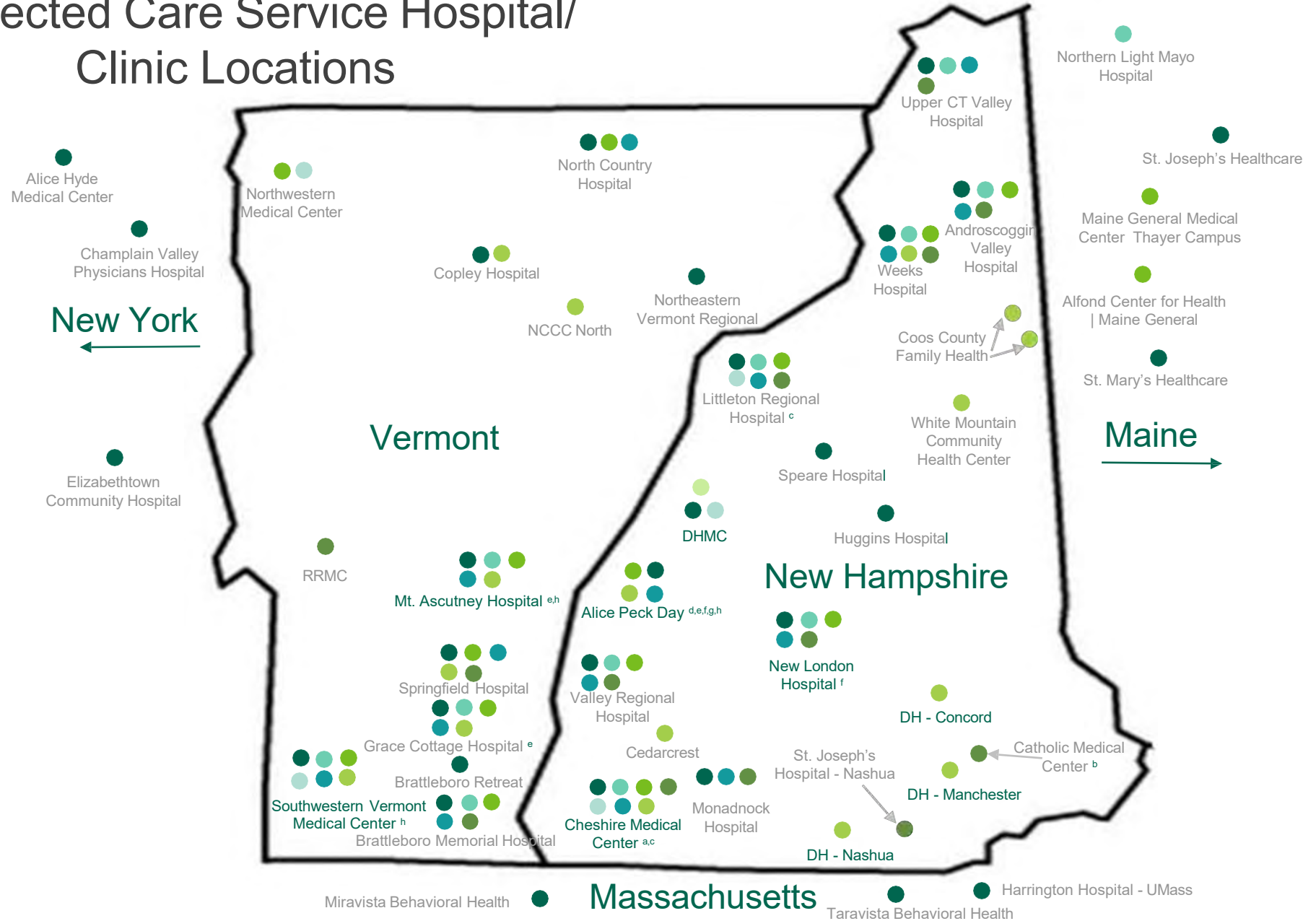
Central Monitoring

Inpatient Specialties



# Connected Care Service Hospital/ Clinic Locations

| Service              | Sites | Key |
|----------------------|-------|-----|
| TelePharmacy         | 30    | ●   |
| TeleEmergency        | 12    | ●   |
| TeleNeurology/Stroke | 15    | ●   |
| TeleICU              | 5     | ●   |
| TelePsychiatry       | 15    | ●   |
| Telemedicine Clinics | 16    | ●   |
| TeleICN              | 12    | ●   |
| Central Monitoring   | 1     | ●   |
| TelePedi (i)         | 1     | a   |
| TeleMFM (i)          | 1     | b   |
| TeleNephrology (i)   | 2     | c   |
| TeleID (i)           | 1     | d   |
| TeleOPAT (i)         | 3     | e   |
| TeleDerm (i)         | 2     | f   |
| TeleCardiology (i)   | 1     | g   |
| TeleWound Care (i)   | 1     | h   |



800,000  
Outpatient  
Telehealth Visits

>4,400,000  
TelePharmacy  
Orders

300 TeleICN  
Consults

3,700  
TeleEmergency  
Encounters

2,500 Emergency  
TelePsychiatry  
Consults

# Connected Care By the Numbers

30,000 TeleICU  
Admissions

15,000  
TeleNeurology/  
Stroke Consults

192 beds connected  
to the Central  
Monitoring Hub

## Outpatient Satisfaction (Press-Ganey Survey) - FY24 YTD

| Question (short)                             | FY23 | FY24 YTD | FY24 Counts |
|----------------------------------------------|------|----------|-------------|
| Rate ease of talking with provider virtually | 79%  | 81%      | 2098        |
| Rate how well audio connection worked        | 79%  | 80%      | 2075        |
| Rate how well video connection worked        | 78%  | 80%      | 1839        |

- **UPDATED FY24 DATA:**
  - Continue to see positive results in telehealth-specific questions & compared to FY23

# Thank you!!

If you have questions regarding telehealth at  
Dartmouth Health, please feel free to contact:  
[ConnectedCare@Hitchcock.org](mailto:ConnectedCare@Hitchcock.org)

# LIBRARIANS GUIDE TO TELEMEDICINE

CREATED BY EMMA PARKS

## What is telemedicine?

Telemedicine appointments are virtual meetings with healthcare providers, primarily via phone call or video calling.

### Access Issues & Telemedicine

There are many reasons that telemedicine may not be accessible to someone.

Primarily done over the phone or computer, telemedicine appointments require people to have access to broadband internet, cell service, and some kind of device (phone, landline, computer, tablet). While telemedicine can provide access to specialists and hospitals that may be far away from rural communities, accessing these services remains a challenge. Rural communities often have limited access to broadband internet and reliable cell service, restricting telemedicine access. Libraries and other community centers can help support their communities with telemedicine access helping to bridge the growing digital divide for rural communities.

## **Three Ways to Support Patron Telemedicine Appointments**

- 1) Wide-Range Broadband Internet
- 2) Devices
- 3) Private Spaces

## Privacy and Data Security

Health information is confidential information. While libraries are not responsible for people's passwords and personal security, privacy should be a top concern for public computers and devices. People may be unaware that they are saving private information on computers or that their account information is being saved. Many of these services and software are designed for people's personal use so they are often saving preferences unknowingly. The American Library Association has a guide on privacy and public access devices: <https://www.ala.org/advocacy/privacy/guidelines/public-access-computer>



## Loanable Devices & Public Computers

Having loanable computers and tablets provides patrons with the ability to leave the library and, if they have access, connect to the internet at home or another private location.

Public Computers in the library could be used for telemedicine visits though people are often required to talk. Having access to public computers can help patrons make appointments, view test results, or research healthcare providers.

## Wide-Range Broadband Internet

Having access to broadband internet is critical for having video telemedicine appointments. High-quality public internet access is common in public libraries but often the internet range is confined to the libraries. Since access to private spaces is a challenge for smaller libraries, expanding the internet connection to include outdoor spaces including the **parking lot**, patrons can access their appointments in more secluded areas.

Some libraries have limited hours due to budget and staffing, having the internet available 24/7 with wide range, allows the community to have access to their virtual healthcare whenever they need it.

## Private Spaces

This is the trickiest to accommodate if your library is not equipped with study rooms or private conference rooms. Private study pods can be purchased to provide individual private spaces for people though they require space in the library. These pods are expensive so grants or other state funding can be considered to help supplement the cost. For many libraries providing private individual spaces would require a remodel or construction. Making sure that the library has a wide range – internet or an outdoor space can help support more private spaces without having to redesign the library.

## Grants

### [Vermont Department of Libraries](#)

Numerous grants for public libraries in Vermont

### [U.S. Health and Human Services Telehealth](#)

Funding for telehealth and broadband programs

### [Office for the Advancement of Telehealth](#)

Numerous grants from the HRSA

### [Rural Health Information Hub](#)

Up-to-date list of telemedicine grants and funding opportunities for organizations that serve rural communities

### [U.S. Department of Agriculture](#)

Distance learning and telemedicine grant opportunities

## Grant Writing Support

[Research Guide](#) created by Ellen Jack from the University of Wisconsin- Madison  
List of Grant writing books and manuals

Purdue Extension [How to Write a Successful Grant](#)

[Grant Writing 101: Basics for Programming Librarians](#), ALA

## Other Services

[Northeast Telehealth Resource Center](#)

“federally funded to provide technical assistance to develop, implement, and expand telehealth services in New England and New York”



WELCOME to the

*Beyond Books ECHO*

*Libraries Supporting Community Health & Social Services*

*Session 6, Onsite Health and Social Services, July 23, 2024*

# Today's Program

- Brief housekeeping
- Didactic: series of brief 3-5 minute presentations
- Polls
  - Library offerings
  - Barriers to onsite
- Discussion
- Up Next

Nancy Ladd

Director, Pillsbury Free Library, Warner NH

- Naloxbox containing emergency Naloxone (Narcan) and a rescue breathing device for CPR near our AED (another “in-house health service” in some libraries). It was distributed by Capital Area Public Health Network.





## Nancy Ladd

### Director, Pillsbury Free Library, Warner NH

- Onsite - hosted an open, free information/training session about recognizing and responding to opioid overdose with Naloxone
  - Attended by our staff and some trustees, as well as members of the public.
  - Presenter dispelled some outdated information about how people respond, gave up-to-date stats and practical tips.
- Free opioid overdose prevention training and supplies of Naloxone.
  - Dartmouth Health catchment area: 5 sessions held in libraries (and one safety services building) May-July 2024
  - Contact - [Lauren.E.Chambers@hitchcock.org](mailto:Lauren.E.Chambers@hitchcock.org)

## Nancy Ladd (continued)

- URI runs a Community First Responder Program,
  - by Brad Thibodeaux, CPhT, covers new England locations, free. Brings free Naloxone and handouts.
  - To book this
    - In NH - contact NHHRC (NH Harm Reduction Coalition): <https://nhhrc.org/training-for-your-organization> [nhhrc.org] or Capital Area Health Network CapitalAreaPHN.org
    - in VT - go to <https://go.uvm.edu/cfr> [go.uvm.edu]
- UNH and URI have a 10-15 minute self-paced training program online at
  - <https://extension.unh.edu/health-well-being/programs/community-first-responder-program> [extension.unh.edu]
  - <https://web.uri.edu/cfrp/> [web.uri.edu]
- Naloxone supplies are available free in NH through The Doorway <https://www.thedoorway.nh.gov/> [thedoorway.nh.gov] or by calling 211

## Samantha Gallo

Director, Fuller Public Library, Hillsborough NH

- Covid vaccine clinics
- Exercise program that meets twice a week
- Visiting Nurse Association with information on balance (6 week class coming this fall)
- Caregiver of persons with Alzheimers, informational program

## Josianne Fitzgerald Adult Services and Technology, Moultonborough Public Library

- Tales and Travel Memories program:  
Armchair travel for people living with  
dementia & their caregivers
  - Developed by a librarian in the Gail  
Borden Library of Illinois

Moultonborough Public Library  
& Granite VNA present

# TALES AND TRAVEL MEMORIES

Come with us to **ECUADOR!**

**Friday**  
**Aug. 16**  
10 - 11:30 am



Moultonborough Public Library - 4 Holland St, Moultonborough NH 03254 - (603) 476-8895

Please register  
[moultonboroughlibrary.org](http://moultonboroughlibrary.org)



This program is made possible by a grant from the Network of the National Library of Medicine.



# Community Nurse Connection

[CommunityNurseConnection.org](http://CommunityNurseConnection.org)

Kristin Barnum, RN,BSN,MBA  
Executive Director



In 2012, the Upper Valley Community Nursing Project was founded by two clinicians Dennis McCoullough, MD and Laurie Harding, RN who recognized the gap in health care services that leaves many people struggling with chronic illnesses, care transitions and aging challenges.

Their solution was to convene community based, grass root efforts to embed a Registered Nurse into communities driven by care not reimbursement.

10 years later, in 2022 Upper Valley Community Nursing Project becomes Community Nurse Connection.



**Community Nurse Connection is a convening organization bringing together people, ideas and resources to improve the quality of life for older adults.**

- We partner with communities to create a roadmap for the development of Community Nursing projects
- We provide access to a confidential electronic documentation system
- We provide outcome data in the form on monthly, quarterly and annual reports
- We host virtual monthly nursing peer support meetings
- We provide grants to start and sustain Community Nursing programs and assist in searching for additional funding.



## How Community Nursing works ?

- Nurses are employed by towns, cities, communities or faith based organizations to enhance the efforts of the community to care for neighbors.
- Programs are independent of mainstream healthcare and reimbursement systems.
- Referrals go directly to communities from primary care providers, hospitals, home care agencies, neighbors, family, friends, clergy.
- **There is no charge to clients for services**







## Community Nursing Models

- Nurse is an employee or contracted with an Aging in Place non-profit organization
- Nurse is an employee of the municipality and reports to emergency management
- Nurse is an employee of the municipality and reports to parks and recreation
- Nurse is contracted with a non-profit organization who acts as a fiscal sponsor while group is seeking non-profit status
- Nurse is an employee or contacted with a parish

New models we are exploring include the nurse is an employee of the senior center or homeless shelter.



## **How Community Nurses Connect with Libraries**

Blood Pressure Clinics

Advanced Care Planning

Tips for TeleHealth visits

Fall Risk reduction education

Health and Wellness book club

Ask the nurse

### HANOVER, NH

[www.hanovernh.org/777/Hanover-Community-Nurse](http://www.hanovernh.org/777/Hanover-Community-Nurse)

#### Doris Yates, RN

Town of Hanover Community Nurse

Email: [doris.yates@hanovernh.org](mailto:doris.yates@hanovernh.org)

Phone: 603-727-2832

### LEBANON; ENFIELD; GRANTHAM, NH

[lebanonnh.gov/1548/Community-Nurses](http://lebanonnh.gov/1548/Community-Nurses)

To make a referral email: [mih@lebanonnh.gov](mailto:mih@lebanonnh.gov)

#### Amanda St. Ivany, RN, BSN, MSN, PhD

Email: [amanda.stivany@lebanonnh.gov](mailto:amanda.stivany@lebanonnh.gov)

Phone: 603-266-9420

#### Rachael McMillan, RN, BSN, MPH

Email: [rachael.mcmillan@lebanonnh.gov](mailto:rachael.mcmillan@lebanonnh.gov)

Phone: 603-266-9962

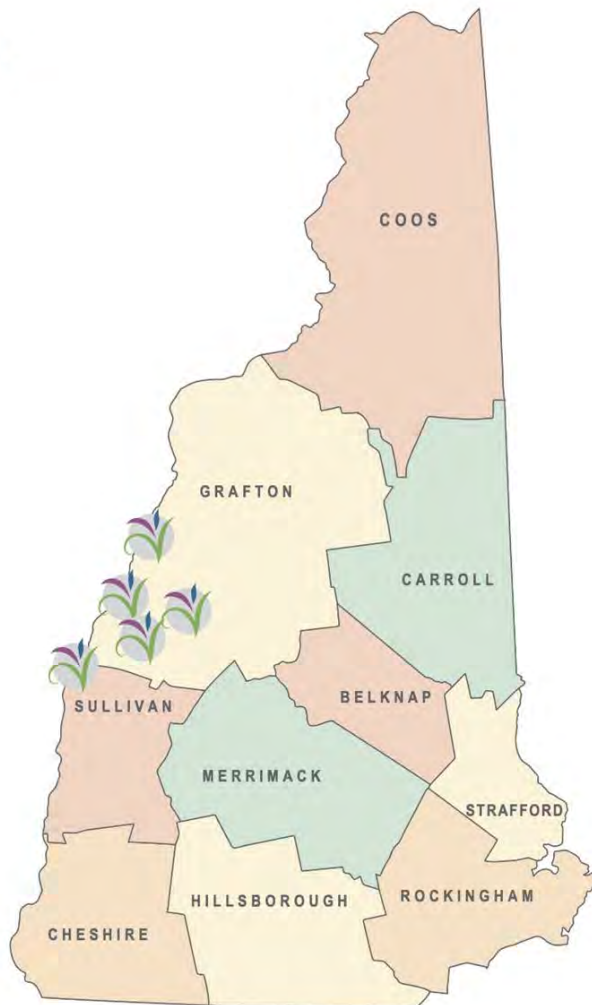
### LYME, NH

[www.lymecc.org/parish-nurses](http://www.lymecc.org/parish-nurses)

#### Melissa Ball, RN

Email: [lymeparishnurse@gmail.com](mailto:lymeparishnurse@gmail.com)

Phone: 603-795-2850



### HARTLAND, VT

[www.aginginartland.org](http://www.aginginartland.org)

To make referrals: [welcome@aginginartland.org](mailto:welcome@aginginartland.org)

or call our message only line at 802-674-4118

#### Katie Williams, RN, BSN

Email: [nurse.katie@aginginartland.org](mailto:nurse.katie@aginginartland.org)

Phone: 802-674-4118

#### Nancy North, RN

Email: [nurse.nancy@aginginartland.org](mailto:nurse.nancy@aginginartland.org)

### NORWICH, VT

<http://www.norwichcommunitynurse.org>

#### Kathy Watson, RN, BSN

Email: [norwichnursevt@gmail.com](mailto:norwichnursevt@gmail.com)

Phone: 802-281-2722

### READING - WEST WINDSOR, VT

[www.rww-aginginplace.org/](http://www.rww-aginginplace.org/)

#### Rita Rice, RN

Email: [ritamarierice@gmail.com](mailto:ritamarierice@gmail.com)

Phone: 802-359-3935

### STRAFFORD, VT

[straffordcommunitynurse.weebly.com/](http://straffordcommunitynurse.weebly.com/)

#### Sheila Keating, RN

Email: [Straffordvtnurse@gmail.com](mailto:Straffordvtnurse@gmail.com)

Phone: 802-765-2551

### THETFORD, VT

<https://communitynurseofthetford.weebly.com>

#### Sonja (Sunny) Martinson, RN

Email: [communitynursestetford@gmail.com](mailto:communitynursestetford@gmail.com)

Phone: 802-738-9066

### TUNBRIDGE, VT

[tunbridgev.org/town-nurse/](http://tunbridgev.org/town-nurse/)

#### Jodi Hoyt, RN, BSN

Email: [healthofficertunbridgev@gmail.com](mailto:healthofficertunbridgev@gmail.com)

### WESTON, LONDONDERRY, S. LONDONDERRY,

PERU, LANDGROVE & ANDOVER, VT

[www.mycommunitynurseproject.org/](http://www.mycommunitynurseproject.org/)

#### Regina Downer, MS, APRN

My Community Nurse, Inc.

Phone: 802-772-5607 and 802-824-9596

Email: [mcpn.weston@gmail.com](mailto:mcpn.weston@gmail.com)



If you are interested in learning more about how to start a Community Nursing Project in your community please email [info@communitynurseconnection.org](mailto:info@communitynurseconnection.org).

If you are interested in learning more about how to start a Community Nursing Project in your community please email [info@communitynurseconnection.org](mailto:info@communitynurseconnection.org).



## **Contact Information**

**[communitynurseconnection.org](http://communitynurseconnection.org)**

**[kristin@communitynurseconnection.org](mailto:kristin@communitynurseconnection.org)**

## Kayla Morin-Riordan

Children's Services Supervisor, Goodwin Library, Farmington NH

- Host a number of community health and social services programs.
  - An annual Flu vaccine clinic through Strafford County Public Health Network.
    - The vaccines are completely free, no insurance required
    - Library is a walkable distance from ~1/3 of our population makes it very accessible for families.
  - SCPHN has come to help with Marketplace health insurance sign ups in the fall.
  - Host a WIC clinic site once a month for those doing their redeterminations.
  - Serve as a site for Community Action Partnerships' summer meals distribution, and have been a past site for 68 Hours to End Hunger.

## Julie Perrin, MSLIS Director, Jaffrey Public Library

- Have offered three Covid vaccination clinics
- Multiple community CPR and first aid classes, open to the public and free, thanks to our friends at Monadnock Community Hospital
- Offer WIC appointments once a month which include pediatric wellness consultations with the WIC staff.
- Support our adult day care
- Provide access to services for families with loved ones living with dementia.