

# **“What Do You Think?”**

## **New Hampshire 2013 Peer Support Outcomes Survey**



## **State Report**

**March 2014**

New Hampshire Bureau of Behavioral Health  
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Concord, NH 03301  
603-271-5007

The NH 2013 Peer Outcomes Survey is designed, conducted, and analyzed by the New Hampshire Bureau of Behavioral Health in collaboration with state-funded, Peer Support Agencies operating in the state mental health regions.

**The Alternative Life Center, Conway, NH (Region I)**  
**H.E.A.R.T.S., Nashua, NH (Region VI)**  
**Lakes Region Consumer Advisory Board, Laconia, NH (Regions III and IV)**  
**Monadnock Peer Support Agency, Keene, NH (Region V)**  
**On the Road to Recovery, Manchester, NH (Regions VII and X)**  
**Seacoast Consumer Alliance, Portsmouth, NH (Region VIII) (non-participant)**  
**Stepping Stones, Claremont, NH (Region II)**  
**Tri City Cooperative, Rochester, NH (Region IX)**

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## OVERVIEW

### Background

Peer Support Agencies provide certain community-based, consumer-run, public mental health services, described and governed by state rules, under contracts with the Bureau of Behavioral Health (BBH). Services are provided at no cost to consumers. In 2013, eight non-profit agencies, operating in ten mental health regions, and fourteen physical locations, provided an array of on-site supports, several mobile outreach programs, a transitional living program, statewide Warm Lines, and a peer-run Planned Respite Program, to over 2200 adults with serious mental illness (SMI). Access is statewide. The agencies serve adults only.

In New Hampshire, the Intentional Peer Support<sup>1</sup> model (IPS), developed by Shery Mead, is selected as the foundational approach to peer support interactions. Peer staffs at every agency have been trained in IPS and hold certificates of completion. Additionally, the Wellness Recovery Action Plan (WRAP)<sup>2</sup>, developed by Mary Ellen Copeland has been established for use in NH, via PSA staff who are certified as Advanced Facilitators. In turn, they train WRAP Group Facilitators from every PSA around the state. For the purpose of this report, the term “peer support”, regarding NH PSAs, explicitly includes IPS and WRAP as core practices at all agencies.

Members and participants at PSAs differ only by member privileges. Participants are not registered members of the PSA. Participants engage in all activities except they do not have member voting privileges or serve on the agencies’ consumer-run

boards. Registered members have these rights. For the purpose of the survey and the report, the terms “consumers”, “members”, “participants”, and “peers” are used interchangeably. Staffs are also peers. Guests or visitors to the agencies are not included in the survey or in the unduplicated counts of peers.

“Peer support occurs when people provide knowledge, experience, emotional, social, or practical help to each other.”<sup>3</sup>

The Executive Directors of New Hampshire state-funded Peer Support Agencies (PSAs) met with the Bureau of Behavioral Health’s State Planner to develop an annual online consumer survey. The first “What Do You Think?” survey was conducted in 2009.

### Purpose of the Survey

The purpose of the survey is to receive feedback from participants in peer support that may be used to enhance planning, financing, service delivery, and development of consumer-operated services and programs within a recovery-oriented behavioral health care system in New Hampshire.

NH’s PSA Executive Directors, as a group, decided to create a new survey of members that would enable them to assess outcomes and program satisfaction over time. The survey now incorporates research-based questions about the peer support experience.

<sup>1</sup> <http://www.intentionalpeersupport.org/>

<sup>2</sup> <http://www.mentalhealthrecovery.com/>

<sup>3</sup> Shery Mead, David Hilton, Laurie Curtis, “Peer Support: A Theoretical Perspective.” <http://mentalhealthpeers.com/pdfs/peersupport.pdf>

The survey includes indicators that measure recovery supports in the priority areas of HEALTH, PURPOSE, COMMUNITY and GENERAL SATISFACTION. There are 14 indicators, comprised of 40 survey items. An additional item indicates which PSA the respondent is affiliated with, and is not included in the report.

NH's PSAs are primarily funded by the NH Mental Health Block Grant and, as such, data on selected priority areas is collected and reported to the Substance Abuse and Mental Health Services Administration (SAMHSA), which issues the grant funds.

Positive outcomes in these domains, associated with peer support, are commonly believed to result in the reduction and prevention of hospitalization, and increased wellbeing. A primary area of interest is to support the reduction or prevention of psychiatric hospitalization while providing practical supports for life in the community.

The Peer Outcomes Protocols (POP)<sup>4</sup> instrument and the Mental Health Statistical Improvement Project (MHSIP) survey that includes certain National Outcome Measures (NOMS) for block grant reporting were used to select the Peer Support Recovery outcomes and identify the survey items. Including General Satisfaction, which is embedded within the section for Community, New Hampshire PSAs now have four domains that may be surveyed annually, to help inform the self-directed activities of these consumer-operated services and programs (COSP).

Input from members of PSAs is important for shaping the planning process for state-funded peer support programs in New Hampshire. The survey supports the mental

health block grant's National Outcome Measure (NOM) #8 - Increased Social Supports/Social Connectedness. It supports the President's New Freedom Commission Goal #2: Mental Health Care is Consumer and Family Driven, and SAMHSA's Strategy #4: Recovery Supports. The State Mental Health Authority (SMHA) selected Consumer Operated Services and Programs (COSP) for Peer-to-Peer Recovery Supports as the State priority for the block grant.

Individual agencies are able to use this data to inform their discussions and decisions, guided by the input of the members and participants, to shape future practices. See the Directors' Comments for specific examples of how the survey responses are used to benefit the peer support participants.

The data supports the associated cost/benefit and effective State utilization management of the mental block grant funds, to provide an alternative or adjunct to clinical services that would otherwise not exist in the state. Having outcome measures strengthens the rationale for the state to continue to allocate funds from the NH mental health block grant, for contracts with these agencies. The PSAs are funded 60% by NH's mental health block grant and 40% by State general funds. The majority of the mental health block grant is directed to maintaining peer support in NH. At this time there are no other funding sources for the provision of these services.

The state report will be available on selected websites that serve the peer-to-peer recovering community and interested others. Individual agency reports, limited to the data for that agency, are provided to each PSA. The agencies' contact information is at <http://www.dhhs.nh.gov/dcbcs/bbh/peer.htm>

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<sup>4</sup> <http://www.cmhsrp.uic.edu/nrte/pophome.htm>

## Survey Description

The survey is a non-scientific, non-random, sample of people who are participants in peer support as offered by the agencies. Of the eight NH agencies, one agency declined to participate. Percents are based on 100% (two decimal points) of responses, and rounded to whole numbers. The survey was open October through December of 2013.

Participation in the survey is voluntary. There is no respondent identification in the survey. Although the electronic survey is anonymous and confidential, anonymity and confidentiality cannot be guaranteed when the paper instrument is used. People are encouraged to take the survey online, for ease of use, anonymity, confidentiality, and as a computer skills-building experience that is recovery-related. The survey may be printed out as a paper survey, if that is what the person prefers. Individual comments are not solicited, as they may identify staff, agency, and/or respondent. Data from paper surveys must be entered online by PSA staff.

There are 40 items in the four sections of the 2013 “What Do You Think” NH peer support survey. The sections are:

- (1) Demographics
- (2) Health
- (3) Purpose
- (4) Community

The majority of items are from the Peer Outcomes Protocol (POP). The POP was a project of the University of Illinois at Chicago, National Research and Training Center on Psychiatric Disability directed by Judith A. Cook, Ph.D., and designed by Jean Campbell, Ph.D., director of the Program in Consumer Studies and Training at the Missouri Institute of Mental Health.

The POP was selected as the basis for the NH survey because: “The outcomes protocol can be used by peer support and consumer provider organizations to gauge the results of rehabilitation services delivered by and for peers with psychiatric disabilities. Widespread adoption of the protocol will (1) assist the consumer self-help field to assess its own outcomes; (2) present service outcomes to public funding authorities and managed care organization; (3) improve the organization and delivery of peer support programs.”<sup>5</sup>

## Survey General Summary<sup>6</sup>

The survey was begun by 270 people and completed by 253, or 94%.

270 respondents took the 2013 “What Do You Think?” survey. The unduplicated count of PSA members and participants is estimated to be roughly 1900<sup>7</sup>. The estimated statewide survey response rate is 14%

The survey was taken by an almost equal number of males and females. More than 50% of respondents are ages 45 and over and 9% are under age 25. Veterans make up 11% of respondents. Eighty-nine percent of respondents are White.<sup>8</sup>

<sup>5</sup> Peer Outcomes Protocol (POP): Psychometric Properties of the POP, Jean Campbell, Ph.D. et.al., Missouri Institute of Mental Health, University of Missouri-Columbia, 2004, pg.3

<sup>6</sup> Calculations are based on 100% of the group being reported. Most items do not include “not applicable” or “no response”. Percents are rounded.

<sup>7</sup> Calculations based on SFY2013 monthly unduplicated onsite participation.

<sup>8</sup> The U.S. Census 2013 estimate for the White population of the state is 94%.

## Peer Support Directors' Comments

Our Peer Support Agency has and will continue to use the results of the survey when applying for grants, whether it is Community Development Block Grants (CDBG), organizational or private. Also, when promoting peer support within our communities the percentages help us to tell our story to those who know nothing or very little about peer support. The data helps us to identify populations that we may need to approach. The survey is an invaluable tool that we can use to reach individuals who could use our services.

*Martha Hewitt*

*Executive Director*

*Tri-City Co-Op*

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This survey plays a very important role in the ongoing assessment of our agency's effectiveness in specific areas. We utilize the data collected in the survey as the basis for internal conversations with staff and membership to see ways to improve our programming. It is also helpful to see how we compare to other Peer Support Agencies around the State.

In addition to State funding and some donations, we receive funding from Monadnock United Way (MUW). As is true of funders in general, MUW is placing increasing importance on measurable outcomes. We are able, therefore, to utilize information from this survey within our annual funding request.

It is also helpful when doing presentations for service groups, other service providers, etc. to be able to cite specific numbers with regard to the efficacy of peer support and of our program specifically.

I expect this survey to become increasingly significant in telling the story of peer support and Monadnock Area Peer Support Agency as we become more skillful in gathering and utilizing this data.

Peer support is a system of giving and receiving help founded on key principles of

respect, shared responsibility, and mutual agreement of what is helpful. -- Shery Mead.<sup>9</sup>

*Damien J. Licata*

*Executive Director*

*Monadnock Area Peer Support Agency (MPS)*

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Comments from On the Road to Recovery:

The results derived from this survey have been very helpful in determining what areas, as an agency, may need strengthening on behalf of its members. Such as, the results of the question, "Are you informed about Peer-Run Crisis Respite?" 44% answered "Yes" yet have no pre-crisis plan. From that, several plans are already underway for our members to not just know about Crisis Respite, but to be genuinely prepared to utilize it if necessary by getting the pre-crisis plan in place. The survey also affirms the work of Intention Peer Support in that a high percentage of respondents

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<sup>9</sup> "Defining Peer Support" Shery Mead, 2003  
<http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Defining-Peer-Support.pdf>

declared that the Peer Support Centers give the members hope and have kept them moving toward recovery. This survey has been very helpful.

***David J. Blacksmith***

*Acting Executive Director /Program  
Director*

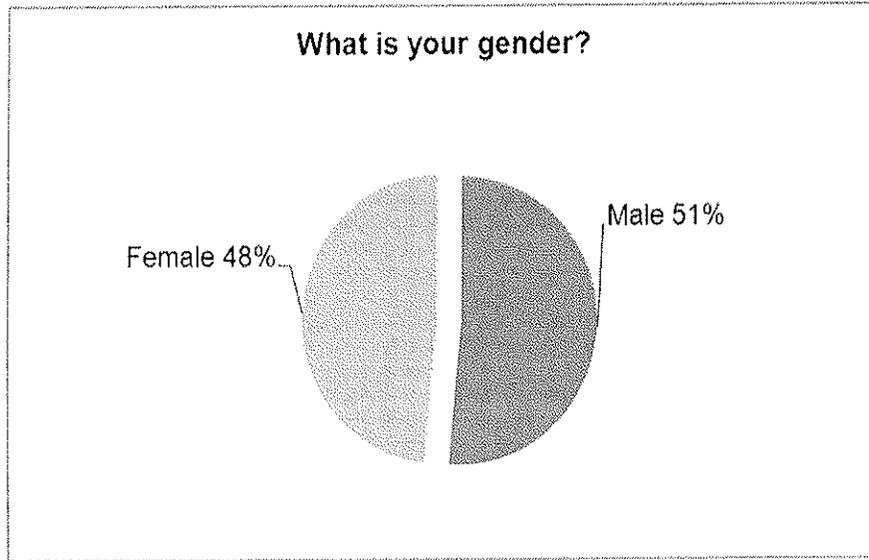
***On the Road to Recovery***

## SURVEY FINDINGS

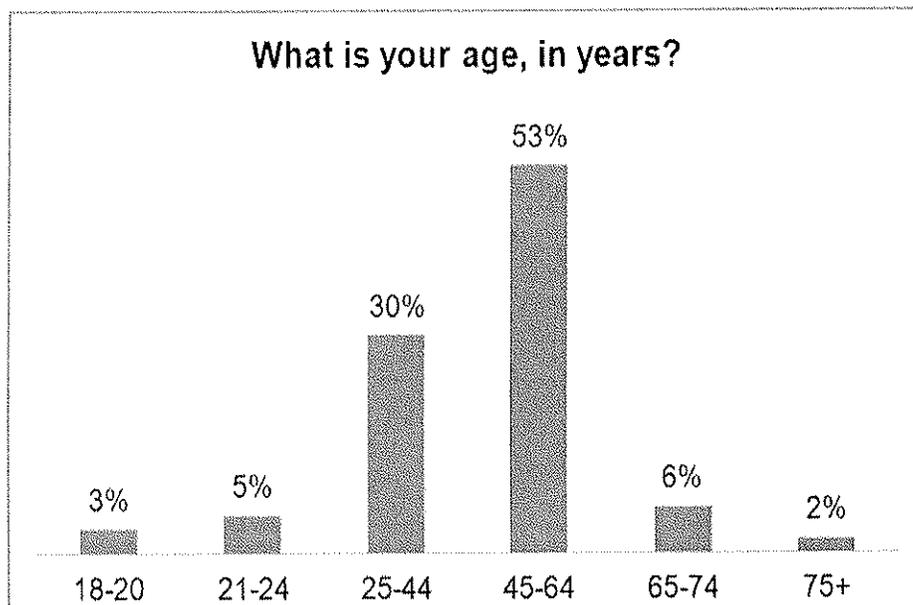
Note: Column charts with agree - disagree scales indicate at least 89% agreement; bar charts with agree - disagree scales indicate at least 10% or higher disagreement.

### Section 1: Demographics (n=270)

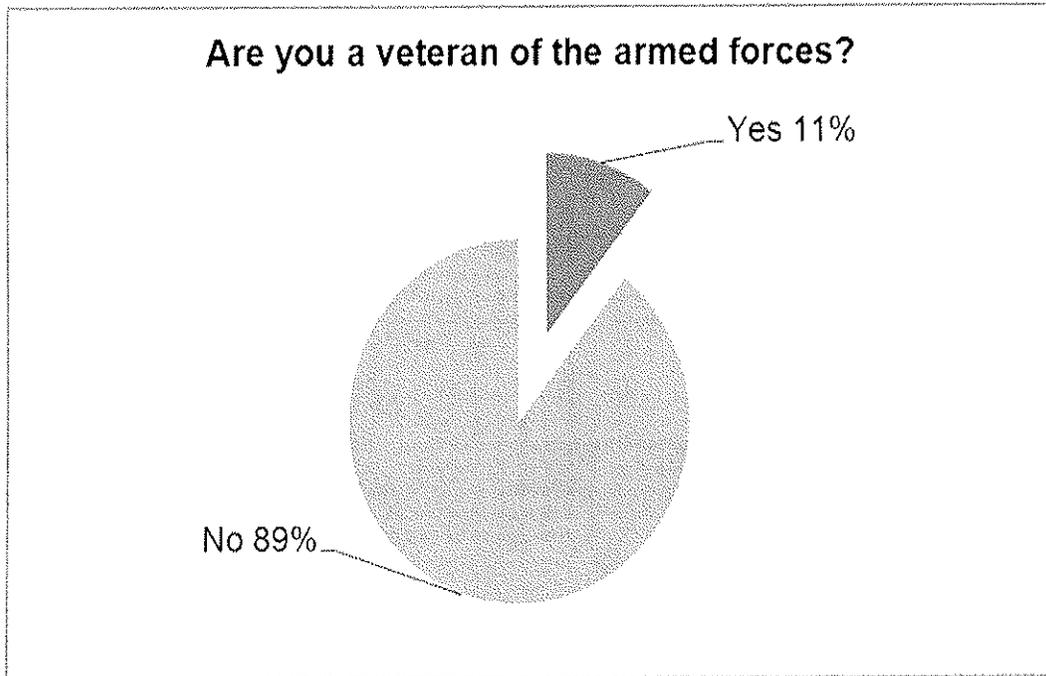
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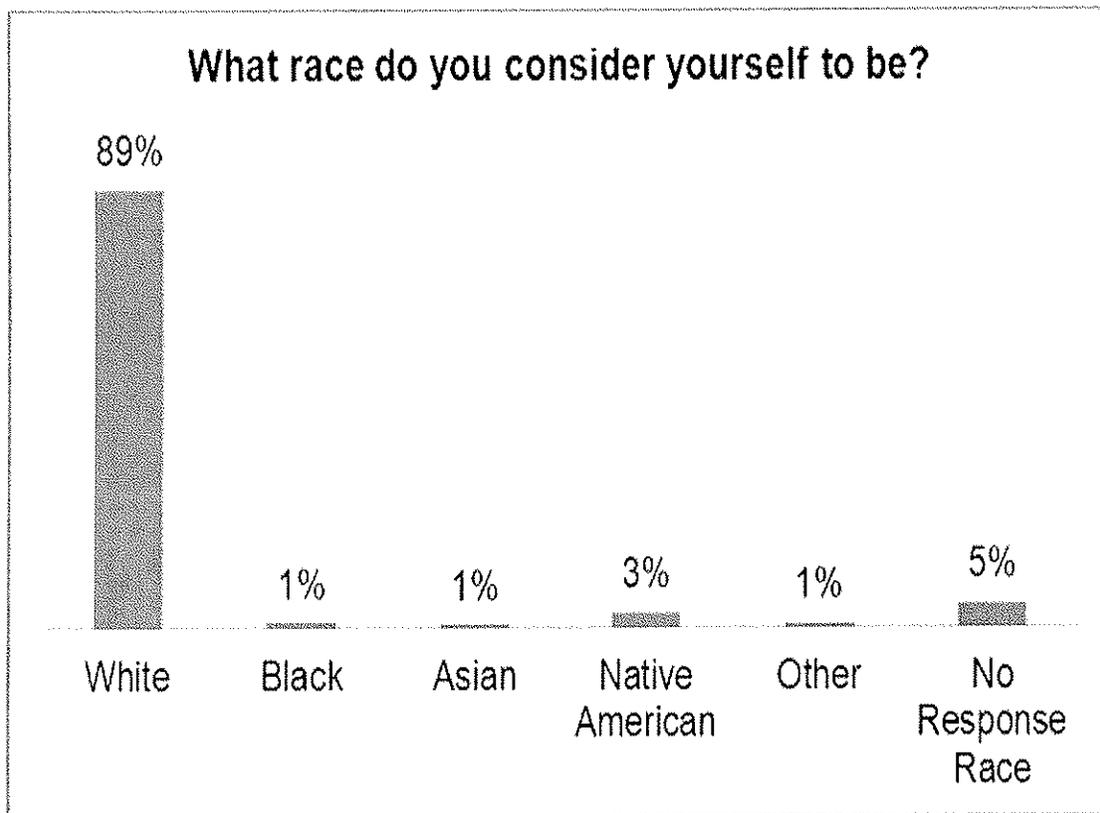
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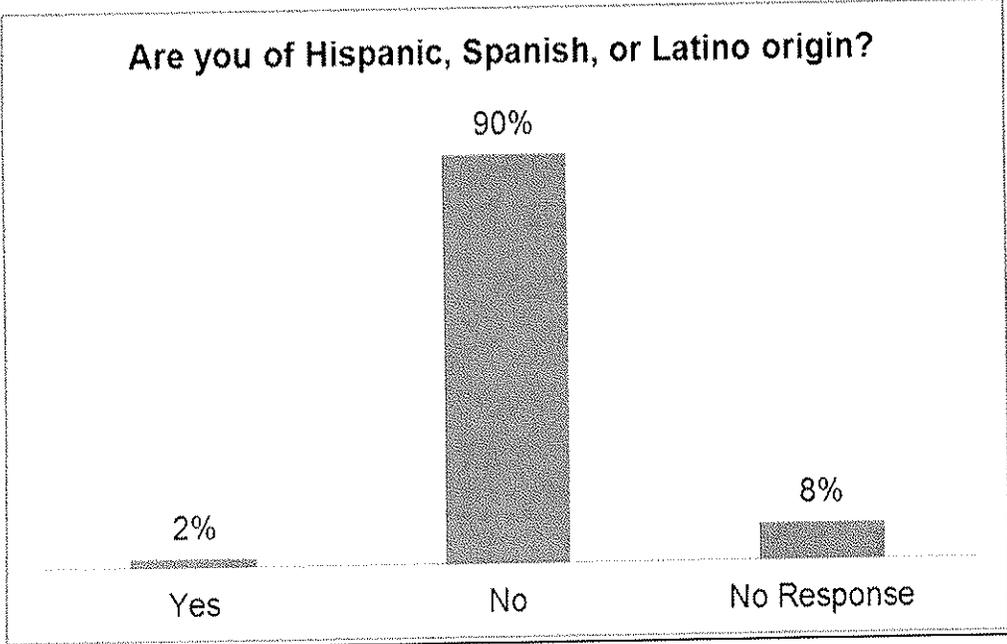
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**Item 4:**

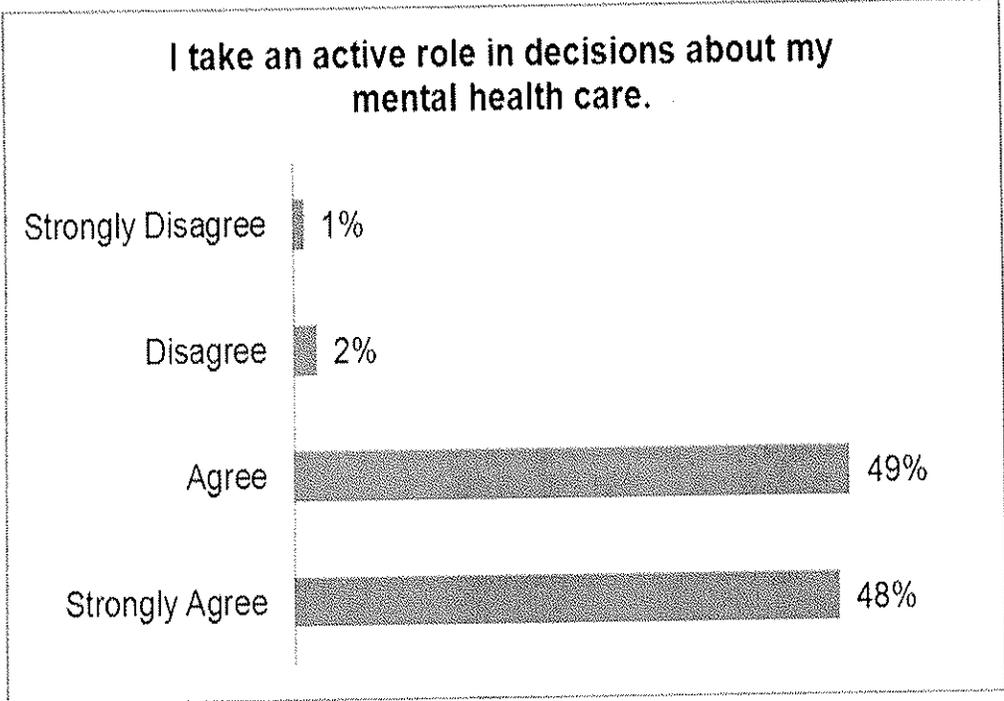


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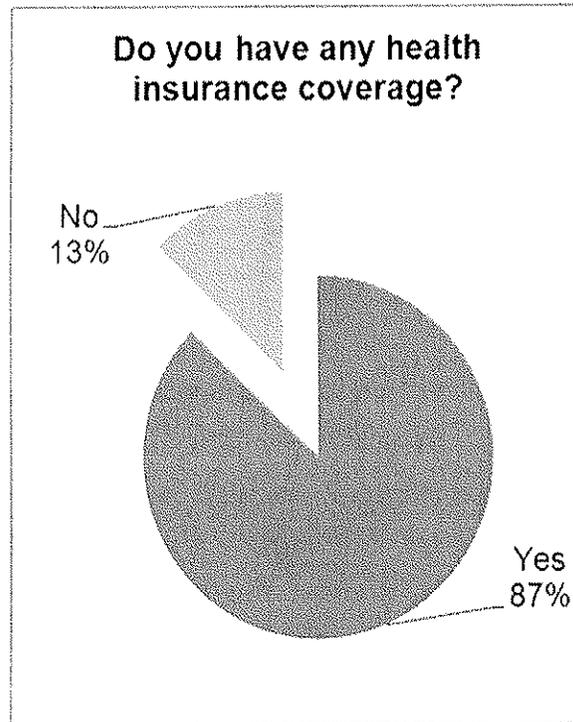


**Section 2: Health (n=266)**

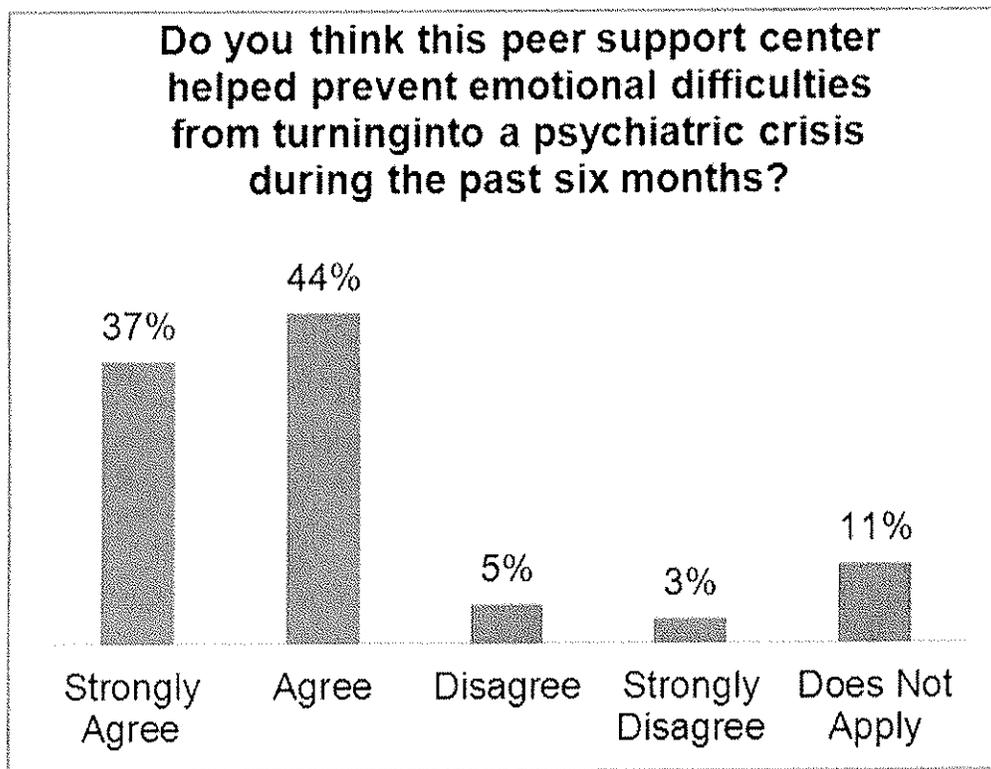
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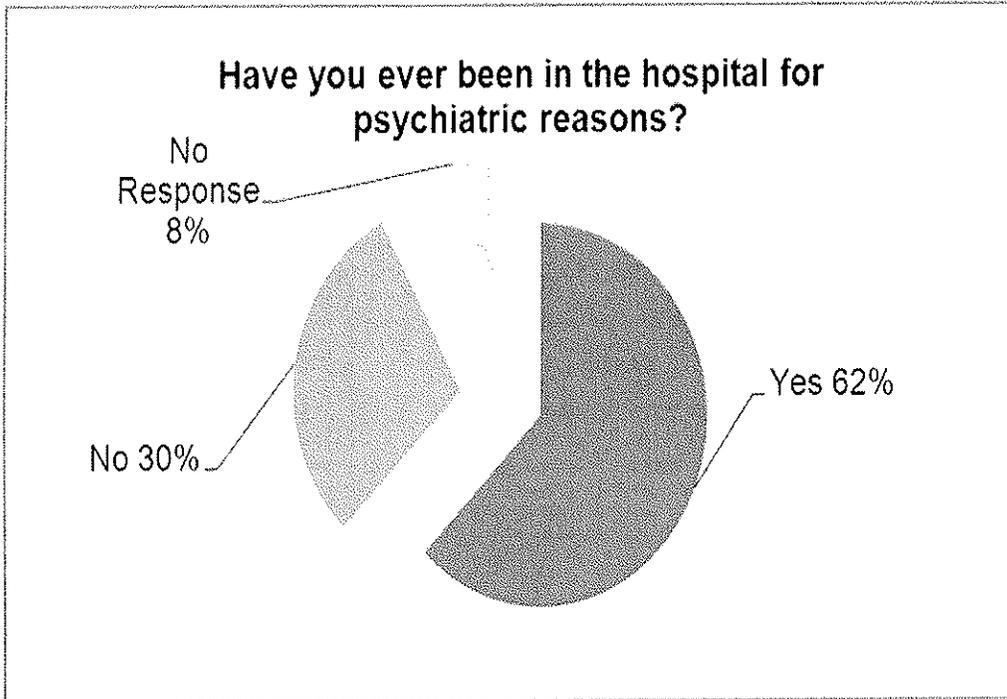
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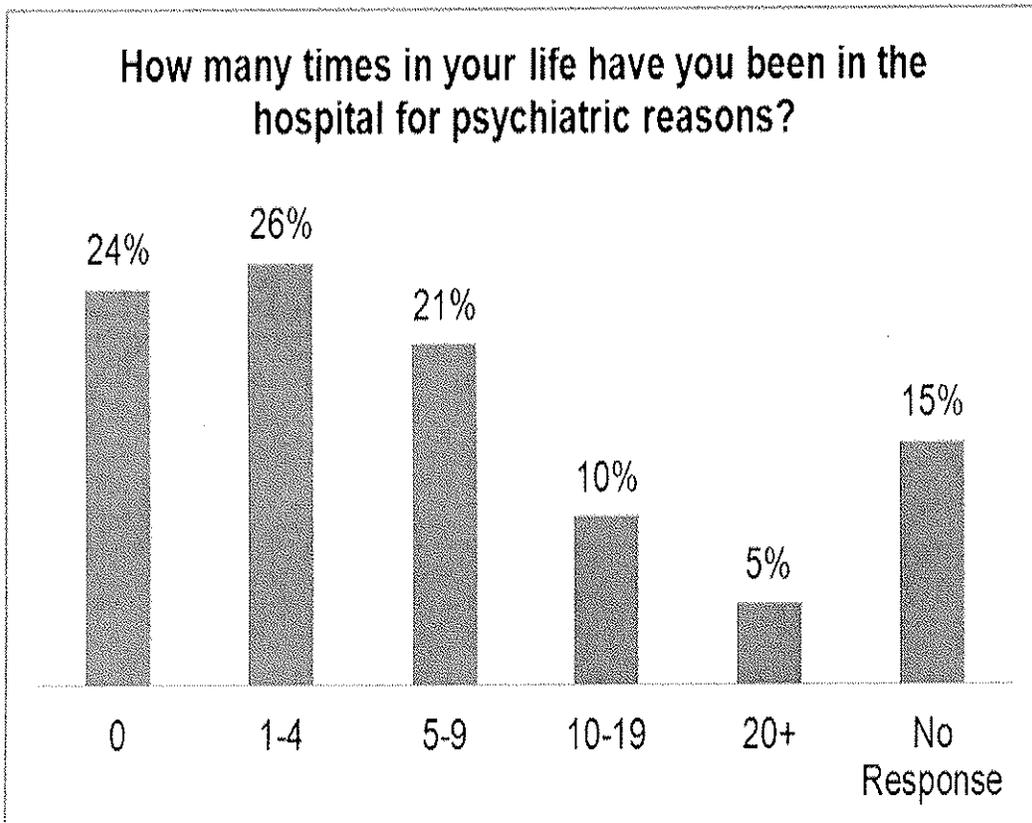
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**Item 9:**



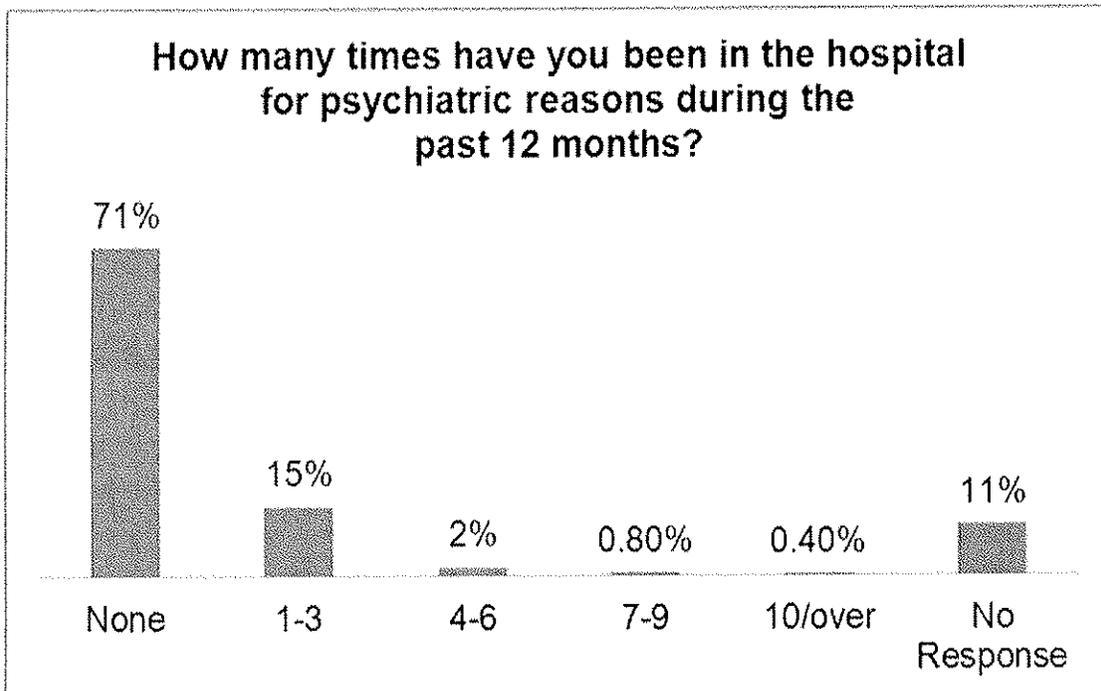
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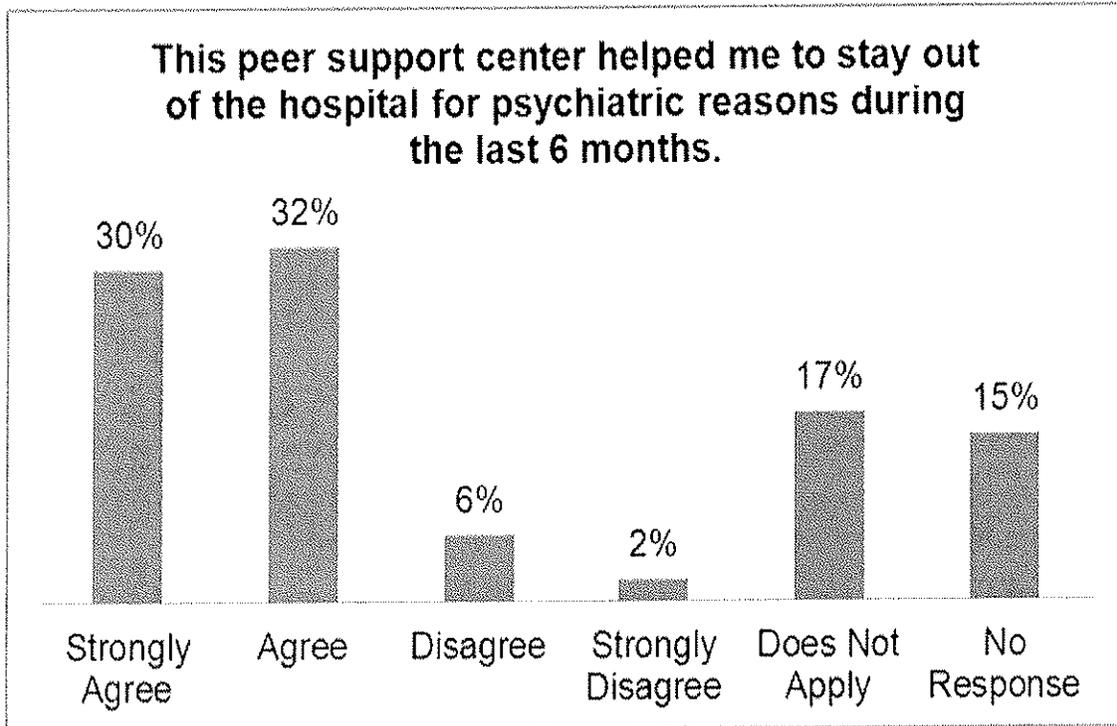
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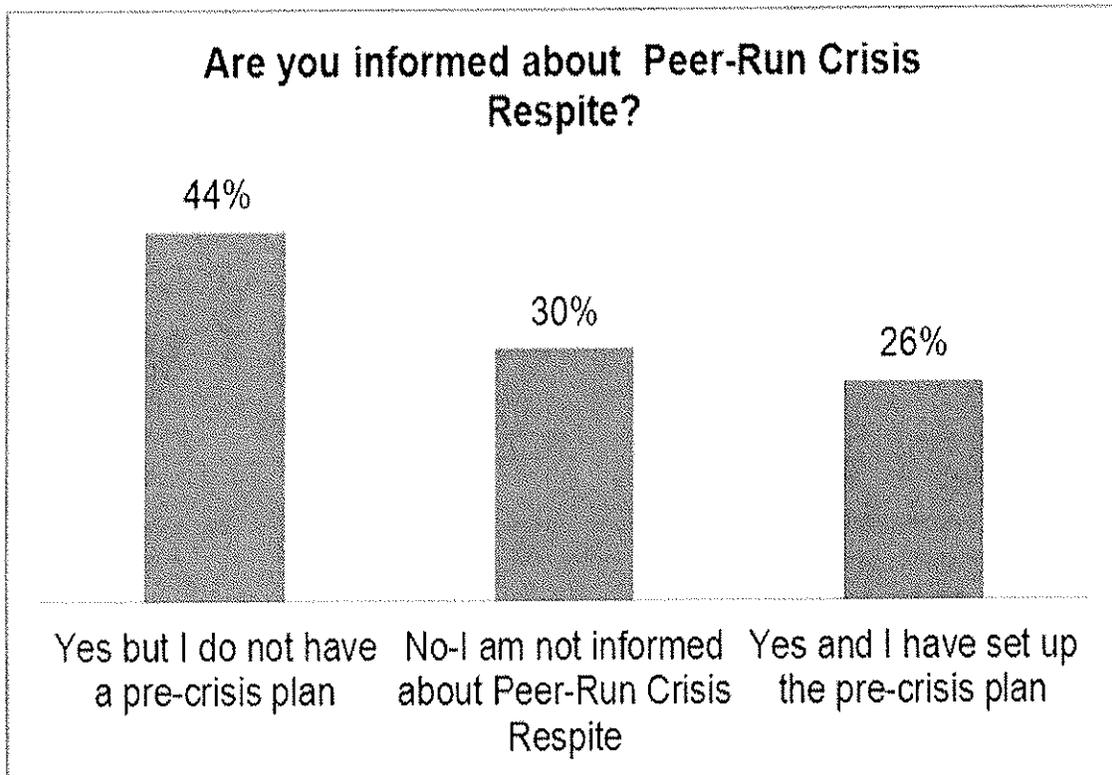
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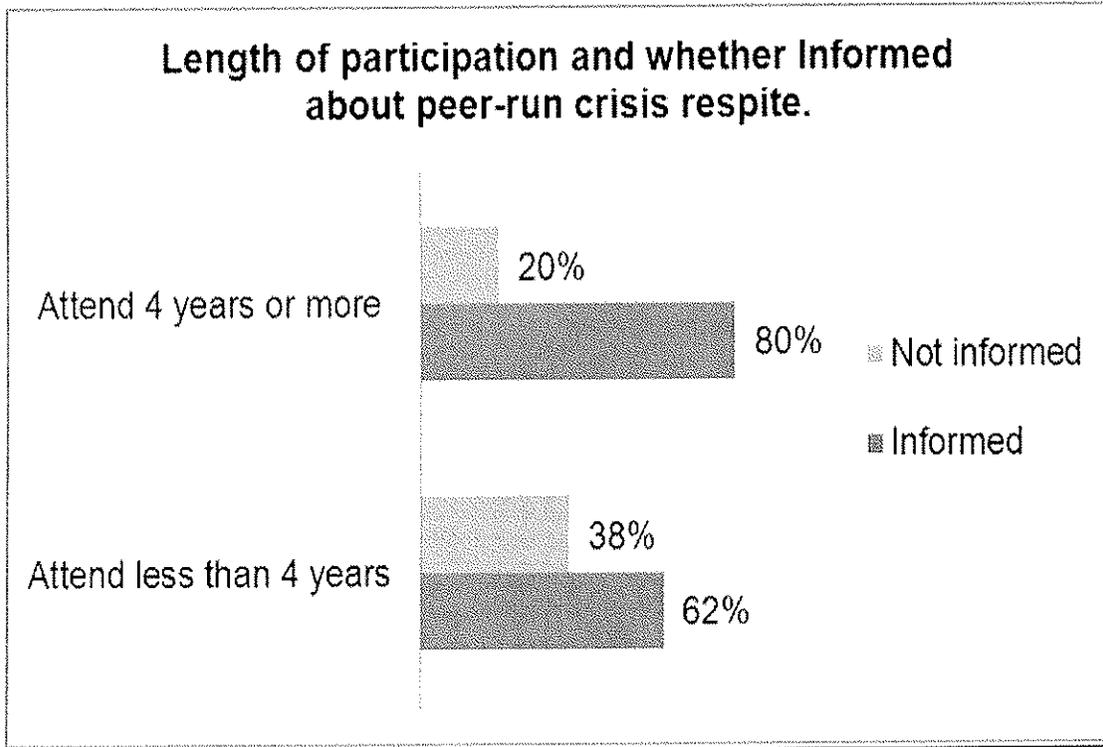
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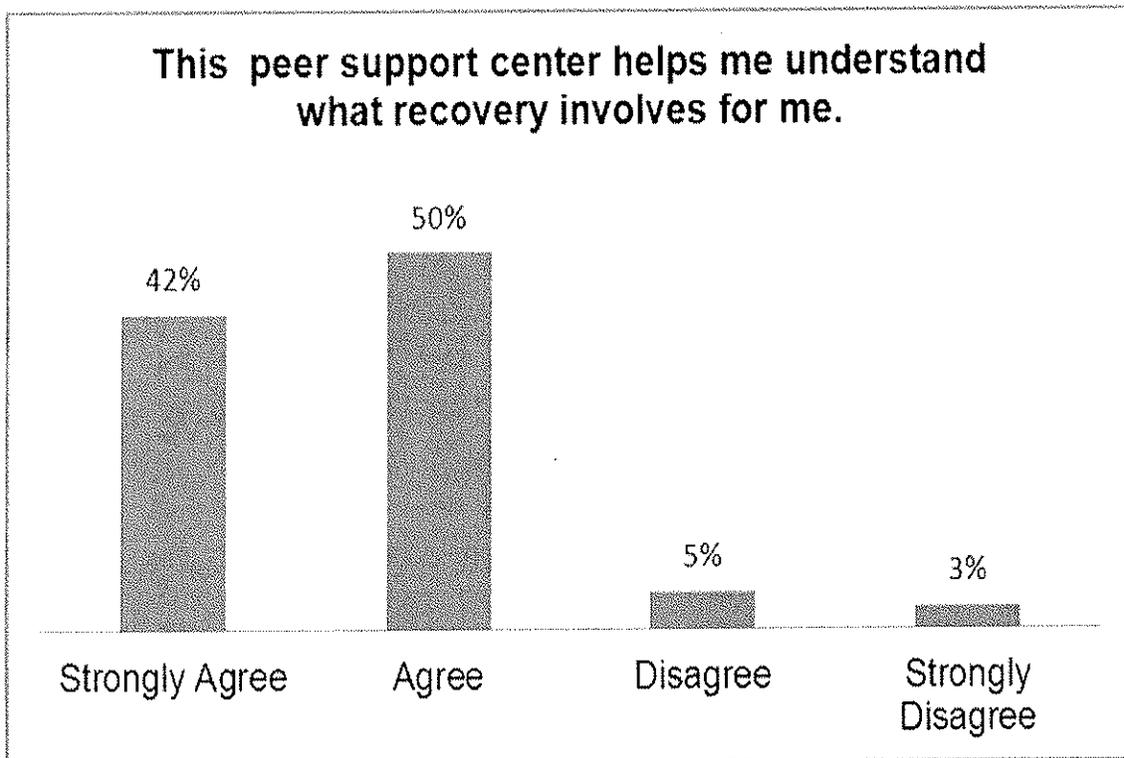
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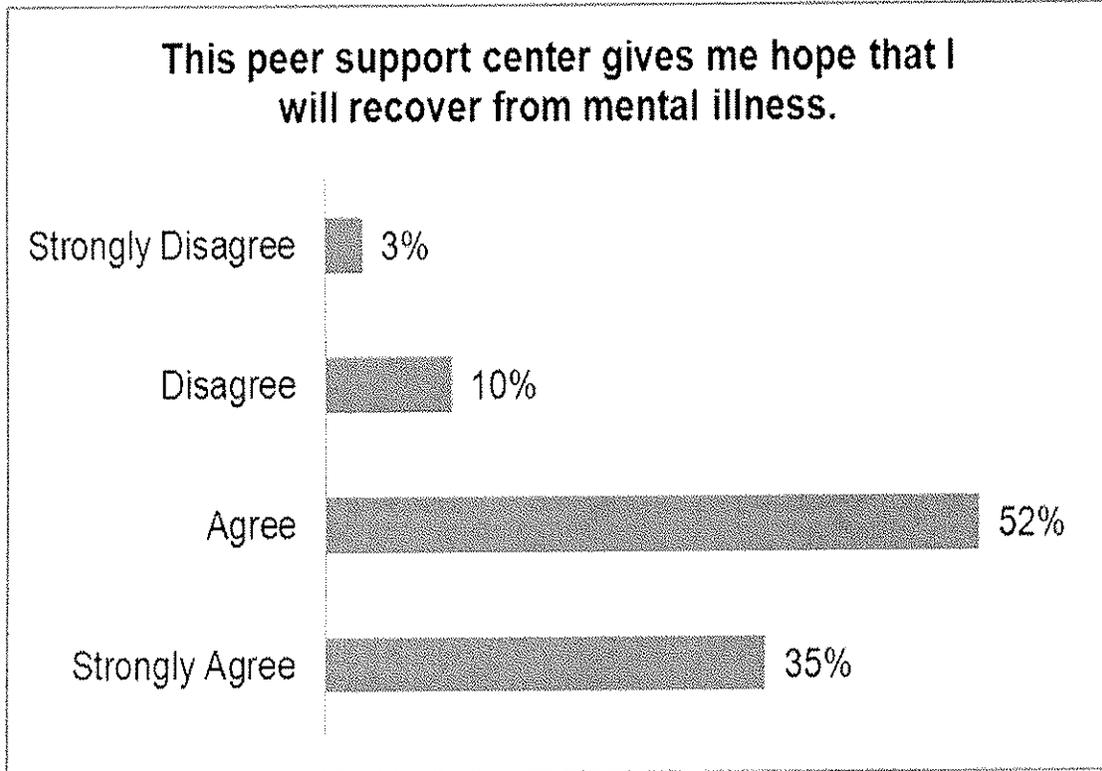
**Item 14a:** Item 14 cross-tabbed with Item 31.



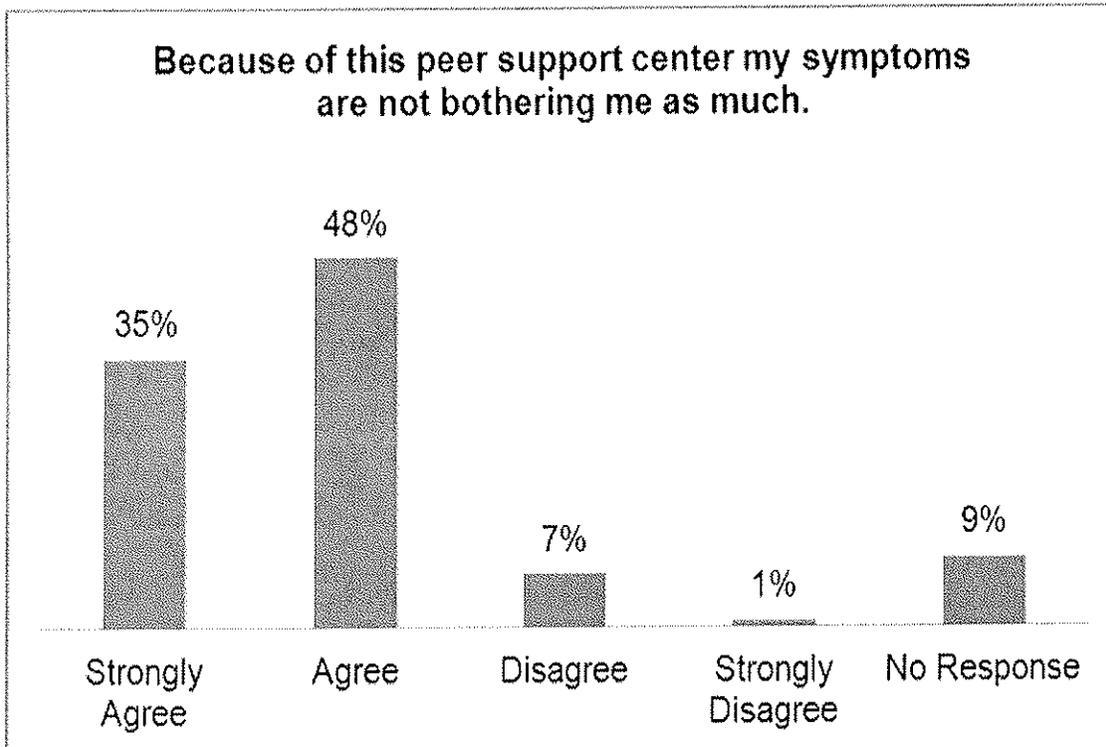
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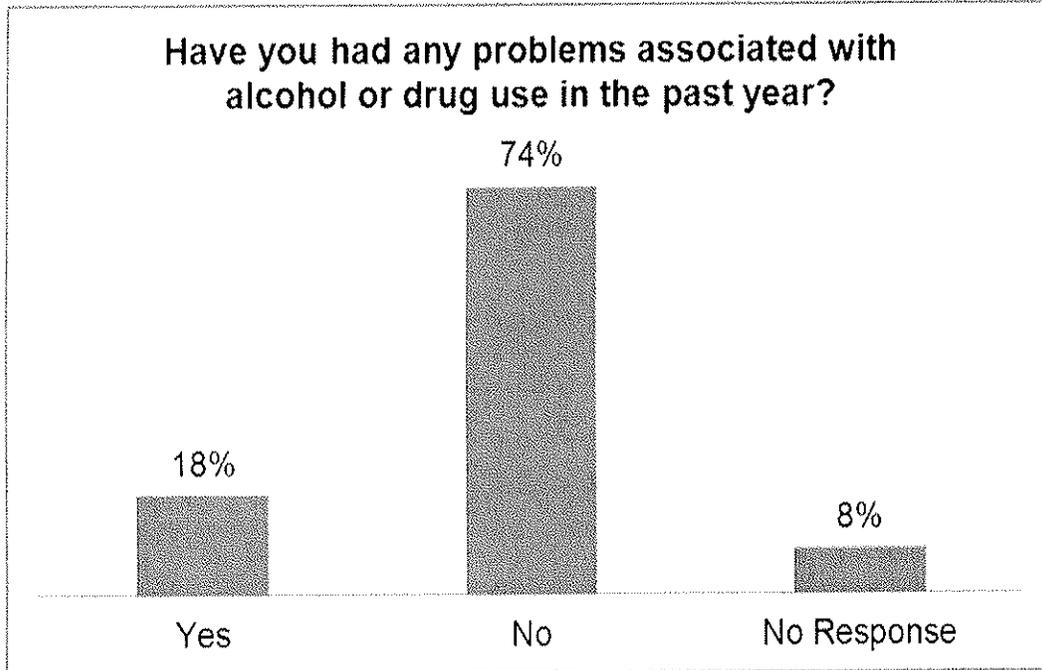
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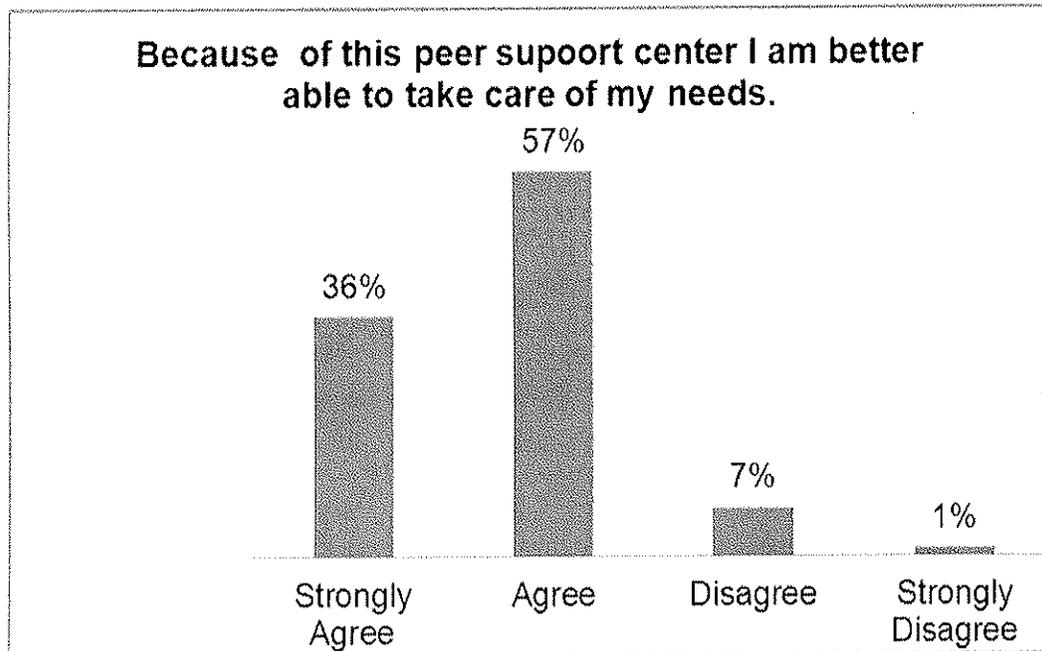


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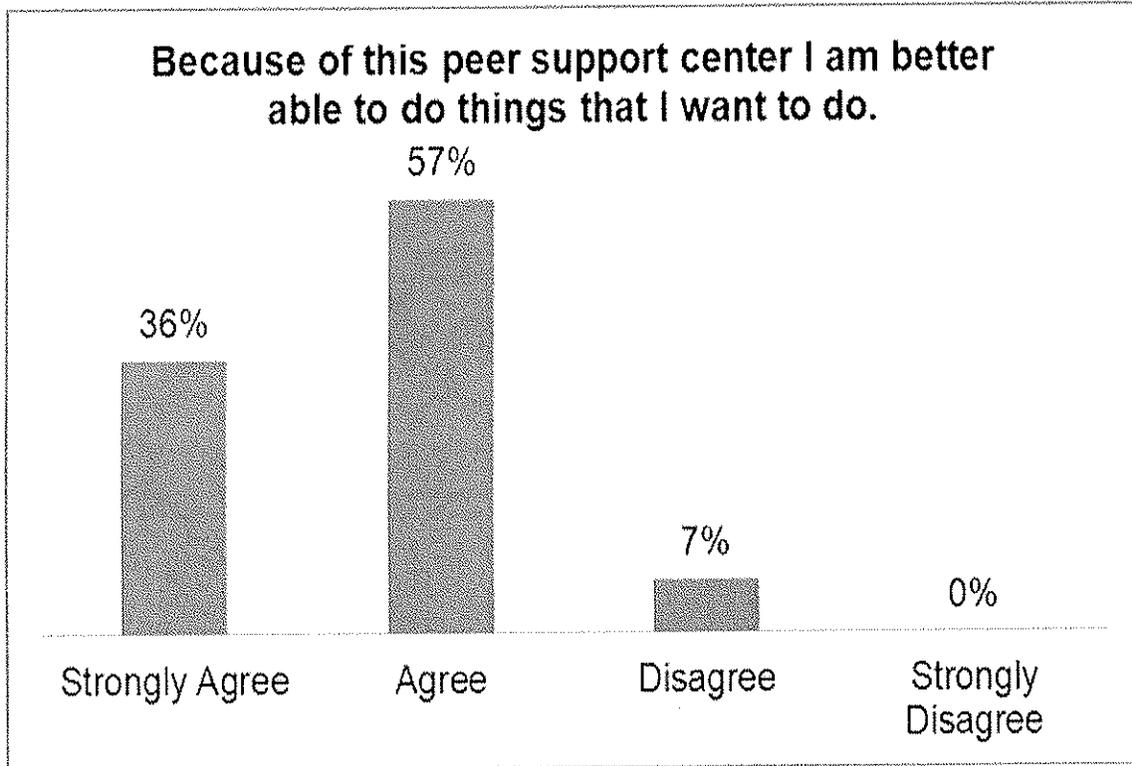


**Section 3: Purpose (n=262)**

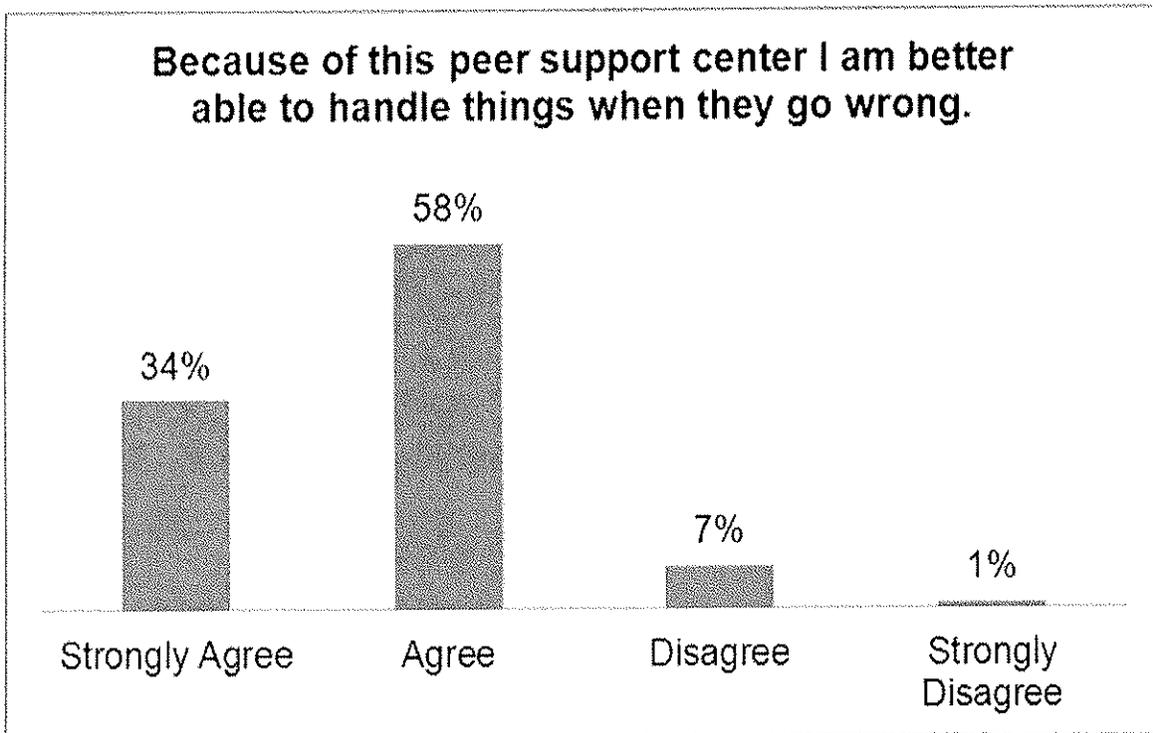
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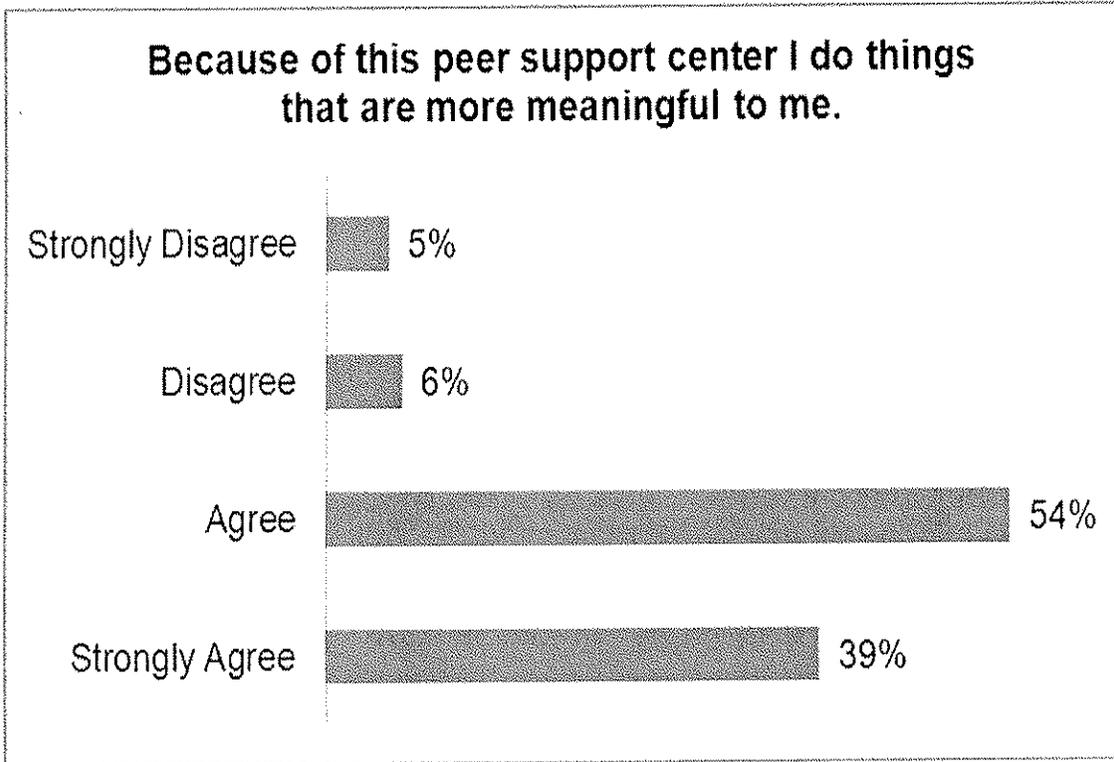
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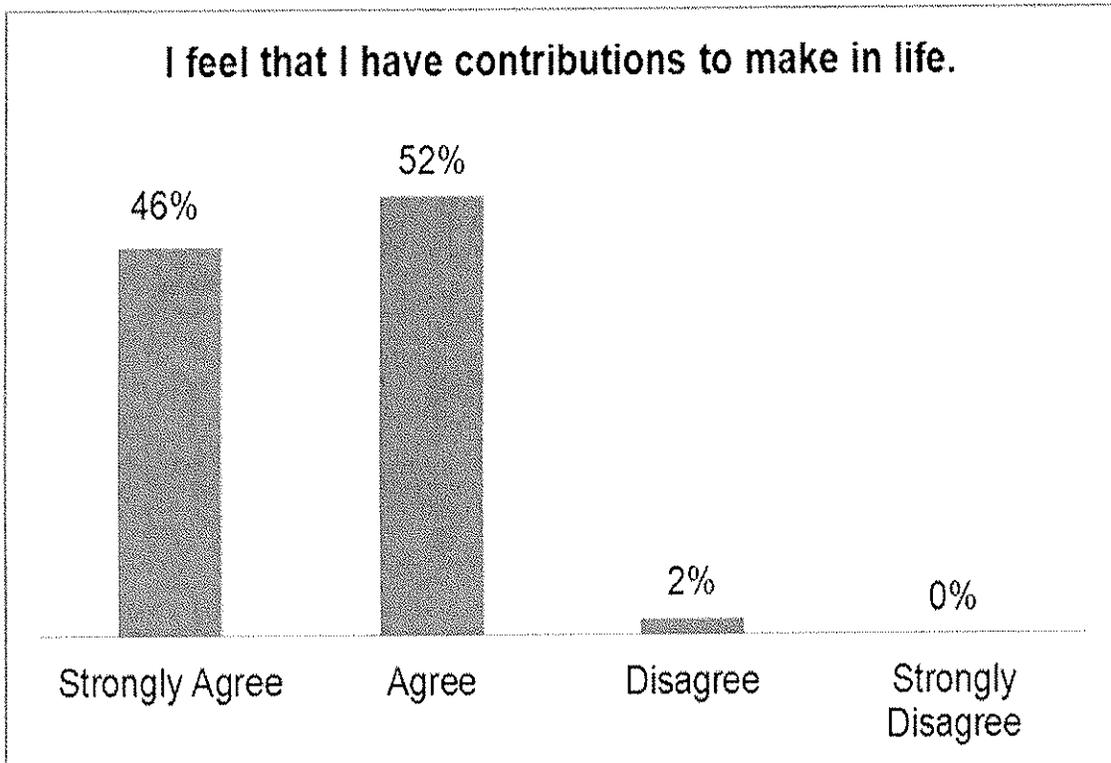
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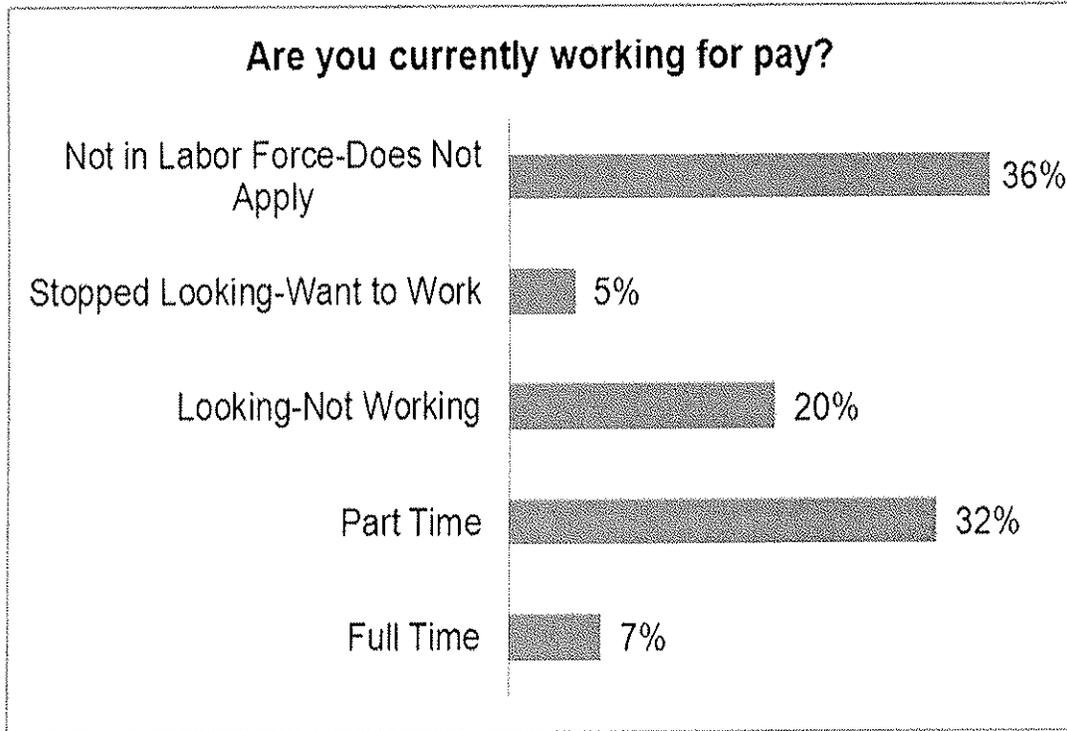
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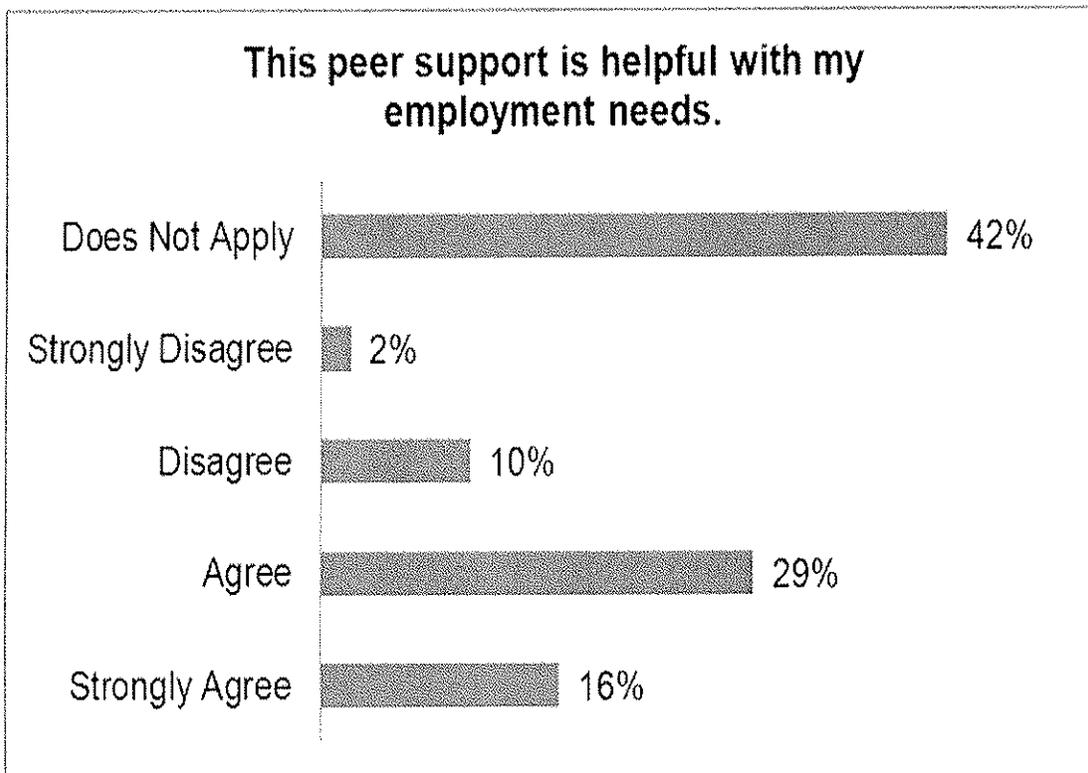
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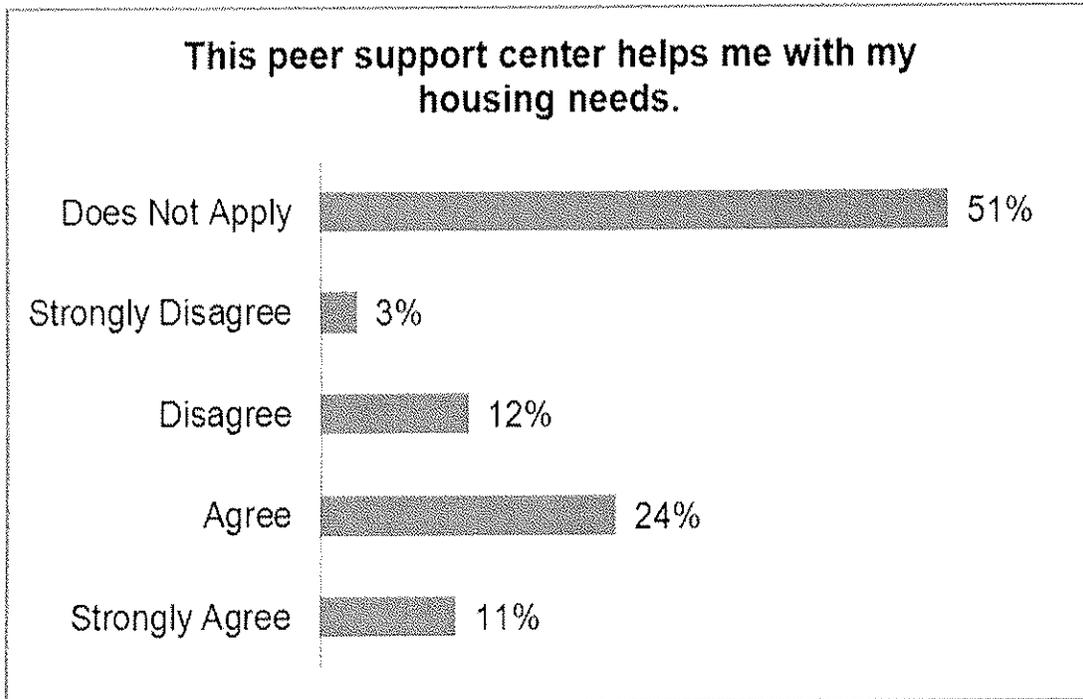
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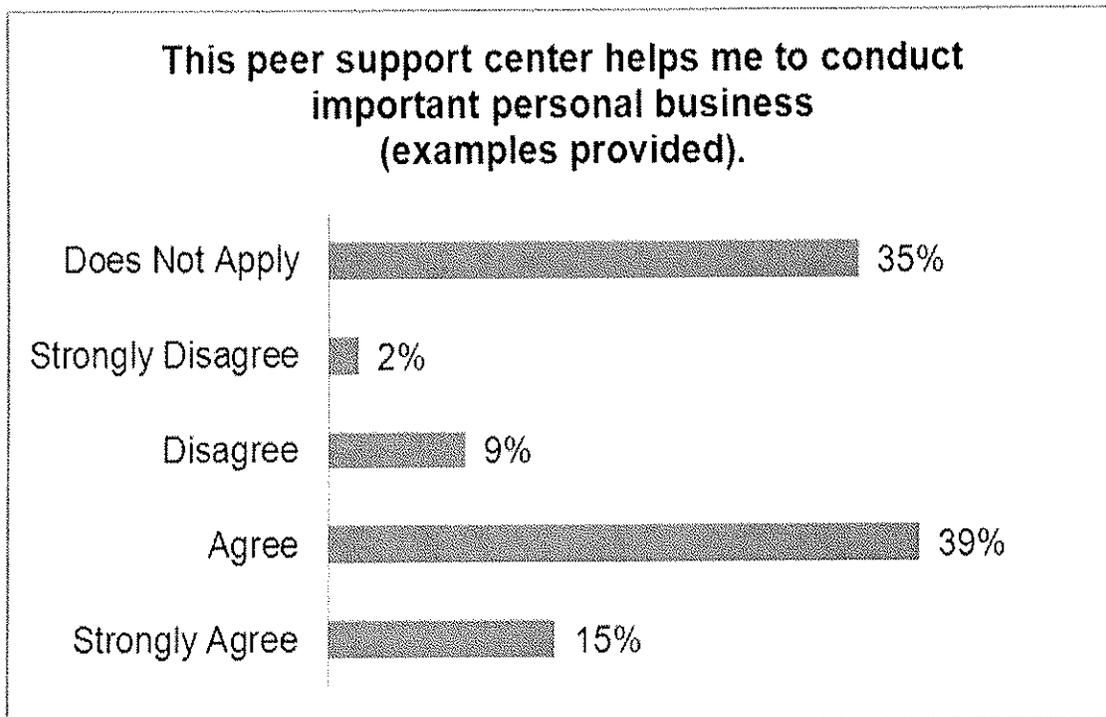
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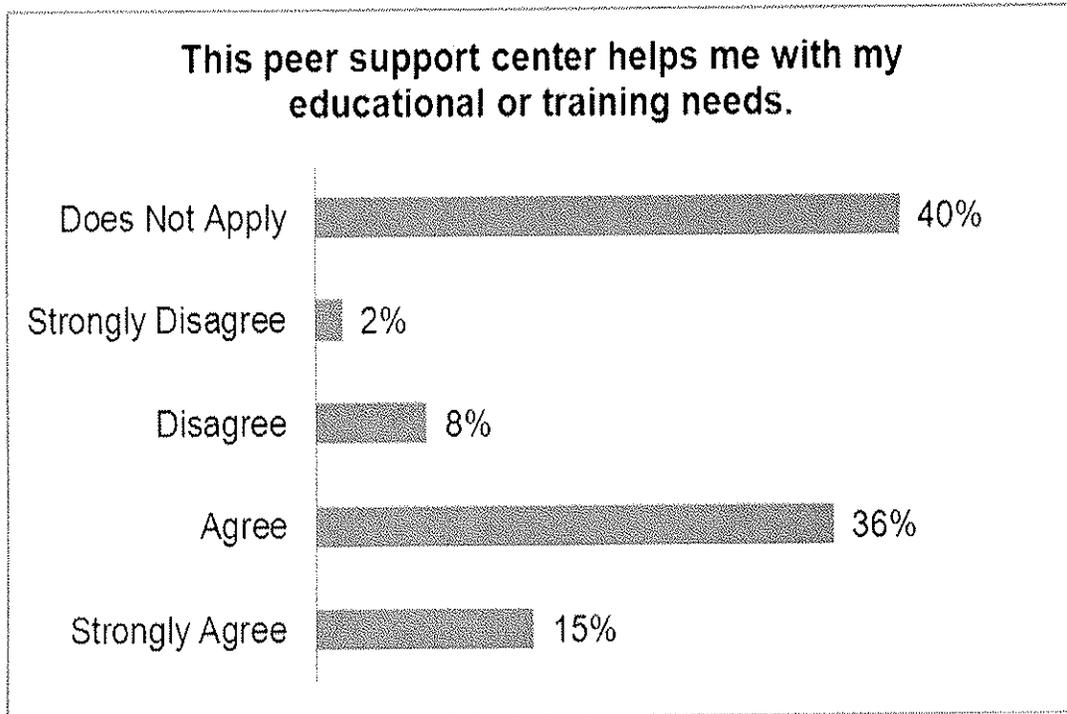


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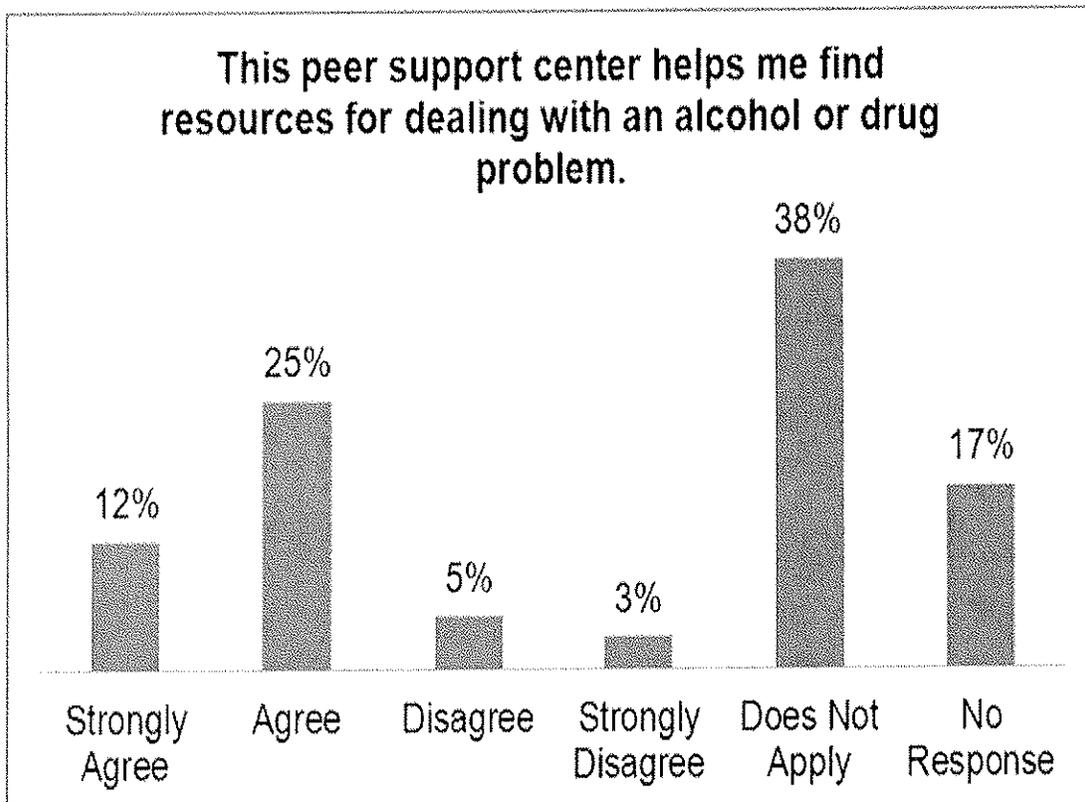


Examples: appointments, applications, appeals, managing/organizing things.

**Item 28:**

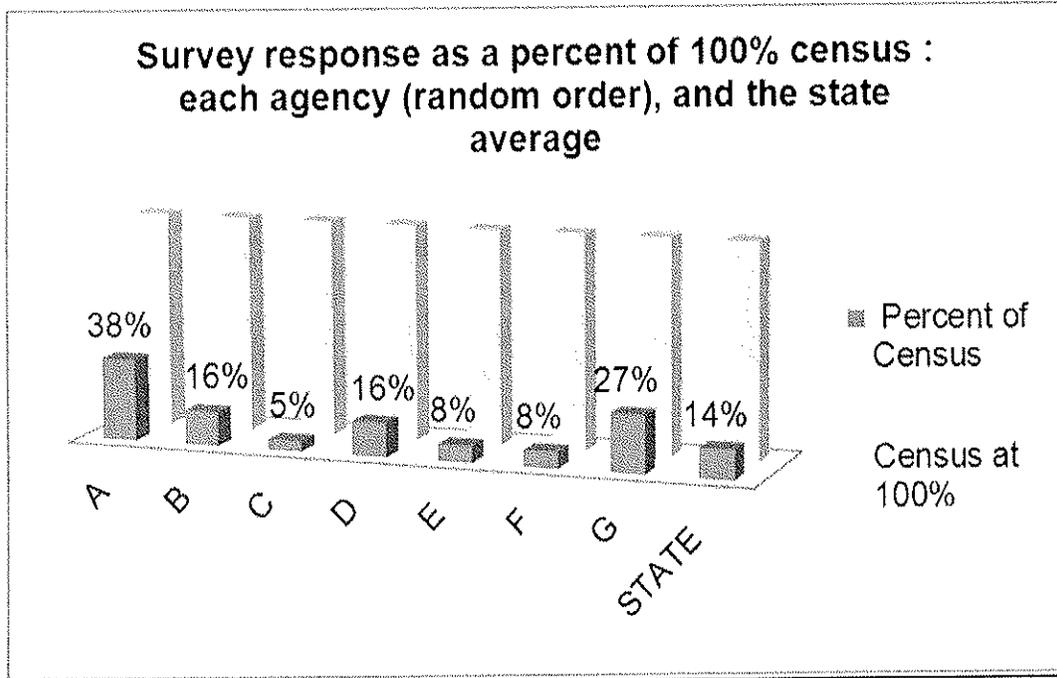


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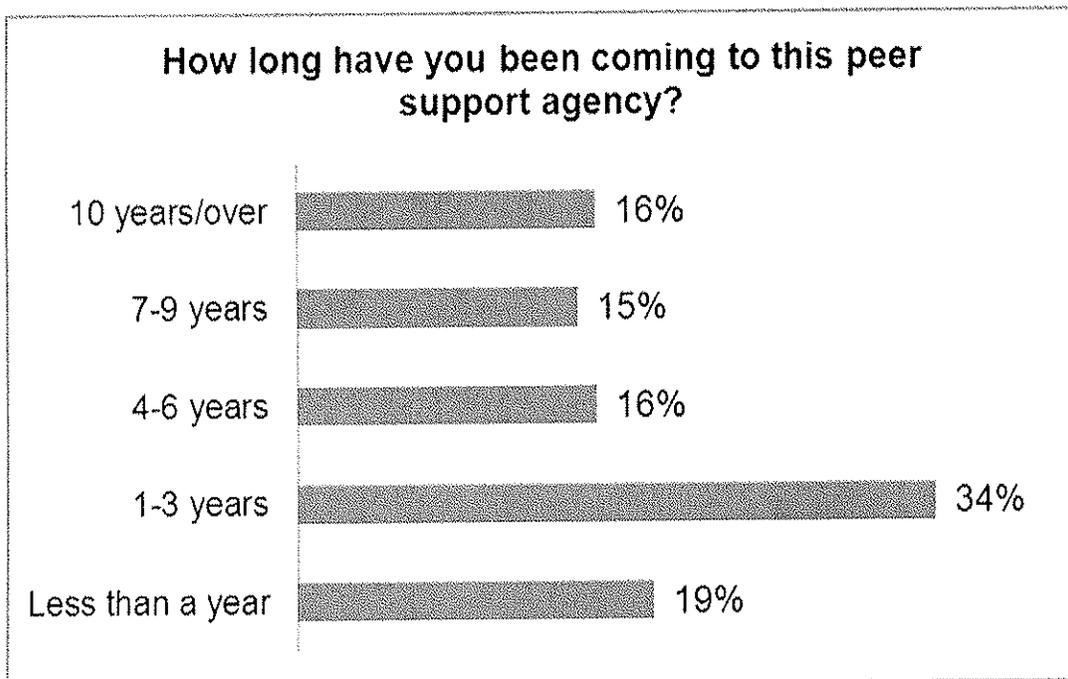


## Section 4: Community (n=253)

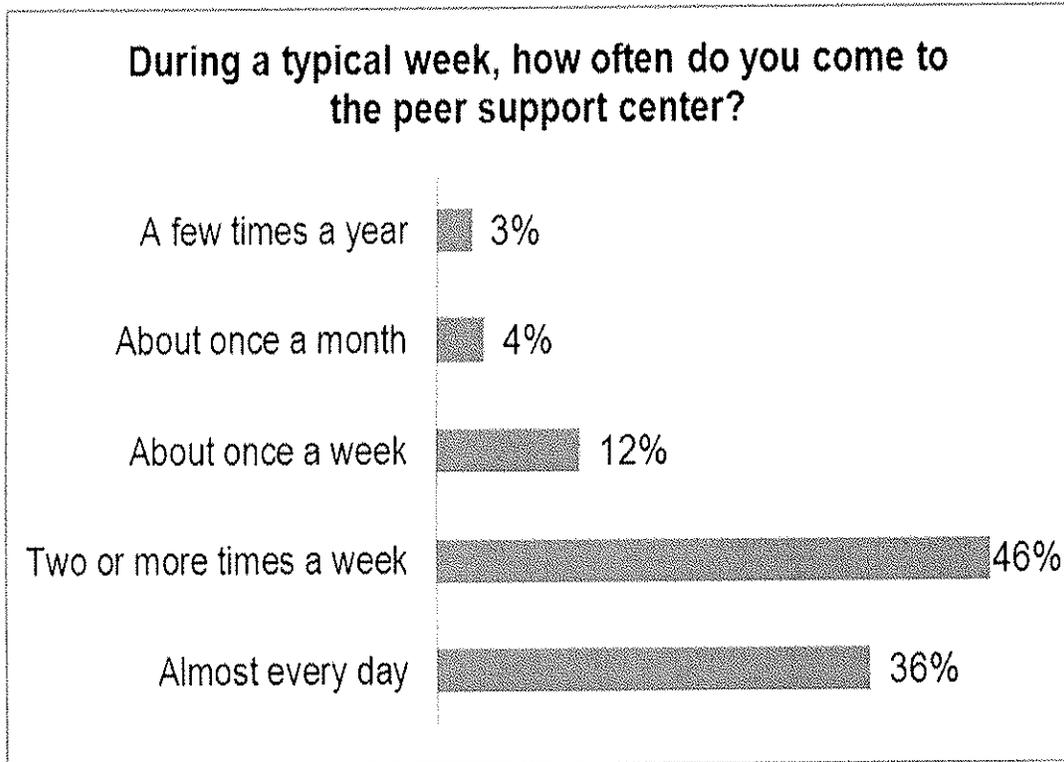
**Item 30:** Item 30 asked which PSA the respondent was affiliated with. This is not disclosed in the report. It is used to calculate the agency response rate in ratio to the agency census.



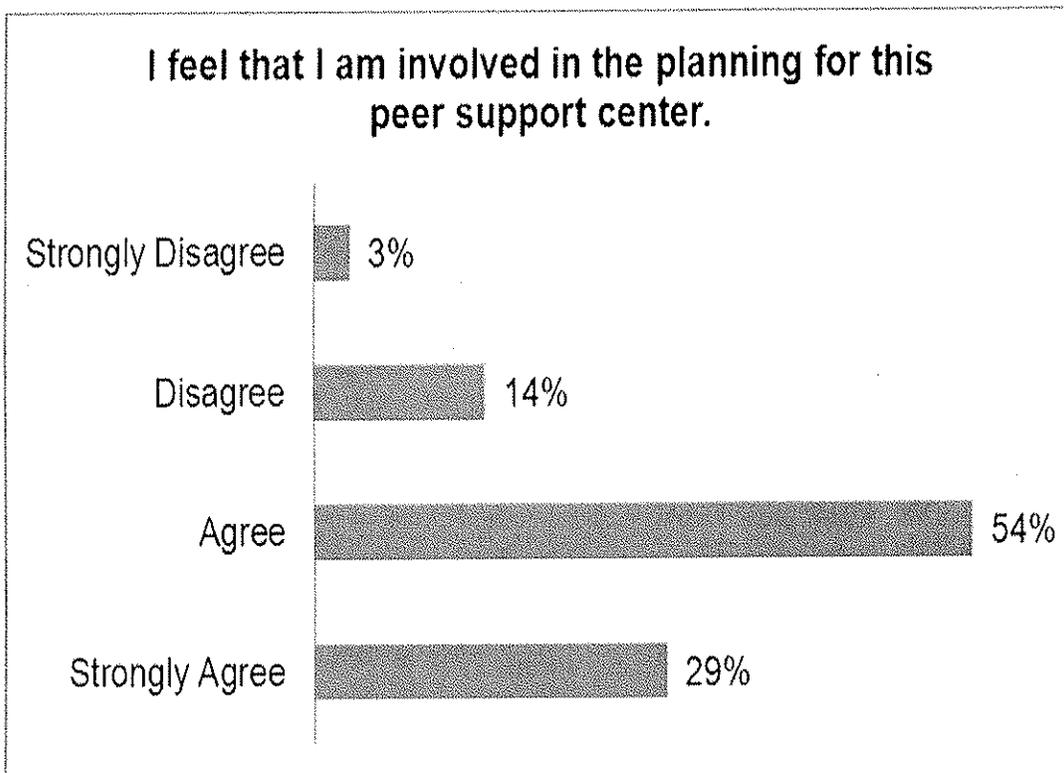
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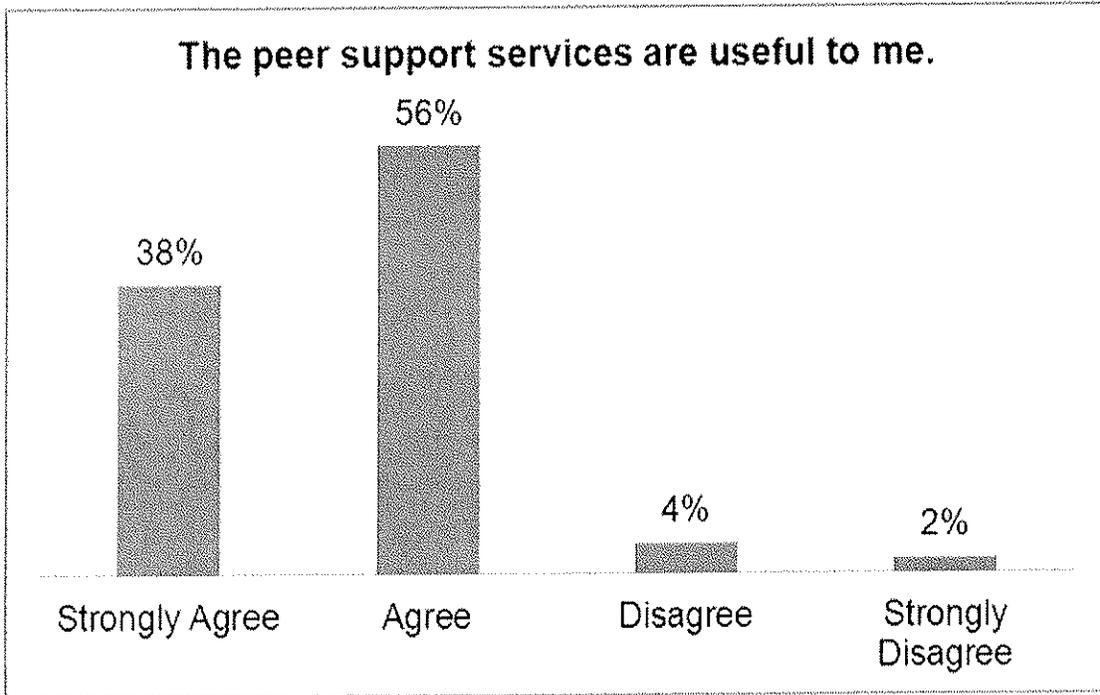
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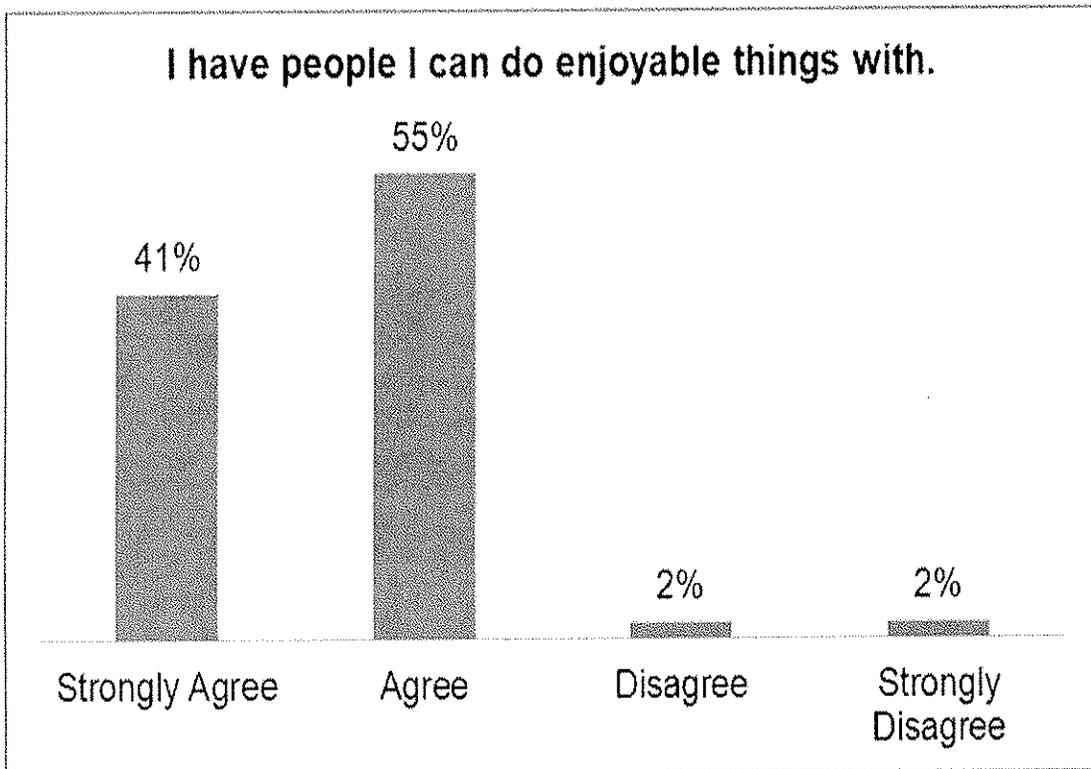
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**Item 34:**



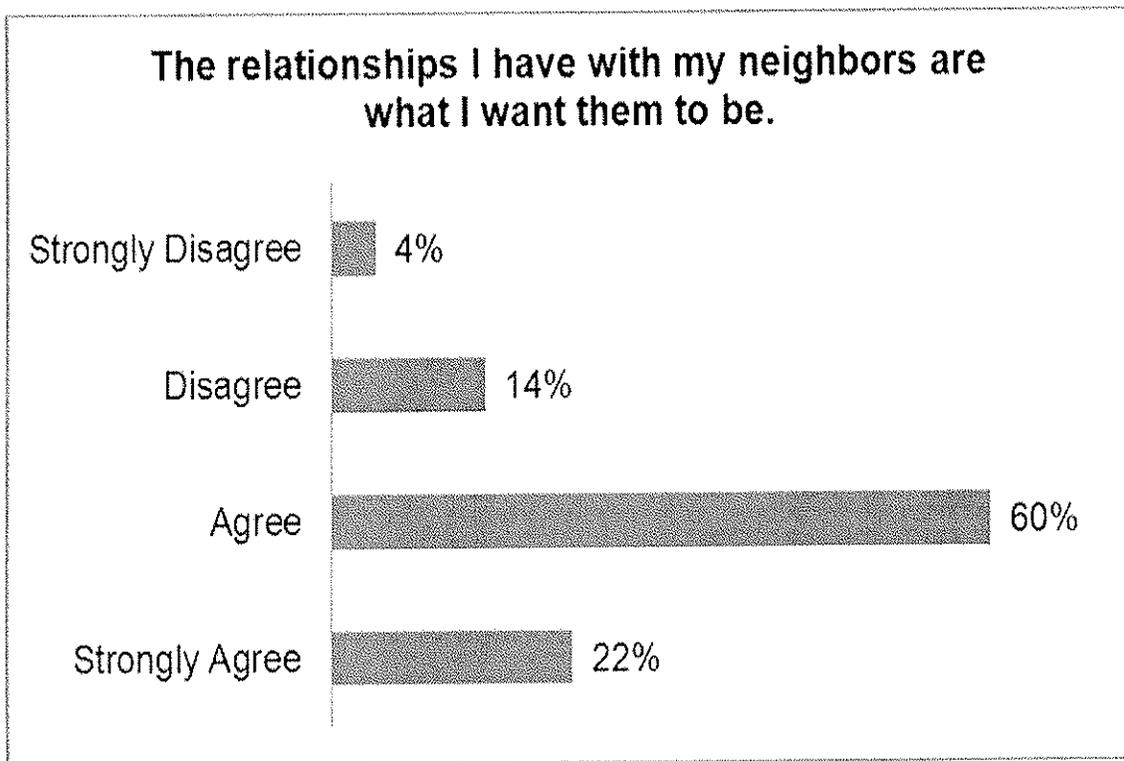
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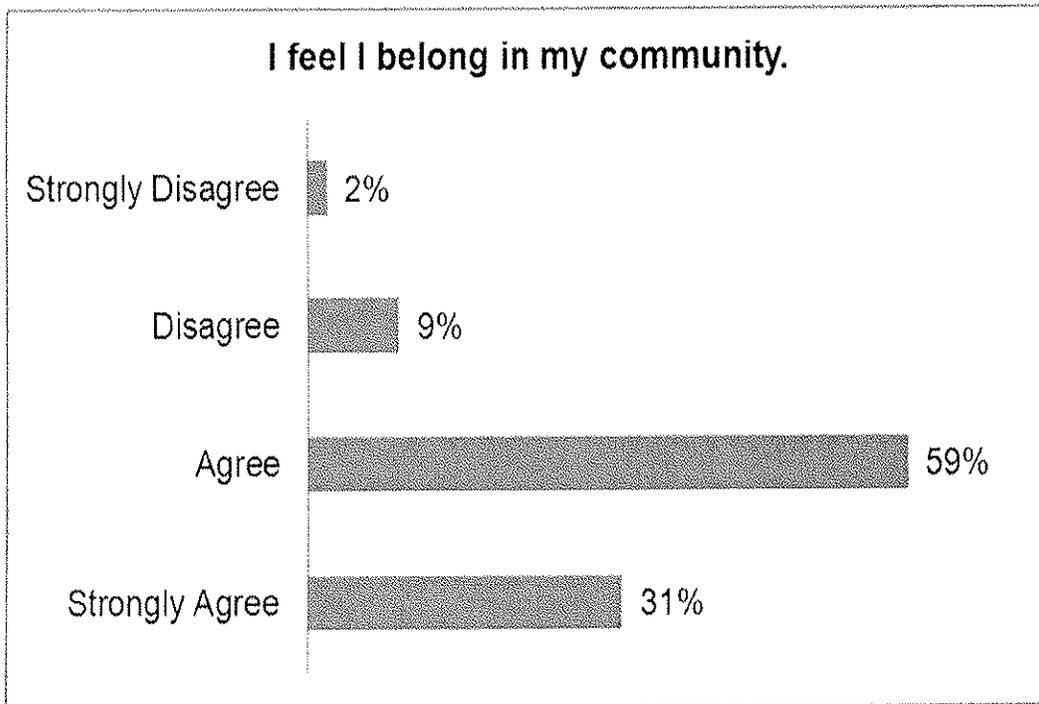
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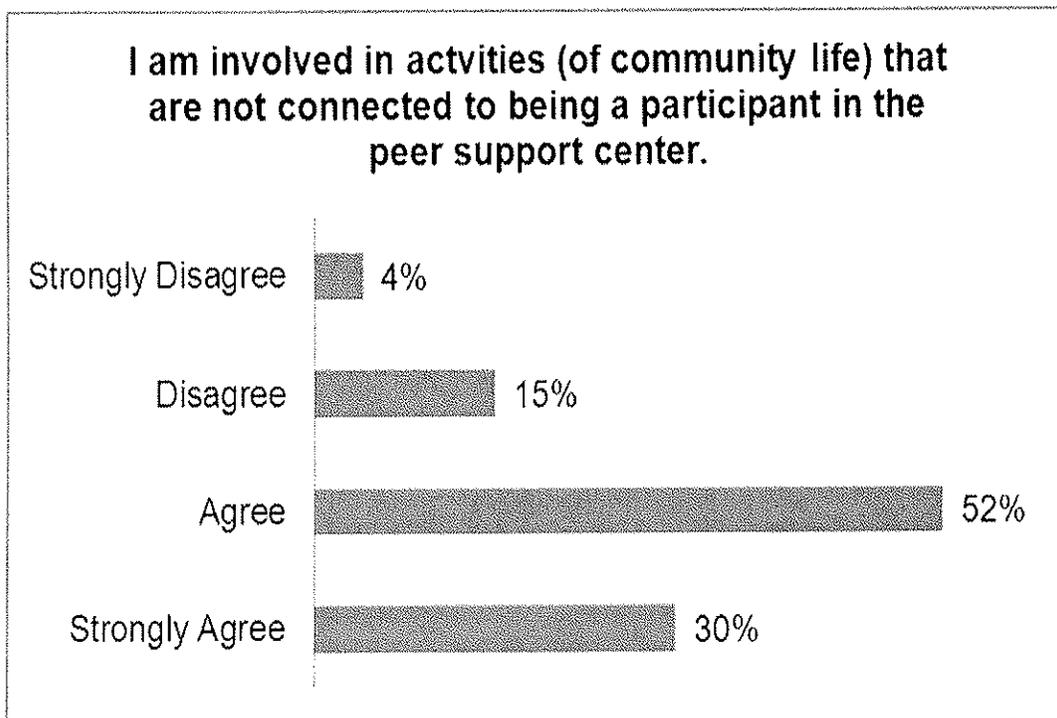
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**Item 38:**

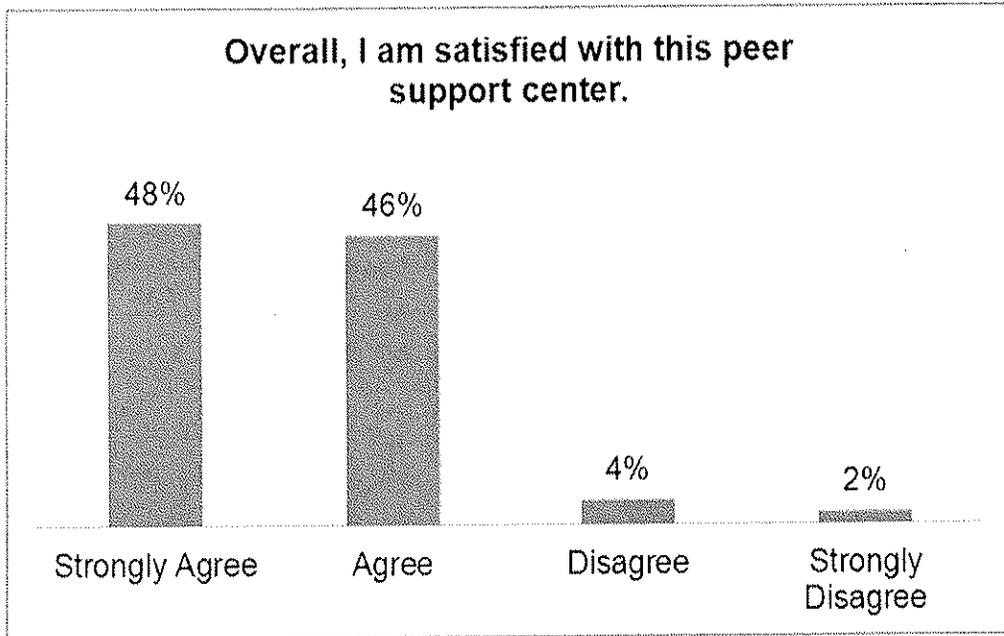


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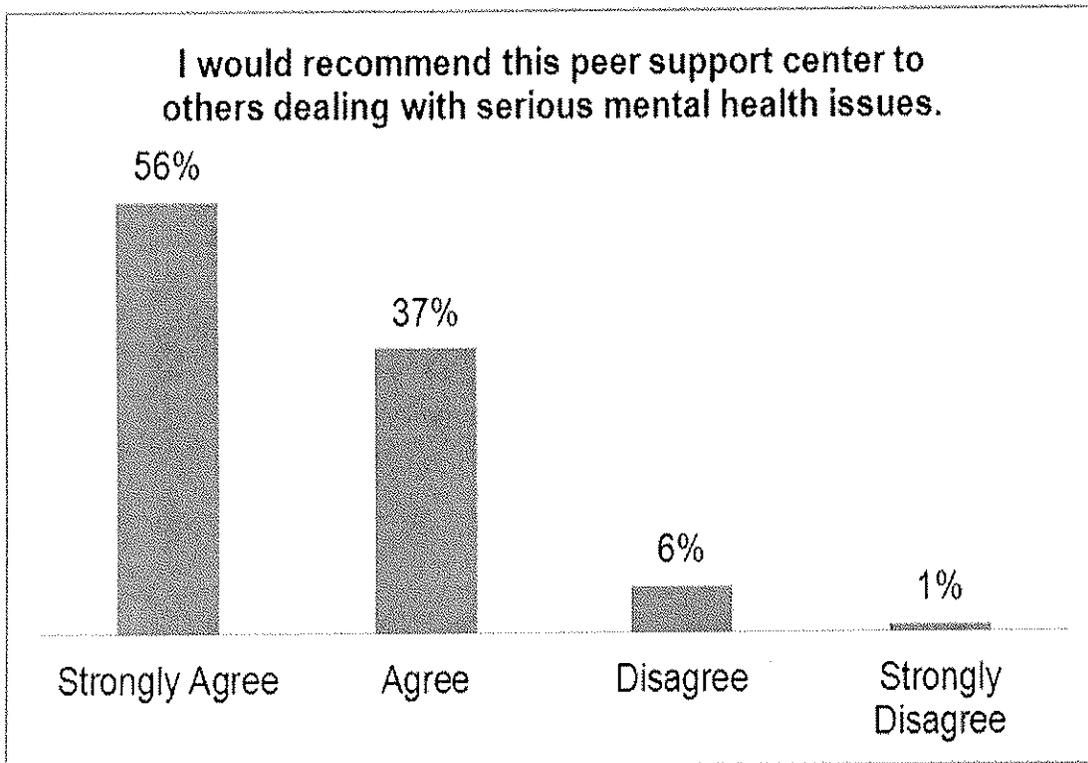


Examples: sports, volunteer work, clubs, church events, or other types of community life not associated with being a peer support participant.

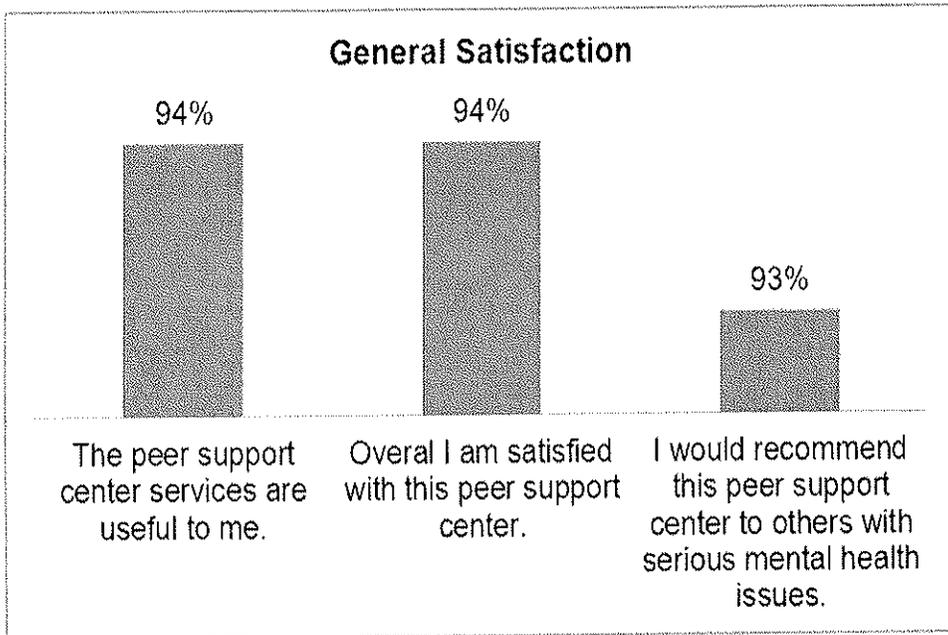
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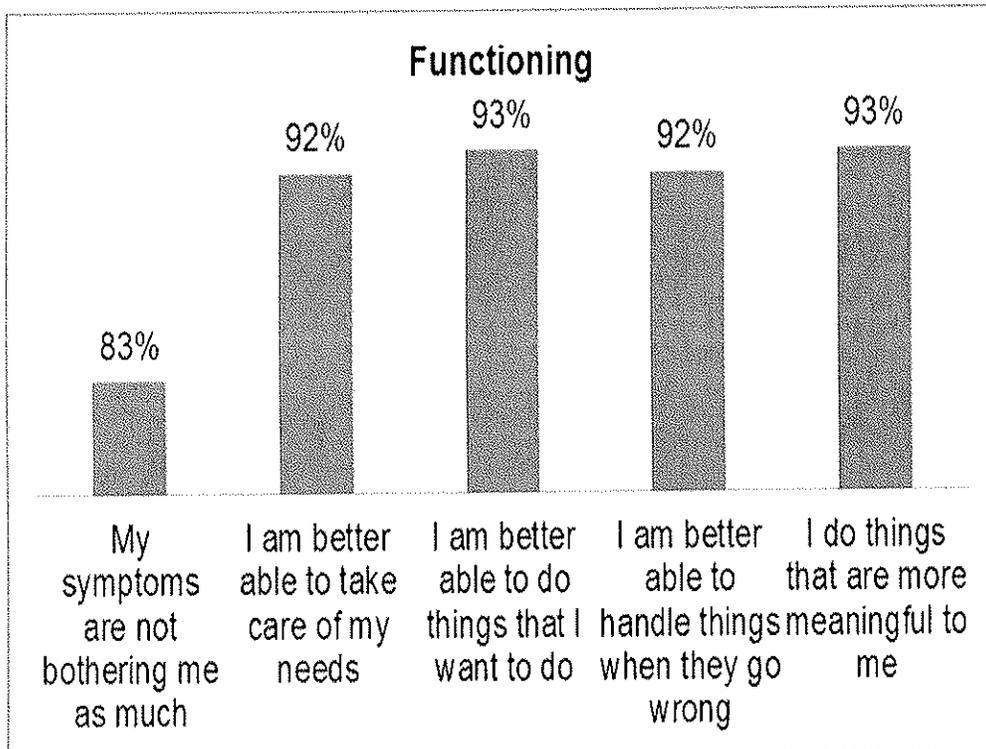
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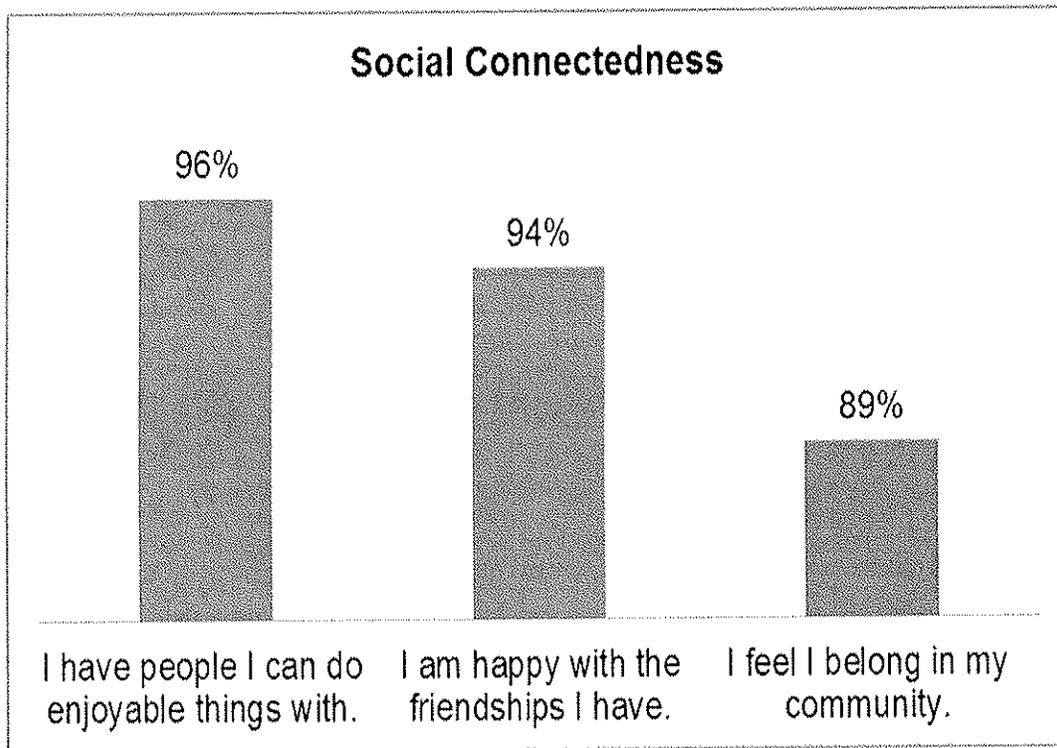
**GENERAL SATISFACTION (n=253)**



**FUNCTIONING: A National Outcomes Measure (91% overall)**



**SOCIAL SUPPORTS/CONNECTEDNESS: A National Outcomes Measure  
(93% overall)**



**SAMHSA STRATEGY #4: RECOVERY**

**SAMHSA's Strategy #4: Recovery**

This strategy, specifically the elements of Health, Purpose, and Community, inform the NH State priority areas for the MHBG and the indicators for data collection via the annual "What Do You Think?" Peer Support Outcomes Survey for New Hampshire's grant-funded peer support agencies. Below is the text from the FY14-FY15 MHBG Guidance for this strategy.

*State authorities are encouraged to implement, track, and monitor recovery-oriented, quality behavioral health care services within their states as authorized under the SABG and MHBG.*

Behavioral health care recovery-support services include the following four major dimensions that support a life in recovery (the dimensions of recovery):

**1. Health: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.**

- Promote health and recovery-support services for individuals with mental and/or substance use disorders.
  - Promote health, wellness, and resiliency.
  - Promote recovery-oriented service systems.
- Engage individuals in recovery and their families in self-directed care, shared decision-making and person-centered planning.
- Promote self-care alternatives to traditional care.

**2. Home: a stable and safe place to live. (This item is not part of the State PSA measures)**

- Ensure that supported independent housing, and recovery housing are available for individuals with mental and/or substance use disorders.
- Improve access to mainstream benefits, housing assistance programs, and supportive services for people with mental and/or substance use disorders.
- Build leadership, promote collaborations, and support the use of evidence-based practices related to permanent supportive housing and recovery housing.
- Increase knowledge of the behavioral health field about housing and homelessness among people with mental and/or substance use disorders.

**3. Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.**

- Increase gainful employment and educational opportunities for individuals with or in recovery from mental and/or substance use disorders.
- Increase the proportion of individuals with mental and/or substance use disorders who are gainfully employed and/or participating in self-directed educational endeavors.
- Develop employer strategies to address national employment and education disparities among people with identified behavioral health problems.
- Implement evidence-based practices related to employment and education for individuals with mental and/or substance use disorders.

**4. Community: relationships and social networks that provide support, friendship, love, and hope.**

- Promote peer support and the social inclusion of individuals with or in recovery from mental and/or substance use disorders in the community.
- Increase the number and quality of consumer/peer recovery support specialists and consumer-operated/peer run recovery support service provider organizations.
- Promote the social inclusion of people with mental and/or substance use disorders.

These elements—*health, home, purpose, and community*—are central to recovery from mental and substance use disorders. Recovery support services include efforts such as self-directed care, shared decision making, peer-operated services, peer specialists and recovery coaches, wellness activities, supported housing, recovery housing, self-care, supported employment, supported

education, warm lines, person-centered planning, peer and family support, social inclusion activities, and rights protection.

## TECHNICAL INFORMATION

### **Representation of Peer Participants**

It is important to note that while the survey respondents are believed to be representative of the larger PSA population, this is not a random sample. Opinions of non-respondents may differ from those of survey respondents.

### **Agency Non-Participation**

One agency did not participate in the survey. Given the low census of the agency during the quarter the survey was open, the impact on the state data is negligible.

### **Early Exits**

Two hundred fifty-three of 270 respondents completed the survey to the end. All statistics are calculated from the completed surveys for each item. There is no information as to why people exited the survey before finishing it, or why they exited when they did. Answering each survey item was required. “No Response” was included as an answer choice, if people still preferred not to answer. It appears that this was effective in keeping the completion rate high, since it offered a proxy for skipping the item without forcing an early exit. Seventeen people, or 6%, closed the survey, via choosing to not answer an item at all, part way through the survey.

### **Cross Tabbed Data**

The survey contained 41 discreet items. Agency directors may request cross tabbing for items of interest, providing there are sufficient numbers of respondents to protect identity.

### **A Note about Research**

This is neither a scientific survey nor a research paper. The reader interested in learning more about peer support in the behavioral health arena is encouraged, for simplicity and ease-of-access, to “Google” the subject, use Wikipedia articles for basic reference, visit online communities and sites that address peer support and mental illness in America, and/or use the local library.

**Survey Monkey Professional Select is the survey generator used for this project.**

# Peer Support Agencies of New Hampshire

## Region I

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### **Conway Peer Support Center**

Executive Director, Pat Tal  
6 Main St  
PO Box 241  
Conway NH 03818-0214  
Phone: 603-447-1765  
Website: [www.alccenters.org/conwayctr](http://www.alccenters.org/conwayctr)  
Email: [alccenters@gmail.com](mailto:alccenters@gmail.com)

### **Wolfeboro Outreach Program**

Team Leader, Robin Liakos  
Wolfeboro NH 03896  
Phone: 603-662-2140  
Email: [wolfeboroutreach@gmail.com](mailto:wolfeboroutreach@gmail.com)

### **Serenity Steps**

Team Leader, Ellen Tavino  
567 Main St  
Berlin NH 03570  
Phone: 603-752-8111  
Website: [www.alccenters.org/berlinctr](http://www.alccenters.org/berlinctr)  
Email: [serenitystepspsc@gmail.com](mailto:serenitystepspsc@gmail.com)

### **The Haven**

Team Leader, Joanne Hill  
27 Lombard St  
Colebrook NH 03576  
Phone: 603-237-4353  
Website: [www.alccenters.org/colebrookctr](http://www.alccenters.org/colebrookctr)  
Email: [colebrookhaven@gmail.com](mailto:colebrookhaven@gmail.com)

### **Littleton Peer Support**

Team Leader, Laura Boutillier  
267 Main St Unit 4  
Littleton NH 03561  
Phone: 603-444-5344  
Website: [www.alccenters.org/littletonctr](http://www.alccenters.org/littletonctr)  
Email: [littletonpssc@gmail.com](mailto:littletonpssc@gmail.com)

**Main Website:** [www.alccenters.org](http://www.alccenters.org)

**Warm Line:** 1-866-447-1765

## Region II

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### **Stepping Stone**

Executive Director, Susan Seidler  
108 Pleasant St  
Claremont NH 03743  
Phone: 603-543-1388  
Email: [susan@steppeersupport@comcastbiz.net](mailto:susan@steppeersupport@comcastbiz.net)

### **Next Step**

109 Bank St  
Lebanon NH 03766  
Phone: 603-448-6941

**Website:** [www.stepsingstonenextstep.org](http://www.stepsingstonenextstep.org)

**Warm Line:** 1-888-582-0920

## Region III & IV

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### **Cornerbridge**

**(Lakes Region Consumer Advisory Board)**  
Director, David LaCroix  
Phone: 603-524-0801  
Website: [www.nhcornerbridge.org](http://www.nhcornerbridge.org)  
Email: [lrcab1@metrocast.net](mailto:lrcab1@metrocast.net)

### **Cornerbridge of Laconia**

Program Director, Linda Lamontagne Executive  
328 Union Ave  
Laconia NH 03247  
Phone: 603-528-7742

**(Region III & IV cont.)**

**Concord Peer Support**

Program Director, Patt Fancy

55 School St

Concord NH 03301

Phone: 603-224-0894

Email: [cornerbridge@comcast.net](mailto:cornerbridge@comcast.net)

## Region V

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**Monadnock Area Peer Support Agency**

Executive Director, Damien Licata

64 Beaver St

PO Box 258

Keene NH 03431

Phone: 603-352-5093/5094

Website: [www.monadnockpsa.org](http://www.monadnockpsa.org)

Email: [dlicata@monadnockpsa.org](mailto:dlicata@monadnockpsa.org)

**Warm Line: 1-866-352-5093**

## Region VI

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**HEARTS Peer Support Center of Greater Nashua Region VI**

Executive Director, Ken Lewis

5 Pine St Ext. Unit 2K

PO Box 1564

Nashua NH 03061

Phone: 603-882-8400

Website: [www.heartspsa.org](http://www.heartspsa.org)

Email: [kenl-hearts@comcast.net](mailto:kenl-hearts@comcast.net)

**Warm Line: 1-800-306-4334**

## Region VII

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**On The Road To Recovery**

Executive Director, Warren Bouchard

13 Orange St

PO Box 1721

Manchester NH 03104

Phone: 603-623-4523

Website: [www.otrtr.org](http://www.otrtr.org)

Email: [manchester@otrtr.org](mailto:manchester@otrtr.org)

**Warm Line: 1-800-306-4334**

## Region VIII

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### **Seacoast Consumer Alliance Peer Support Center, Inc**

Executive Director, Charlotte Duquette

544 Islington St

Portsmouth NH 03801

Phone: 603-427-6966

Email: [scapeersupportcenter@comcast.net](mailto:scapeersupportcenter@comcast.net)

**Warm Line: 1-800-809-6262**

## Region IX

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### **Tri-City Consumers' Action Co-operative**

Executive Director, Martha Jo Hewitt

36 Wakefield St

Rochester NH 03867

Phone: 603-948-1046/1043

Website: [www.tricitycoop.org](http://www.tricitycoop.org)

Email: [tricitycoop@metrocast.net](mailto:tricitycoop@metrocast.net)

## Region X

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### **On The Road To Recovery**

Program Manager, David Blacksmith

12 Birch St

Derry NH 03038

Phone: 603-552-3177

Website: [www.otrtr.org](http://www.otrtr.org)

Email: [derry@otrtr.org](mailto:derry@otrtr.org)