“WHAT DO YOU THINK?”

New Hampshire 2014
Peer Support Outcomes Survey

State Report
January 2015
The NH 2014 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 & IV)
Monadnock Peer Support Agency, Keene, NH (Region V)
On the Road to Recovery, Manchester, NH (Regions VII & X)
Seacoast Consumer Alliance, Portsmouth, NH (Region VIII)
Stepping Stone, Claremont, NH (Region II)
Tri-City Cooperative, Rochester, NH (Region IX)

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OVERVIEW

Background

Peer Support Agencies (PSAs) 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 2014, eight not-for-profit agencies, operating fourteen physical locations in the state’s ten mental health regions, provided an array of on-site supports, several mobile outreach teams, a transitional living program, and, with the addition of a second site in 2014, two peer-run Planned Respite Programs. Over 2000 adults with serious mental illness (SMI) were served statewide. The agencies serve adults only.

In New Hampshire, the Intentional Peer Support\(^1\) 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. Additionally, the Wellness Recovery Action Plan (WRAP)\(^2\), an evidence-based practice developed by Mary Ellen Copeland has been established for use in New Hampshire via PSA staff who are trained 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 New Hampshire PSAs, explicitly includes IPS and WRAP as core practices at all agencies.

Peer support occurs when people provide knowledge, experience, emotional, social, or practical help to each other.\(^3\)

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 and cannot serve on the agencies’ consumer-run boards. For the purpose of the survey and this 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 count of peers.

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. The survey is conducted using Survey Monkey but consumers can also submit paper responses for later data entry. Computer access is provided at all PSA locations and consumers are strongly encouraged to participate.

\(^1\) http://intentionalpeersupports.org/
\(^2\) http://www.mentalhealthrecovery.com/
Purpose of the Survey

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

New Hampshire’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 includes research-based questions about the peer support experience.

The survey includes indicators that measure recovery supports in the priority areas of HEALTH, PURPOSE, COMMUNITY, and GENERAL SATISFACTION. There are 14 indicators measured by 41 survey items. An additional item indicates which PSA the respondent is affiliated with, and is not included in the report. Individuals that did not respond to this item are included in the overall report. Each PSA received their individual results along with the overall report for their own internal quality improvement efforts.

New Hampshire 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 block 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. Specific survey items measure the effectiveness of these goals.

The Peer Outcomes Protocols (POP)\(^4\) instrument and the Mental Health Statistical Improvement Project (MHSIP) survey that includes certain National Outcomes Measures (NOMS) for block grant reporting were used to select the Peer Support Recovery outcomes and identify the survey items to be included, such as 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.

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 Support/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 the data to inform their own discussions and decisions, guided by the input of the members, to shape future practices. See the Director’s Comments for specific examples of how the survey responses are used to benefit the peer support participants.

\(^4\) http://www.cmhsrp.uic.edu/nrtc/pophome.htm
The data supports the associated cost/benefit and effective State utilization management of the mental health 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 recovery community and interested others. Individual agency reports are provided to each PSA. The agencies’ contact information is at http://www.dhhs.nh.gov/dcbcs/bbh/peer.htm.

Survey Description

The survey is a non-scientific, non-random sample of people who are members of Peer Support Agencies. This year, all eight PSAs chose to participate in the survey and we had a record number of responses. Percentages are based on 100.00% (two decimal points) of responses, and rounded to whole numbers. The survey was open October through December of 2014.

Participation in the survey is voluntary but strongly encouraged. 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. Individual comments are not solicited as they may identify staff, agency, and/or respondent. Data from paper surveys is entered on line by PSA or BBH staff from the Office of Consumer and Family Affairs.

There are 41 items in the four sections of the 2014 “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., director of the Program in Consumer Studies 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 filed to assess its own outcomes; (2) present service outcomes to public
funding authorities and managed care organizations; (3) improve the organization and delivery of peer support programs”.  

Survey General Summary

The survey was begun by 522 people and completed by 488. It is likely the 522 figure includes some false starts that were later completed. For comparison, the 2013 survey was completed by 276 respondents. The unduplicated count of PSA members is estimated to be 1900 thus providing a 26% response rate compared to 14% in 2013.

The survey was taken by an almost equal number of males (46%) and females (54%). More than 55% of respondents are between the ages of 45 and 64 and 8% are under the age of 25. Veteran’s make up 10% of respondents and 90% of respondents are white. These statistics are in line with the 2013 report.

Peer Support Director’s Comments

“The survey is an invaluable tool that we can use to reach out to individuals who could use our services”

“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”

“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”.


6 Calculations are based on 100.00% of the cohort being reported. Most items do not include “not applicable” or “no response”. Percentages are rounded. Incomplete surveys are not included.

7 Calculations based on SFY2013 monthly unduplicated onsite participation.

8 The US Census 2013 estimate for the White population of the state is 94%.
SURVEY FINDINGS

SECTION 1: Demographics (n=488)

Item 1:

**What is your gender?**

- Male: 54.1%
- Female: 45.9%

Item 2:

**What is your age, in years?**

- 75 and over: 1.4%
- 65-74: 7.2%
- 45-64: 28.3%
- 25-44: 55.1%
- 21-24: 5.1%
- 18-20: 2.9%
Item 3:

Are you a veteran of the Armed Forces?

- Yes: 10.5%
- No: 89.5%

Item 4:

What race do you consider yourself to be?

- White (Caucasian): 89.5%
- Black (African American): 1.2%
- Asian: 0.6%
- American Indian or Alaska Native: 2.5%
- Native Hawaiian or Other: 4.3%
- Other: 1.8%
- No Response: 0.0%
Are you of Hispanic, Spanish, or Latino origin?

- Yes: 90.2%
- No: 7.6%
- No Response: 2.3%
SECTION 2: Health (n=488)

Item 6

I take an active role in decisions about my mental health care.

- **Strongly Disagree**
- **Disagree**
- **Agree**
- **Strongly Agree**

*Up from 87% in 2013*

Item 7

Do you have any health insurance coverage?

- **YES** - I have some type of health insurance, such as private, self-pay, employer-sponsored, Medicaid, Medicare, military, or other coverage.
- **NO** - I am completely without any kind of health insurance coverage; I am uninsured.

90.2% *9.8%*
Item 8

Do you think this peer support center helped prevent emotional difficulties from turning into a psychiatric crisis during the past six months?

- Strongly Agree: 66.0%
- Agree: 28.1%
- Disagree: 5.9%
- Strongly Disagree: 0.0%
- Does Not Apply: 0.0%

Item 9

Have you ever been in the hospital for psychiatric reasons?

- Yes: 66.0%
- No: 28.1%
- No Response: 5.9%
Item 10

How many times in your life have you been in the hospital for psychiatric reasons?

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response</td>
<td>10.5%</td>
</tr>
<tr>
<td>20 and over</td>
<td>6.6%</td>
</tr>
<tr>
<td>10-19</td>
<td>11.5%</td>
</tr>
<tr>
<td>5-9</td>
<td>17.0%</td>
</tr>
<tr>
<td>1-4</td>
<td>30.3%</td>
</tr>
<tr>
<td>0</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

Item 11

How old were you the first time you were in the hospital for psychiatric reasons?

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response</td>
<td>10.2%</td>
</tr>
<tr>
<td>75 and over</td>
<td>0.0%</td>
</tr>
<tr>
<td>65-74</td>
<td>0.0%</td>
</tr>
<tr>
<td>45-64</td>
<td>5.9%</td>
</tr>
<tr>
<td>25-44</td>
<td>21.7%</td>
</tr>
<tr>
<td>21-24</td>
<td>9.8%</td>
</tr>
<tr>
<td>18-20</td>
<td>10.0%</td>
</tr>
<tr>
<td>13-17</td>
<td>11.1%</td>
</tr>
<tr>
<td>0-12</td>
<td>6.1%</td>
</tr>
<tr>
<td>Never-Does...</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Never-Does... Not Apply
Item 12

How many times have you been in the hospital for psychiatric reasons during the past 12 months?

None: 70.9%
1-3: 17.4%
4-6: 1.8%
7-9: 1.4%
10 or more: 1.0%
No Response: 7.4%

Item 13

This peer support center helped me to stay out of the hospital for psychiatric reasons during the last 6 months.

Strongly Agree: 20.0%
Agree: 44.1%
Disagree: 1.4%
Strongly Disagree: 0.0%
Does Not Apply: 0.0%
No Response: 34.4%
Item 14

Are you informed about Peer-Run Crisis Respite?

- 49.0%
- 26.0%
- 25.0%

*Unchanged from 2013 despite addition of a second peer-run crisis respite program

Item 15

This peer support center helps me understand what recovery involves for me.

- Strongly agree
- Agree
- Disagree
- Strongly Disagree

- 0.0%
- 20.0%
- 40.0%
- 60.0%
Item 16

This peer support center gives me hope that I will recover from mental illness.

- Strongly Disagree: 0.0%
- Disagree: 20.0%
- Agree: 40.0%
- Strongly Agree: 60.0%

Item 17

Because of this peer support center my symptoms are not bothering me as much.

- No Response: 0.0%
- Strongly Disagree: 20.0%
- Disagree: 40.0%
- Agree: 60.0%
- Strongly Agree: 0.0%
Item 18

Have you had any problems associated with alcohol or drug use in the past year?

- Yes: 18.4%
- No: 74.5%
- No Response: 7.0%
SECTION 3: Purpose (n=488)

Item 19

Because of this peer support center I am better able to take care of my needs.

Item 20

Because of this peer support center I am better able to do things that I want to do.
Item 21

Because of this peer support center I am better able to handle things when they go wrong.

Item 22

Because of this peer support center I do things that are more meaningful to me.
Item 23

### I feel that I have contributions to make in life.

- **Strongly Disagree**
- **Disagree**
- **Agree**
- **Strongly Agree**

*Unchanged from 2013 despite an improving economy*

Item 24

### Are you currently working for pay?

- **Does Not Apply (Not in the...**
- **I want to work but I have...**
- **I am looking for work but...**
- **I work part time.**
- **I work full time.**

*Unchanged from 2013 despite an improving economy*
Item 25

This program is helpful with my employment needs.

- Strongly Agree: 40.0%
- Agree: 20.0%
- Disagree: 20.0%
- Strongly Disagree: 0.0%
- Does Not Apply: 0.0%

Item 26

This peer support center helps me with my housing needs.

- Strongly Agree: 40.0%
- Agree: 20.0%
- Disagree: 20.0%
- Strongly Disagree: 0.0%
- Does Not Apply: 0.0%
Item 27

This peer support center helps me conduct important personal business (for example, appointments, applications, navigating an appeal, managing or organizing things I need to do.)

- **Strongly Agree**
- **Agree**
- **Disagree**
- **Strongly Disagree**
- **Does Not Apply**

Item 28

This peer support center helps me with my educational or training needs.

- **Strongly Agree**
- **Agree**
- **Disagree**
- **Strongly Disagree**
- **Does Not Apply**
Item 29

This peer support center helps me find resources for dealing with an alcohol or drug problem.

- No Response
- Does Not Apply
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Does Not Apply
- No Response
SECTION 4: Community (n=488)

Item 30

Which Peer Support Center do you use?

Survey response compared to 100% census of each agency. This is not disclosed in the report. It is used to calculate the agency response rate in ratio to the agency unduplicated.

Item 31

How long have you been coming to this peer support agency? (Or participate via Outreach)

- 10 Years or More
- 7-9 Years
- 4-6 Years
- 1-3 Years
- Less than a Year

Legend:
- Less than a Year
- 1-3 Years
- 4-6 Years
- 7-9 Years
- 10 Years or More
**Item 32**

During a typical week, how often do you come to the peer support center? (Or participate via Outreach)

- **A Few Times a Year**
- **About Once a Month**
- **About Once a Week**
- **Two or More Times a Week**
- **Almost Every Day**

**Item 33**

I feel that I am involved in the planning for this peer support center.

- **Strongly Agree**
- **Agree**
- **Disagree**
- **Strongly Disagree**
Item 34

The peer support program services are useful to me.

Strongly Disagree
Disagree
Agree
Strongly Agree

0.0% 20.0% 40.0% 60.0%

Item 35

I have people I can do enjoyable things with.

Strongly Disagree
Disagree
Agree
Strongly Agree

0.0% 20.0% 40.0% 60.0%
Item 36

I am happy with the friendships I have.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Item 37

The social relationships I have with my neighbors are what I want them to be.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
Item 38

I feel I belong in my community.

Strongly Disagree

Disagree

Agree

Strongly Agree

0.0% 20.0% 40.0% 60.0%

Item 39

I am involved in activities that are not connected to being a participant in the peer support center, like sports, volunteer work, clubs, church events, or other types of community life.

Strongly Disagree

Disagree

Agree

Strongly Agree

0.0% 20.0% 40.0% 60.0%
Item 40

Overall, I am satisfied with this peer support center.

Strongly Agree
Agree
Disagree
Strongly Disagree

Item 41

I would recommend this peer support center to others dealing with serious mental health issues.

Strongly Agree
Agree
Disagree
Strongly Disagree
The peer support services are useful to me
Overall I am satisfied with this peer support center
I would recommend this peer support center to others

FUNCTIONING: A national outcomes measures (92% overall)
I have people I can do enjoyable things with
I am happy with the friendships I have
I feel I belong in my community

SOCIAL SUPPORTS/CONNECTEDNESS (National Outcomes Measure (93% overall))
This strategy, particularly 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:** 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 filed about housing and homelessness among people with mental and/or substance use disorders

3. **Purpose:** Meaningful daily activities, such as 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 services
   - 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
• 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/or 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 and family support, social inclusion, and rights protection.
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

With strong encouragement, all agencies participated this year unlike in previous years.

Early Exits

Four hundred eighty-eight (488) respondents completed the survey to the end. All statistics are calculated form the completed surveys. There is no information as to why people exited or the survey before finishing it, or exiting when they did. It is possible that some of the exits indicate false starts before returning to complete the survey.

Cross Tabbed Data

The survey contained 41 discrete items. Agency directors may request cross tabbing for items of interest, providing there are sufficient numbers of respondents to protect identity. Agency directors also receive individualized reports with the results for their agency, again, assuming 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 is encouraged to contact the Office of Consumer and Family Affairs at (603) 271-5045 or at 105 Pleasant St., Concord, NH 03301.
PEER SUPPORT AGENCIES OF NEW HAMPSHIRE

Region I

Conway Peer Support Center
Executive Director: Pat Tal
6 Main Street
PO Box 241
Conway, NH 03818
Phone: (603)447-1765
Website: www.alccenters.org/conwayctr
Email: alccenters@gmail.com

Wolfeboro Outreach Program
Team Leader: Robin Liakos
Wolfeboro, NH 03896
Phone: (603)662-2140
Email: wolfeborooutreach@gmail.com

The Haven
Team Leader: Joanne Hill
27 Lombard Street
Colebrook, NH 03576
Phone: (603)237-4353
Website: www.alccenters.org/colebrookctr
Email: colebrookhaven@gmail.com

Serenity Steps
Team Leader: Ellen Tavino
567 Main Street
Berlin, NH 03570
Phone: (603)752-8111
Website: www.alccenters.org/berlinctr
Email: serenitysteps@gmail.com

Littleton Peer Support
Team Leader: Laura Mekinova
267 Main Street
Littleton, NH 03561
Website: www.alccenters.org/littletonctr
Email: littletonpsc@gmail.com

Main Website: www.alccenters.org
Warmline: 1-866-447-1765

Region II

Stepping Stone
Executive Director: Susan Seidler
108 Pleasant Street
Claremont, NH 03743
Phone: (603)543-1388

Website: www.steppingstonenextstep.org
Warmline: 1-888-582-0920

Next Step
Program Director: Mark Nichols
109 Bank Street
Lebanon, NH 03766
Phone: (603)448-6941
Region III and IV

Concord Peer Support  
(Lakes Region Consumer Advisory Board)  
Executive Director: Patt Fancy  
55 School Street  
Concord, NH 03301  
Phone: (603)224-0083  
Website: www.nhcornerbridge.org  
Email: lrcab1@metrocast.net

Cornerbridge of Laconia  
Program Director: Linda Lamotagne  
328 Union Ave  
Laconia, NH 03247  
Phone: (603)528-7742  
Email: cornerbridge@comcast.net

Region V

Monadnock Area Peer Support Agency  
Executive Director: Damien Licata  
64 Beaver Street  
PO Box 258  
Keene, NH 03431  
Phone: (603)352-5093  
Website: www.monadnockpsa.org  
Email: dlicita@monadnockpsa.org  
Warm Line: 1-866-352-5093

Region VI

HEARTS Peer Support Center of Greater Nashua  
Executive Director: Ken Lewis  
5 Pine Street Extension  
PO Box 1564  
Nashua, NH 03061  
Phone: (603)882-8400  
Website: www.heartspsa.org  
Email: kenl-hearts@comcast.net  
Warm Line: 1-800-306-4334
Region VII

On The Road To Recovery
Executive Director, Warren Bouchard
13 Orange Street
Manchester, NH 03104
Phone: (603)623-4523
Website: www.otrtr.org
Email: Manchester@otrtr.org
Warm Line: 1-800-306-4334

Region VIII

Seacoast Consumer Alliance Peer Support Center
544 Islington Street
Portsmouth, NH 03801
Phone: (603)427-6966
Email: scapeersupportcenter@comcast.net
Warm Line: 1-800-809-6262

Region IX

Tri-City Consumers’ Action Alliance
Executive Director: Martha Jo Hewitt
36 Wakefield Street
Rochester, NH 03867
Phone: (603)948-1046
Website: www.tricitycoop.org
Email: tricitycoop@metrocast.net

Region X

On The Road To Recovery
Program Manager: David Blacksmith
12 Birch Street
Derry, NH 03038
Phone: (603)552-3177
Website: www.otrtr.org
Email: derry@otrtr.org