The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

STATE FISCAL YEAR 2017 ANNUAL REPORT

October 2017

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The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery SFY 2017 Members

Mission: To significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.

Legislative Branch Members

Senator Jeanie Forrester (through 12/31/16)

Senator Jeb Bradley (1/1/17)

Senator Molly Kelly (through 12/31/16)

Senator Martha Hennessey (1/1/17)

Representative William Hatch

Representative John Tholl (through 12/31/16)

Representative Sherman Packard (1/1/17)

Public Members

Marty Boldin/Kevin Irwin - Recovery Representative

Monica Edgar - Treatment Professional

Melissa Crews - Non-Professional Public Member

Shannon Swett-Bresaw - Prevention Professional

Tim Lena – Prevention Professional

Chris Placy - Non-Professional Public Member

Stephanie Savard - Treatment Professional

Legislatively Mandated Members

John J. Barthelmes - Commissioner, NH Department of Safety

Lorraine Bartlett - Director, NH Division for Children, Youth & Families

Cheryl Ann Coletti Lawson– NH Business and Industry Association

Joseph Foster/Gordon MacDonald - Attorney General/ NH Department of Justice

Todd S. Gardner - NH Nurses Association

Ross Gittell - Chancellor, Community College System of NH

Edward Gordon - designee, Administrative Judge of the NH District and Municipal Courts

Joseph P. Harding, Executive Director - Director, NH Bureau of Drug and Alcohol Services

Jeffrey A. Meyers – Commissioner, NH Department of Health & Human Services

Joseph Mollica – Chairman, NH Liquor Commission

Daniel Potenza, MD - Chairman, NH Suicide Prevention Council

William N. Reddel, III - Adjutant General, NH National Guard

Timothy Rourke, Chairman - NH Charitable Foundation

Seddon Savage – NH Medical Society

Roger A. Sevigny – Commissioner, NH Insurance Department

Mary Steady - designee, NH Department of Education

William L. Wrenn – Commissioner, NH Department of Corrections

Task Forces and Chairs

Data and Evaluation Task Force

James Vara / Paul Lakevicius

Healthcare Task Force

Seddon Savage / Lindy Keller

Joint Military Task Force

William Reddel / Jessica Blais / Sue Brown

Opioid Task Force

Seddon Savage

Perinatal Substance Exposure Task Force

Monica Edgar / Patricia Tilley

Prevention Task Force

Traci Fowler

Treatment Task Force

Stephanie Savard

Recovery Task Force

Marty Boldin / Kevin Irwin/ Cheryle Pacapelli

Dedication

The Commission dedicates this report to the hundreds of individuals who have lost their lives to substance misuse and addictive disorders and to the families and communities who – in their grief – are making their voices heard and playing an active, positive role in advancing our collective goals to address the epidemic.

Executive Summary

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (the Commission), each year creates a report as required in RSA Chapter 12-J:4, to aggregate progress toward the Commission's strategic plan, *Collective Action-Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017*[1], and to set forth recommendations to continue the momentum.

This report outlines significant progress, data, and ongoing challenges with recommendations to meet pressing needs. Briefly, last year's report (*The NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery State Fiscal year 2016 Annual Report*[2]) included recommendations primarily focused on ensuring a comprehensive approach and funding to addressing the opiate/opioid crisis. We thank the Governor and General Court for their efforts to expand financing to battle the epidemic in the SFY18-19 budget process.

A number of indicators point toward progress in addressing the opioid epidemic in NH. The number of cases involving naloxone (Narcan) administration is projected to decrease slightly in calendar year 2017 based on the number of such cases through July 2017. If this trend continues for the remainder of 2017, it would result in the first decrease in the volume of EMS cases involving naloxone (Narcan) administration since 2012. In general, the number of opioid-related emergency department visits has leveled off since a peak during the third quarter of 2016. Most importantly, the percentage change in the number of drug overdose deaths is projected to decrease in 2017, the first such decrease since 2012. Similar to the observation described previously for the rate of increase in EMS cases involving naloxone (Narcan) administration, these data may reflect a decrease in the growth rate of the epidemic of opioid misuse in New Hampshire.

Progress has continued, but significant challenges in service and system capacity still negatively impact the accessibility of an effective system of care for substance use disorders. These challenges are rooted in stigma, and the residual impact of the historical under-resourcing of services, systems, and state agencies, as well as the pressure of increased demand for services coupled with shortages in key domains of the workforce. When taken together, these challenges affect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. These challenges include the devastating impact of 485[3] fatal overdoses, inadequate access to services, inadequate workforce to meet the demand for services, the need for data management and evaluation capacity, and the high risk of secondary public health threats.

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[1] http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf

[2] http://www.dhhs.nh.gov/dcbcs/bdas/documents/commissionreport.pdf

[3] Office of the Chief Medical Examiner, 2017 Current Drug Data as of 9/20/2017

To sustain progress and meet the identified challenges, the Commission recommends the following: protection of insurance benefits for substance use disorder treatment and recovery supports, expanded support for prevention, early identification, treatment and recovery services especially for high risk/ high need populations, continued support for expansion of availability of medication-assisted treatment, continued and expanded investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders, full implementation of syringe access programs, and a renewed focus on policies and resourcing to expand opportunities for safe, affordable recovery housing.

Additionally, the current Commission State Plan, *Collective Action – Collective Impact*, expires in 2017. While originally planned for release in October, the updated State Plan is on hold until further clarity arrives on federal healthcare policy. In the interim, we note the above recommendations are likely to drive the next state plan.

Finally, per the Commission statute, the Commission is asked to comment on policy matters that may arrive in the General Court in the upcoming session. With this in mind, the Commission wishes to emphasize that expanded insurance coverage – both public and private – as well as coverage for substance use disorder services at parity with other chronic illness, was a primary priority of the 2013-2017 state plan. Therefore, the Commission strongly supports efforts to maintain and strengthen access through ensuring that currently insured populations maintain their coverage and substance use disorders benefits. The Commission opposes any effort that would deny or reduce coverage or access for individuals with a substance use disorder.

Introduction

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (the Commission) has a legislated mission to significantly reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated alcohol and other drug misuse prevention, treatment and recovery services throughout the state. State Fiscal Year 2017 (SFY 17) continued efforts to expand access to prevention, treatment and recovery supports, as well as increased interdiction. The efforts of the Commission, its members, task forces and stakeholders have been substantial this year as a direct result of leadership and commitment within the Governor's office, the legislature, state agencies, provider systems, recovery groups, regional public health networks, advocacy organizations, local communities, law enforcement, health care and many other stakeholders.

Each year this report serves to aggregate progress toward the Commission's strategic plan, Collective Action-Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017[4], and set forth recommendations to continue the momentum. We are pleased to report that a number of key advances were made in SFY 17, which further solidified the implementation of the existing state plan. This includes increased funding of the Alcohol Fund, as well as additional investments approved by the legislature during the budget process. Additionally, in the 2016 Annual Report the Commission placed high priority on the passage of Syringe Access legislation. Such legislation was signed into law in spring 2017, and we are pleased to see progress towards implementation through both state action and the launch of a statewide Harm Reduction Coalition.

New Hampshire's comprehensive approach to address the misuse of alcohol and drugs relies on national data demonstrating that investments in the less expansive, broader reaching continuum elements such as effective prevention and early identification will result in fewer people misusing and developing substance use disorders that require more intensive and costly services. Individuals that develop severe alcohol and other drug use disorders account for high associated cross systems costs, including within the healthcare, criminal justice, child welfare systems and losses experienced by New Hampshire business. It should be further noted that the collective costs of all elements of a comprehensive approach are a small fraction of the cross systems costs to the State of New Hampshire associated with the misuse of alcohol and drugs, estimated to be $2.3 billion annually[5].

This report aggregates a snapshot of the myriad of efforts highlighting forward momentum, naming ongoing areas of need, updating the Commission's data dashboard and recommending priorities for the coming year.

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[4] http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf

[5] **Substance Misuse in New Hampshire: An Update on Costs to the State's Economy and Initial Impacts of Public Policies to Reduce Them May 2017**

Progress has continued, but significant challenges to service and system capacity still negatively impact the accessibility of an effective system of care for substance use disorders. These challenges are rooted in stigma, and the residual impact of the historical under-resourcing of services, systems, and state agencies, as well as the pressure of increased demand for services coupled with shortages in key domains of the substance use workforce. When taken together, these challenges continue to effect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. These challenges include the devastating impact of 485 fatal overdoses, inadequate access to services, inadequate workforce to meet the demand for services, the need for data management and evaluation capacity and the high risk of secondary public health threats.

Commission State Planning Progress

The Commission's strategic plan, Collective Action-Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017[6], includes two core goals 1) to reduce the percentage of New Hampshire residents misusing alcohol and other drugs and 2) to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services. This plan expires in 2017. Significant strategic planning work was undertaken during SFY 17 to update the plan. While such an update was originally planned for release in October 2017, the State Plan revision is on hold until further clarity arrives on federal healthcare policy.

Over the course of the past year the Commission's eight task forces (Healthcare, Opioid, Recovery, Prevention, Treatment, Joint Military, Perinatal Exposure and Data) have worked to review the current state plan, with an eye to refreshing priorities and recommendations for the next state plan. Given the delay in the strategic planning process – and while ensuring that recommendations are grounded in the most updated landscape of the healthcare and insurance systems – the Task Forces summary recommendations on priorities are presented on the following pages as they were presented to the Commission in May, 2017.

[6] http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf

Strategic Planning Recommended Strategies by Task Force

The following table shows a high-level summary of strategies recommended by the task forces of the NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery for consideration at the Commission Strategic Planning Retreat in May 2017. The Commission discussed the themes and strategies and collectively concurred that the following should be included in the next state plan. This event took place prior to the decision to pause the creation of the plan however this strategic thinking will be the basis from which to begin the next state plan.

PRIORITY and STRATEGY THEMES	TASK FORCE						
	Healthcare	Military	Opioid	Perinatal	Prevention	Recovery	Treatment
Professional Development: *Provide resources and best practice, culturally competent training to…*	Healthcare Professionals (harm reduction, recovery)	Behavioral Health Providers (military culture)	Healthcare, First Responders, Educators, Human Resource Personnel (general SUD education, naloxone)	Primary Care and OB Practices (trauma and psych/emotional distress, co-occurring)	Early Childhood Workforce (behavioral health, trauma, etc.) Mental Health First Aid	Peer Recovery Support Service (PRSS) Workers and Recovery Community Organizations (CAPRSS Standards) Law Enforcement, Healthcare, IDNs, etc. (Cross-Sector Training) Knowledge Hub (portal for recovery resources)	Behavioral Health Providers (cultural competence, SUD integration) Virtual Supervision Learning Academy
Public Awareness: *Increase awareness among professionals and the general public related to…*	Awareness of Treatment Resources (healthcare providers) Harm Reduction	Military Culture	Harm Reduction	Marijuana Alcohol Perinatal Tobacco Use Safe Sleep	Awareness of Treatment Resources (for parents /grandparents) Adverse Childhood Events (ACEs) Naloxone (Narcan)	Recovery-Oriented Outreach/ Education	Awareness of Treatment Resources Navigating treatment system (behavioral health and healthcare providers)
Recovery Supports		Military	Criminal Justice System	Pregnant and Parenting Women	Older Adults Parenting a Second Time	Underserved Populations (families, youth and adolescents, criminal justice involved, parents in recovery) Recovery Housing Standards	Individuals Before, During and After Treatment
Data Collection	Define Prevalence of Withdrawal Symptoms to Understand Capacity Needs	Determine Number of Providers Accepting Tricare/Veterans Choice and Insurance Barriers		Collect Methadone Dosing Data Determine Number of Integrated SUD Treatment Programs in NH	High School and Middle School YRBS Conduct Older Adult Assessment Risk & Protective Factors ACEs	PRSS Outcomes (standardized tools, protocols, management, evaluation, analysis) Assess Fidelity of PRSS to Recovery Principles	Identify Mechanism for Collecting Real-time Treatment Vacancy Identify Systematic Approach for Collecting Treatment Data to Demonstrate Effectiveness Meth-amphetamine Data

PRIORITY and STRATEGY THEMES	TASK FORCE						
	Healthcare	**Military**	**Opioid**	**Perinatal**	**Prevention**	**Recovery**	**Treatment**
Screening and SBIRT (screening, brief intervention and referral to treatment): *Provide resources and training to…*	High-Yield Practice Settings	Substance Use Treatment Providers - "Ask the Question" Campaign	Criminal Justice System	Primary Care and OB Practices "One Key Question" Initiative	Across all Healthcare Systems and Providers for All Ages		
Substance Use Disorder (SUD) Treatment including Medication Assisted Treatment (MAT): *Increase access to and awareness/navigation of resources in…*	Withdrawal/ Distress Settings (ex: EDs, hospitals)		Criminal Justice System Case Coordination	Family-Centered and Integrated Treatment			Specialized Populations Integration between SUD/MH and Primary Care Case Management Utilization of Technology/Telehealth
Workforce: *Support recommendations to address reimbursement, licensure, and training including…*	Healthcare Professional Education (SBIRT)		Core Professional Education of Relevant Health Professionals (general SUD education, naloxone)			Recovery Community Organizations	Reimbursement Licensure/certification Telehealth
Third Party Reimbursement: *Address insurance barriers and expand covered services for…*	SBIRT (incentivize)	Tricare and Veterans Choice Providers (expand)		MAT (prior authorization)			Wellness/ Ancillary Benefits (ex: transportation) Case Management
Anti-Stigma/ Discrimination Campaign: *Develop consistent, best practice messaging for…*	Healthcare systems Recovery Community (MAT) Compassion Fatigue Training	State-Funded Military Culture Training	Healthcare, First Responders, Educators, Human Resource Personnel Harm Reduction		Emerging Adults		
Harm Reduction Interventions: *Support plans, education, training and/or expansion of…*	Needle Exchange Programs Supervised Injection Sites		Needle Exchange Programs Supervised Injection Sites Take Back and Disposal Initiatives		Take Back Initiatives Naloxone(Narcan)		
Family Support Services				Home Visiting Programs (newborn and other programs) Trauma-informed Strategies for Early Childhood Services	Home Visiting (early childhood) Children of Parents with SUD Parents/ Grandparents/ Older Adults Parenting a Second Time	Families and Parents in Recovery	
Family Planning Services				Long-Acting, Reversible Contraception			
Prevention Systems					Coalitions Policy		

PRIORITY and STRATEGY THEMES	TASK FORCE						
	Healthcare	Military	Opioid	Perinatal	Prevention	Recovery	Treatment
					Alignment With Other Plans Early Childhood Multi-tiered		
Prevention Evidence-Based Programs, Policies, Practices					Diversion/ Restorative Justice Youth Leadership School alcohol, tobacco, and other drug (ATOD) Policies Life of An Athlete Workplace Community Connectedness Among Young Adults Academic Institutions School to Work Transitions, REAP		
Additional Strategies Recommended	Ensure for a community-based facilitated process for accessing safe care Educate healthcare providers on available treatment providers and recovery support services Ensure all core trainings are inclusive of perinatal providers Provide medication management education		Address the SUD treatment needs of persons at all levels of the justice system including SBIRT and MAT and harm reduction Provide medication management education	Enhance access to specialized treatment for pregnant/ parenting women		Increase transitional/ recovery housing for special populations including the re-entry population, pregnant women and their children and individuals leaving treatment Promote restorative justice principles across all sectors and task forces	Increase access to mental health treatment including psycho-pharmacotherapy and counseling Promote restorative justice principles across all sectors and task forces

State Agency Updates

This report is legislatively required by NH RSA 12-J:4, III to "identify alcohol and drug abuse prevention, treatment, and recovery services and programs provided by state departments and agencies or funded in whole or in part by state or federal funds". Commission members, representing state agencies, have identified key activities, programs, and initiatives related to alcohol and other drug misuse including response to the opioid crisis and those responses are summarized in the following pages.

A. DEPARTMENT OF HEALTH AND HUMAN SERVICES – BUREAU OF DRUG AND ALCOHOL SERVICES (BDAS)

The New Hampshire Department of Health and Human Services utilizes the federal Substance Abuse Mental Health Services Administration (SAMHSA) Strategic Planning model to address the misuse of alcohol and other drugs in New Hampshire. This model takes a public health approach, including assessing the prevalence and consequence of substance misuse on individuals, families and communities and the state as a whole, identifying and developing capacity to address these consequences and reduce the prevalence of substance misuse, developing and implementing a targeted plan and monitoring the effectiveness of the plan. This approach for effectively addressing the misuse of alcohol and drugs in New Hampshire has resulted in planning to address the need for a full continuum of services within each of the 13 Regional Public Health Networks in the state.

A full continuum of services includes population level strategies, targeted prevention, early identification and intervention, crisis intervention and care coordination, specialty substance use disorders treatment services including medication assisted treatment, and recovery support services. This continuum should be available throughout the state at the regional and community level to effectively address the misuse of alcohol and drugs in New Hampshire and should be an integral part of each region and community's larger health care system.

OVERVIEW OF BDAS SFY17 CONTRACTED SUBSTANCE MISUSE SERVICES

POPULATION LEVEL STRATEGIES

Regional Public Health Networks

Substance Misuse Prevention Coordinator and **Continuum of Care Facilitators** are BDAS supported resources in each of the 13 Regional Public Health Networks that facilitate a community approach to address the misuse of alcohol and drugs and increase access to care. Each Network completed an alcohol and other drug misuse and disorders services assets and gaps assessment and have created a 3-year plan that addresses the misuse of alcohol and other drugs and the related consequences for individuals, families and communities.

Substance Misuse Prevention Coordinators and Continuum of Care Facilitators convene and collaborate with local government, education, community organizations, safety, businesses, and health sectors in communities to increase access to needed services and address the factors that protect people, families and communities, and reduce the factors

that put these groups at risk for the misuse of alcohol and drugs. They also participate with the regions' Public Health Advisory Council to provide priorities for their Community Health Improvement Plan and coordinate with the Integrated Delivery Networks.

Public Awareness

Anyone Anytime[7]

In response to the opioid crisis in New Hampshire, the State contracted with the Community Health Institute/JSI Center for Excellence to create the "AnyoneAnytimeNH™" campaign to educate the public and professionals about addiction, emergency overdose medications and support services for anyone experiencing an addictive disorder. This campaign was designed to provide information to anyone affected by this crisis: people experiencing substance use disorders, parents, family and friends, and healthcare, safety and other system staff. The campaign ran from October 2015 - February 2016 and October of 2016 – February 2017.

Partnership for a Drug Free NH[8]

In SFY 17, through New Hampshire Charitable Foundation funding, the Partnership for a Drug Free NH launched Speak Up NH!, a campaign to reduce stigma. In SFY 18, the Partnership is contracted through BDAS to do additional public awareness work.

TARGETED PREVENTION

Life of an Athlete (LOA)

The Life of An Athlete (LOA) program is a comprehensive multicomponent prevention program which empowers and motivates youth participating in athletics and leadership programs to make healthy choices and decisions by educating them on the impact that alcohol and other drugs have on performance. The program blends prevention and athletics together, focusing on the immediate impact that lifestyle choices have on athletic performance with an emphasis on understanding the impact alcohol, other drugs, and tobacco have on success in academics and athletics. The program is administered by the New Hampshire Interscholastic Athletic Association, whose staff recruit schools to implement the program and train school personnel including the athletes and other student leaders how to implement the program. See further information in the Data Dashboard section of this report.

Referral, Education, Assistance Program for Older Adults (REAP)

Referral, Education, Assistance Program (REAP) is a community-based statewide prevention education and early intervention program for individuals 60 years of age or older and their caregivers. The program is designed to provide brief screening to identify areas of concern related to mental well-being and alcohol and other drug misuse, and to

[7] Additional information can be found at anyoneanytimenh.org

[8] Additional information can be found at drugfreenh.org/

provide brief counseling, prevention education and supportive referral to community based services. The goal is to provide the services, supports and skill-building needed to help an older adult maintain their independent lifestyle and their health and emotional well-being. The program is implemented in the 10 Community Mental Health Centers across the state where trained REAP counselors do home visits with clients and their caregivers. REAP counselors also provide training and technical assistance on issues related to the unique behavioral health needs of older adults and their caregivers. REAP plays a critical role in providing prevention education and early intervention for a sub-set of the population whose substance misuse and mental health issues go unreported and assists older adults to live a happier, healthier lifestyle. See further information in the Data Dashboard section of this report.

Student Assistance Programs (SAP)

Student Assistance Program (SAP) services administered by the Bureau of Drug and Alcohol Services are based on the *Project SUCCESS* evidence based practice. The program is designed to prevent and reduce alcohol and other drug misuse among students 12 to 25 years of age. The school-based program combines schoolwide alcohol and other drug prevention awareness activities, classroom based prevention education, individual and group counseling sessions for students, parent education and referral to community resources. The program reaches middle and high schools as well as colleges and universities using trained SAP counselors to deliver the services. See further information in the Data Dashboard section of this report.

Juvenile Diversion Programs

The New Hampshire Juvenile Diversion Network is contracted to expand capacity to under-served regions and to incorporate evidence based screening, brief intervention and referral to treatment into programming. There are currently 16 accredited Juvenile Court Diversion Programs that hold youth accountable for disruptive behavior while ensuring they benefit from education and support services to reduce the youth's involvement in the police and judicial systems. New Hampshire RSA169 Delinquent Children-B:10 Juvenile Diversion includes provisions for police and courts to refer first-time offenders for accredited diversion services. Whether housed in police departments, governmental systems or community-based organizations, New Hampshire's Juvenile Court Diversion Programs share common goals, core values and evidence-base for strategies and practices being implemented across the state. See further information in the Data Dashboard section of this report.

EARLY IDENTIFICATION AND CRISIS SERVICES

Crisis Line / Regional Access Point Services

The New Hampshire Statewide Addiction Crisis Line and Regional Access Point Services facilitate access to crisis, treatment, and recovery support services and support clients during the treatment process. The 24/7 crisis hotline is available to individuals with substance use disorders and their support network and provides telephone crisis stabilization services. For individuals who are seeking referral only, crisis line staff provide information on resources in

the caller's area. When clients need a higher level of support, the crisis line staff will perform a screening and set an appointment for the client's intake into regional access point services. Intake into regional access point services includes a complete biopsychosocial evaluation which is used to develop a service plan for the client that addresses substance use disorder treatment needs, peer recovery support services and other service needs. Staff make referrals and assist clients with accessing the services identified on the service plan as well as providing interim clinical treatment services if a client requires a level of care that is not immediately available to them. Once a client enters treatment, regional access services staff continue to follow up with the client to offer support and identify and address any needs that the client may have. See further information in the Data Dashboard section of this report.

Hospital Emergency Department Substance Use Disorder (SUD) Care Coordination Services

Support to hospital systems to identify and coordinate care for patients who are misusing alcohol or other drugs is being provided through an infrastructure development contract. Care coordination includes facilitated referrals for substance use disorder evaluation to treatment services or recovery support services. The contractor, the Foundation for Health Communities, is expected to enter into subcontracts with eight hospitals across the state to provide care coordination services by the end of State Fiscal Year 2018.

Naloxone Administration / Department of Safety Emergency Medical Services First Responder Training

The New Hampshire Statewide naloxone (Narcan) Distribution and Training initiative is jointly administered by a number of program areas within the New Hampshire Department of Health and Human Services, including the Bureau of Drug and Alcohol Services (BDAS), the Division of Public Health Services (DPHS) and the Emergency Services Unit (ESU), that coordinate with the Bureau of Emergency Medical Services (BEMS) at the Department of Safety (DOS). This initiative makes naloxone kits and related instructions available free of charge to individuals at risk for opioid overdose as well as their families and friends that do not have insurance to cover the cost of a kit and that otherwise cannot afford to purchase one.

The Department of Health and Human Services makes naloxone kits directly available to substance use disorder treatment providers, community health centers and other health and social services agencies that serve individuals at risk for opioid overdose, their families and friends. These kits are also available to agencies through New Hampshire's 13 Regional Public Health Networks. Each of these Networks have also held numerous public events in their area, where naloxone kits and related instructions are likewise made available to individuals at risk for opioid overdose, their families and friends that otherwise cannot afford one. The breadth of this distribution is described in the Data Dashboard section of this report.

The BEMS at the DOS has developed a training of trainers program made available at a number of locations across the state for the administration of naloxone and has made these and related first-aid / CPR training available to law enforcement personnel from agencies across the state, many of which become certified by BEMS to administer naloxone

(245 officers trained / 164 licensed). This initiative is particularly important for areas that don't have rapid response emergency medical services.

The Governor's Commission approved $55,000 at their June 2017 meeting for the BEMS at the DOS to provide on-line training to 5,200 EMS across state and $15,750 for on-site training, for a total of $70,750.

SUBSTANCE USE DISORDER TREATMENT SERVICES

Specialty Substance Use Disorder Treatment Services

Substance use disorder treatment and recovery support services are supported for those individuals with an alcohol or other drug use disorder who are residents of or homeless in New Hampshire, under 400% of federal poverty level and who do not have public or private insurance that will pay for the required services. Services supported through BDAS contracts are across the continuum of intensity including: outpatient, intensive outpatient, partial hospitalization, transitional living, low and high intensity residential treatment services (including specialty services for pregnant and parenting women and their children), withdrawal management and medication assisted treatment. See further information in the Data Dashboard section of this report.

Substance Use Disorders Respite Shelter

Substance Use Disorders Respite Shelter contractors provide respite shelter to individuals entering treatment through the Safe Stations initiatives that do not have safe, stable housing. Contracts with Serenity Place and Harbor Homes provide respite shelter services that coordinate with respective Safe Stations programs in Manchester and Nashua. They provide overnight crisis respite care to clients referred by the Safe Stations program. An estimated 690 clients have been served through May 2017.

Masters Level Alcohol and Drug Counselors Care Consultation Services at Division of Children, Youth and Families District Office

The Governor's Commission and the Department of Health and Human Services has made funding available to support the hiring of contracted Masters Level Alcohol and Drug Counselors (MLADC) to support DCYF (Division of Children, Youth and Families) and serve as a resource to District Offices. Responsibilities include case consultation services for child protection workers and their supervisors and providing training and technical assistance to DCYF District Office staff on the impact of substance use and co-occurring disorders on family dynamics and functioning.

PEER RECOVERY SUPPORT SERVICES

Peer Recovery Support Services (PRSS) have become an important part of the NH DHHS overall strategy to respond to the growing substance misuse issues in the State of New Hampshire. The Department's goal is to develop Peer Recovery Support Services for individuals and their families. In New Hampshire, the following Recovery Community Organizations received funding in SFY17 to provide peer recovery support services: • Greater Tilton Area Family

Resource Center, Tilton • HOPE for NH Recovery, Berlin, Concord, Claremont, Franklin and Manchester • Keene Serenity Center, Keene • Navigating Recovery of the Lakes Region, Laconia • North Country Serenity Center, Littleton • Revive Recovery Center, Nashua • Safe Harbor Recovery Center, Portsmouth and Seabrook • SOS Recovery Community Center, Dover, Durham and Rochester • White Horse Recovery Services Center, Ossipee.

The Peer Recovery Support Services Facilitating Organization (Harbor Homes) has been contracted to support the development and operations of peer led Recovery Community Organizations (RCOs) who will each open and manage one or more recovery centers and provide peer recovery support services beginning no later than state fiscal year 2018. Harbor Homes is working to recruit and support peer-led organizations to meet standards for RCO accreditation, retain and train staff to meet certification requirements, open recovery centers, develop peer recovery coaching and telephone recovery support services and qualify for third party billing. In addition, they provide back office support for client billing and client data collection and analysis.

Family Peer Recovery Support Services

Family support groups provide critical support and education to families of individuals with substance use disorders in order to assist them in coping with and effectively addressing a family members addiction, including addressing other responsibilities in the supporting family member's life, such as: a partner, children, a career, extended family, social connections and involvement in their community. A key component of these groups is the peer nature of the support, which can allow families to share in their experiences and allows families with more experience to help guide newer families. This contractor provides facilitated family support groups throughout the state. All facilitators are required to complete the 16 hour NAMI training on parent support services. This training includes the basic guidelines and principles used in NAMI's successful, long-term training for their parent support groups. There are currently 18 groups offered: 12 FASTER parent support groups and six independent groups that meet weekly or bi-weekly.

SUBSTANCE USE DISORDERS TREATMENT SERVICES

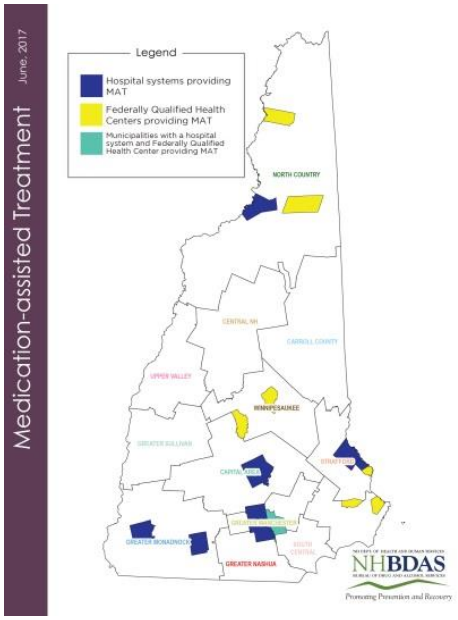
Specialty Substance Use Disorders Treatment Infrastructure

These contracts with six seasoned providers establish new, or increase capacity for, residential treatment services and partial hospitalization programs for clients with substance use disorders and moderate to severe co-occurring mental health disorders; intensive outpatient treatment; and/or innovative outpatient programs that demonstrate the integration of substance use disorder treatment and recovery services with other services, including physical and mental health services.

Medication Assisted Treatment (MAT) Infrastructure Development

In response to the opioid epidemic, New Hampshire has identified a need for increased medication assisted treatment (MAT) options and has made steady investments in MAT for opioid use disorders (OUDs).

MAT Infrastructure Development in Community Health Centers



Bi-State Primary Care Association has been contracted to develop infrastructure within Community Health Centers (CHCs) to provide MAT to their patients identified with an opioid use disorder. They are supporting the development of MAT services within CHCs utilizing the recommendations in the *Guidance Document on Best Practices and Key Components for Delivering Community Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire*[9], inclusive of retaining and training staff, modifying electronic health records, developing and implementing policies, practices and workflow. The contractor has recruited seven CHCs in SFY17 to provide critically needed community-based MAT services integrated with overall healthcare to prevent withdrawal and relapse for clients receiving substance use disorder treatment services or that are in recovery.

MAT Infrastructure Development in Hospital Based Primary Care Networks

The Foundation for Healthy Communities has been contracted to develop infrastructure within hospital based primary care to provide MAT to their patients identified with an opioid use disorder.

They are supporting the development of MAT services within hospital-based physician practices utilizing the recommendations in the *Guidance Document on Best Practices and Key Components for Delivering Community Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire*, inclusive of retaining and training staff, modifying EHRs, developing and implementing policies, practices and workflow. The contractor has recruited 8 hospital systems to provide critically needed community based MAT services integrated with overall healthcare to prevent withdrawal and relapse for clients receiving opioid use disorder treatment services or that are in recovery.

MAT Infrastructure Development (SAMHSA MAT PDOA) MAT Services

New Hampshire is utilizing the SAMHSA MAT PDOA grant to develop and expand MAT services in the state's two highest need areas, Nashua and Manchester. Utilizing the recommendations in the *Guidance Document on Best Practices and Key Components for Delivering Community Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire*, Manchester Community Health Center and Harbor Care Community Health Center in Nashua will develop and expand infrastructure for MAT services.

WORKFORCE DEVELOPMENT

[9] http://nhcenterforexcellence.org/resources/reportsplanspublications/

To increase and retain the direct service workforce that provides SUD and Co-occurring Disorder (COD) services in New Hampshire, a contract to administer a recruitment center was begun in State Fiscal Year 2017. This contract supports the administration of a recruitment center; creates and maintains a statewide electronic mental health and SUD provider vacancy tracking system; researches and develops a workforce development plan that identifies tasks for specialized recruitment and social marketing plans to attract and retain SUD and COD treatment providers; provides technical assistance to organizations on the techniques of recruitment and critical measures for securing candidates; and carries out activities to attract SUD and COD treatment providers to New Hampshire, including using federal resources, national publications, targeted mailings, direct recruitment with universities and direct contact with practicing providers.

TRAINING AND TECHNICAL ASSISTANCE

Training and technical assistance is primarily supported through a contract with the Community Health Institute/JSI Center for Excellence[10]. The purpose of the New Hampshire Center for Excellence (The Center) is to improve the quality of alcohol and other drug services and to help mitigate substance misuse and its social, health, and behavioral consequences for New Hampshire citizens by providing training, technical assistance, program evaluation and data analysis for prevention, early identification, treatment, and recovery supports services. The Center is funded in a public-private partnership with the New Hampshire Charitable Foundation and provides technical assistance to the Commission and each of the eight Commission Task Forces, the Department of Health and Human Services, and BDAS contracted providers, community stakeholders, community coalitions and others. Services include consultation and guidance to support the delivery of outcome-supported and evidence-based alcohol and other drug programs, policies, and practices; program evaluation; data collection and analysis, including 2017 Youth Risk Behavior Surveillance System (YRBS); communications and workforce development, including the New Hampshire Treatment Locator[11] website, and Communities of Practice; and training through a sub-contract with the NH Alcohol and Drug Abuse Counselors Association[12] Training Institute on Addictive Disorders which provides learning opportunities in support of New Hampshire licensure/certification and professional development for those delivering alcohol and other drug services.

B. DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION FOR CHILDREN, YOUTH, AND FAMILIES (DCYF)

Parents/Guardians with Substance Use Disorders

DCYF is coordinating with the Division of Behavioral Health to streamline resources for DCYF families impacted by substance use disorders by connecting DCYF licensed behavioral health practitioners with Regional Access Point service providers, to assist DCYF parents/guardians in accessing substance use disorders services when needed.

[10] www.nhcenterforexcellence.org

[11] www.nhtreatment.org

[12] www.nhadaca.org

Parents/guardians involved with DCYF and with an identified history of substance misuse have priority for obtaining such services.

New Hampshire Drug and Alcohol Treatment Locator, Regional Access Point Services, and treatment information for pregnant women has been distributed to all staff of the all of the district offices.

Infant Safe Plan of Care

DCYF is also beta testing a draft Infant Safe Plan of Care for infants born with a diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder or identified as being affected by an alcohol or other drug use disorder.

Targeted Prevention Services

Further, targeted prevention services for the minor children of parents/guardians with an identified history of substance misuse is under development and procurement for a substance misuse disorder treatment facility for youth affected by alcohol and other drug use disorders is in process.

C. DEPARTMENT OF HEALTH AND HUMAN SERVICES - MEDICAID

New Hampshire Medicaid historically only had limited coverage for substance use disorder (SUD) treatment. On August 15, 2014, New Hampshire expanded Medicaid, through the Affordable Care Act (ACA), to low-income adults with incomes up to 138 percent of the federal poverty level, who were not otherwise eligible for Medicaid coverage. This coverage groups is known in New Hampshire as the New Hampshire Health Protection Program[13] (NHHPP). The ACA required that coverage for these adults include a comprehensive range of substance use disorder services comparable to those available in the commercial market. Because of this, Medicaid expansion adults gained access to a robust menu of SUD services. In 2016 the New Hampshire Legislature provided funding through the SFY2016-2017state budget to make this more robust menu of additional SUD services available to the rest of the Medicaid population, which is primarily low-income senior citizens, expectant mothers, low-income children, and people with disabilities. The SUD service expansion through the NHHPP was implemented in SFY 16 and the SUD service expansion to the standard Medicaid population was implemented on July 1, 2016.

On January 1, 2016, most of the people eligible for the NHHPP transitioned to a hybrid, public-private coverage model known as the Premium Assistance Program (PAP), whereby Medicaid purchased commercial coverage for Medicaid members, in the form of Qualified Health Plans, certified for sale on the individual commercial health insurance market's Federally Facilitated Marketplace. Members enrolled in PAP still receive a comprehensive SUD benefit while enrolled in the private plan since the provision of the benefit is deemed an essential health benefit that plans must cover under the ACA. See further information in the Data Dashboard section of this report.

[13] www.dhhs.nh.gov/ombp/nhhpp/

D. ADMINISTRATIVE OFFICE OF THE COURTS

Treatment Drug Courts

Treatment drug courts are problem-solving courts that take a public health approach using a rigorously studied model in which the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities work together to help felony offenders with alcohol and other drug use disorders into long-term recovery and reintegration. There are currently treatment drug courts in seven of the ten counties in New Hampshire. In SFY 17 a total of 355 adults participated in a one of these treatment drug courts. This is a 31% increase in the number of individuals enrolled in drug court programs in a two year period (from 2015 which had 244 participants). This increase in participant numbers can be attributed to the expansion of drug courts in Hillsborough County with the newest drug court opening in Manchester in 2016. In addition, a statewide drug court coordinator was hired to: 1) support the expansion of drug courts to every county in the state; 2) provide technical assistance and support to ensure high fidelity to the national standards set for the evidence-based model; and 3) develop a common, web-based data tool to be used by all state-funded drug courts for the collection of program monitoring, coordination, quality control and outcome measures.

In addition to increasing the reach and number of individual participants in the drug court programs, the following efforts have been made to increase awareness about the effectiveness of the model and ensure sustainability across the state. Oregon based, NPC Research was contracted to conduct a statewide process evaluation of New Hampshire's drug courts and, while the cost effectiveness study results are still forthcoming in SFY18, the researchers observed that 'New Hampshire has some of the best trained drug courts they have seen'. Training activities have included: representatives from the seven current or future New Hampshire drug courts participated in the National Drug Court Professionals annual training conference; the state coordinated and hosted multiple treatment court trainings including a two day conference and multiple discipline specific sessions; and all of the current drug courts sent 1-2 counselors to be trained in the evidence-based Moral Reconation Therapy (MRT). The state is on target to have 10 drug courts in operation by January 1, 2018. See further information in the Data Dashboard section of this report.

E. DEPARTMENT OF CORRECTIONS

Evidence Based Sentencing Courts

The Department of Corrections Division of Field Services is working with the Judicial Branch to provide supervision to individuals who are sentenced to probation and the New Hope Probation model or the Drug Court. The New Hope model was piloted in Hillsborough North Superior Court and will expire in October 2017. This model used swift and certain sanctions, with ancillary substance use disorder treatment services. The Treatment Drug Court is a problem solving treatment court, as described above, that utilizes a multi-faceted team including alcohol and other drug use disorder treatment professionals to hold offenders accountable and support long term recovery. The Department of

Corrections Division of Field Services was provided three additional full-time probation parole officer positions with funding to assist in off-setting the high caseloads and support the Drug Court expansion efforts.

Medication-Assisted Treatment in Corrections

Since May 2016, the New Hampshire Department of Corrections (DOC) has provided a medication assisted treatment program, which makes naltrexone available to medically appropriate men and women under the custody of the DOC. The oral naltrexone (Revia) is prescribed to individuals who are actively engaged in the DOC treatment programs inside the prison. The extended-release injectable naltrexone (Vivitrol) is being administered to those who are transitioning to the community. Those released to the community on Vivitrol are enrolled in community treatment programs and are provided assistance that promotes continuation of monthly injections of Vivitrol. The DOC has implemented monitoring of those in the community on Vivitrol through the services of a DOC Licensed Alcohol and Drug Counselor.

Utilization of Naloxone

DOC continues to deploy the use of naloxone (Narcan) to respond to potential opiate/opioid overdoses at its transitional housing units and at its prison facilities. The Department continues to combat the introduction of contraband into facilities. The Transitional Housing Unit residents are accessing the community on a daily basis and with their prevalence of substance use diagnoses; they are at risk for use of opioids. DOC has partnered with DHHS in the hopes of receiving resources, through CURES Act grant funding, to provide education and individual naloxone (Narcan) to those returning to the community with opioid use disorders.

Decrease Drug Use in Facilities

The introduction of illegal drugs into DOC facilities and the increase of illegal drug use by many of the people under supervision continue to pose serious safety and security concerns within correctional facilities. It has been determined that a large amount of drugs are entering DOC facilities through visiting rooms. As a result, kissing is no longer permitted at the beginning and end of a visit, instead a short hug is allowed. The implementation of the confidential e-mail address: drugreporting@doc.nh.gov has created a direct line of communication for friends, family and others to pass along information about illegal drug use in our correctional system; it has received confidential information about safety and security issues from concerned citizens. DOC continues to work on setting up a telephone number to be used as a hotline for the reporting of information pertaining to illegal drug use in the facilities.

The DOC's trained drug dogs,Dutch and Ryker, and their handlers have supported facilities and probation parole office in detecting illegal drugs. Dutch and Ryker assisted a group law enforcement effort in the town of Carroll which resulted in the detection of drug paraphernalia and drugs. They have been actively finding Suboxone strips hidden in books being sent into our facilities. This important resource will expand by adding more trained drug dogs to the department with the passage of the last budget. The DOC was successful in facilitating a legislative change to amend RSA 622:6-a in order to effectively use body scanners in facilities to detect the presence of drugs that are concealed on or

within a person's body, and in further assisting in the prevention of the introduction of drugs. DOC is evaluating responses from vendors as a result of a request for proposal which will result in presenting a contract for consideration before the Governor and Executive Council this year.

Decreasing Barriers to Access Treatment and Recovery Supports

The DOC has been working this past year with DHHS to identify men and women transitioning out of correctional facilities who are eligible for Medicaid coverage. Once the person has been identified, they are provided with assistance in applying for Medicaid coverage while they are housed at the Transition Housing Units (THU) or at one of the other prison facilities. Once Medicaid coverage is approved, the person is ready to transition to the community with continued coverage for their medical needs, and their community mental health and substance use treatment. Men and women living at the lowest custody level in THUs have been identified as a potentially eligible Medicaid population who if approved can begin using this benefit while residing at the THU thus providing better continuity upon transition back to the community. From January 1st 2016 to Dec 31st 2016, the DOC completed 741 New Hampshire EASY applications for individuals who were reentering the community.

Expanded Access to Treatment and Recovery Supports

The DOC offers several types of substance use disorder treatment including services through an expanded and continued mutual aid agreement with Keystone Hall to augment existing substance use services for men and women. Keystone Hall counselors are providing group therapy and referral resources to clients at a number of locations to help establish a bridge to community treatment upon release into the community. The Department provides a modified-therapeutic community referred to as the Focus Unit with a capacity of 68 beds for men and a Wellness Unit for women, with a capacity of 24 beds. In addition, the behavioral health staff provide group and individual therapy to men and women at all sites inclusive of comprehensive substance use screenings and assessments.

The Department has recently begun to partner with Regional Access Point Services, to further enhance the coordination of services for people transitioning to the community, specifically targeting substance misuse. In addition, through a housing initiative with Harbor Homes, through funding providing by DHHS, DOC is making referrals to assist in finding safe, sober, and affordable housing for high risk men and women with substance use disorders re-entering communities. This program provides rental support and a path to a landlord who will work collaboratively with the Probation Parole Officer and client to reinforce healthy behaviors. With these efforts, the goal is to reduce the violations associated with substance misuse and reinforce connectivity and commitment to treatment of substance use disorders. The Department has also partnered with DHHS in the hopes of receiving resources through CURES Act grant funding to pilot a Re-entry Coordinator who will work with women returning to the community with opioid disorders in establishing a community based treatment plan. This position will do post-release follow-up and tracking to help the woman maintain treatment compliance and triage any barriers that may be interfering with her successful recovery.

F. DEPARTMENT OF EDUCATION

Student Wellness

The Department of Education (DOE) administers six federally funded projects that aim to promote student wellness and prevent substance misuse: Safe Schools/Healthy Students, Project AWARE, System of Care, SAHE-Title II B, Project Grow and CoIIN. These projects are implemented using at multi-tiered system of supports framework for behavioral health and wellness (MTSS-B). MTSS-B employs a systemic, continuous- improvement framework integrating school behavioral health practices across all levels of the educational system for supporting every student. There are universal strategies to promote the social and emotional well-being and development of all students; targeted strategies for students who need additional supports; intensive, individualized support strategies for students with significant needs, including a streamlined referral process with community behavioral health providers to create a seamless services delivery model for children, youth and families. In addition, Every Moment Counts is a mental health promotion initiative developed to help all children and youth become mentally healthy in order to succeed in school, at home and in the community.

School Nursing

The Department of Education supports school nurses as the backbone of the wellness program: providing current, evidence based technical assistance to school nurses across New Hampshire; supporting school nurses and school districts as they respond to localized needs; and collaborating with colleges and universities as they graduate well-trained professionals.

Media Power Youth

DOE is supporting Media Literacy Pathway Modules, focused on K-8 wellness for children and youth. These modules include research, best practices and skills and information in media literacy, integrated with critically important health and behavioral topics including substance misuse.

G. NH INSURANCE DEPARTMENT

The NH Insurance Department (NHID) regulates insurance companies, including overseeing their treatment of consumers with respect to coverage of substance use disorder treatment services, and ensuring that insurance policies meet all state and federal insurance law standards. The NHID engaged in several activities during SFY 17 that supported the availability of coverage for SUD treatment services through private insurance plans. However, the NHID does not directly provide or fund any "services or programs" relating to alcohol or drug misuse.

Market Conduct Examinations and Claims Analysis

The NHID completed and made public its targeted market conduct examinations of the State's three largest insurance carriers with respect to SUD treatment coverage and received a federal Consumer Protection and Enforcement grant

to help fund future market conduct examinations as well as other work to ensure compliance with federal mental health parity laws. In addition, the Department performed an analysis of "New Hampshire Commercial Insurance Claim Data Related to Substance Use Disorder: Reimbursement Rates"[14] through the use of Compass Health Analytics. This report was the second report performed by Compass for the NHID, the first[15] focusing on opioid substance use treatment rates and costs within the commercially insured population.

Parity Enforcement and Access to Services

The NHID participated actively in SAMHSA's Commercial Parity Academy, sharing resources and best practices with other states in the areas of outreach, plan review, and market conduct/enforcement relating to mental health parity laws. The NHID conducted extensive education and outreach regarding mental health parity and accessing behavioral health services through private insurance.

Behavioral Health Advisory Committee

The Behavioral Health Advisory Committee meets regularly to advise the Commissioner on issues related to accessing behavioral health services, including treatment for substance use disorders, through private insurance coverage.

H. DEPARTMENT OF JUSTICE

The Department of Justice Drug Prosecution Unit, in the past 12 months, has opened over 60 new forfeiture cases, 34 of which were completed. They have opened over 15 overdose death prosecutions, six of which were completed. They have had over 75 overdose deaths referred to them, opened approximately ten new large-scale drug cases (four of which were completed), and have assisted in a large number of investigations, both overdose death and drug distribution, throughout the state.

I. NH NATIONAL GUARD

NH National Guard Counterdrug Task Force

The New Hampshire National Guard Counterdrug Task Force plays a unique role in the State's battle against the supply and demand for illicit drugs in the State of New Hampshire. The Task Force is federally funded to provide military specific skill sets to Federal, State, and Local entities within the state, and provides these services with highly trained members of the New Hampshire National Guard (Army and Air). The primary mission sets are Criminal Analysis and Coalition Development. The Task Force currently supports: Drug Enforcement Administration, New Hampshire Attorney General's Drug Task Force, New Hampshire State Police/Narcotics Investigation Unit, Manchester Police

[14] (https://www.nh.gov/insurance/reports/documents/080516_nhid_analysis_of_claims_for_substance_use_disorder_pricing.pdf)

[15] https://www.nh.gov/insurance/consumers/documents/021916_nhid_analysis_2014_sud_claims.pdf.

Department, Concord Police Department, New Hampshire Information and Analysis Center, and the Rockingham County Sheriff's Drug Task Force. In the past year, 219 cases were supported, 482 Arrests, and $3.5m in seizures.

Criminal analysts are integrated into the investigative processes for the law enforcement agencies they support and act as force multipliers for the investigators and undercover agents.

Counterdrug employs one Coalition Development (Civil Operations) professional. Co-Located with the Bureau of Drug and Alcohol Services, the member works directly with State, Regional, and Local organizations in the development and sustainment of community-based organizations that focus on anti-drug messaging and prevention activities.

Additionally, Counterdrug supports the DEA's Drug Take Back Initiative as well as marijuana eradication efforts throughout the state upon request. 25,513 pounds of prescription drugs from Drug Take Back days were transported and destroyed.

Criminal Analysis

Working with the New Hampshire Drug Enforcement Administration, New Hampshire State Police Narcotics Unit, NH Attorney General's Drug Task Force, NH Information and Analysis Center, Manchester Police Department Narcotics Unit, and Concord Police Department Narcotics Unit, Rockingham County Drug Task Force, since the beginning of the federal fiscal year 2017 (October 1, 2016), Counterdrug Analysts have supported 219 drug related criminal cases resulting in 482 arrests and over $3,494,000 in currency, property, weapons, and illicit drug seizures.

Civil Operations (Community Development)

Since the beginning of the Federal Fiscal Year 2017 (October 1, 2016), the Counterdrug Civil Operator supported the Bureau of Drug and Alcohol Services, Partnership for a Drug Free New Hampshire, 13 Regional Public Health Networks and provided an additional 238 hours of direct support during 59 separate coalition development events to 12 communities.

Transportation Support

The Counterdrug Task Force supported the DEA and communities statewide in the biannual National Drug Take Back Initiative on October 24, 2016 and May 1, 2017, collecting and disposing of over 22,513 (8,033lbs and 14,480lbs respectively) pounds of unwanted, unneeded, and/or expired prescription and over-the-counter drugs from New Hampshire households.

J. DEPARTMENT OF SAFETY

Continuation of the Operation Granite Hammer Grant

The Division of State Police Investigative Services Bureau, in conjunction with the Department of Safety (DOS) Grants Management Unit, was tasked in overseeing the Substance Abuse Enforcement Program as authorized by RSA 21-P:66. This resulted in the establishment of the Operation Granite Hammer grant program which was designed to

support the implementation of drug enforcement operations/initiatives to combat the misuse and abuse of opioids and fentanyl throughout the state. The grant program provides funding to local law enforcement, county law enforcement agencies or regionalized agency coalitions specifically developed for this project, to identify, investigate, and apprehend individuals and/or organizations that are involved in opioid/fentanyl related drug use and trafficking. The grant program requires increased information sharing. The protocols and conditions are based on the principles of intelligence-driven, problem-oriented policing, using statistics and information to place additional police patrol and investigative presence at the locations, times, and places where there have been a significant convergence of motor vehicle crashes, crimes, and drug use or in corridors known to be used by drug dealers for shipments of illegal drugs in to the State.

The program also supports joint/regional operations between both uniformed patrol officers working to support covert drug unit operations on specific targets and locations throughout the state. The protocols insure that the officers assigned to patrol units for this program have been trained in the concept of data-driven policing and have appropriate knowledge of the requirement of the state and federal constitutions.

Sixteen grant recipients received a total of $1,267,902 to conduct opioid enforcement activities in accordance with RSA 21-P:66. $232,000 was appropriated for the use by the New Hampshire State Police Forensic Laboratory to help address the growing number of opioid related analysis requests. Funds were used to support temporary full-time positions, analysis supplies, and additional overtime.

DOS Granite Hammer - Data was collected from the recipients by the New Hampshire Information and Analysis Center. Some of the notable data included $1,035,861 in total US Currency seized. Also seized was 1426 grams of fentanyl, 3573 grams of heroin, 6721 grams of heroin / fentanyl mixture, 9741 grams of methamphetamine, 2083 grams of cocaine, and 1162 grams of crack cocaine. In addition, 22 weapons were seized as a result of Granite Hammer Operations.

NH Information and Analysis Center (NHIAC) Drug Monitoring Initiative report

The New Hampshire Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and use of illegal drugs. In line with this approach, the DMI obtains data from various sources (to include, but not limited to, public health, law enforcement, and emergency medical services) and provides monthly reports for stakeholders, as well as situational awareness releases. During SFY 17 the NHIAC produced 12 DMI Drug Environment Reports for public release, 12 DMI Drug Environment Reports for law enforcement partners, and three Situational Awareness Reports. In June 2017 NHIAC personnel presented on the DMI at the New Hampshire Emergency Preparedness Conference. The presentation consisted of an overview of the DMI as well as providing attendees with updated statistics. In addition to the above output, the NHIAC received and responded to numerous specialized requests for DMI data beyond what is included in the monthly reports.

Staff the Mobile Enforcement Team

The State Police Special Services Unit continues to staff a Mobile Enforcement Team, currently consisting of four full time Troopers, which focuses on all crimes including drug transportation and DUI-D. With the passage of SB131, an additional five troopers will be added to this team in SFY18. The members of this team work in problem areas around the state with local police partners, drug units, and the Drug Enforcement Administration. The Special Services Unit has also continued to certify Drug Recognition Experts (DRE) currently totaling 36 Troopers, or more than 14% of the Division. These DREs conducted more than 80 evaluations for prosecution in 2016 and 37 evaluations thus far in 2017.

The current opioid/fentanyl epidemic has caused tremendous problems for police officers. Street samples of fentanyl are, by necessity, very dilute since fentanyl is so potent; therefore, they will not react with most field tests available to officers. The State Police Forensic Laboratory is now documenting fentanyl in the vast majority of cases where heroin was once suspected as documented in the data dashboard of this report. Neither the officers, nor the users, have any exact knowledge of what the small packets of white powder contain. In late April 2017, the Forensic Laboratory documented the first confirmed case of carfentanil. As of July 31, 2017, there have been a total of 41 confirmed carfentanil cases.

Breath Testing

The Department of Safety - Forensic Laboratory Division received a Highway Safety grant which allows for the purchase of 349 Preliminary Breath Testing (PBT) devices to be distributed to law enforcement officers throughout the state. Distribution and use of these devices will assist in the apprehension and prosecution of suspected impaired drivers, thus improving highway safety for the motoring public. The use of PBTs is addressed by current New Hampshire law under RSA 265-A:15 in which it specifically allows the results of any test administered using a PBT may be introduced into evidence in a court for any relevant purpose.

The Department of Safety received a $1.2 million grant from Highway Safety that will enable the department to acquire new technology in the form of the latest breath analyzer instruments for deployment throughout the state of New Hampshire. With new instruments, there will be significantly less down time due to the calibration and control process becoming less burdensome with the elimination of the requirement to capture a sample of breath. Upon acquisition of new instruments, a training program will be developed and offered at the Police Standards and Training facility for over 1,750 breath test operators.

Law Enforcement Narcan Licensure

The Bureau of Emergency Management Services has 19 law enforcement agencies and 216 officers licensed for "law enforcement Narcan" with 21 additional agency inquiries at the end of SFY2017.

Ongoing Needs

Challenges in service and system capacity for an effective system of care for substance use disorders continues to be rooted primarily in stigma, and the residual impact of the historical under-resourcing of services, systems, and state agencies. Ongoing lack of adequate workforce, as well as capacity around safe and sober recovery housing further hinders progress. When taken together, these challenges affect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. Though the recent, unprecedented, investment in the system has begun to build services and systems a sustained, long-term investment is required to address the current crisis and prevent and mitigate the impact of the next one.

Opiate/Opioid Fatal Overdose

While the current opiate/opioid crisis is being addressed on multiple fronts, fatal overdoses continue in New Hampshire and efforts to address overdose must be sustained and enhanced across systems. This includes continued access to naloxone for first responders and caregivers, as well as sustaining initiatives which provide immediate access to assessment and referral services for those requesting treatment following a rescued overdose. Intensive monitoring and coordination among public health and law enforcement relative to the introduction of Carfentanil into New Hampshire also must continue.

Access to Services

While progress in increasing availability of services across the continuum has been made, there continues to be insufficient availability of prevention, early identification, treatment and recovery support services to meet the need, particularly for certain populations (i.e.: adolescents, young adults, pregnant women, veterans). With gaps at each part of the continuum, the ability to maximize the impact of existing services is compromised, and the impact on overdose and other consequence rates is slowed. Additionally, while gains in capacity have occurred, the tenuous history of stable funding has slowed service growth, where providers are risk averse to expanding capacity without certainty that the capacity will be sustained once built.

Inadequate Workforce

The ability of the behavioral health workforce to meet service demand across the continuum of SUD and co-occurring mental health services continues to be a barrier to increasing access. This is driven not only by the limited number of credentialed professionals and peers in the state, but low wages and overall system instability make it difficult to recruit and retain talent.

Robust, integrated data management and evaluation capacity

Limited funding has historically been prioritized for service delivery, with a minimal set-aside to support data monitoring and evaluation of practices in the field. Additionally, data sets on the full scope of substance use and consequences is spread across numerous state agencies, research institutions and in the provider community itself, much of it within data

systems that are not designed to cross-communicate. As a result, analysis of data trends, fidelity monitoring around evidence based practice and evaluation of innovative approaches to address substance use have been hampered.

High risk of secondary public health threats

Cook County, Indiana suffered the largest outbreak of HIV in US history in 2015 – over 200 people, roughly 10% of the population, tested HIV + as a direct result of an HIV infected intravenous drug user entering the community and sharing needles with those struggling with an opiate use disorder. A recent study focusing on intravenous drug users in Strafford County noted the presence of HIV+ and Hepatitis C+ individuals in the community, including active injection substance users who reported sharing needles with positive individuals. Though needles are available for purchase in drug stores, they are often expensive or not stocked, leaving a population struggling with an active substance use disorder at increased risk of contracting and/or spreading these secondary infections through the use of dirty needles. The Commission applauds the passage of affirming legislation allow for syringe access programs, and encourages swift support of community groups implementing access programs in New Hampshire.

Uncertainty of healthcare landscape

The negative impact of increasing uncertainty around the protections and insurance expansion policies within the Affordable Care Act, as well as the potential sunset of the New Hampshire Health Protection Program, cannot be understated. The fragile substance use disorder service ecosystem that the Commission, State Agencies and our community partners helped to build is simply unable to grow or reach stability with continued threats to coverage for substance use disorders. Given the importance of insurance parity to the State Plan, the Commission has opted to delay release of a revised document, until such time as the federal healthcare debate has reached conclusion. We applaud Governor Sununu, and New Hampshire's federal delegation, for their vigilance in advocating that healthcare policy at the federal level improve – and not detract – from the ability of New Hampshire to address substance use and related health issues. However, ongoing debate about these policy matters is in and of itself a barrier to expanding services and improving access. Policy makers should move swiftly to mitigate the damage such uncertainty does to the safety net system, as well as to vulnerable individuals who are seeking assistance.

Priorities and Recommendations

The Commission, its Task Forces and their many volunteers are proud of their collective efforts during the past year to address the state's substance use disorders. Recognizing that the progress of the past year has to be sustained and grown in order to achieve maximum impact, the Commission recommends the following priorities to the Governor and Legislature for continued attention and support.

1. **Ensure continuing coverage for substance use disorder services gained under the Affordable Care Act and the New Hampshire Health Protection Program.**
2. **Continue public health messaging to educate the public and key systems about the biology/physiology of addictive disorders and the impact of stigmatizing these health conditions.**
3. **Expand support for prevention, early identification, treatment and recovery services especially for high risk/ high need populations (i.e.: youth, young adults, pregnant women, veterans) to ensure accessible, integrated services that meet demand throughout the state.**
4. **Continue support for expansion of availability of medication assisted treatment for opioid use disorders.**
5. **Continue and expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders.**
6. **Continue to expand Harm Reduction efforts, including syringe exchange programs.**

Data Dashboard

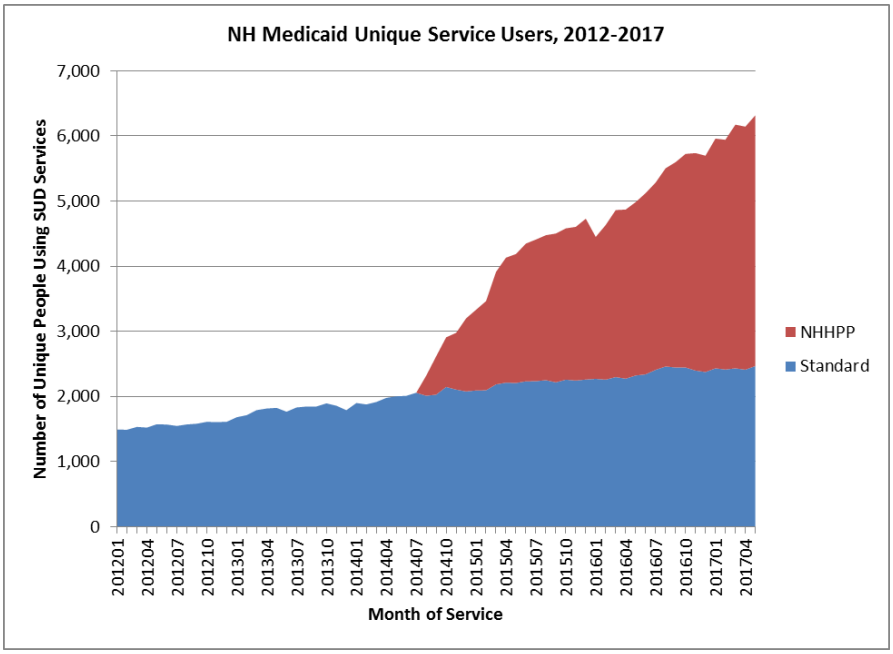
The data dashboard presents a set of indicators intended to illustrate the current impact of drug and alcohol use in New Hampshire, as well as the scope of efforts to address these issues through prevention, intervention, enforcement, treatment and recovery. The set of indicators includes those specified by NH RSA 12-J:4, III and provides an update to similar information in the 2016 Annual Report and 2017 Mid-Year Report. Indicators are organized into the following sections: access to substance use disorder treatment services; selected morbidity and mortality indicators; selected social consequence and criminal justice indicators; and selected prevention, treatment and recovery indicators.

The information for the indicators comes from a variety of sources and years, which are identified for each indicator. In some cases, multiple years of information are available enabling examination of trends. In other cases, indicators are developmental. Recommendations for improving data collection and reporting in these and other areas are also included in this section of the report.

ACCESS TO SUBSTANCE USE DISORDER TREATMENT SERVICES

1. PEOPLE RECEIVING SUBSTANCE USE DISORDER SERVICES THROUGH NEW HAMPSHIRE MEDICAID

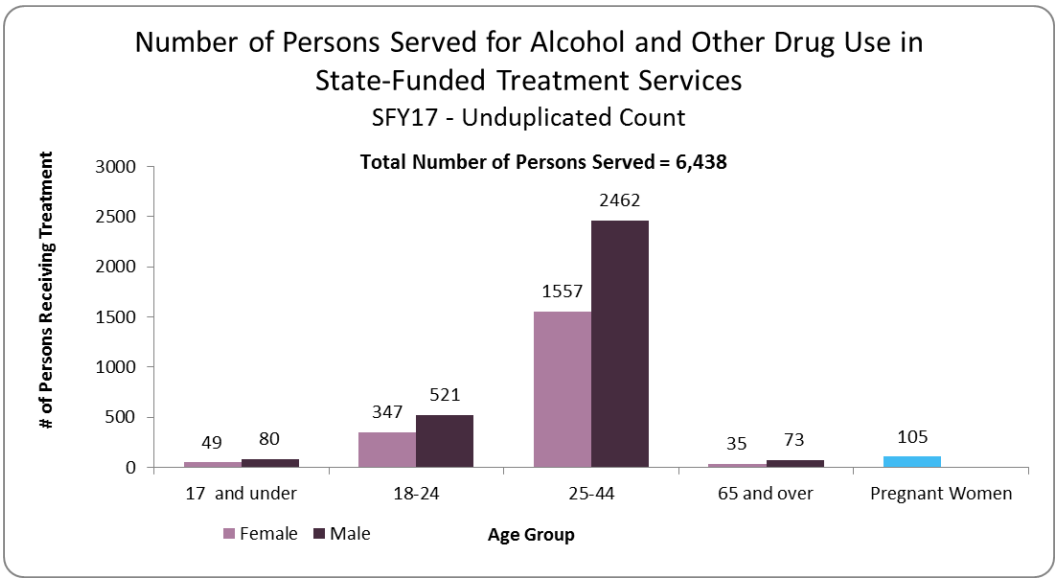
The chart below presents a high-level trend in the number of unique people in each time period that have received a Medicaid funded Substance Use Disorder (SUD) service, either paid for directly through Medicaid, through one of New Hampshire's Medicaid Managed Care plans or through one of the Premium Assistance Programs Qualified Health Plans. To better illustrate the important impact of the NHHPP, people eligible for Medicaid through the NHHPP and the rest of the Medicaid population are shown in different colors (NHHPP in red, Standard Medicaid in blue). In January 2012, 1,492 individuals received SUD-related services through Standard Medicaid. In April 2017, 2,468 individuals received SUD-related services through Standard Medicaid and an additional 3,851 received SUD-related services covered by NHHPP, totaling 6,309 individuals receiving SUD-related services through NH Medicaid in April 2017. This is more than 4 times as many people who received such services at the beginning of 2012.



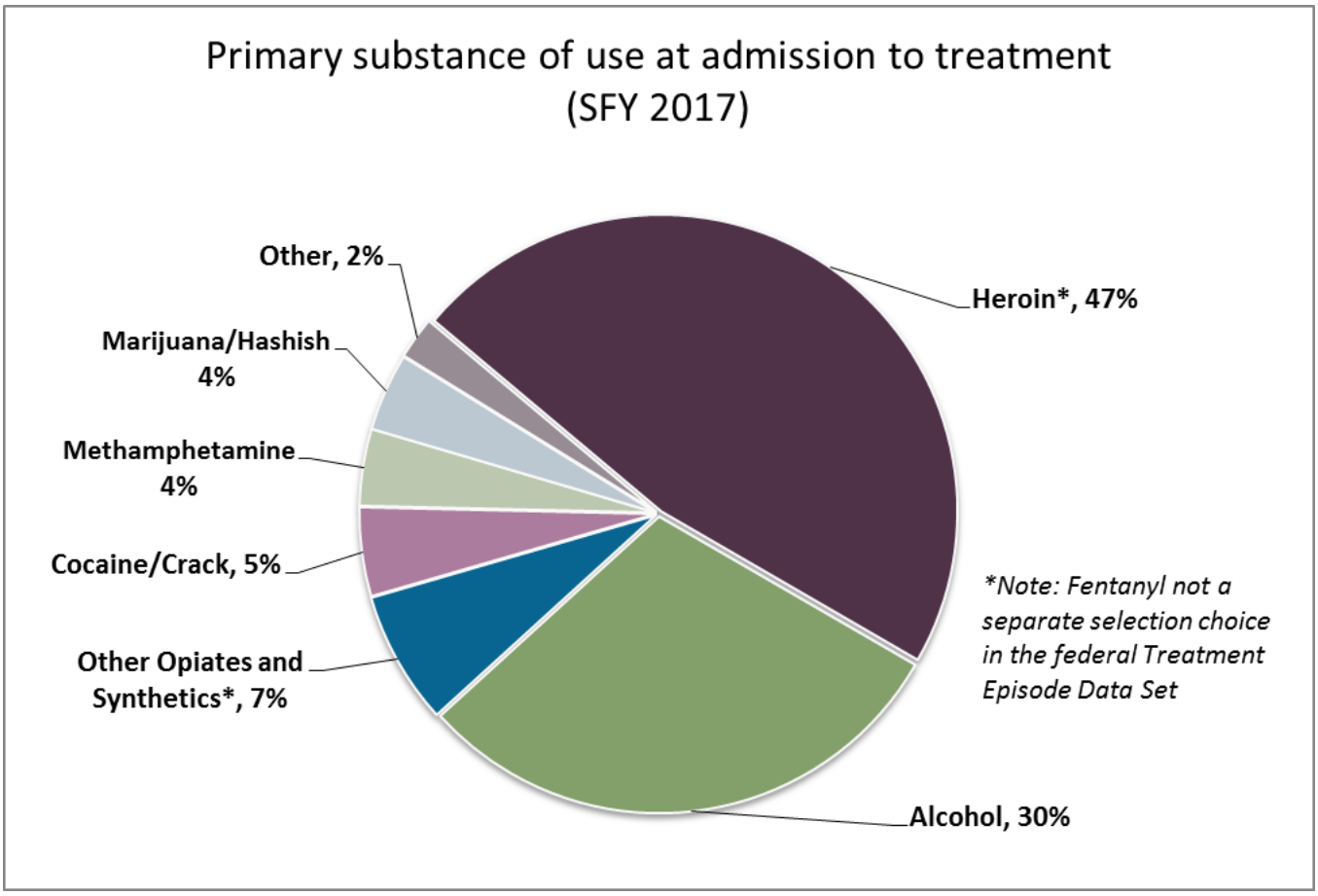
Data Source: NHDHHS, Office of Quality Assurance and Improvement, September 2017

2. PEOPLE IN STATE-FUNDED TREATMENT AND RECOVERY PROGRAMS

In addition to access through Medicaid insurance coverage, the New Hampshire Department of Health and Human Services (DHHS), through the Bureau of Drug and Alcohol Services(BDAS), contracts with a set of treatment providers across the state to provide access to treatment services for individuals who lack insurance coverage and have limited ability to pay. A total of 6,438 people received alcohol and other drug use treatment services through BDAS funding from July 1, 2016 to June 30, 2017; an increase of 12.5% from SFY 2016 when 5,723 individuals were served through BDAS funded treatment services. As displayed by the chart on the previous page, the largest group of individuals served by age and gender were males between the ages of 25 and 44 (38% of the total number of individuals served).



The next chart displays information on primary substance of use based on assessment at the point of admission to treatment. 'Heroin' is the primary substance for nearly half of people admitted to state-funded treatment services, although it is important to note that this classification category is likely to include 'heroin' in combination with synthetic opioids such as fentanyl. Alcohol is the second most commonly reported substance , accounting for 30% of treatment admissions. Additional information on treatment system capacity and outcomes is included on page 54 of this report.



Data Sources: NH Bureau of Drug and Alcohol Services, Web Information Treatment System. August 2017

SELECTED MORBIDITY AND MORTALITY INDICATORS

1. DRUG OVERDOSE INCIDENCE

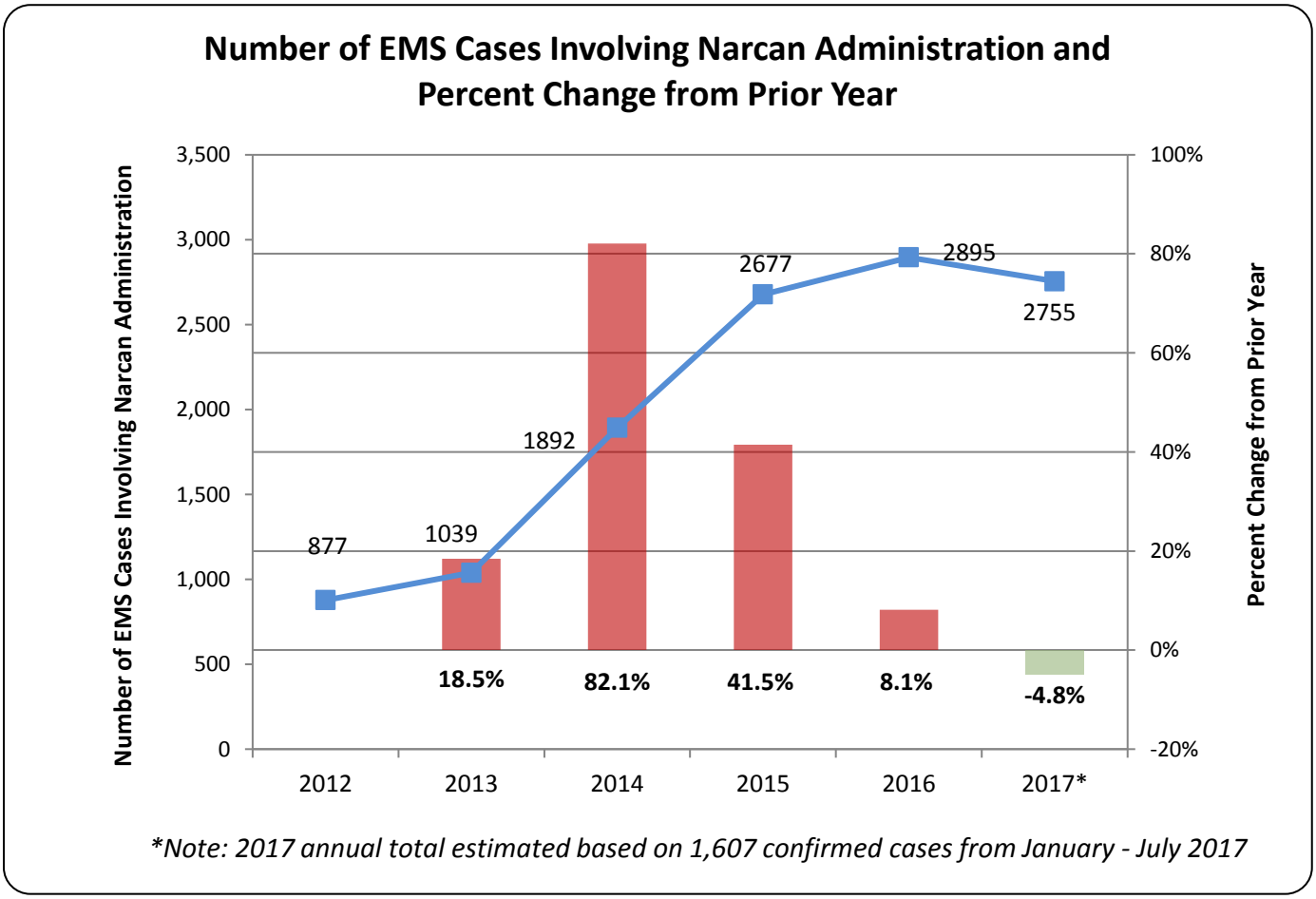
An important source of information describing the number of drug overdose incidents in New Hampshire is the Trauma and Emergency Medical Services Information System (TEMSIS). The table below displays the total number of emergency medical response cases in 2016 and the first six months of 2017 where the provider's primary impression (the EMS provider's working diagnosis) included drug overdose or intentional misuse of medications. The chart also displays the number of cases that involved a provider primary impression of 'alcohol abuse and effects'.

EMERGENCY MEDICAL SERVICE (EMS) CASES WITH PROVIDER IMPRESSION/ WORKING DIAGNOSIS* OF DRUG OVERDOSE/MISUSE OF MEDICATIONS OR ALCOHOL ABUSE AND EFFECTS	*EMS Cases in CY 2016*	*EMS Cases Jan – June 2017*
Drug Overdose / Abuse: Heroin (Known or Suspected) (T40.1X1A)	*1,161*	*1,020*
Drug Overdose / Abuse: Opiates/Narcotics (Non-Heroin / Unknown) (T40.2X1A)	*314*	*265*
Poisoning: Overdose of Medication (Intentional Self-Harm / Suicidal) (T50.992)	*303*	*255*
Drug Overdose / Abuse: Other Illicit Drug (Not Otherwise Specified) (F19.129)	*286*	*234*
Drug Overdose / Abuse: Psychoactive Drug (Meth, MDMA, XTC, etc.) (T43.601)	*74*	*60*
Drug Overdose / Abuse: Marijuana / Spice or Other Synthetic Cannabis (T40.7X1A)	*69*	*55*
Drug Overdose / Abuse: Hallucinogens, LSD and Mushrooms (T40.9)	*62*	*52*
Drug Overdose / Abuse: Cocaine (T40.5X1A)	*42*	*29*
*Drug Overdose / Misuse of Medications (Intentional)	*3,206*	*899*
Total EMS Cases With Provider Impression/Working Diagnosis of Drug Overdose/Misuse of Medications	*5,517*	*2,869*
Total EMS Cases With Provider Impression/Working Diagnosis of Alcohol Abuse and Effects	*4,351*	*2,208*

Data Sources: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System.

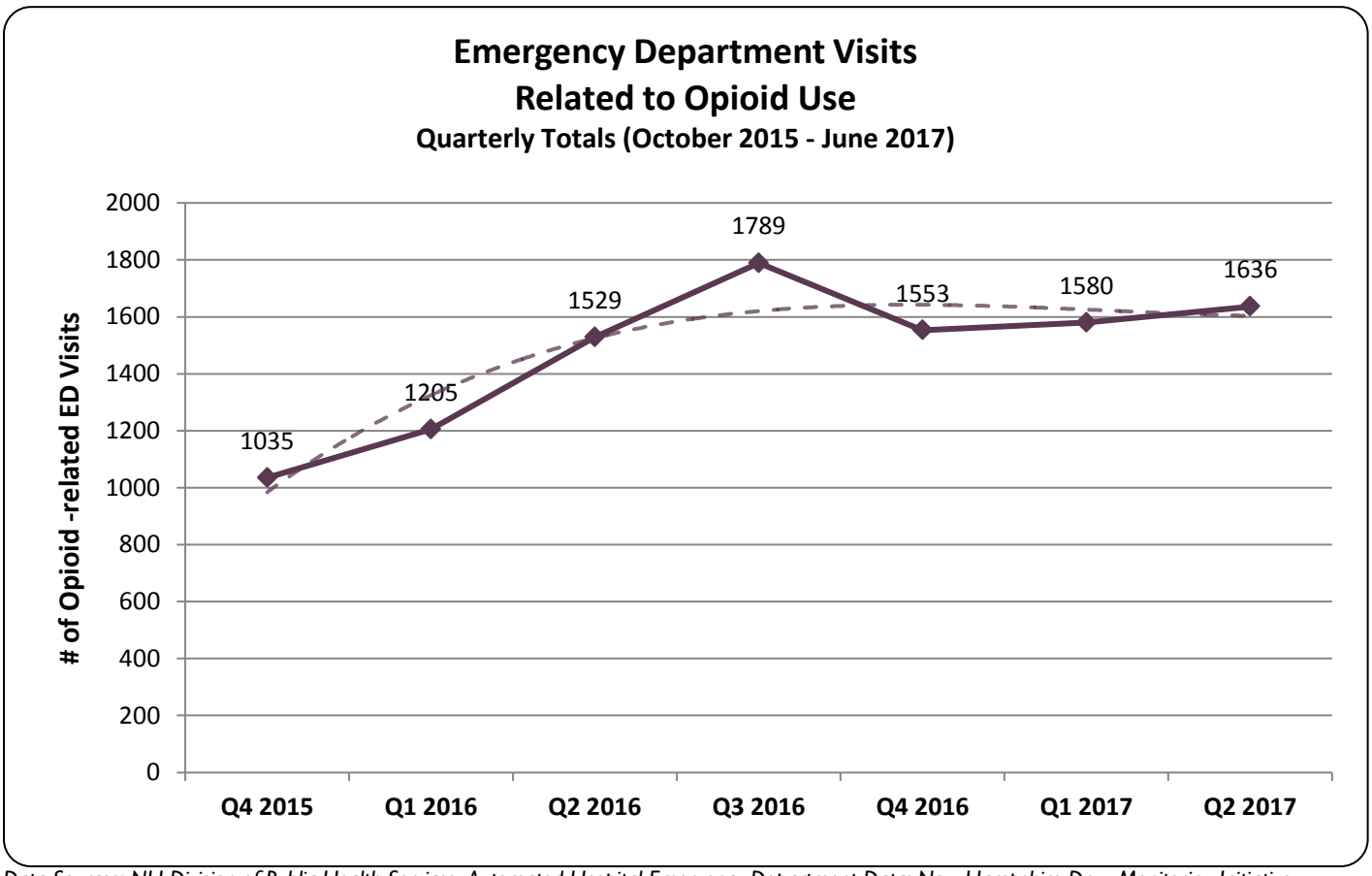
**The Bureau of EMS implemented a new software system midway through 2016 that facilitates improved data entry and coding accuracy including incorporation of ICD-10 codes. Data reported for 2016 is a combination of information from the old and new software systems, accounting for the proportionally higher count in the more general Drug Overdose / Misuse of Medications category relative to the more detailed classification and reporting now in place.*

The chart below displays the total number of emergency medical response cases since 2012 that involved administration of naloxone (Narcan). The chart also displays the percent change in the number of these cases from the prior year. The number of cases involving naloxone (Narcan) administration is projected to decrease slightly in calendar year 2017 based on the number of such cases through July 2017. If this trend continues for the remainder of 2017, it would result in the first decrease in the volume of EMS cases involving naloxone (Narcan) administration since 2012. This observation may reflect a decrease in the growth rate of the epidemic of opioid misuse. However, it should also be noted that there was expanded public access of naloxone (Narcan) during this time period through pharmacies and public distribution events to any NH resident.



Data Source: NH Bureau of EMS, 2016; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, July 2017

Information is also available describing the total number of emergency department visits related to opioid use through the Automated Hospital Emergency Department Data surveillance system maintained by the NH Division of Public Health Services. The chart below displays quarterly totals and the trends for emergency department visits related to opioid use from October 2015 to June 2017. In general, the number of opioid-related emergency department visits has leveled off since a peak during the third quarter of 2016 (July – September). It is important to note that only a subset of these visits related to opioid use may have involved an overdose from opioid use.



Data Sources: NH Division of Public Health Services, Automated Hospital Emergency Department Data; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, July 2017

2. DRUG OVERDOSE DEATHS

The table below displays the number of drug overdose deaths in 2017 as determined by the Office of the Chief Medical Examiner through September 20, 2017. Approximately 89% of all known drug overdose deaths in 2017 are related to opiates/opioid overdoses and about 74% of all overdose deaths have involved fentanyl. These proportions are similar to the experience in New Hampshire for calendar year 2016 when about 87% of all overdose mortality was related to opiates/opioid use including 72% of cases that involved fentanyl.

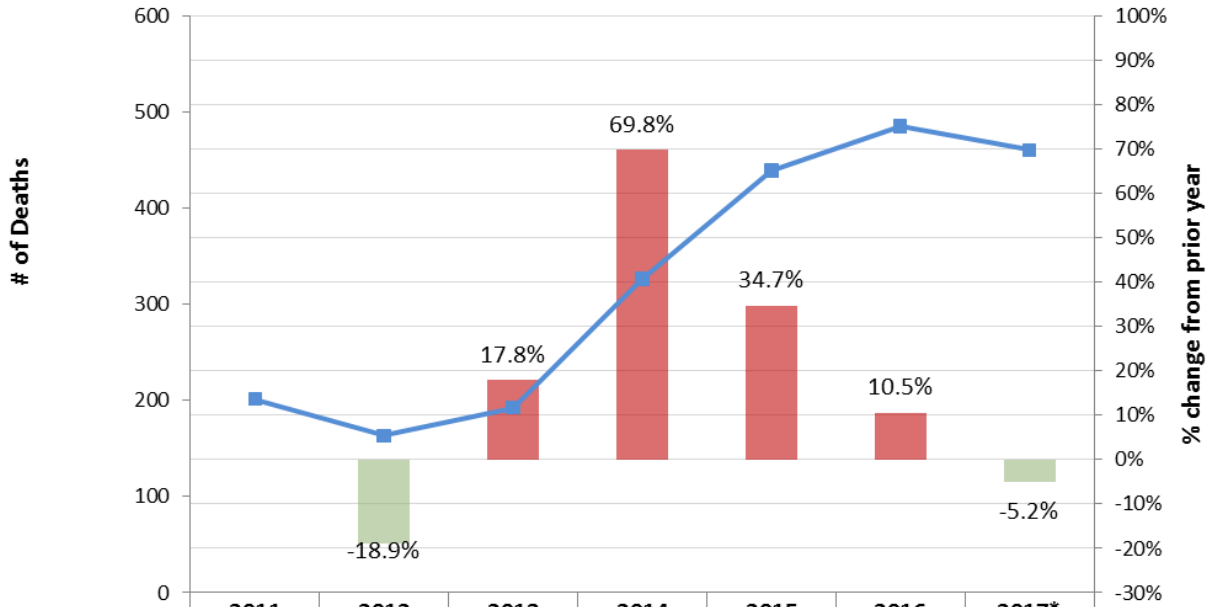
NH Drug Overdose Deaths				
Calendar Year 2017 (as of September 20, 2017*)				CY2016
Drug Category	# of Deaths - Total	# of Deaths - Subtotals	% of Total Deaths	% of Total Deaths
Total Opiates/Opioids	**201**		**88.9%**	**87.4%**
Fentanyl (no other drugs)		*92*		
Fentanyl and Other Drugs (excluding Heroin)		*66*		
Heroin and Fentanyl		*10*		
Subtotal involving Fentanyl		***168***	***74.3%***	***72.0%***
Heroin (no other drugs)		*1*		
Heroin and Other Drugs (excluding Fentanyl)		*2*		
Other Opiates/Opioids		*27*		
Unknown Opioids		*3*		
Other Drugs	**23**		**10.2%**	**12.6%**
Unknown Drugs	**2**		**0.9%**	**---**
Total Drug Deaths	**226**			**485**
***Note: There are 101 cases from 2017 that are "pending toxicology"**				

Data Source: Office of the Chief Medical Examiner, 2017 Current Drug Data as of 9/20/2017.

The chart below displays the trend in drug overdose deaths since the year 2011. The percentage change in the number of drug overdose deaths is projected to decrease in 2017, the first such decrease since 2012. Similar to the observation described previously for the rate of increase in EMS cases involving naloxone (Narcan) administration, these data may reflect a decrease in the growth rate of the epidemic of opioid misuse in New Hampshire.

NH Drug Overdose Deaths

Calendar Year 2011 to 2017* (*estimated as of 9/20/17) and percent change from prior year



	2011	2012	2013	2014	2015	2016	2017*
% change from prior year		-18.9%	17.8%	69.8%	34.7%	10.5%	-5.2%
Total Drug Overdose Deaths	201	163	192	326	439	485	460

Data Source: Office of the Chief Medical Examiner, 2017 Current Drug Data as of 9/20/2017

Note: The value for 2017 is projected based on cases determined or pending.

SELECTED SOCIAL CONSEQUENCE AND CRIMINAL JUSTICE INDICATORS

1. CONVICTIONS FOR DRUG AND ALCOHOL RELATED OFFENSES

In SFY 2017, there were 11,000 distinct and separate charges brought against adults and juveniles for criminal acts involving drugs or alcohol which resulted in convictions for the charged offense. This is an 8% increase from SFY 2016, in which there were a total of 10,198 of these charges. The table below displays the count and proportions of total charges by RSA for the most common charges resulting in convictions during this one year time period.

Convictions for Drug and Alcohol Related Offenses
July 1, 2016 to June 30, 2017

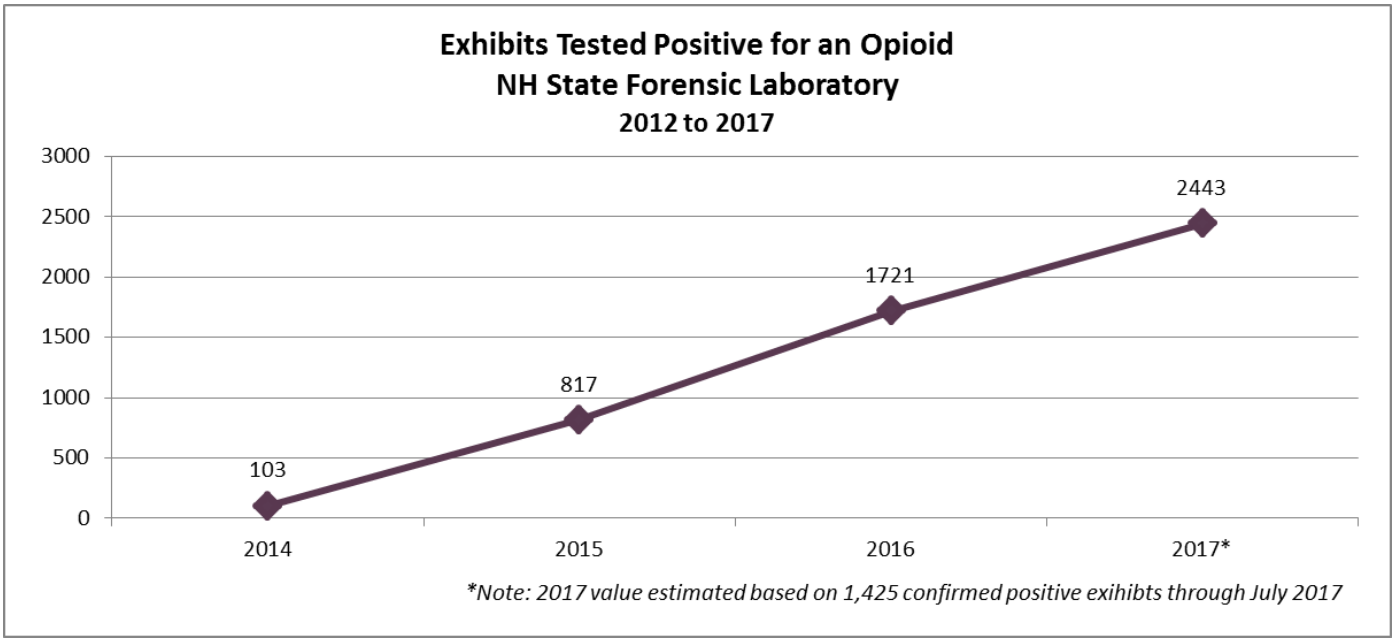
Statute	Charge Description	Count	Percent of total (n=11,000)
318-B:2	Acts Prohibited; Controlled Drug Act	3,060	27.8%
318-B:2,I	Controlled Drug: Acts Prohibited	2,819	25.6%
265-A:2	DUI Driving While Intoxicated	2,359	21.4%
265-A:2,I(a)	DUI - impairment	683	6.2%
265-A:43	Transport Drugs in Motor Vehicle	507	4.6%
265-A:45	Transport Alcohol by Minor	293	2.7%
265-A:44	Open Container	236	2.1%
265-A:3	DUI Aggravated	187	1.7%
318-B:26,III(a)	Controlled Drug: Cntrl Premises Where Drugs Kept	135	1.2%
318-B	Controlled Drug Act	123	1.1%
265-A:2,I(b)	DUI 2d or 3d; .Adult>08; Minor>.02	102	0.9%
Other RSAs	36 other RSAs cited	496	4.5%

Data Source: Administrative Office of the Courts, SFY 2017. Data includes all charges for the associated statutes for which the disposition was: Appealed to Superior Court - Finding of Guilty, Appealed to Supreme Court - Finding of Guilty, Finding of Guilty, Administrative Guilty, Finding of True at Disposition, Guilty by Court, or Jury Verdict of Guilty.

Important Data Note: These data do not indicate how many convictions for individual charges were associated with criminal cases pending against a single individual. These data also do not take into account the number of drug-related criminal acts that resulted in convictions but were not specifically drug offenses. For example, an individual convicted of robbery would not show up as a drug-related conviction, although the robbery may have been motivated by drug use activity. It is difficult to estimate the proportion of assaults, burglaries, thefts and other crimes that were drug-related unless research on each individual criminal case was conducted.

2. STATE POLICE FORENSIC LABORATORY EXHIBITS TESTING POSITIVE FOR AN OPIOID

The chart below displays a substantial increase over time in the total number of 'exhibits' submitted to the NH State Police Forensic Laboratory that tested positive for an opioid. It is important to note that this total only includes submissions to the lab that were tested and confirmed to be an opioid for the purpose of presenting evidence in a court proceeding. Many specimens submitted to the State Police Forensic Laboratory are not tested, because the associated case is adjudicated in some manner other than a trial, such as a plea bargain.

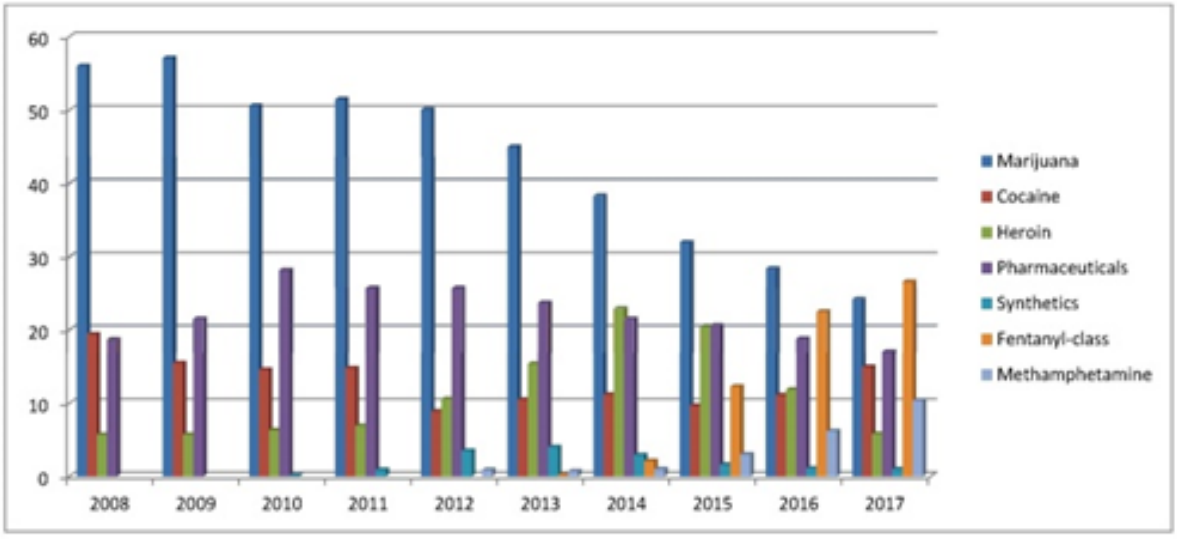


Data Source: NH State Police Forensic Laboratory, September 2017

The table and chart below highlight the relative percentages of cases being submitted in the State Police Forensic Laboratory. For many years prior to 2012, heroin was the 4th most prevalent drug analyzed in the laboratory, in line behind marijuana, cocaine and pharmaceuticals. In 2012, heroin surpassed cocaine as the third most prevalent drug analyzed. Submissions have steadily increased and in 2014 heroin exceeded pharmaceuticals to become the second most predominant drug analyzed behind only marijuana. Prior to 2014, the lab saw only a handful of fentanyl cases, and most of those were in transdermal patch form. Beginning in 2016, fentanyl/heroin case submissions made up over 1/3 of all case submissions. These proportions have not changed through the second quarter of 2017.

NH State Police Forensic Laboratory
Relative percentages of drug-types analyzed by year 2008-2017 (thru June 30)

	Marijuana	Cocaine	Heroin	Pharmaceuticals	Synthetics	Fentanyl-class	Methamphetamine
2008	56	19.4	5.7	18.7			
2009	57.1	15.5	5.7	21.5			
2010	50.6	14.6	6.3	28.2	0.1		
2011	51.5	14.8	6.9	25.7	0.9		
2012	50.1	8.9	10.6	25.7	3.5		0.9
2013	45	10.5	15.4	23.7	4	0.2	0.7
2014	38.3	11.2	22.9	21.5	2.9	2.1	1
2015	32	9.7	20.5	20.6	1.6	12.3	3
2016	28.4	11.1	11.9	18.8	1.1	22.5	6.2
2017	24.2	15	5.8	17	1.0	26.6	10.4



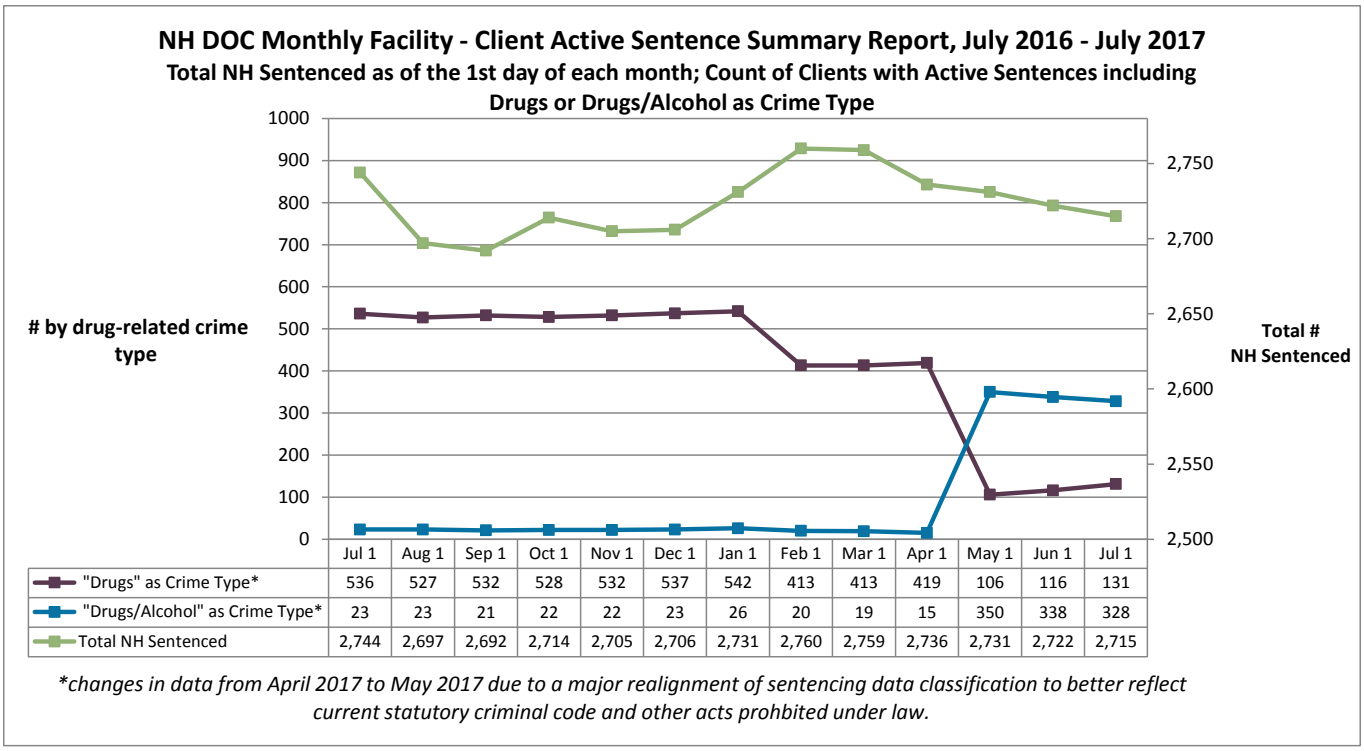
Data Source: NH State Forensic Laboratory, September 2017

3. INDIVIDUALS INCARCERATED FOR DRUG RELATED OFFENSES

The table below displays the total number of individuals incarcerated at a NH Department of Corrections (NHDOC) facility as of July 1, 2017 and the proportion with active sentences including a drug offense and/or drug/alcohol offense. Approximately 17% of incarcerated individuals (15.3% of males; 33.7% of females) had active sentences that included drug and/or alcohol-related offenses.

NH DOC Monthly Facility - Client Active Sentence Summary as of July 1 2017					
	NH Sentenced	Clients with Active Sentences including 'Drugs' as Crime Type	% of Total	Clients with Active Sentences including 'Drugs/Alcohol' as Crime Type	% of Total
Total	**2,715**	**131**	**4.8%**	**328**	**12.1%**
Male	2,478	106	4.3%	273	11.0%
Female	237	25	10.5%	55	23.2%

Total NH Sentenced represents all incarcerated inmates sentenced in a NH Court regardless of their current physical location.
Data Source (table and chart): NH Department of Corrections, Monthly Facility - Client Active Sentence Summary Report, July 2017.

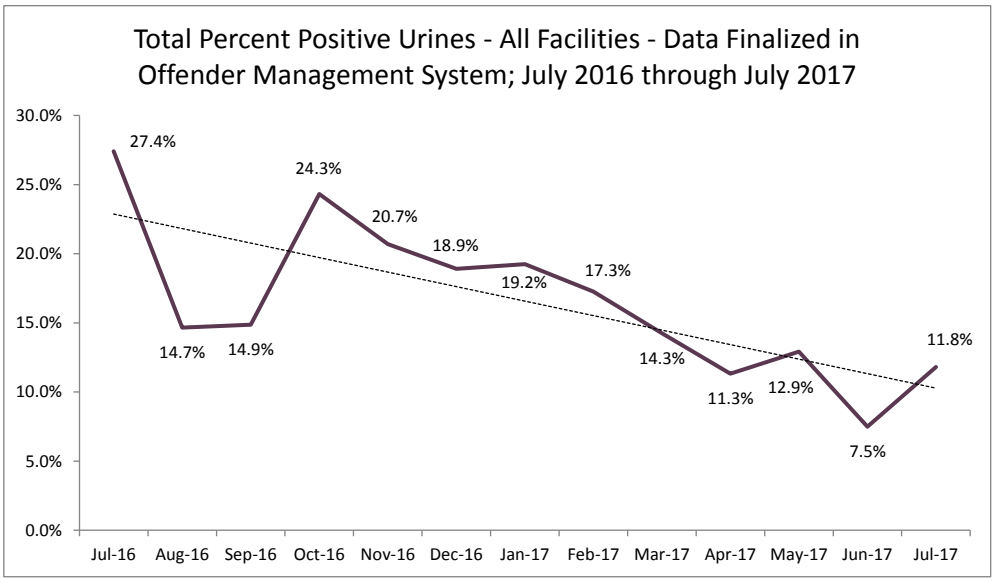


	Jul 1	Aug 1	Sep 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1	Jun 1	Jul 1
"Drugs" as Crime Type*	536	527	532	528	532	537	542	413	413	419	106	116	131
"Drugs/Alcohol" as Crime Type*	23	23	21	22	22	23	26	20	19	15	350	338	328
Total NH Sentenced	2,744	2,697	2,692	2,714	2,705	2,706	2,731	2,760	2,759	2,736	2,731	2,722	2,715

**changes in data from April 2017 to May 2017 due to a major realignment of sentencing data classification to better reflect current statutory criminal code and other acts prohbited under law.*

Important Data Notes: Each client is counted once for each Crime Type for active sentence(s) they are serving in the Total NH Sentenced count. If a client is serving multiple sentences that fall under different Crime Types or RSA's, they will be counted multiple times. Data are included for those who have been adjudicated on RSA's that are explicitly drug offenses. The NH DOC offender management system as well as the Mittimus and Indictments received by the court do not have a mechanism that tracks if the crime, outside of those reported in these data are "drug related" offenses. For example, if a person is incarcerated for a sexual offense, there is no current means to track if the offense occurred while under the influence of drugs or alcohol.

The table below displays a decreasing trend for positive urine drug tests among individuals under NHDOC supervision. It is the policy of the NHDOC to conduct drug tests, randomly and on suspicion, for all offenders under supervision. In particular, urine drug testing is conducted for: those offenders/inmates who have special conditions to submit to urine drug testing as ordered by the Court, Parole Board, Counselor or Administrator; those offenders under supervision who in the opinion of the Probation-Parole Officer or Warden have a current or potential drug problem



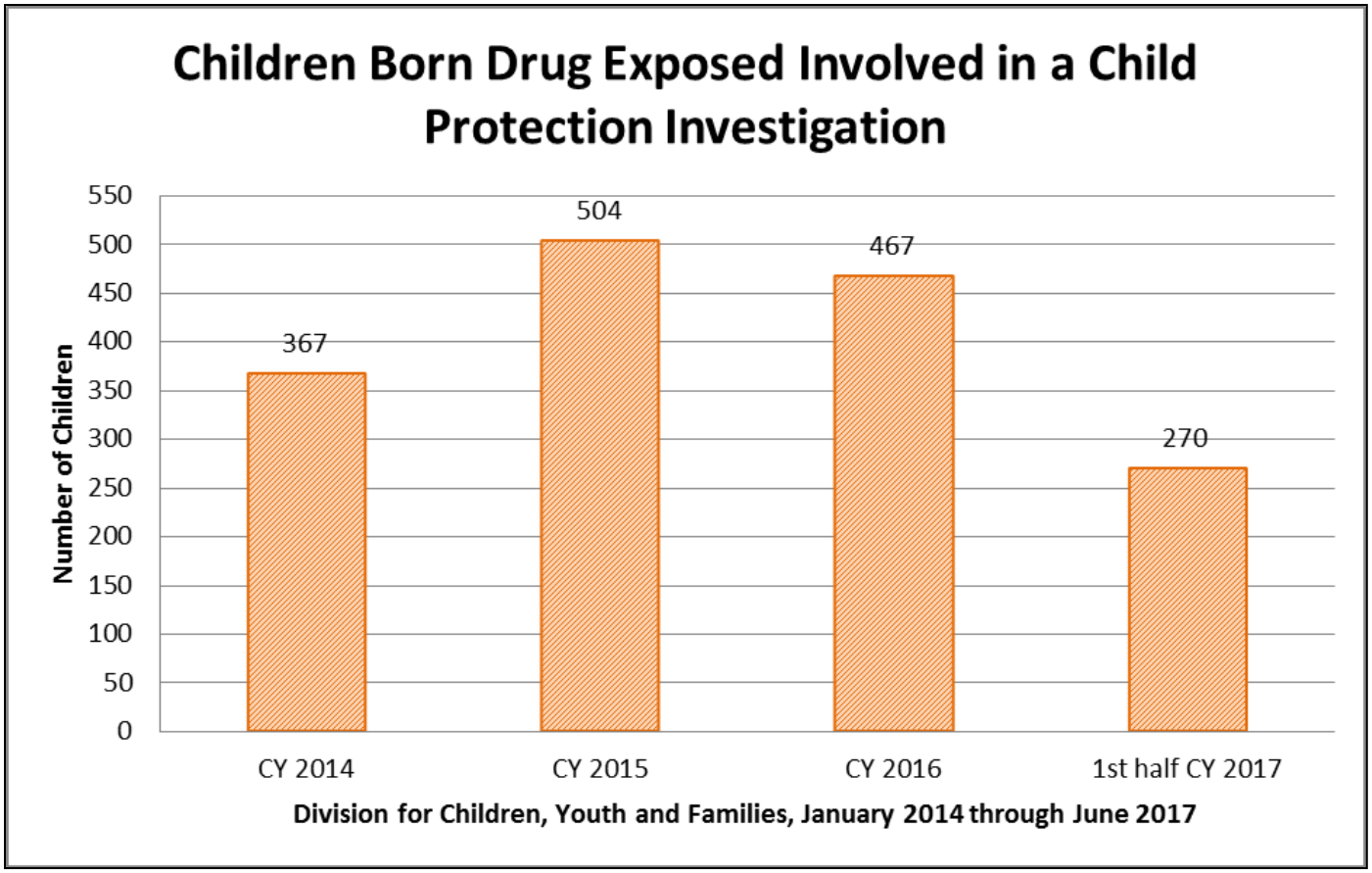
based upon assessment of drug-related offense or criminal history, previous positive drug tests, or whenever the CO or Warden suspect drug use through behavioral observations or work record. Offenders who test positive for alcohol or any other illegal drug use may be subjected to increased testing frequency.

4. CHILD ABUSE AND NEGLECT REPORTS INCLUDING ALCOHOL OR SUBSTANCE MISUSE AS A RISK FACTOR

The New Hampshire Division for Children, Youth and Families (DCYF) tracks risk factors or indicators when child abuse/neglect reports are made. One risk factor is substance misuse which includes illicit drugs, prescription misuse, alcohol et al. The percent of accepted referrals having a substance misuse risk factor (47.7%) in the first six months of 2017 has declined from the 51.5% of accepted referrals with a substance misuse risk factor for all of 2016.

Specifically regarding heroin, DCYF child protection began tracking reports where the specific indicator or risk factor was heroin. The percent of all calls to central intake with a concern of heroin use has declined slightly to 7.3% in the first six months of 2017.

The following data are related to children in accepted child protection reports that were indicated to be "Child Born Drug Exposed":



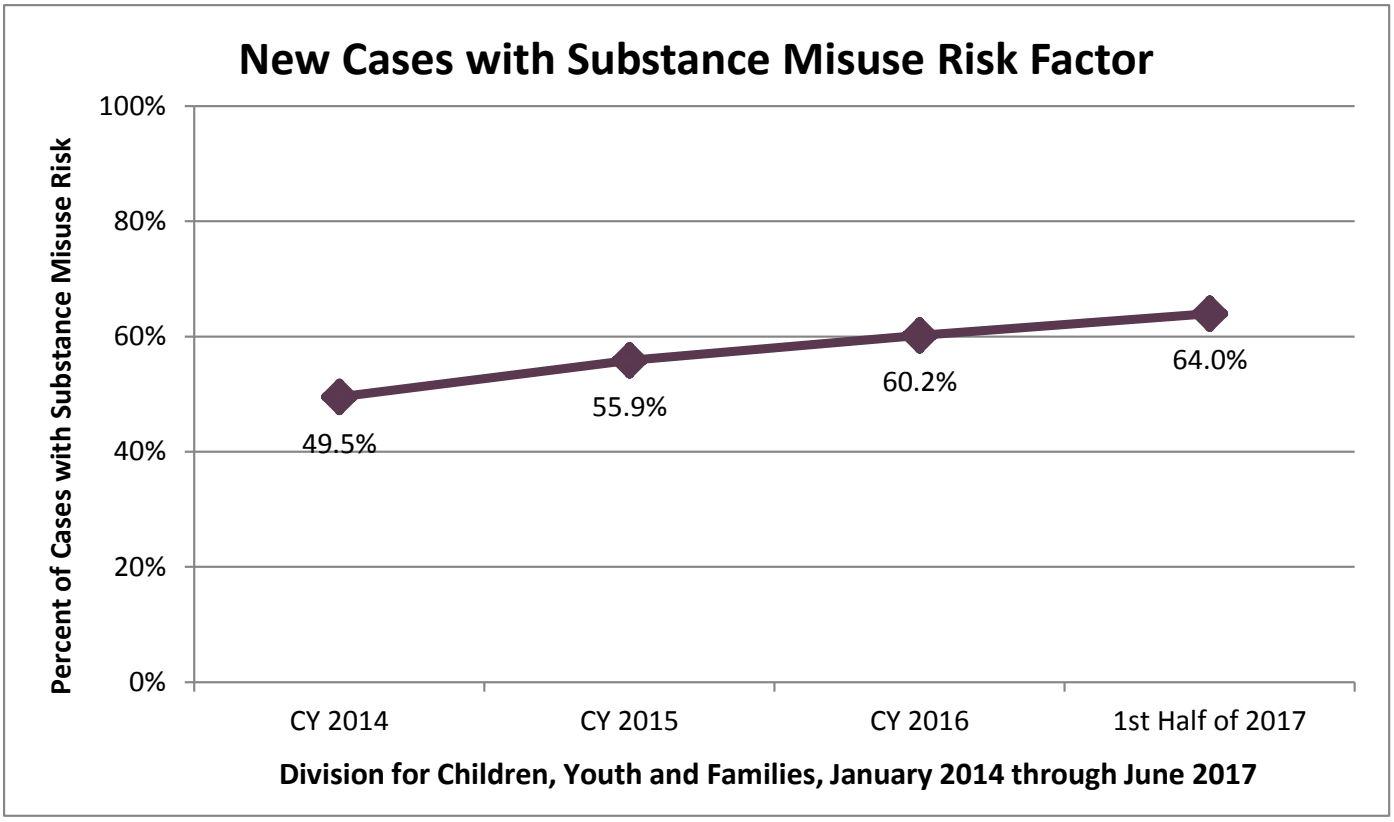
In the first six months of 2017 there have been 270 children indicated as "born drug exposed" involved in a child protection investigation. This is 16% increase over the first six months of 2016 and a 12% increase over the same months in 2015.

The following table shows the total number of child protection cases that were opened during the calendar year (CY). It also indicates, prior to the case opening, the number of cases where the family had an assessment with a risk factor of substance misuse, although the case did not necessarily open specifically due to those concerns.

	Total cases opened	Number of cases with substance misuse risk factor	% of cases with substance misuse risk factor
CY 2014	293	145	49.5%
CY 2015	376	210	55.9%
CY 2016	457	275	60.2%
1st half 2017	300	192	64.0%

In the first six months of 2017, there has been a 40% increase in the total number of new cases opening over the same months in 2016. Of the cases opened between January 1, 2017 and June 30, 2017, 64% had a risk factor of substance

misuse during an assessment made prior to the case being opened. The chart below shows the steady increase of cases opening with a risk factor of substance misuse.



Data source: Division for Children, Youth and Families, Statewide Automated Child Welfare Information System (SACWIS), NH Bridges; September 2017

5. INDIVIDUALS IN DRUG COURT PROGRAMS

In SFY 2017 a total of 355 adults participated in treatment drug courts. This is a 31% increase in the number of individuals enrolled in drug court programs in a two year period (from 2015 which had 244 participants). This increase in participant numbers can be attributed to the expansion of drug courts in Hillsborough County with the newest drug court opening in Manchester in 2016. The state is on target to have 10 drug courts in operation by January 1, 2018.

NH Adult Treatment Drug Court Participants
July 1, 2016 – June 30, 2017

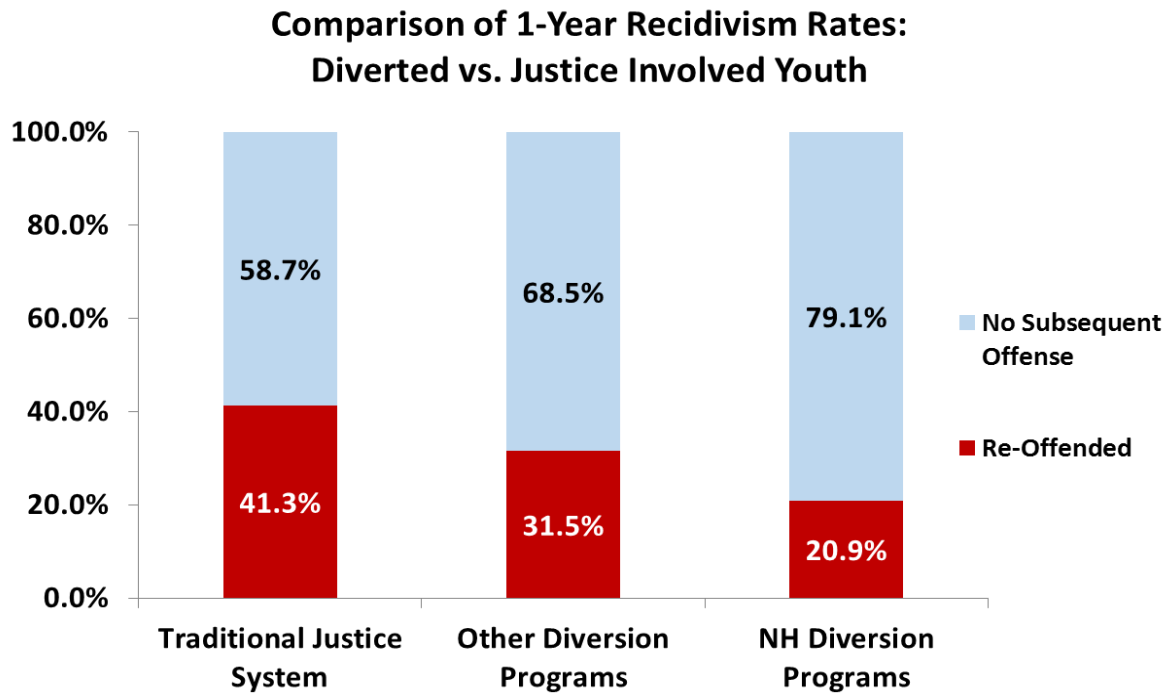
County/Location	Participants in SFY 2017 (7/1/16 – 6/30/17)	
Cheshire	39	
Grafton	23	
Nashua	79	
Rockingham	47	
Strafford	109	
Manchester	41	
Belknap	17	
TOTAL	**355**	**355**

Data Source: Local drug court data reported to the state Drug Court Coordinator, NH Department of Justice; SFY 2017.

6. INDIVIDUALS IN DIVERSION PROGRAMS

In SFY17, New Hampshire diversion programs served 738 youth between the ages of 12-18 and had a 90.3% successful completion rate overall. Completion of the diversion program is determined to be successful if a participant complies with all of their contracted obligations and are not returned to court for failure to comply or being re-arrested or other criminal justice involvement. Each of the active accredited programs saw, on average, 52 participants during the one year reporting period.

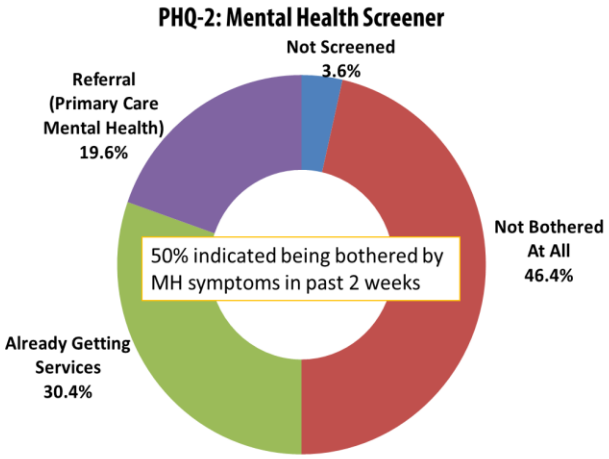
One of the most effective measures of the impact diversion programs is to calculate recidivism rates. In the case of the juvenile justice system "recidivism refers to re-offending by a youth or repeated delinquent behavior subsequent to the original offense" (Juvenile Diversion Guidebook. Models for Change, 2011). The 16 accredited New Hampshire Juvenile Court Diversion Programs' recidivism results have been analyzed from 2012 to 2015. On average, 79% of youth who complete a diversion program in New Hampshire remain arrest-free one year after completing the program. This rate is significantly better than traditional justice involvement (58.7%) or comparable diversion programs (68.5%). Further, the three year recidivism rate of 43% (or 57% remaining arrest-free) is on par with the one year rate of traditional justice system results.

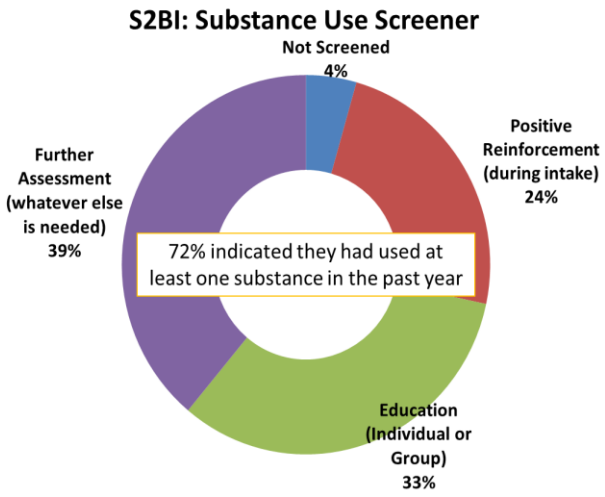


Data Sources: HA Wilson, The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review. Criminal Justice And Behavior, Vol. 40, No. 5, May 2013, 497-518.
New Hampshire Juvenile Court Diversion 1 & 3-Year Recidivism Study 2012-2015, NH Community Health Institute/JSI

In November 2016, the NH Juvenile Court Diversion Network adopted an evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) process to universally screen for mental health issues and substance use among all youth referred to diversion. As of June 30, 2017, 297 youth were screened across 11 of the accredited programs. As a result of universal screening among this indicated group it was found that 50% of the youth referred to diversion were 'bothered by mental health symptoms in the past two weeks' prior to screening and 72% indicated they 'used at least one substance in the past year'.

Of those youth screened for mental health concerns, about 20% were referred for further mental health assessment and about 30% were determined to already be connected to mental health services. Of those youth screened for substance misuse, 39% were referred for further substance use assessment and referral to other related services or resources as needed. By introducing the SBIRT model to diversion, the network is able to identify the underlying problems that may be related to the risk taking behavior that got the youth arrested in the first place. This effort is occurring in concert with a significant increase in the proportion of youth being referred to juvenile diversion specifically for substance-related offenses from about 23% in 2012 to 33% in 2015.



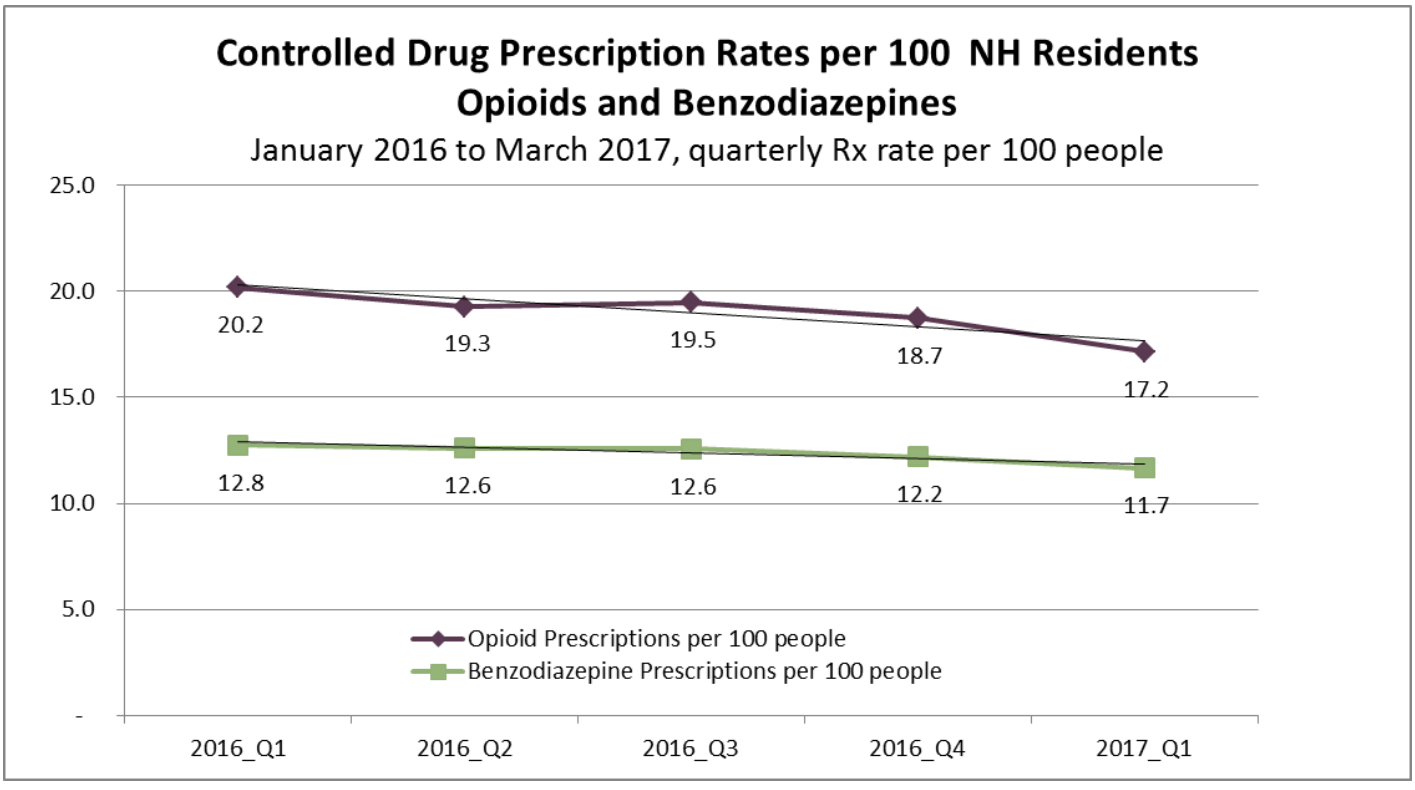


SELECTED PREVENTION, TREATMENT AND RECOVERY INDICATORS

1. NH PRESCRIPTION DRUG MONITORING PROGRAM

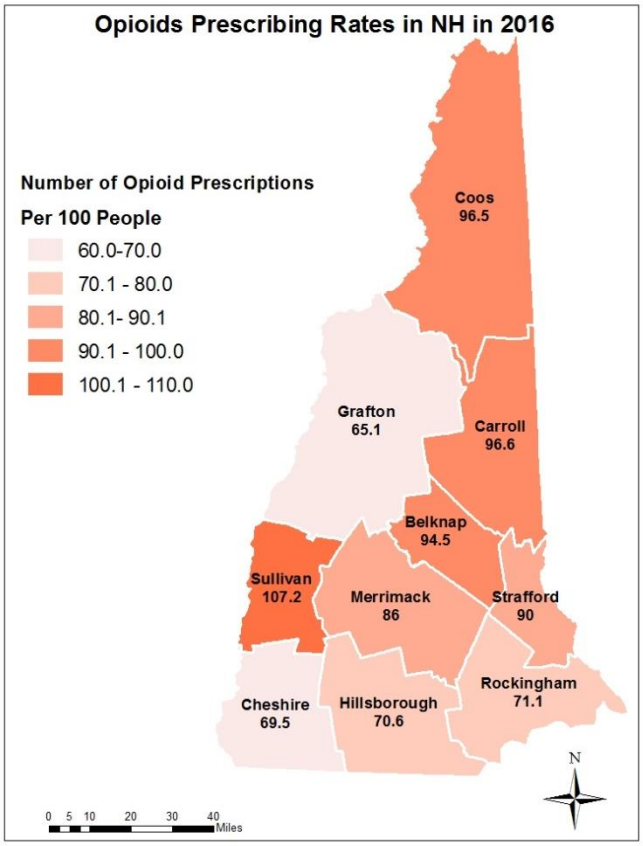
The New Hampshire Controlled Drug Prescription Health and Safety Program; also known as the Prescription Drug Monitoring Program (NH PDMP) is a web-based, clinical tool that New Hampshire licensed practitioners can use when prescribing or dispensing controlled substances. The purpose of the NH PDMP is to provide New Hampshire licensed prescribers and dispensers a tool to improve clinical decision making and patient care with respect to managing prescriptions; to promote public health and safety through the prevention and treatment of misuse of controlled substances; and to assist in the reduction of the diversion of controlled substances. The NH PDMP program went 'live' in October 2014.

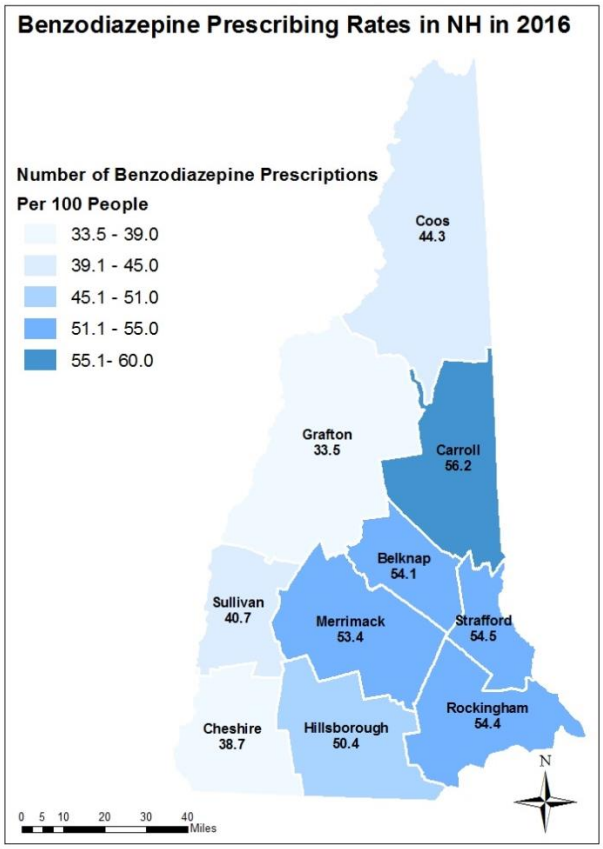
The chart below displays the per capita rate (per 100 people) and recent trends for prescriptions to NH residents of two classes of controlled prescription medications – opioids (e.g. tramadol, oxycodone, Vicodin) and benzodiazepines (e.g. Ativan, Xanax, Valium). From January 2016 to March 2017, the apparent trends in prescription rates are decreasing for these classes of drugs known to be potentially addictive.



Data Source: NH Prescription Drug Monitoring Program; July 2017

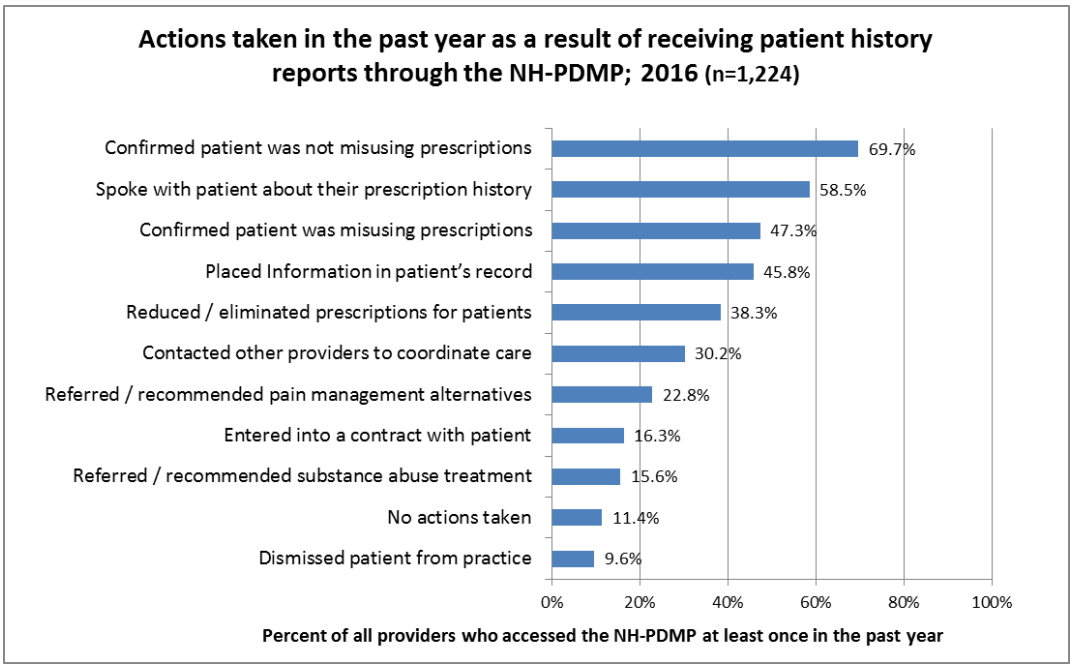
The maps below display the rate by NH county of prescriptions for opioids and benzodiazepines per 100 residents in calendar year 2016. Substantial variation in prescription rates can be observed where, for example, the per opioid prescription rate per 100 people ranges from a high of 107.2 prescriptions in Sullivan County to a low of 65.1 in Grafton County. Similar variation is observed for benzodiazepine prescription rates, ranging from a high of 56.2 benzodiazepine prescriptions per 100 people in Carroll County to a low of 33.5 in Grafton County.



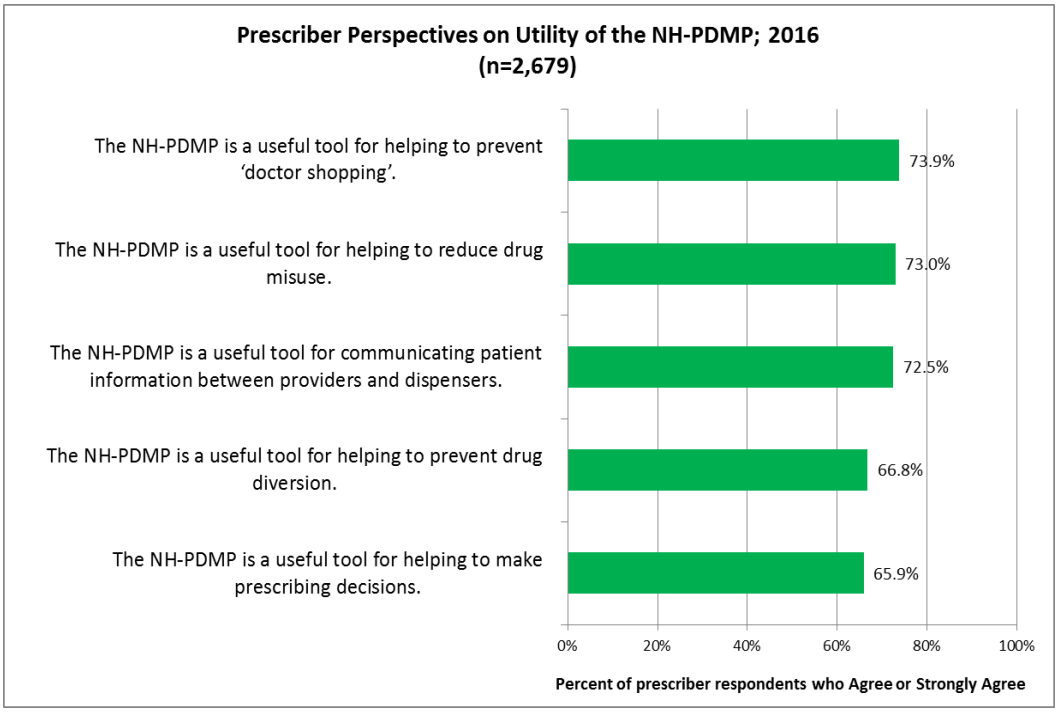


Data Source: NH Prescription Drug Monitoring Program; July 2017

The New Hampshire Prescription Drug Monitoring Program conducted a survey of registered prescribers between June and August 2016. A total of 2,915 completed survey responses were received. The chart below displays information on the actions that prescribers had taken in the past year as a result of receiving patient history reports through the NH-PDMP including about 70% of providers who had confirmed a patient was not misusing prescriptions; 59% who had spoken with a patient about their prescription history; and 47% who had confirmed a patient was misusing prescriptions.



As displayed by the next chart, a majority of prescriber respondents agreed that the NH PDMP is a useful tool including about 74% who agree that it is a useful tool for helping to prevent 'doctor shopping'; 73% who agreed that it is a useful tool for helping to reduce drug misuse; and about 73% who agreed that the NH PDMP is a useful tool for communicating patient information between providers and dispensers.



Data Sources: NH Prescription Drug Monitoring Program, NH Community Health Institute/JSI; September 2016

2. NH DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS AND STRATEGIES

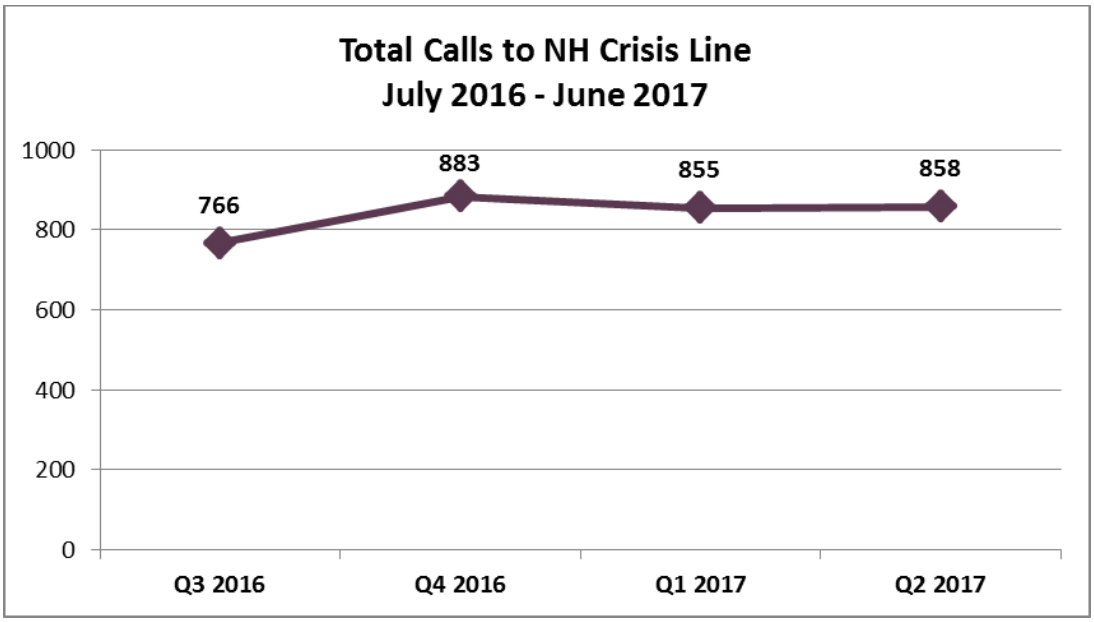
As described earlier in this report, a coordinated set of strategies, programs and services to address substance misuse prevention, early intervention, treatment and recovery are administered by the New Hampshire Department of Health Human Services through the Bureau of Drug and Alcohol Services. The following section provides information on some of the outputs of these strategies, programs and services:

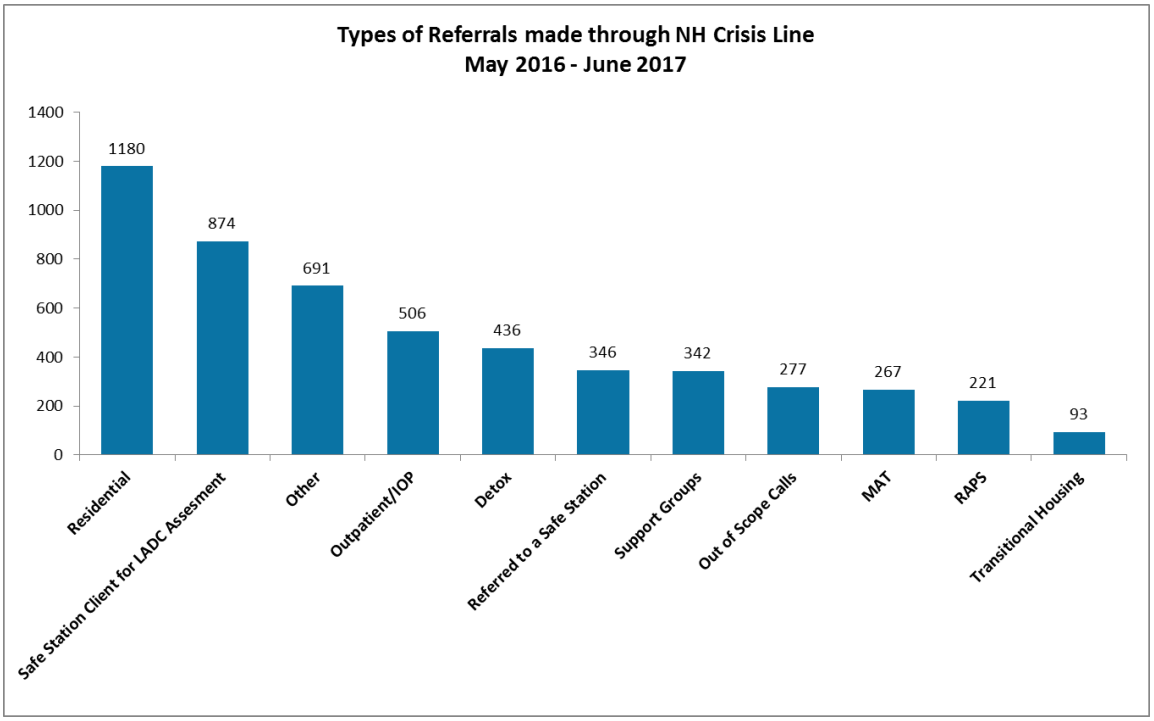
Substance Misuse Prevention Direct Services

- *Life of an Athlete (LOA)*; a comprehensive middle and high school-based prevention program (in SFY 2017, 33,373 student athletes participated in LOA with 864 student athletes trained to be leaders in the LOA program)
- *Student Assistance Program (SAP) counselors* (12,270 youth served in SFY17; 10,146 served in calendar year 2016; 8,365 served in 2015)
- *Referral, Education and Assessment Program (REAP);* a prevention program for older adults (2,117 individuals served in SFY17; 2,376 served in calendar year 2016; 3,561 served in 2015)

Crisis Services

- NH Alcohol and Drug Treatment Locator (http://nhtreatment.org/) had 11,203 new visitors from NH and 5,172 new visitors from surrounding states (MA, CT, VT, NY, ME) to the website in SFY 2017.
- Statewide Addiction Crisis Line 1-844-711-HELP (4357): As displayed by the chart below, the Statewide Addiction Crisis Line has averaged 840 calls per quarter (or 280 calls per month) since July 2016. The most common type of referrals made by the Statewide Addiction Crisis Line are referrals to residential treatment and referrals of Safe Station clients for assessment by a Licensed Alcohol and Drug Counselor.





- The Statewide Naloxone Distribution and Training Program is a joint program administered by the New Hampshire Department of Health and Human Services, through the Bureau of Drug and Alcohol Services (BDAS), the Division of Public Health Services (DPHS) and the Emergency Services Unit, and the Department of Safety, Bureau of Emergency Medical Services (EMS). This program makes naloxone (Narcan) kits and related instructions available to individuals at risk for opioid overdose, their families and friends, directly from agencies that come in frequent contact with them, or at community events targeting these individuals, held by each of the 13 Regional Public Health Networks. Kits are provided free of charge for individuals that cannot afford to purchase one. The table below displays the cumulative number of naloxone kits distributed through these channels since September 2015.

Number of Naloxone Kits Distributed September 2015 through July 2017		
Community Events		
	Number of Events	234
	Distributed	4,756
Agency Distribution		
	Community Health Centers	1,880
	Treatment Centers	2,425
	Hospitals	510
	Schools	253
	Other	852
	TOTAL (AGENCY)	**5,920**
Total Naloxone Kits Distributed		**10,676**

3. SCHOOL-BASED PREVENTION AND EARLY INTERVENTION PROGRAMS

The NH DHHS supports substance misuse prevention programming in schools that aims to reduce and prevent substance misuse among the general population while also targeting youth and special populations identified as at-risk. The NH DHHS funds Student Assistance Programs and Life of an Athlete, and partners closely with the Department of Education on the Safe Schools and Healthy Students and Project Aware programs.

The table below displays the extent of school-based programming that is supported through the NH DHHS, Governor's Commission, and/or the Department of Education. It is important to note that school programs that are funded by local school district resources or other non-state funding sources are not represented on this table.

Regional Public Health Network	Total Number of High Schools	% of HS with Student Assistance Program	% of HS with Life of Athlete	% of HS with Safe / Healthy Students	% of HS with Project Aware	% of HS without state-funded School-Based Programs
North Country *	12	67%	42%	0%	25%	8%
Upper Valley	3	0%	100%	0%	0%	0%
Central*	4	50%	50%	0%	0%	25%
Carroll County	3	33%	67%	0%	0%	33%
Greater Sullivan*	6	50%	50%	0%	0%	33%
Winnipesaukee*	7	0%	71%	14%	14%	29%
Greater Monadnock	6	0%	33%	0%	0%	67%
Capital Area*	10	40%	40%	10%	0%	30%
Strafford*	8	25%	63%	13%	0%	25%
Greater Manchester	10	20%	50%	0%	0%	30%
Greater Nashua	11	18%	73%	0%	0%	27%
South Central	5	0%	100%	0%	0%	0%
Seacoast*	12	50%	33%	0%	0%	25%
Average		27%	59%	3%	3%	26%
Min		0%	33%	0%	0%	0%
Max		67%	100%	14%	25%	67%

*These regions have school based programs in both Middle and High School

4. ACCESSIBILITY AND AVAILABILITY OF TREATMENT PROGRAMS

The NH Department of Health and Human Services maintains (NH DHHS) contracts with treatment providers across the State, administered by the Bureau of Drug and Alcohol Services (BDAS), to facilitate financial and geographic access to services for NH residents. The table below displays information on geographic location and services provided for each of the treatment providers currently under contract with BDAS. As previously noted during the period July 1, 2016 to June 30, 2017, a total of 6,438 individuals received alcohol and other drug use treatment services through state-funded programs. Medication Assisted Treatment (MAT) infrastructure, as described previously in this report, is currently being developed or expanded in the locations identified and therefore MAT services may not yet be available through these agencies at the time of this report.

Provider	Primary Service Area	Services (Recovery Support Services are also available from all providers)	
		Outpatient	*Residential*
Catholic Medical Center	Greater Manchester	MAT	
Cheshire Medical Center	Greater Monadnock	MAT	
Coos County Family Health Services	North Country	MAT	
Concord Hospital	Capital Area	Outpatient Intensive Outpatient MAT	
Elliot Hospital	Greater Manchester	MAT	
Families First	Seacoast	Outpatient Integrated MAT	
Families in Transition	Greater Manchester	Outpatient Intensive Outpatient	
Farnum Center	Winnipesaukee Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization (Franklin)	Transitional Living Low Intensity High Intensity Withdrawal Management (Manchester)
Frisbie Memorial Hospital	Strafford County	MAT	
Grafton County	North Country, Central	Outpatient	
Greater Nashua Council on Alcoholism:	Greater Nashua	Outpatient Intensive	Transitional Living Low Intensity

Provider	Primary Service Area	Services (Recovery Support Services are also available from all providers)	
		Outpatient	*Residential*
Keystone Hall		Outpatient Partial Hospitalization Integrated MAT	High Intensity Specialty Pregnant & Parenting Women Integrated MAT
Goodwin Community Health	Seacoast	Outpatient Intensive Outpatient Integrated MAT	
HALO Educational Systems	Upper Valley	Outpatient	
Headrest	Upper Valley	Outpatient (Coming Soon) Intensive Outpatient (Coming Soon)	Low Intensity
Health Care for the Homeless	Greater Manchester	MAT	
Health First Family Care Center	Winnipesaukee	MAT	
Horizons	Winnipesaukee	Outpatient Intensive Outpatient Integrated MAT	
Indian Stream Health Care	North Country	MAT	
Lamprey Health Care	Seacoast	MAT	
Memorial Hospital	North Country	MAT	
Monadnock Community Hospital	Greater Monadnock	MAT	
Phoenix House	Greater Monadnock	Outpatient (Keene) Intensive Outpatient	Transitional Living (Dublin) High Intensity (Dublin) Integrated MAT (Dublin)
Riverbend Community Mental Health	Capital Area	Intensive Outpatient MAT	
Seacoast Mental Health Center	Seacoast	Outpatient MAT (Co-occurring	

Provider	Primary Service Area	Services (Recovery Support Services are also available from all providers)	
		Outpatient	*Residential*
		disorders)	
Serenity Place	Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization Withdrawal Management	Transitional Living Low Intensity High Intensity
Southeastern NH Alcohol and Drug Abuse Services	Strafford County	Outpatient Intensive Outpatient Partial Hospitalization Withdrawal Management	Transitional Living Low Intensity High Intensity
Tri-County CAP	North Country	Outpatient Intensive Outpatient Integrated MAT	Low Intensity High Intensity Integrated MAT
Weeks Medical Center	North Country	MAT	
Youth Council	Greater Nashua	Outpatient	

The table below displays the average wait time experienced by clients as reported by contracted agencies by level of service for the first and second quarters of calendar year 2017. The longest wait times in the second quarter of 2017 were for low intensity residential (24.5 days on average) and transitional living services (20.9 days). The average wait time for outpatient treatment services - the most commonly provided service in terms of number of clients – was 2.5 days on average.

ASAM Level	**January - March 2017**			**April – June 2017**		
	Total number of clients – monthly average	Average wait time (clients)	Wait time range (agencies)	Total number of clients – monthly average	Average wait time (clients)	Wait time range (agencies)
Level 1-WM – Ambulatory Withdrawal Management	194	1.0 days	0 to 4 days	199	3.0 days	0 to 11 days
Level 3.7-WM – Residential Withdrawal	95	2.5 days	1 to 4 days	92	2.0 days	1 to 3 days

Management						
Level 1.0 - Outpatient	1,271	2.3 days	0 to 16 days	1,296	2.5 days	0 to 14 days
Level 2.1 - Intensive Outpatient	335	1.7 days	0 to 12 days	394	2.2 days	0 to 14 days
Level 2.5 - Partial Hospitalization	43	0.8 days	0 to 1 days	58	2.2 days	1 day
Transitional Living	36	17.7 days	0 to 30 days	39	20.9 days	0 to 60 days
Level 3.1 - Low Intensity Residential	49	12.3 days	0 to 35 days	47	24.5 days	0 to 56 days
Level 3.5 - High Intensity Residential	271	8.7 days	0 to 30 days	276	11.6 days	3 to 45 days
Level 3.5 - High Intensity Residential – Pregnant and Parenting Women	23	1.0 days	1 day	22	2.9 days	1 to 7 days
Integrated Medication Assisted Treatment	265	6.2 days	1 to 15 days	261	5.7 days	0 to 10 days

In addition to the contracted treatment services described above, there are eight certified Opioid Treatment Programs(OTP) in the state facilitated by three organizations across six counties. As displayed by the table below, the total percent of clients served to capacity across all eight OTPs is 78%, ranging from 67% to 92%.

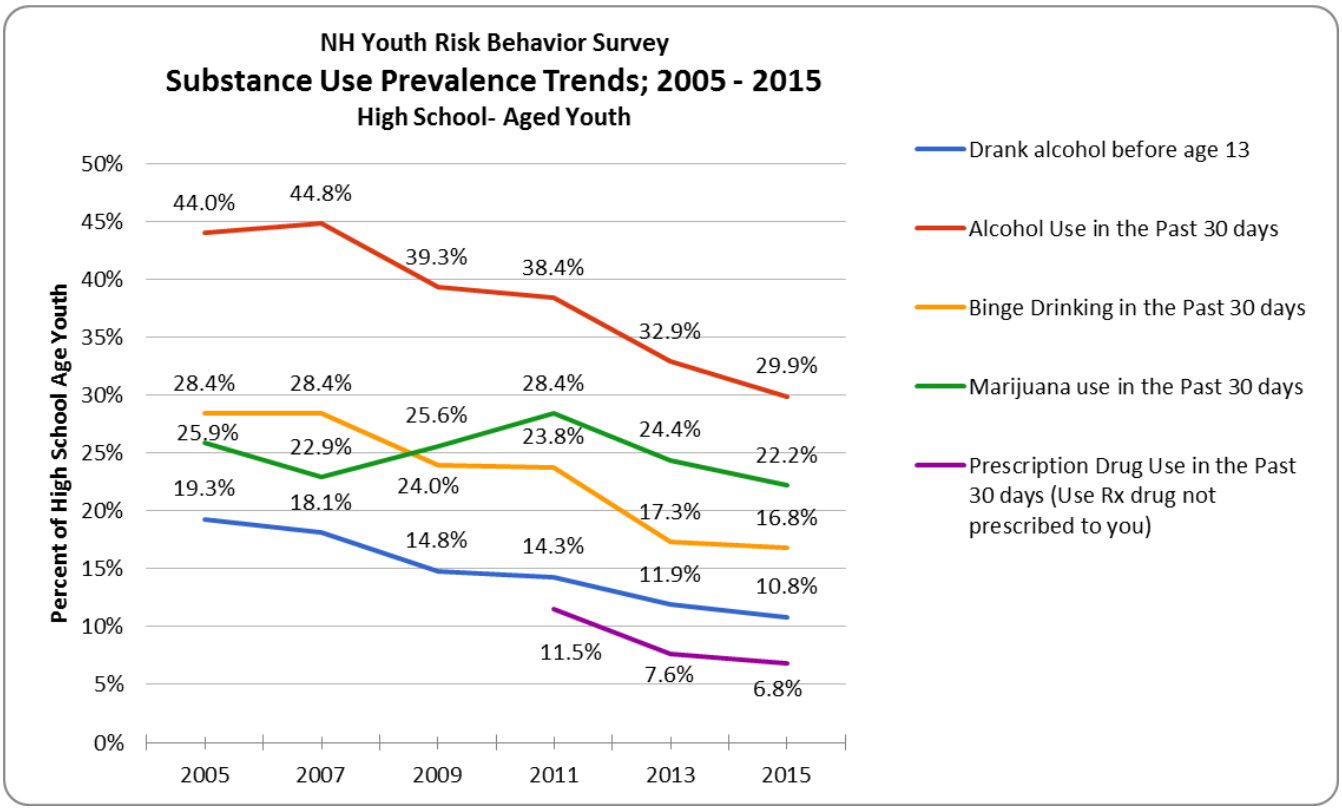
OTP Provider	Counties	OTP Clients Served	Total Client Capacity	% Clients Served to Capacity
Colonial Management Group	Hillsborough, Merrimack, Cheshire	1,456	1,950	75%
Comprehensive Treatment Center	Grafton, Hillsborough	653	975	67%
Merrimack River Medical Services	Strafford, Hillsborough, Rockingham	1,151	1,256	92%
Totals		**3,260**	**4,181**	**78%**

As previously described, there were eight Recovery Community Organizations operating eleven recovery centers across seven public health regions in New Hampshire in SFY17. The table below displays the number of Certified Recovery Support Workers and Recovery Coaches affiliated with those centers by regional public health network.

Recovery Community Organizations			
Region	CRSWs		Recovery Coaches
	Credentialed	In Process	
Seacoast	4	17	5
Strafford County	1	3	18
Carroll	1	2	5
Greater Monadnock	0	3	4
Greater Nashua	0	1	1
Winnipesaukee	0	3	14
North Country	1	0	1

5. NATIONAL OUTCOMES MEASUREMENT STANDARDS FOR PREVENTION AND TREATMENT

Prevention: A key data source for New Hampshire to assess outcomes of prevention strategies is the Youth Risk Behavior Survey (YRBS) administered in public high schools in the spring of every other year (odd years). Consistent administration of the YRBS over time has enabled New Hampshire to monitor substance use trends at an important, formative stage of development. The chart below displays positive trends (decreased prevalence) for use of alcohol and prescription drugs over a 10 year period, while the trend for marijuana use is essentially flat (no statistically significant change over time). The next statewide administration of the YRBS occurred in the spring of 2017 with results to be available in January 2018.



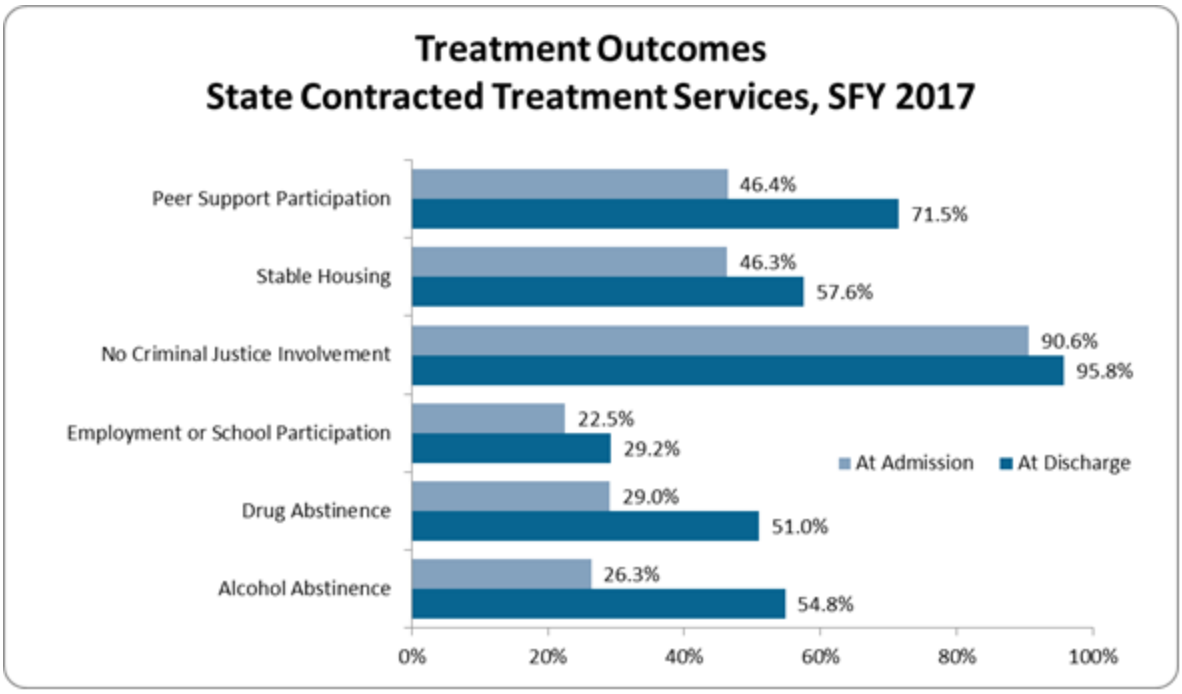
Data Source: NH Department of Health and Human Services; NH Department of Education
Note: Data on Prescription Drug Use in Past Month was not collected prior to 2011.

Treatment: The NH Bureau of Drug and Alcohol Services tracks a variety of indicators for outcome measurement and reporting associated with the National Outcomes Measurement Standards established by the federal Substance Abuse and Mental Health Services Administration. Client-level outcome domains that are tracked include: alcohol and drug abstinence, employment/school participation, stable housing, criminal justice involvement, and social connectedness as measured by participation in peer support groups. Historically, these measures have been tracked from admission to discharge. The table and chart below contain aggregate statistics for treatment clients in SFY 2017 showing the proportion of change on these outcome domains from the point of treatment admission to treatment discharge.

Fiscal Year 2017 Treatment Outcomes – State Contracted Treatment Services

Domain	Indicator	SFY 2017 Admission	SFY 2017 Discharge	% Change from treatment admission to discharge
Alcohol Abstinence	Percent of treatment clients abstinent from Alcohol (prior 30 days)	**26.3%**	**54.8%**	**28.5%**
Drug Abstinence	Percent of treatment clients abstinent from Drugs (prior 30 days)	**29.0%**	**51.0%**	**21.9%**
Employment or School Participation	Percent of treatment clients employed or students (full or part-time, prior 30 days)	**22.5%**	**29.2%**	**6.8%**
No Criminal Justice Involvement	Percent of treatment clients without arrests (any charge, prior 30 days)	**90.6%**	**95.8%**	**5.2%**
Stable Housing	Percent of treatment clients reporting being in a stable living situation (prior 30 days)	**46.3%**	**57.6%**	**11.2%**
Peer Support Participation	Percent of treatment clients participating in self-help groups, support groups at discharge (e.g., AA, NA, etc., prior 30 days)	**46.4%**	**71.5%**	**25.1%**

Data Source: NH Bureau of Drug and Alcohol Services; August 2017



6. PREVENTION, TREATMENT AND RECOVERY DATA COLLECTION AND REPORTING IMPROVEMENT OPPORTUNITIES:

- Potential opportunities for improving assessment of treatment outcome information include comparison of outcome information by level or type of treatment, longer term follow-up with treatment clients post-discharge and improved capability for data sharing and analysis across different state agencies and programs providing services and supports to the same individuals and families with substance use disorders.
- The capability to generate waitlist information reports for specific treatment providers and treatment levels contracted by the State of New Hampshire is currently under development. In the interim, the Bureau of Drug and Alcohol Services has implemented a monthly reporting survey process for reporting contractual and administrative information including waitlist data. Information or capability for gathering information on capacity and waitlists from private sector treatment providers does not currently exist.
- The NH DHHS and the Governor's Commission allocated funding for the development of peer recovery support services programs in SFY17. Procedures for data collection and reporting are in place and the department will report on the number of individuals receiving peer recovery services support by public funds as the contracted programs become operational and able to report data.
- The NH Department of Corrections and the NH DHHS are exploring potential approaches to sharing information that will enable assessment of the effectiveness of efforts to link inmates to treatment services and other community-based services post-release and the associated impact on recidivism.

Financial Expenditure Summary

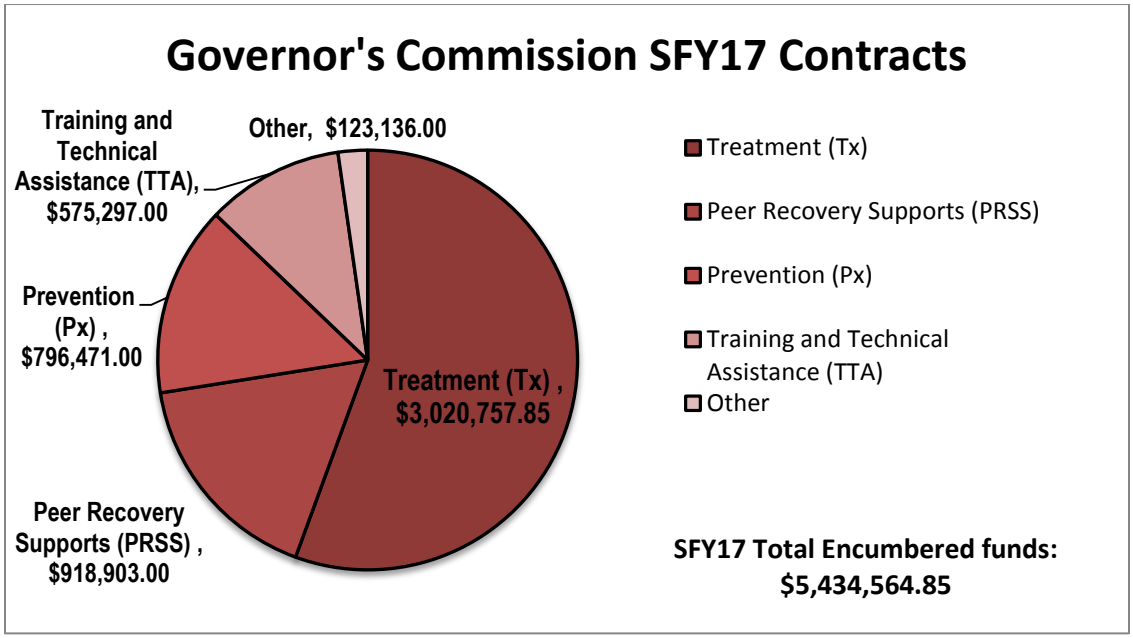
Governor's Commission Funds

The Department of Health and Human Services presented the following summary chart of Governor's Commission financial activity at the August 2017 Commission meeting for SFY17 as of as of July 31, 2017. Further substance misuse financial dashboards are available on the DHHS BDAS website[16].

	Total Amount	Actual Provider Contract Spent	Provider Contract Funds Unspent
GOVERNOR'S COMMISSION:			
Appropriation	5,906,526		
Balance Forward from 6/30/16	1,996,346		
Balance Available from Prior Year Liquidations	773,920		
TOTAL AVAILABLE	8,676,792		
Amount Encumbered	5,434,565	(4,104,834)	1,329,731
Pending Commitments & Contracts	1,119,581		
Pending Commitment for SYSC SUD 36 bed inpatient residential facility renovation per HB 2 (HB 517:174)	2,000,000		
TOTAL COMMITTED AND EXPECTED to be Committed	8,554,146		
AMOUNT UNALLOCATED	122,646		

[16] https://www.dhhs.nh.gov/dcbcs/bdas/

The chart below illustrates the breakdown of the $5,434,564 total in Governor's Commission contracts encumbered in SFY2017.



Task Force Identified Funding Needs

Each Task Force of the Commission was asked to identify funding needs to the Chair for discussion at the Commission's June 2017 meeting. Based on the previous months of needs assessment and strategic planning, Task Forces determined funding needs which have been aggregated into the chart below. Neither the task forces nor the Commission prioritized the list. The chart is aggregated by the number of task forces which made overlapping recommendations; the order does not suggest the level of importance of the recommendation.

Governor's Commission Task Force Identified Funding Needs	Task Forces
Support **public awareness** campaign(s) to reduce stigma and create a recovery friendly NH for both the general public and also designed to target specific populations and professionals.	Healthcare, Perinatal, Prevention, Recovery
Development and on-going support for Safe and Supportive **Recovery Housing** for individuals, families and identified populations particularly women and justice re-entry with Technical Assistance to Recovery Housing providers including standards and oversight.	Perinatal, Treatment, Opioid, Recovery
Support expansion of availability of **detoxification** services	Healthcare, Opioid, Perinatal, Treatment
Continue to increase MAT providers in primary care settings AND support implementation of **MAT** and referral to treatment in settings where persons with opioid use may be in withdrawal and/or distress, e.g. ER, inpatient settings, etc., while enhancing collaboration with specialty Substance Use Disorder (SUD) providers	Healthcare, Opioid, Perinatal, Treatment
Expand access to evidence-based, trauma-informed programs which provide services specifically focused on the needs of **pregnant and newly parenting women** including residential treatment and access to treatment for incarcerated and justice involved women.	Healthcare, Opioid, Perinatal, Treatment

Incorporate **SBIRT (screening, brief intervention & referral to treatment)** into medical settings and support integration of behavioral health clinicians into practice environments. Populations – general, adolescent, pregnant women, and military families.	Healthcare, Opioid, Perinatal
Support **Prevention Direct Services** targeting at-risk students (K-12) and parents.	Opioid, Prevention
Support **Student Assistance Programs**/Project ALERT infrastructure and program expansion.	Opioid, Prevention
Ensure that target populations have access to the necessary array of services across the continuum, **specifically justice involved, adolescent and young adult.**	Opioid, Treatment
Expand **recovery-oriented services** and supports for underserved populations (youth, families, parents, justice-involved)	Opioid, Recovery
Funding for critical **recovery supports**, including: Transportation, Childcare, Employment Supports, and Life Skills training.	Perinatal, Recovery
Continued support for **competitive pay** rates/compensation.	Opioid, Treatment
Additional Identified Funding Needs	**Taskforce**
Training and technical assistance to reduce stigma within healthcare systems and other key systems (i.e. education, law enforcement).	Healthcare
Recovery-oriented, cross-sector training and strategic messaging targeted to multiple audiences (i.e. law enforcement, health care, IDNs, etc.)	Healthcare
Introduce, strengthen, and support the "Ask the Question" Campaign among Substance Use Treatment Providers	Military
Increase access to and participation in military culture training for SUD treatment providers and service providers across the continuum.	Military
Provide technical assistance and support to increase the number of SUD treatment providers who are enrolled TriCare providers.	Military
Support employers in developing recovery friendly workplaces.	Opioid
Support recovery high school(s).	Opioid
Support use of PDMP data to provide feedback to prescribers, identify outlying prescribers and users as basis for assessment and understanding trends in prescribing and drug use.	Opioid
Develop syringe exchange programs.	Opioid
Support expansion of drug take back initiatives.	Opioid
Behavioral Health Training/Coaching, including trauma-informed care for early childhood & childcare program staff, elementary, middle, and high school educators.	Prevention
Early Childhood & Family Mental Health Credentialing Trainings and technical assistance.	Prevention
Expand Evidence-based home visiting programs for families at risk.	Prevention
Support Community-based programs that target the sources of toxic stress in childhood.	Prevention
Expand Life of an Athlete.	Prevention
Expand Referral, Education and Assistance Program (REAP) for older adults.	Prevention
Support and expand Juvenile Diversion Network.	Prevention

Expand support for YRBS data collection to include Middle School grades 6, 7 and 8.	Prevention
Support for innovative programs - mechanism in place by which an innovative program that has had positive initial results, could apply for funds to help expand and/or enhance program implementation. Data collection and evaluation would be required with these funds.	Prevention
Development of Treatment Capacity Tracking System - centralized, real time, treatment availability.	Treatment
Support therapeutic and recovery supports for children of parents with SUDs.	Treatment
Increase infrastructure development targeting agencies with a proven track record and interest in expansion.	Treatment
Support for access to training.	Treatment
Continued support for recruitment and retention – student loan reimbursement.	Treatment
Support for compensation of staff pre-licensure/certification, and interns.	Treatment
Infrastructure development salaries (administrative and clinical).	Treatment
Support the continuing development of Recovery Community Organizations and Peer Recovery Support Services with on-going widely available technical assistance and training.	Recovery

State Agency Funding

State agencies and departments designated as members on the Commission are required to share state and federal expenditures related to alcohol and other drug services and initiatives for the purposes of this report. The financial reporting that follows is for state fiscal year 2017 (July 1, 2016 – June 30, 2017).

Commission Agency Response	Name of Program or Service	Primary Service Category	Addresses opioid crisis in whole or in part (Yes/No)	SFY 2017 Funds allocated to this program or service	Federal or State/ General funding	Estimated or actual	Description Notes/Comments
Administrative Office of the Courts	Adult Drug Court	Treatment and Recovery	Yes	$136,876	Federal	Actual	Bureau of Justice grant
	Adult Drug Court		Yes	$793,289	General	Actual	
Department of Corrections (DOC)	Licensed Alcohol Drug Counselors	Treatment	Yes	$833,263	General	Actual	10 LADCs – 1 position is vacant
	MAT Medications	Treatment	Yes	$2,600	General	Actual	35 patients on Revia in FY17
	ASI Software	Treatment	Yes	$540	General	Actual	Addiction Severity Index software used by LADCs to complete assessments
	Dartmouth Treatment Curriculum	Treatment	Yes	$1,000	General	Actual	

Commission Agency Response	Name of Program or Service	Primary Service Category	Addresses opioid crisis in whole or in part (Yes/No)	SFY 2017 Funds allocated to this program or service	Federal or State/ General funding	Estimated or actual	Description Notes/Comments
	Swift & Certain Sanctions: HOPE	Intervention	Yes	$19,720	Federal	Actual	
	Safe Streets Task Force	Intervention	No	$31,226	Federal	Actual	
	Sgt. Position for Focus Unit NCF	Treatment	Yes	$99,205	General	Actual	
Department of Education (DOE)	Safe School Health Student Initiative	Prevention, Intervention	Yes	$2,200,000	Federal	Actual	
	Project AWARE	Prevention	Yes	$1,950,000	Federal	Actual	
	Trauma-Informed Care Project (Project Grow)	Prevention	Yes	$700,000	Federal	Estimated	
	SAHE- Title II B	Prevention	Yes	$700,000	Federal	Estimated	
	CoIIN (Collaborative Improvement and Innovation Network)	Prevention	Yes	$140,000	Federal	Estimated	
	Every Moment Counts	Prevention	Yes	$50,000	Federal	Estimated	
	System of Care	Prevention	Yes	$3,000,000	Federal	Actual	
	School Nursing	Prevention	Yes	$75,000	Federal	Estimated	
	Media Power Youth	Prevention	Yes	$110,000	Federal	Actual	
DHHS - BDAS	Governor's Commission	All	Yes	$5,906,526			
	Clinical Services	Treatment and Recovery	Yes	$11,507,350			
	Prevention Services	Prevention	Yes	3,069,350			

Commission Agency Response	Name of Program or Service	Primary Service Category	Addresses opioid crisis in whole or in part (Yes/No)	SFY 2017 Funds allocated to this program or service	Federal or State/ General funding	Estimated or actual	Description Notes/Comments
DHHS - Division for Children, Youth and Families (DCYF)	Individual Outpatient Counseling	Intervention & Treatment for DCYF involved parents	Yes	$11,573	Mix		.
	Group Outpatient Counseling	Intervention & Treatment for DCYF involved parents that are not Medicaid eligible	Yes	$1,587			
	Licensed Alcohol & Drug Abuse Counselor	Intervention, Treatment & Recovery support in Manchester & Southern offices	Yes	$17,500 $79,750	Federal	Estimated	CAPTA and Title IVB Child Welfare Services, not Commission funds.
DHHS – Medicaid	NH Medicaid	Treatment	Yes	$39,400,000	Mix	Estimated	Because SUD Medicaid service dollars are integrated into managed care capitation payments there is no Medicaid SUD budget *per se*. Dollars are estimated by reporting provider payments by health plans (commercial and Medicaid) for services delivered in SFY17. Direct Medicaid fee for service payments are also included. Actual payments for service may be slightly higher due to incurred but not reported claims for later months in the time period. Current state law sunsets NHHPP, which is providing the majority of Medicaid SUD services, on 12/31/18.
Department of Insurance	Consumer Protection and Enforcement – Mental Health Parity	Treatment	Yes	$70,953	Federal	Actual	Federal grant funds being used to fund efforts relating to health insurance companies' compliance with mental health parity laws, which include SUD treatment.
Department of Justice (DOJ)/ Attorney General	Residential Substance Abuse Treatment	Treatment	Yes	$50,000	Federal	estimated	
	Prescription Drug	Intervention	Yes	$500,000	Federal	estimated	

Commission Agency Response	Name of Program or Service	Primary Service Category	Addresses opioid crisis in whole or in part (Yes/No)	SFY 2017 Funds allocated to this program or service	Federal or State/ General funding	Estimated or actual	Description Notes/Comments
	Monitoring Program						
	Drug Task Force and Drug Prosecution Unit		Yes	$1,000,000	Federal	estimated	
Department of Safety (DOS) Division of State Police	DARE Program	Prevention	Yes	$145,000	Contri-butions	Actual	n/a
	Intoxilyzer Project	Intervention	No	$1,200,000	Federal	Actual	139 new breath analyzers to be distributed throughout the state
	PBT Project	Intervention	No	$122,000	Federal	Actual	349 PBT devices to be distributed throughout the state
	Operation Granite Hammer	Prevention and Intervention	Yes	$1,500,000	General	Actual	SB131 was passed to continue this program into SFY2018
NH National Guard/ Adjutant General	NH National Guard Counter Drug Task Force	Prevention	Yes	$100,000	Federal	Estimated	Counterdrug Task Force Civil Operations Specialist working with BDAS, Regional Public Health Networks, and Community Coalitions to reduce the demand for illicit drugs.
		Interdiction	Yes	$650,000	Federal	Estimated	Counterdrug Task Force Criminal Analysts working with federal, state, and local law enforcement agencies to reduce the supply of illicit drugs.
	TOTAL SFY 2017 Federal and State Funds			$76,174,308			

Conclusion

Progress has continued at historically unprecedented rates as reflected in data that may signal the beginning of the decrease in the growth rate of the opioid epidemic New Hampshire. Significant challenges to service and system capacity, however, remain and still negatively impact the accessibility of an effective system of care for substance use disorders. These challenges are rooted in stigma, and the residual impact of the historical under-resourcing of services, systems, and state agencies, as well as the pressure of increased demand for services coupled with shortages in key domains of the substance use workforce. When taken together, these challenges continue to effect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. These challenges include the devastating impact of 485 fatal overdoses, inadequate access to services, inadequate workforce to meet the demand for services, the need for data management and evaluation capacity, and the high risk of secondary public health threats.

Acknowledgments

The Commission extends its deepest gratitude to former Governor Hassan, Governor Sununu and the New Hampshire Legislature for the leadership and commitment exhibited relative to the state's opiate/opioid public health crisis and the on-going challenges of providing adequate substance use disorder services across the continuum of care. The Commission also extends its heartfelt gratitude to its members, task forces, stakeholders, state agency staff, advocates, people in recovery, family members of those with addictive disorders, and so many individuals who have provided input informing the Commission of the challenges faced by our citizens and the opportunities we all have to make a difference in preventing addictive disorders and promoting recovery. The Commission also thanks the NH Center for Excellence staff at the Community Health Institute/JSI for data gathering, coordinating, and drafting of this report.