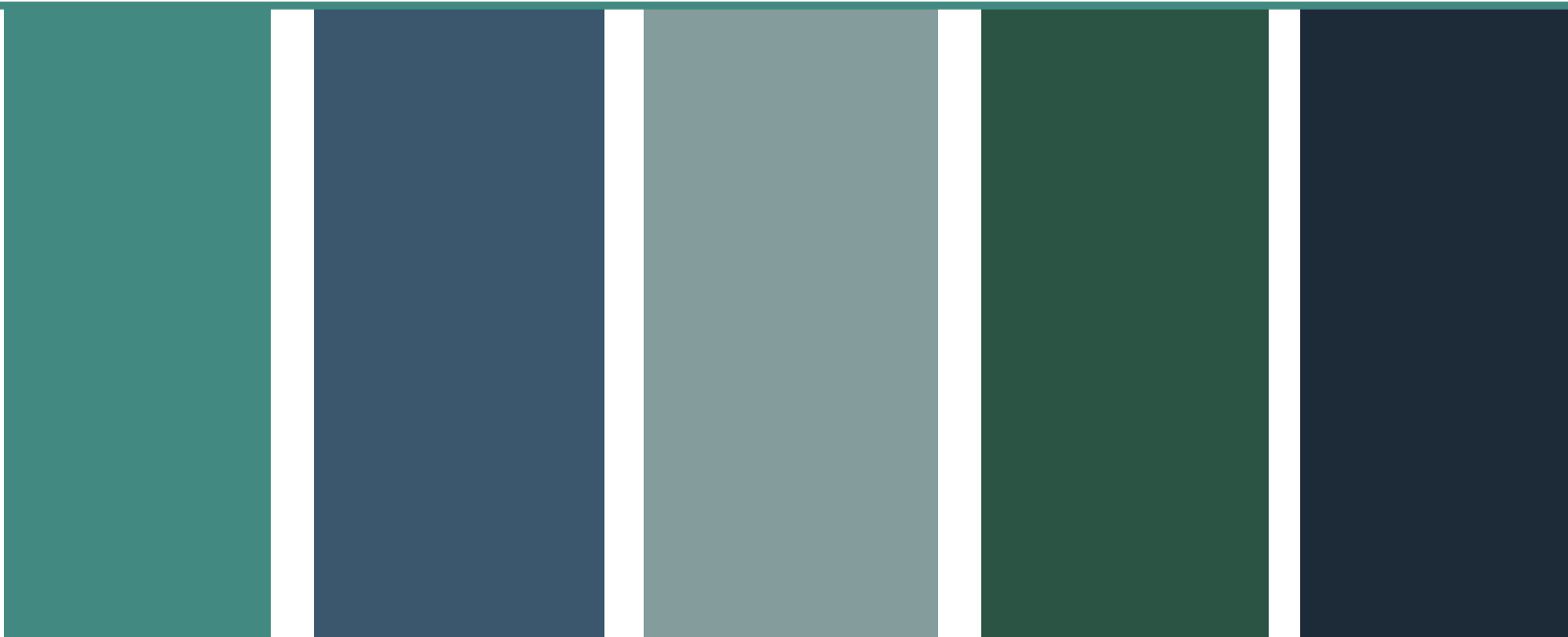




Mid-Year Report • March 1, 2018

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



Contents

Dedication	1
The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery	2
SFY 2018 Members	2
SFY 2018 Task Force Chairs/Co-Chairs	3
Executive Summary	4
Priorities and Recommendations	6
Fiscal Update.....	7
Governors Commission Funding.....	7
Service Type Description.....	9
Data and Evaluation Task Force Report	14
Access to Substance Use Disorder Treatment Services	15
Selected Morbidity and Mortality Indicators.....	19
Selected Social Consequence and Criminal Justice Indicators.....	25
Prevention, Treatment and Recovery Programs and Services	34
Prevention, Treatment and Recovery Program Outcomes	43
Task Force Updates	49
State Agency Updates.....	66
Acknowledgments	74

Dedication



The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery would like to formally recognize former Chairman, Tym Rourke, for his dedicated years of service, his commitment to and leadership of efforts to effectively address alcohol and other drug misuse and addiction in New Hampshire. As the Executive Director of Makin' it Happen in Manchester, NH, Tym joined the Governor's Commission serving as a prevention professional representative in 2006. Three years later Rourke had moved on as the Director of Substance Use Disorders Grantmaking at the New Hampshire Charitable Foundation and was appointed Chair of the Governor's Commission by Governor Lynch. For the next eight years Tym served as Chair under Governor Hassan and Governor Sununu, until stepping down in December, 2017.

Under Tym's strong leadership, the Governor's Commission was able to produce timely and informative reports resulting in active strategic planning, engagement of stakeholders and stewardship of Alcohol Fund resources. Tym thoughtfully developed and directed recommendations from stakeholder groups through the task force structure, expanding from two active task forces, Prevention and Treatment, in 2006 to eight: Data and Evaluation, Healthcare, Joint Military, Opioid, Perinatal Substance Exposure, Prevention, Recovery, and Treatment, today.

The Commission looks forward to continuing to work closely with Tym, Director of New Hampshire Tomorrow, as he continues to serve in the dedicated New Hampshire Charitable Foundation seat.

This report is dedicated to Tym as a small token of gratitude.

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

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.

SFY 2018 Members

Legislative Members

Senator Jeb Bradley
Senator Marth Hennessey
Representative William Hatch
Representative Sherman Packard

Public Members

Kevin Irwin - Recovery Representative
Monica Edgar - Treatment Professional
Melissa Crews - Non-Professional Public Member
Shannon Swett-Bresaw - Prevention Professional
Timothy Lena – Prevention Professional
Chris Placy - Non-Professional Public Member
Stephanie Savard - Treatment Professional

Designated Organization Members

Cheryl Ann Coletti-Lawson – NH Business and Industry Association
Seddon Savage – NH Medical Society
Ross Gittell - Chancellor, Community College System of NH
Daniel Potenza, MD - Chairman, NH Suicide Prevention Council
Todd S. Gardner - NH Nurses Association
Timothy Rourke - NH Charitable Foundation

Designated State Government Members

Annette Escalante, *Chair/ Executive Director* - Director, NH Bureau of Drug and Alcohol Services
Gordon MacDonald - Attorney General/NH Department of Justice
David Mikolaities- Adjutant General, NH National Guard
Edward Gordon - designee, Administrative Judge of the NH District and Municipal Courts
Joseph Mollica – Chairman, NH Liquor Commission
Jeffrey A. Meyers – Commissioner, NH Department of Health & Human Services
Joseph Ribsam- Director, NH Division for Children, Youth & Families
Frank Edelblut - NH Department of Education
Helen Hanks – Commissioner, NH Department of Corrections
John J. Barthelmes - Commissioner, NH Department of Safety
Roger A. Sevigny – Commissioner, NH Insurance Department

SFY 2018 Task Force Chairs/Co-Chairs

Data and Evaluation Task Force

Joseph Ebert / Marty Boldin

Healthcare Task Force

Seddon Savage / Lindy Keller

Joint Military Task Force

David Mikolaities / Victoria Bagshaw / Richard Frost

Opioid Task Force

Seddon Savage

Perinatal Substance Exposure Task Force

Monica Edgar

Prevention Task Force

Timothy Lena / Shannon Swett-Bresaw

Treatment Task Force

Stephanie Savard

Recovery Task Force

Kevin Irwin / Marty Boldin

Executive Summary

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Governor's Commission) presents this mid-year report as required in RSA Chapter 12-J:4, to update progress achieved in the first half of State Fiscal Year 2018 (SFY18), July – December 2017 and to update the “dashboard” of indicators presented in the [New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery State Fiscal Year 2017 Annual Report](#)¹.

The Commission has a legislated 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 misuse prevention, treatment and recovery services throughout the state.

The Commission, its task forces and their many volunteers appreciate the progress that New Hampshire has made in an effort to address the State's problems related to alcohol and other drugs, including the current opioid epidemic. In SFY18 the Alcohol Fund was the sole funding source available for the Governor's Commission. The Alcohol Fund, was set at 3.4% gross profits from liquor sales during the SFY18/19 budget-making process. This amounts to \$6,799,932 for SFY18 as described in the Fiscal Update, Section II of this report.

Concern, however, continues to grow regarding the instability of this fragile system. Recent news reports illustrate the growing difficulties with inadequate and unstable funding sources, rapid growth and persistent inadequate availability of services for those in need. Recognizing that progress must be stabilized, sustained and expanded in order to achieve the access to prevention, treatment and recovery supports that NH citizens require, the Governor's Commission offers priorities and recommendations for consideration by the Governor and Legislature in the Priorities and Recommendations, Section I of this report. The Commission emphasizes the need to stabilize and expand support for prevention, early identification, treatment and recovery services especially for high-risk/ high-need populations (i.e.: youth, young adults, pregnant women) to ensure accessible, integrated services that meet demand throughout the State. This stability is furthered by ensuring the continuing coverage for the Medicaid expansion population and for substance use disorder services gained under the Affordable Care Act and the NH Health Protection Program.

A number of indicators point toward progress in addressing the epidemic of opioid and other substance misuse in New Hampshire. The number of Emergency Medical Service (EMS) cases involving naloxone (Narcan) administration by an EMS provider decreased in calendar year 2017 compared to 2016. Most importantly, fewer drug overdose deaths are projected to have occurred in 2017 compared to the prior year. Each of these is the first such decrease since 2012. More people are accessing treatment services as a result of comprehensive substance use disorder benefits through

¹ <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-annual-report.pdf>

Medicaid and expanded coverage through the NH Health Protection Program. Another hopeful sign comes from the results of the 2017 Youth Risk Behavior Survey of high school students across the State. These results show a continuing and significant 10-year trend toward decreased use of alcohol, cigarettes and misuse of prescription drugs among our youth.

The Governor's Commission currently has eight public task forces that assist the Commission in the performance of its duties. The designated task forces include, [Data & Evaluation Task Force](#), [Healthcare Task Force](#), [Joint Military Task Force](#), [Opioid Task Force](#), [Perinatal Substance Exposure Task Force](#), [Prevention Task Force](#), [Recovery Task Force](#), and [Treatment Task Force](#). Updates from each task force are included in Section IV of this report. In addition and for the purposes in this report, many designated members of the Commission representing State Agencies have also provided updates on significant progress in the first half of SFY18, State Agency Updates are found in Section V.

Finally, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery would like to again wholeheartedly thank former Chairman, Tym Rourke, Director of New Hampshire Tomorrow at the New Hampshire Charitable Foundation, for his dedicated years of service, commitment and leadership of efforts to effectively address alcohol and other drug misuse and addiction in New Hampshire.

I. Priorities and Recommendations

The Commission, its task forces and their many volunteers appreciate the progress that New Hampshire has made in efforts to address the State's problems related to alcohol and other drugs, including the current opioid epidemic. Concern is mounting regarding the many uncertainties impacting this delicate system. Recent news² reports illustrate the growing difficulties with inadequate and unstable funding sources, rapid growth and persistent inadequate availability of services for those in need.

Recognizing that progress must be stabilized, sustained, and expanded in order to achieve the access to prevention, treatment, and recovery supports that NH citizens require, we offer priorities and recommendations for consideration by the Governor and Legislature.

- Stabilize and expand support for prevention, early identification, treatment and recovery services especially for high-risk/ high-need populations (i.e.: youth, young adults, pregnant women) to ensure accessible and integrated services that meet demand throughout the state.
- Ensure continuing coverage for the Medicaid expansion population and substance use disorder services gained under the Affordable Care Act and the NH Health Protection Program.
- Public health messaging to educate the public and key systems about the nature of addictive disorders and the impact that stigma has on individuals, families, communities and the healthcare system as a whole, in effectively addressing these health conditions.
- Continue support expansion of medication assisted treatment and withdrawal management services that are critically needed to effectively address opioid use disorders.
- Expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders.
- Expand harm reduction efforts, including access to syringe exchange programs.
- Develop funding and regulatory frameworks to support increased access to safe, supportive recovery housing.

Additionally, the current Governor's Commission State Plan, [*Collective Action – Collective Impact*](#)³ will be updated in 2018. An overarching priority for the Commission this year is to revise the State Plan, taking into account existing progress, ongoing needs and conditions on the ground to lay the groundwork for the next three-year strategy. The Commission has begun this effort, and is on track to deliver the updated State Plan.

² nhpr.org/post/serenity-places-downfall-tells-much-larger-story, www.concordmonitor.com/HOPE-for-recovery-announces-closure-of-four-facilities, www.unionleader.com/.../harbor-homes-addiction-recovery-program-400k-in-the-red

³ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

II. Fiscal Update

GOVERNORS COMMISSION FUNDING

In SFY18 the Alcohol Fund was the sole funding source available for the Governor's Commission. The Alcohol Fund was set at 3.4% of gross profits from liquor sales during the SFY18/19 budget-making process. This amounts to \$6,799,932 for SFY18. The Alcohol Fund, however, is a non-lapsing fund and routinely, especially during periods of contract transition, recruitment requirements or procurement, funds may not be drawn down by contractors in the expected timeframe. In these cases, the funds are carried over into the following fiscal year for use under a specified purpose. This explains the difference between the SFY18 allocation (\$6,799,932) and the total amount in contracts (\$10,855,128), as identified in Table I on the following page, which is the budget for all Governor's Commission funds for SFY18 by priority area.

TABLE I

Service Type	SFY18 Governor Commission Funds	Contracts Blend Funding with Bureau of Drug and Alcohol Services Funding Sources
Clinical Treatment Services and Infrastructure Development	\$3,590,047	✓
Recovery Supports/Family Peer Supports	\$820,000	✓
Prevention Services	\$1,344,501	✓
Ambulatory Medication Assisted Treatment/Withdrawal management	\$556,000	✓
Juvenile Court Diversion	\$307,924	-
Crisis Line	\$500,000	✓
Public Awareness and Education	\$300,000	-
Regional Access Point Services	\$91,750	✓
Crisis Respite Shelter/Safe Stations	\$369,842	-
Governor's Policy Advisor	\$283,152	-
Training/Technical Assistance/Evaluation/Data Collection	\$649,352	✓
Renovation per HB 2 - SYSC SUD UNIT	\$1,542,560	-
Alternative Sentencing/Housing	\$500,000	-
Total	\$10,855,1284	

All strategies are tied to priorities noted in the Governor's Commission strategic plan, [Collective Action – Collective Impact](#)⁵.

⁴ This amount includes carry over funds from FY17 that were dedicated to the specific purpose but not yet spent down at the rate anticipated.

⁵ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

SERVICE TYPE DESCRIPTION

Each priority area type of service is described including target population(s) and status of funding (contracted, in process, etc.) on the following pages including strategies specific to the opioid epidemic.

Clinical Treatment Services / Infrastructure Development. NH Department of Health and Human Services (NH DHHS), Bureau of Drug and Alcohol Services (BDAS) currently contracts with 15 substance use disorder treatment providers across the state to provide financial and geographic access to a comprehensive array of services. Services include ambulatory withdrawal management, medically monitored inpatient withdrawal management, outpatient, intensive outpatient, partial hospitalization, low-intensity residential, high-intensity residential, high-intensity residential for pregnant and postpartum women, transitional living, recovery support services, enhanced services such as transportation and child care and medication assisted treatment (MAT). Additionally, onetime infrastructure development funds from FY17 were repeated for a selection of treatment providers that required additional funds to support critical infrastructure investments to expand or continue to increase capacity to provide treatment services. Services are available for individuals with diagnosable alcohol and drug use disorders with treatment services for opioid use disorders enhanced and expanded. **Funding status:** Contracted.

Table 2 displays geographic location and services provided for each of the treatment providers currently under contract with BDAS.

TABLE 2

Provider	Primary Service Region	Services	
		Outpatient	Residential
Concord Hospital	Capital Area	Outpatient Intensive Outpatient Medication Assisted Treatment (MAT) Recovery Support Services	
Families in Transition	Greater Manchester	Outpatient Intensive Outpatient Recovery Support Services	
Farnum Center	Winnepesaukee and Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization Recovery Support Services	Transitional Living Low Intensity High Intensity Withdrawal Management

Provider	Primary Service Region	Services	
		Outpatient	Residential
Grafton County	North Country Central	Outpatient Recovery Support Services	
Greater Nashua Council on Alcoholism: Keystone Hall	Greater Nashua	Outpatient Intensive Outpatient Partial Hospitalization Integrated MAT Recovery Support Services	Transitional Living Low Intensity High Intensity Specialty Pregnant & Parenting Women Integrated MAT
Goodwin Community Health	Seacoast	Outpatient Intensive Outpatient Integrated MAT Recovery Support Services	
HALO Educational Systems	Upper Valley	Outpatient Recovery Support Services	
Headrest	Upper Valley	Outpatient Intensive Outpatient Recovery Support Services	Low Intensity
Horizons	Winnepesaukee	Outpatient Intensive Outpatient Integrated MAT Recovery Support Services	
Phoenix House	Greater Monadnock	Outpatient Intensive Outpatient Recovery Support Services	Transitional Living Low Intensity High Intensity Integrated MAT
Serenity Place – Agency entered receivership late in the reporting period.	Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization	Transitional Living Low Intensity High Intensity

Provider	Primary Service Region	Services	
		Outpatient	Residential
		Withdrawal Management Recovery Support Services	
Southeastern NH Alcohol and Drug Abuse Services	Strafford County	Outpatient Intensive Outpatient Partial Hospitalization Withdrawal Management Recovery Support Services	Transitional Living Low Intensity High Intensity
Tri-County CAP/North Country Health Consortium – Provider transitioned during the reporting period.	North Country	Outpatient Intensive Outpatient Integrated MAT Recovery Support Services	Low Intensity High Intensity Integrated MAT
Youth Council	Greater Nashua	Outpatient Recovery Support Services	

Peer Recovery Support Services. A Facilitating Organization (FO) is contracted to oversee the development and implementation of Peer Recovery Support Services (PRSS) available through recovery community organizations (RCOs). The FO is contracted with nine RCOs to provide support to achieve national accreditation, train and certify recovery support workers, open recovery centers and provide PRSS. The FO offers an optional suite of administrative functions, including human resources, financial management, billing and data collection. The goal of the FO is to provide streamlined contracting, increased efficiency in public finance deployment and consistent monitoring and evaluation of PRSS that meet the national standards of evidence and quality. All of the contracted RCOs have operating Recovery Centers, see Section III Table 11. **Funding status:** Contracted.

Family Peer Support Services. Parent support groups⁶ in more than 15 communities throughout the state. These services are for parents of youth and young people harmfully involved with alcohol and other drugs, primarily utilized by families impacted by the opioid epidemic. **Funding status:** Contracted.

Prevention Services. Support of prevention strategy priorities identified through the 13 Regional Public Health

⁶ www.granitepathwaysnh.org/family-support-groups

Network Substance Misuse Prevention plans such as youth development activities, targeting youth and young adults. Regional Public Health Networks must target the reduction in opioid misuse. **Funding status:** Funds contracted for implementation of Life of an Athlete⁷ and prevention direct services for at-risk youth.

Public Information Campaign. The Partnership for a Drug-Free NH⁸ is contracted to provide public information campaigns to address significant issues related to substance misuse prevention, intervention, treatment and recovery. **Funding status:** Contracted.

Ambulatory Medication Assisted Treatment/Withdrawal Management. The most effective treatment of opioid use disorder (OUD) is the utilization of medication assisted treatment (MAT). MAT involves the administration of buprenorphine/ naloxone, naltrexone or methadone to counteract the symptoms of opioid withdrawal, while the patient is participating in psychotherapeutic treatment and/or recovery supports services. NH DHHS has contracted with an organization⁹ to help federally qualified health centers (FQHCs) develop their capacity to provide MAT and has been awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant to target increased access to MAT in the high-need areas of Manchester and Nashua. This strategy targets patients with a diagnosed OUD. In addition, there is increasing attention to pregnant and parenting women as a high-priority population for MAT services and support. **Funding status:** Contracted.

Juvenile Court Diversion. Juvenile Court Diversion programs utilize evidence informed strategies targeting youth who are in early contact with the justice system. The Juvenile Diversion Network¹⁰ is contracted to support Juvenile Diversion services in 16 communities for high-risk youth. **Funding status:** Contracted.

Regional Access Point Services. Screening, assessment, referral and care coordination for individuals and families seeking substance use disorders treatment and recovery services. The initiative focuses on streamlining access to assistance for those with substance use disorders in crisis who reach out to 211, the NH Addiction Crisis Line or other referral pathways, in order to reduce wait times and increase individuals accessing the appropriate clinical level of care. **Funding status:** Contracted.

Governor's Policy Advisors. Positions on the Governor's staff to provide guidance and support to the Governor's Office on issues related to alcohol and other drug prevention, treatment, recovery and behavioral health. **Funding status:** Funds support positions in Governor's Office.

Training and Technical Assistance. The Governor's Commission and the Bureau of Drug and Alcohol Services are

⁷ www.nhcaa.org/life-of-an-athlete

⁸ www.drugfreenh.org

⁹ www.bistatepca.org

¹⁰ www.nhcourtdiversion.org

committed to providing training, technical and data/evaluation assistance to ensure that contractors can appropriately implement and monitor the effectiveness of their programs and report those outcomes to the state. These resources enhance existing technical assistance and evaluation capacity to ensure the technical assistance provider¹¹ is appropriately resourced to address implementation and monitoring of these newly implemented strategies. Additionally, funds support ongoing training of the substance use disorder workforce¹² in New Hampshire. **Funding status:** Contracted.

Renovation per HB 2 – Sununu Youth Services Center Substance Use Disorders Unit. Funding set aside in the SFY18/19 budget making process for the purposes of funding construction at Sununu Youth Services Center for the development of 36 residential treatment beds for adolescents with substance use disorders. **Funding status:** Contracted.

Alternative Sentencing/Housing. Pilot subsidy program that will provide care coordination and housing assistance funding for individuals who are returning to the community from incarceration and are enrolled in substance use treatment and/or recovery support services in the community. **Funding status:** Contracted

¹¹ www.nhcenterforexcellence.org

¹² www.nhadaca.org

III. Data and Evaluation Task Force Report

The following section 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 RSA 12-J:4, III and provides an update to similar information in the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery State Fiscal Year 2017 Annual Report¹³.

The information for the following 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.

A number of indicators point toward progress in addressing substance use disorders in New Hampshire, including:

- **The total of 6,134 individuals receiving SUD-related services through NH Medicaid in October 2017 is more than 4 times as many people who received such services at the beginning of 2012.**
- **The number of cases involving Naloxone administration decreased about 4% in calendar year 2017 from the prior year; the first decrease in the number of EMS cases involving Naloxone administration since 2012.**
- **The number of drug overdose deaths is projected to decrease in 2017, the first such decrease from the prior year since 2012.**
- **70% increase in the number of individuals enrolled in drug court program.**
- **Statistically significant trends (decreased prevalence) for use of alcohol, cigarettes and prescription drugs over a 10 year period, while the trend for marijuana use is essentially flat (no statistically significant change over time).**

¹³ <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-annual-report.pdf>

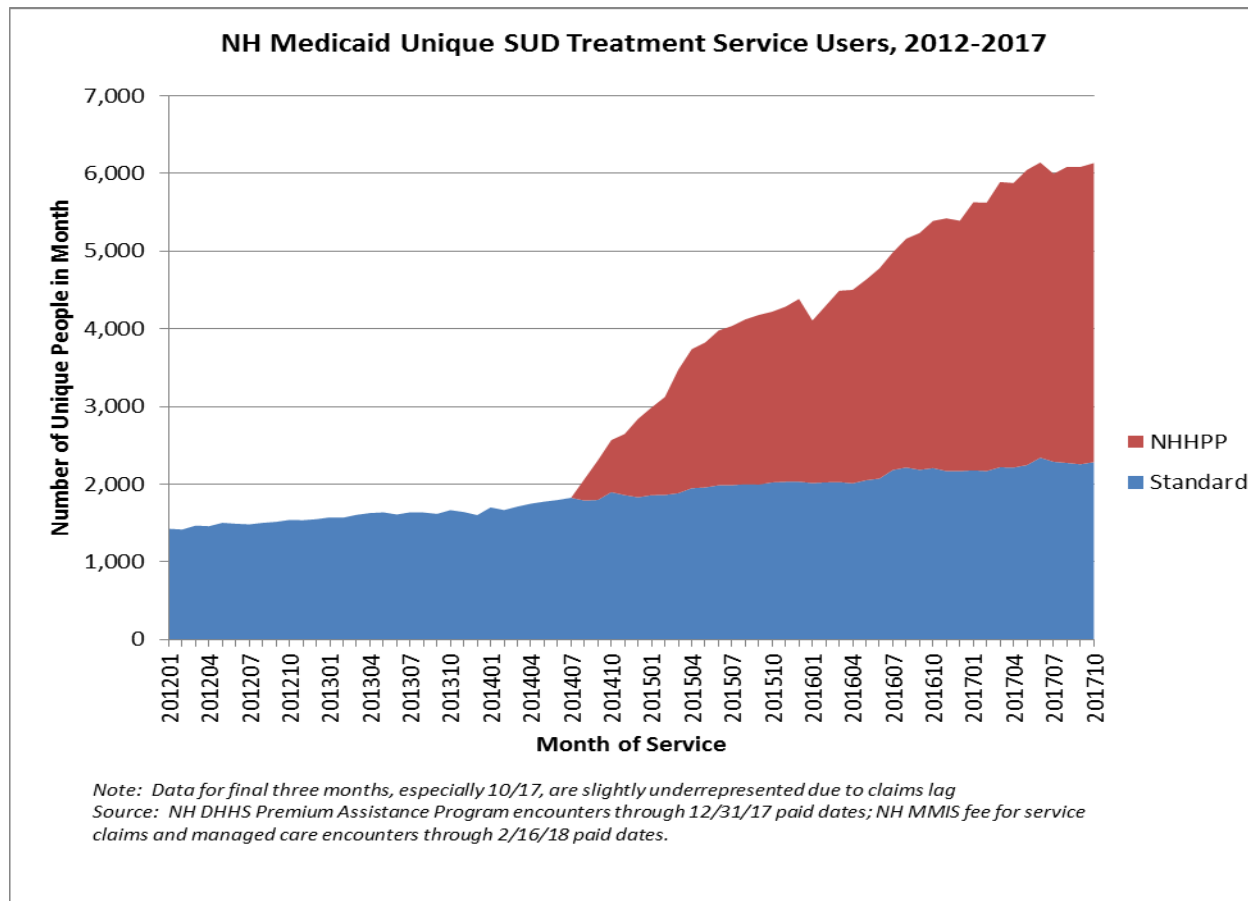
ACCESS TO SUBSTANCE USE DISORDER TREATMENT SERVICES

I. People Receiving Substance Use Disorder Services through NH 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 group is known in New Hampshire as the New Hampshire Health Protection Program (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 state fiscal year (SFY) 2016-2017 state 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 2016 and the SUD service expansion to the standard Medicaid population was implemented on July 1, 2016.

Chart I on the next page presents a high-level trend in the number of unique people in each time period that have received a Medicaid funded SUD treatment service, either paid for directly through Medicaid, through one of New Hampshire's Medicaid Managed Care plans, or through one of the NH Health Protection Premium Assistance Program 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, 1,427 individuals received SUD-related services through Standard Medicaid. In October 2017, 2,285 individuals received SUD-related services through Standard Medicaid and an additional 3,849 received SUD-related services covered by NHHPP. **The total of 6,134 individuals receiving SUD-related services through NH Medicaid in October 2017 is more than 4 times as many people who received such services at the beginning of 2012.**

-CHART I-

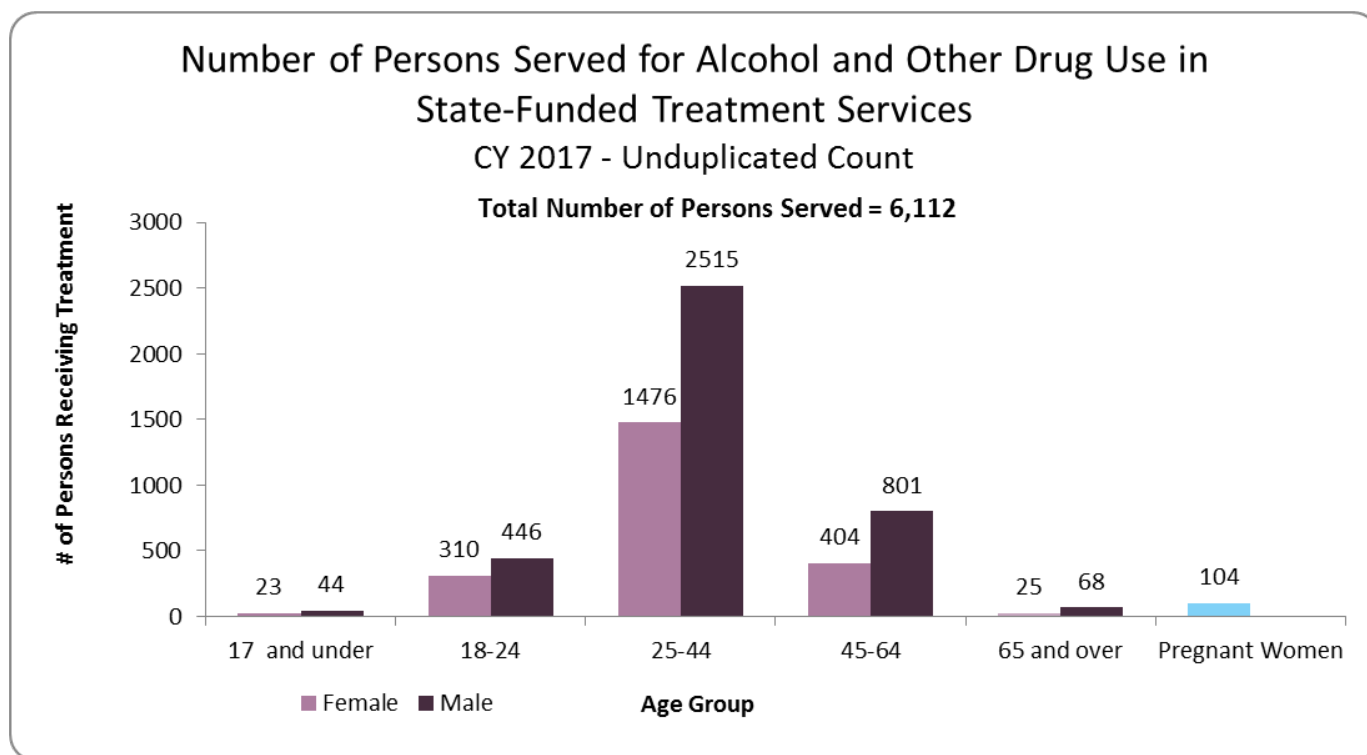


Data Source: NHDHHS, Office of Quality Assurance and Improvement, February 2018

2. People Served by State-Funded Treatment and Recovery Programs

In addition to access through Medicaid insurance coverage, the NH Department of Health and Human Services, through the Bureau of Drug and Alcohol Services (BDAS), contracts with a set of treatment providers across the state to provide services to individuals in need of treatment who lack insurance coverage and have limited ability to pay. A total of 6,112 people received alcohol and other drug use treatment services with BDAS funding from January 1, 2017 to December 31, 2017; an increase of 6.8% from calendar year (CY) 2016 when 5,723 individuals were served through BDAS funded treatment services. As displayed by the Chart 2, the largest group of individuals served by age and gender were males between the ages of 25 and 44 (41% of the total number of individuals served).

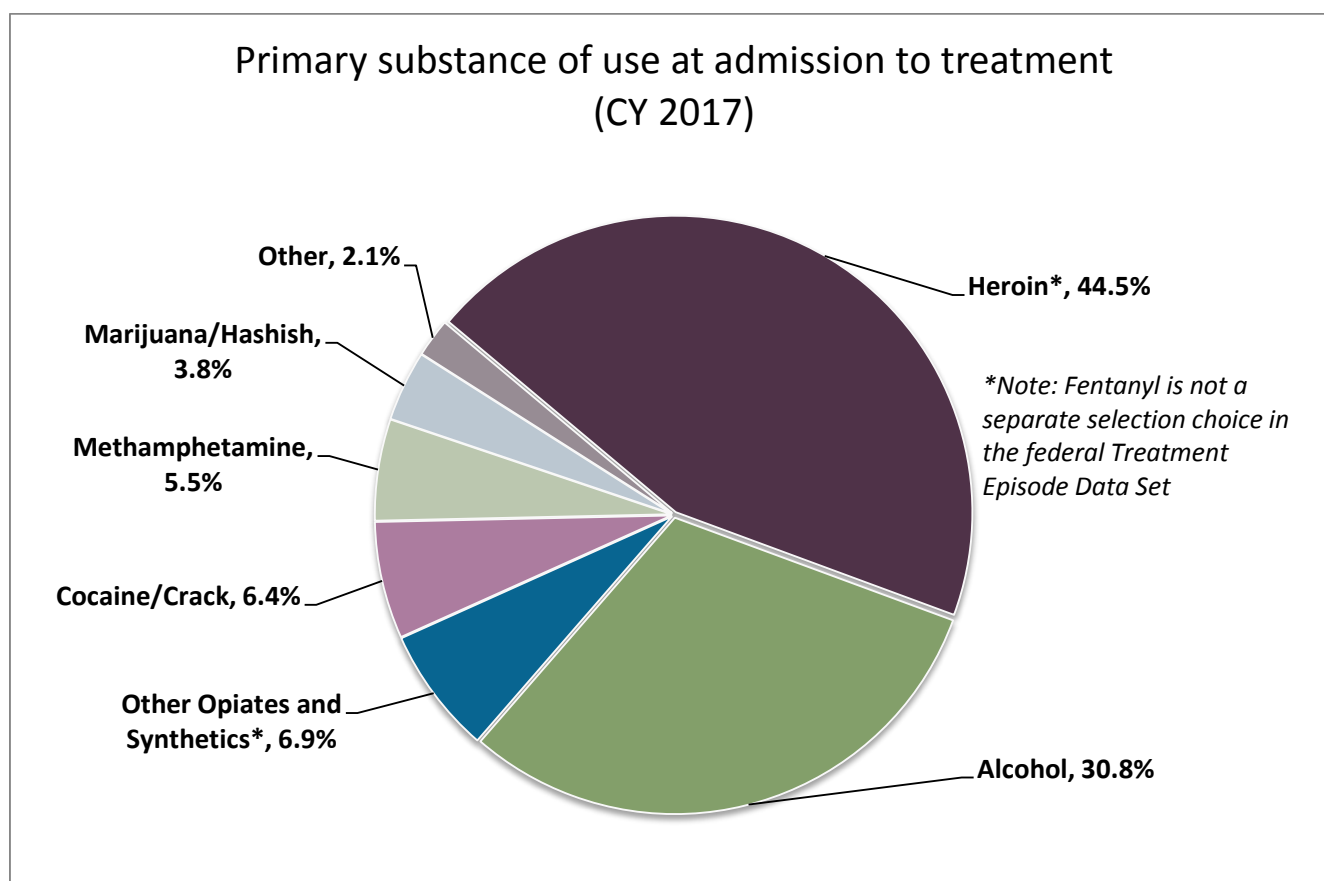
-CHART 2-



Data Source: Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System. February 2018

Chart 3 displays information on primary substance of use based on assessment at the point of admission to treatment. 'Heroin' is the primary substance for about 45% 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 next most commonly reported substance, accounting for about 31% of treatment admissions. While these data display primary substance of use identified by patients at intake, it is also important to note that polysubstance dependence is common among individuals seeking substance use treatment. Additional information on treatment system capacity and outcomes is included on Table 12 of this report.

-CHART 3-



Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System. February 2018

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 NH Trauma and Emergency Medical Services Information System (TEMSIS). Table 3 displays the total number of emergency medical response cases in 2016 and 2017 where the Provider's Primary Impression (the EMS provider's working diagnosis) included drug overdose or intentional misuse of medications. The table also displays the number of cases that involved a provider impression of 'Alcohol Abuse and Effects'. Chart 4 displays a comparison of total EMS cases in 2016 and 2017 where the EMS provider impression was drug overdose/misuse of medications (7.7% increase from 2016 to 2017) or alcohol abuse and effects (0.2% increase).

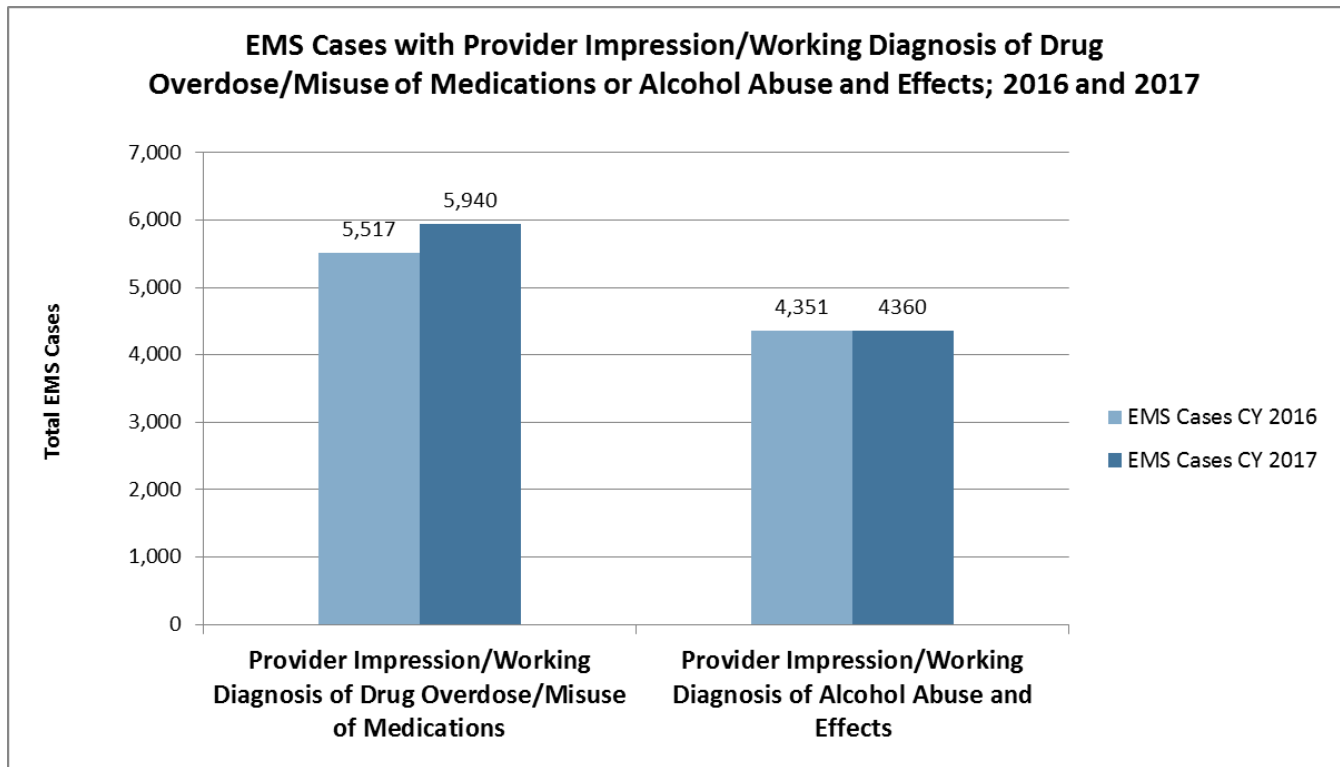
TABLE 3

EMERGENCY MEDICAL SERVICE (EMS) CASES WITH PROVIDER IMPRESSION/ WORKING DIAGNOSIS* OF DRUG OVERDOSE/MISUSE OF MEDICATIONS OR ALCOHOL ABUSE AND EFFECTS	EMS Cases CY 2016	EMS Cases CY 2017
Drug Overdose / Abuse: Heroin (Known or Suspected) (T40.1X1A)	1,161	2,121
Drug Overdose / Abuse: Opiates/Narcotics (Non-Heroin / Unknown) (T40.2X1A)	314	538
Poisoning: Overdose of Medication (Intentional Self-Harm / Suicidal) (T50.992)	303	478
Drug Overdose / Abuse: Other Illicit Drug (Not Otherwise Specified) (F19.129)	286	444
Drug Overdose / Abuse: Psychoactive Drug (Meth, MDMA, XTC, etc.) (T43.601)	74	143
Drug Overdose / Abuse: Marijuana / Spice or Other Synthetic Cannabis (T40.7X1A)	69	126
Drug Overdose / Abuse: Hallucinogens, LSD and Mushrooms (T40.9)	62	113
Drug Overdose / Abuse: Cocaine (T40.5X1A)	42	59
*Drug Overdose / Misuse of Medications (Intentional)	3,206	1,918
Total EMS Cases With Provider Impression/Working Diagnosis of Drug Overdose/Misuse of Medications	5,517	5,940
Total EMS Cases With Provider Impression/Working Diagnosis of Alcohol Abuse and Effects	4,351	4,360

Data Source: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System, February 2018.

*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.

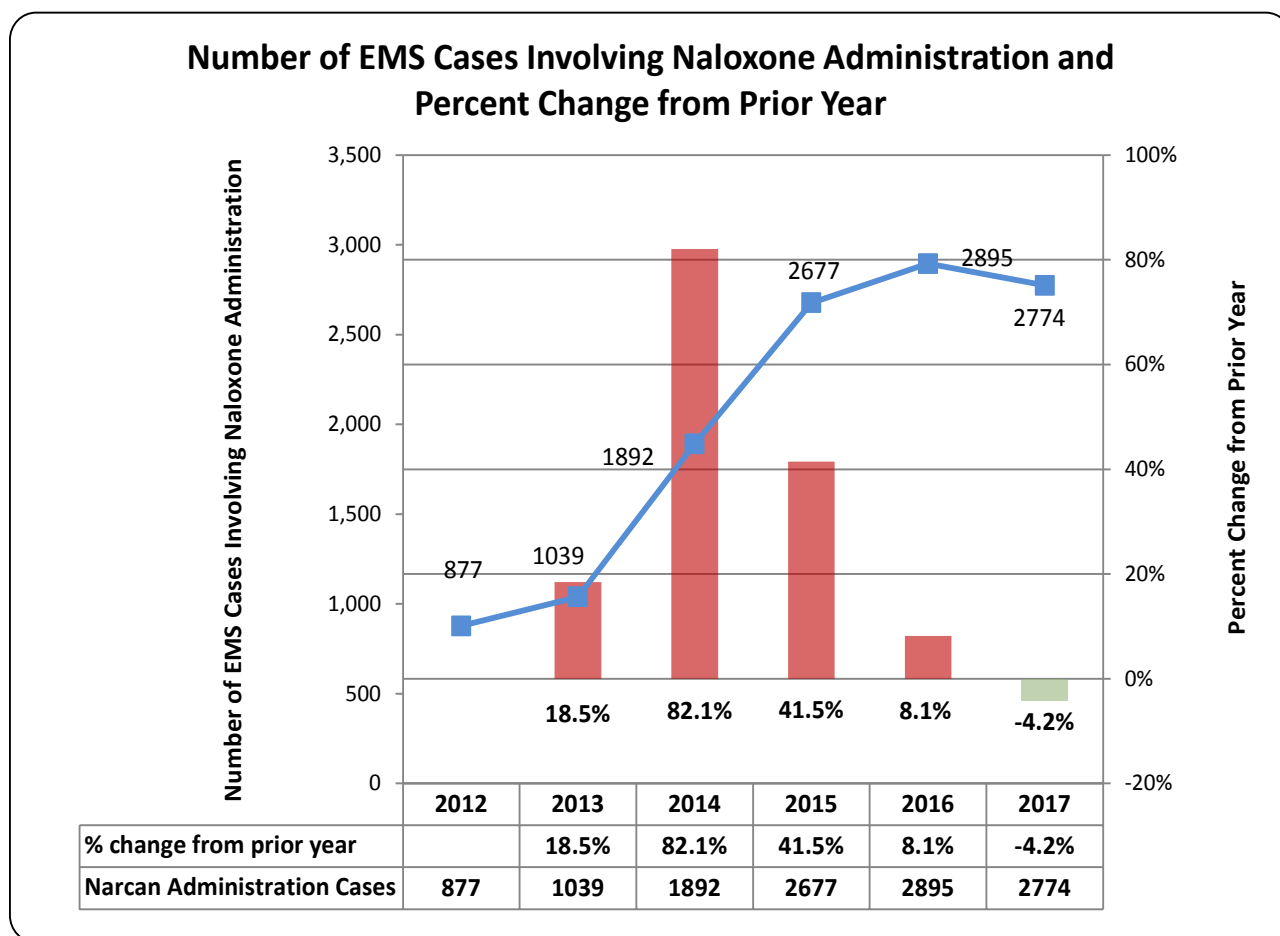
-CHART 4-



Data Source: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System, February 2018.

Chart 5 displays the total number of emergency medical response cases since 2012 that involved administration of Naloxone. The chart also displays the percent change in the number of these cases from the prior year. **The number of cases involving Naloxone administration decreased about 4% in calendar year 2017 from the prior year; the first decrease in the number of EMS cases involving Naloxone 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 during this time period through pharmacies and public distribution events to any NH resident.

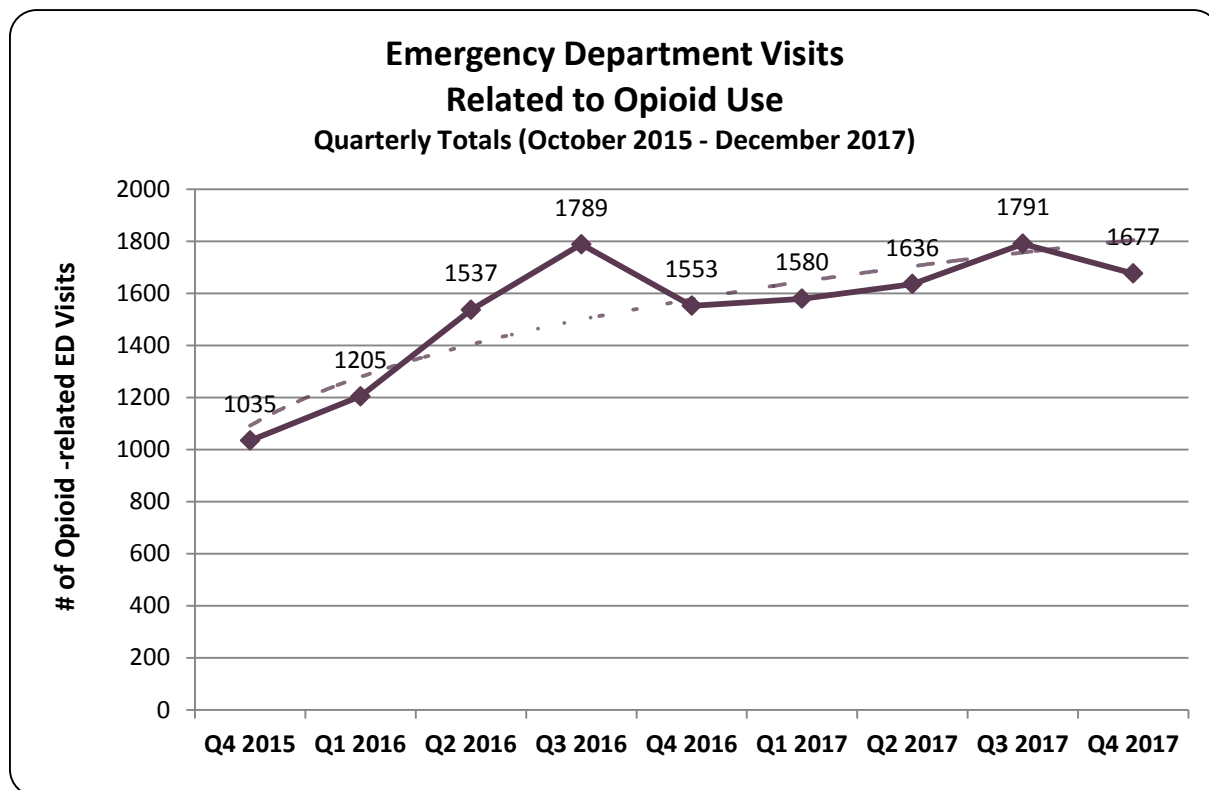
-CHART 5-



Data Source: NH Bureau of EMS, 2017; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, January 2018

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. Chart 6 displays quarterly totals and the trend for emergency department visits related to opioid use from October 2015 to December 2017. In 2017 overall, **the number of ED visits related to opioid use increased by 9.9%** compared to 2016 with the highest quarterly total recorded in the third quarter of 2017 (previous high was the third quarter of 2016). It is important to note that only a subset of these visits related to opioid use may have involved an overdose from opioid use.

-CHART 6-



Data Sources: NH Division of Public Health Services, Automated Hospital Emergency Department Data; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, January 2018

2. Drug Overdose Deaths

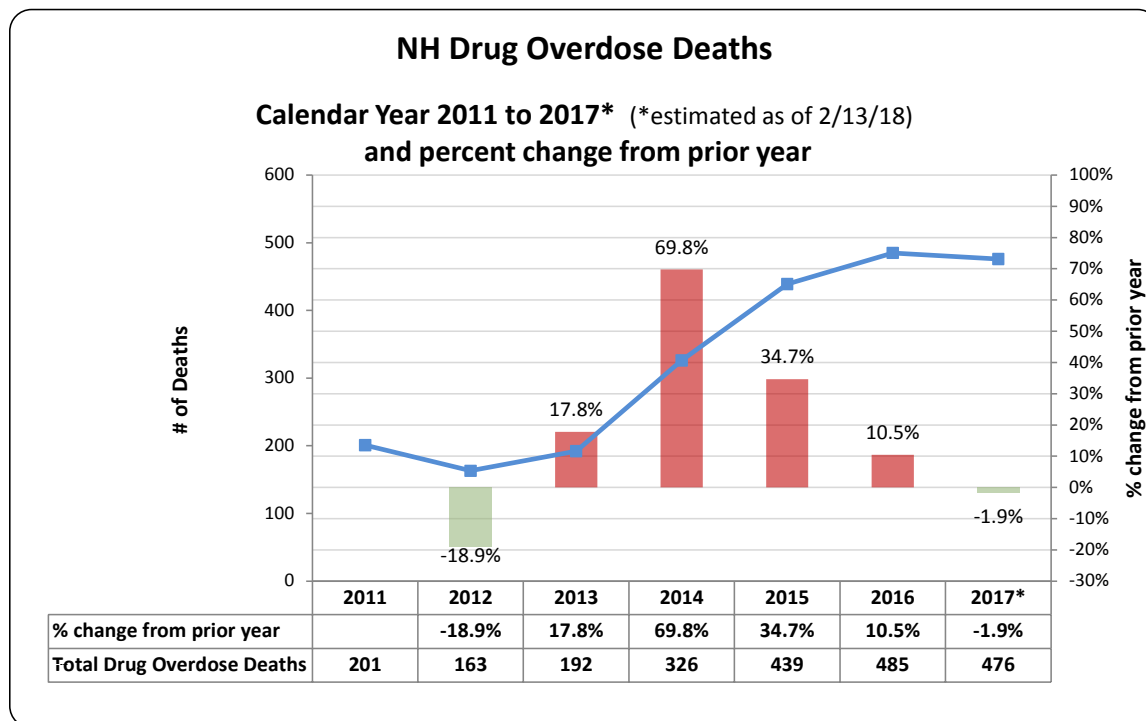
Table 4 displays the number of drug overdose deaths in 2017 as determined by the Office of the Chief Medical Examiner as of February 2018. Approximately 88% of all known drug overdose deaths in 2017 are related to opiates/opioid overdoses and about **75% of all overdose deaths have involved Fentanyl**. 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.

TABLE 4

NH Drug Overdose Deaths				
Calendar Year 2017 (as of February 13, 2018*)				CY2016
Drug Category	# of Deaths – Total*	# of Deaths - Subtotals	% of Total Deaths	% of Total Deaths
Total Opiates/Opoids	365		88.4%	87.4%
Fentanyl (no other drugs)		171		
Fentanyl and Other Drugs (excluding Heroin)		123		
Heroin and Fentanyl		16		
Subtotal involving Fentanyl		310	75.1%	72.0%
Heroin (no other drugs)		1		
Heroin and Other Drugs (excluding fentanyl)		4		
Other Opiates/Opoids		47		
Unknown Opoids		3		
Other Drugs	46		11.1%	12.6%
Unknown Drugs	2		0.5%	---
Total Drug Deaths	413			485
*Note: There are 63 cases from 2017 that are "pending toxicology"				
Data Source: Office of the Chief Medical Examiner, 2017 Current Drug Data as of 2/13/2018.				

Chart 7 displays the trend in drug overdose deaths since the year 2011. **The number of drug overdose deaths is projected to decrease in 2017, the first such decrease from the prior year since 2012.** Similar to the observation described previously for the rate of increase in EMS cases involving Naloxone administration, these data may reflect a decrease in the growth rate of the epidemic of opioid misuse in New Hampshire.

-CHART 7-



Data Source: Office of the Chief Medical Examiner, 2017 Current Drug Data as of 2/13/2018

*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 the CY 2017, there were 9,554 distinct and separate charges brought against adults and juveniles for criminal acts involving drugs or alcohol which resulted in convictions for the charged offense. Table 5 displays the count and proportions of total charges by RSA for the most common charges resulting in convictions during this one year time period.

TABLE 5

Convictions for Drug and Alcohol Related Offenses January 1, 2017 to December 31, 2017			
Statute	Charge Description	Count	Percent of total (n=9,554)
318-B:2	Cntrl Drug: Acts Prohibited	2,647	27.71%
318-B:2,I	Cntrl Drug: Acts Prohibited	2,316	24.24%
265-A:2	DUI Driving While Intoxicated	1,912	20.01%
265-A:2,I(a)	DUI - impairment	910	9.52%
265-A:43	Transport Drugs in Motor Vehicle	356	3.73%
265-A:45	Transport Alcohol by Minor	263	2.75%
265-A:44	Open Container	209	2.19%
318-B:26,III(a)	Cntrl Drug:Cntrl Premises Where Drugs Kept	158	1.65%
265-A:3	DUI Aggravated	123	1.29%
265-A:2,I(b)	DUI 2d or 3d; .Adult>.08; Minor>.02	113	1.18%
318-B	Controlled Drug Act	107	1.12%
318-B:26	Possession/Sale of Narcotic Drug; Penalties	84	0.88%
Other RSAs	36 other RSAs cited	356	3.73%
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.			

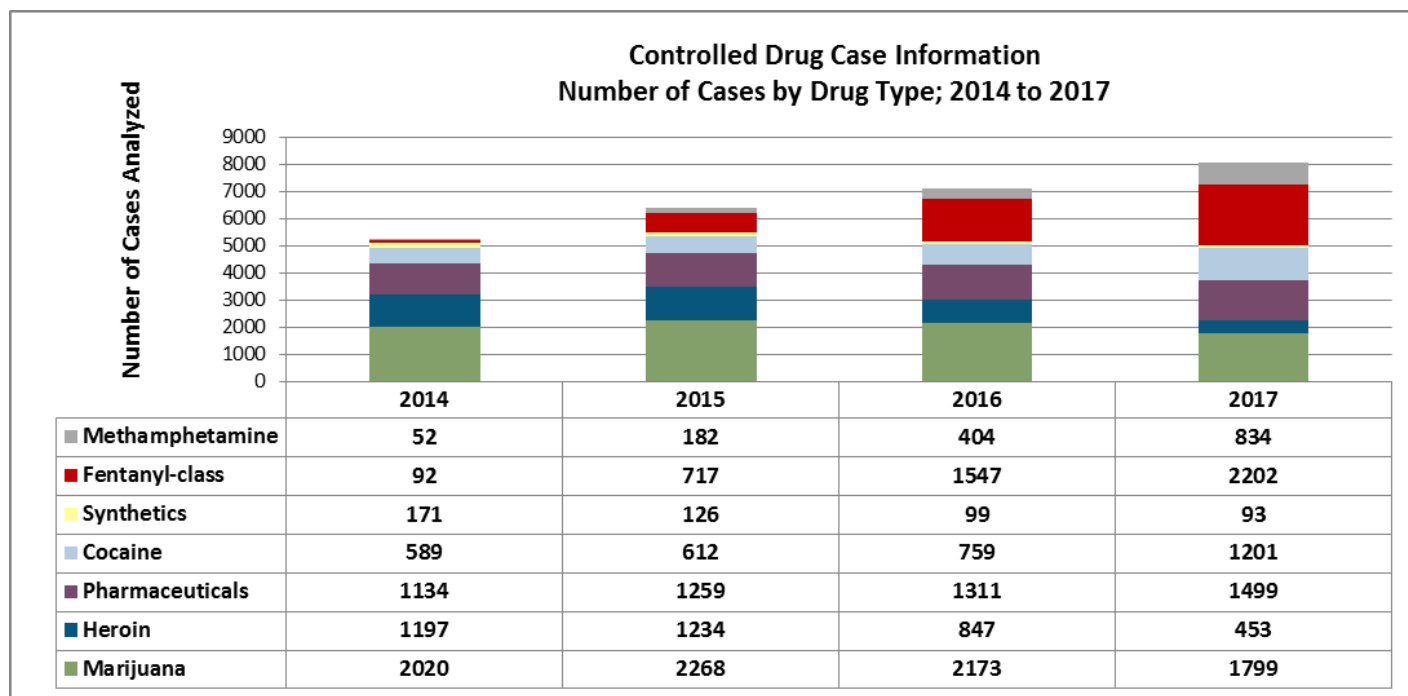
Important Data Note: These data do not indicate how many convictions for individual charges were associated with criminal cases pending against a single individual. These data also do not take into account the number of drug-related criminal acts that resulted in convictions but were not specifically 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 Lab Case Information

Chart 8 displays the number of drug seizure cases by drug type analyzed by the NH State Police Forensic Laboratory. The total number of cases analyzed for these drug types increased by 54% between 2014 and 2017 from 5,255 to 8,081 cases. The most substantial increases in cases occurred for Fentanyl-class drugs (an increase of 2,110 cases in 2017 compared to 2014), Methamphetamine (increase of 782 cases) and Cocaine (increase of 612 cases). The largest decrease over this time period was observed for cases involving analysis of Heroin specimens (a decrease of 744 cases from 2014 to 2017).

It is important to note that these totals only include submissions to the lab that were tested and confirmed for the purpose of presenting evidence in a court proceeding. Many specimens submitted to the State Forensic Lab are not tested, because the associated case is adjudicated in some manner other than a trial, such as a plea bargain.

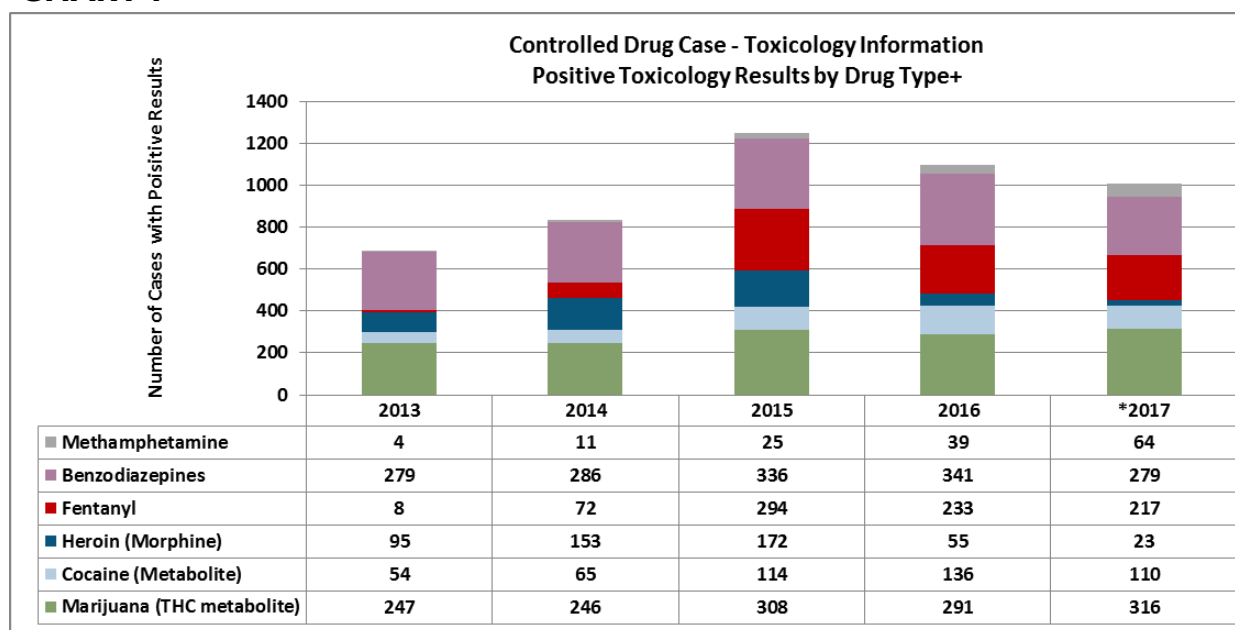
-CHART 8-



Data Source: New Hampshire Department of Safety, Division of State Police, Forensic Laboratory, February 2018

Chart 9 displays the number of toxicology cases, such as drugged impaired driving and post-mortem cases, with positive toxicology test results. Similar to the trends observed for cases involving drug seizure, relatively substantial increases are noted for positive toxicology results for Fentanyl (an increase from 8 positive screens in 2013 to 217 in 2017 with some results still pending) and Methamphetamine (increased from 4 cases in 2013 to 64 cases so far in 2017). A decrease over this time period was observed for cases involving positive toxicology screen for Heroin (a decrease from 95 cases in 2013 to 23 cases in 2017).

-CHART 9-



. Data Source: New Hampshire Department of Safety, Division of State Police, Forensic Laboratory, February 2018

*Cases received in 2017 are still in progress; final tally is not yet complete.

+The current toxicology test panel includes 36 separate compounds. Those noted above were selected for trend analysis and do not include all compounds detected.

3. Individuals Incarcerated for Drug Related Offenses

Table 6 displays the total number of individuals incarcerated in a NH Department of Corrections facility as of December 1, 2017 and the proportion with active sentences including a drug offense and/ or drug/alcohol offense. Approximately 17% of incarcerated individuals (15.4% of males; 34.7% of females) had active sentences that included drug and/or alcohol-related offenses. The next chart displays a point in time comparison of the percentage of clients with an active sentence including drugs or drugs/alcohol as a crime type. As displayed by Chart 10, the percentage of clients with such sentences was lower on December 1, 2017 (17.0%) compared to December 1, 2016 (20.6%).

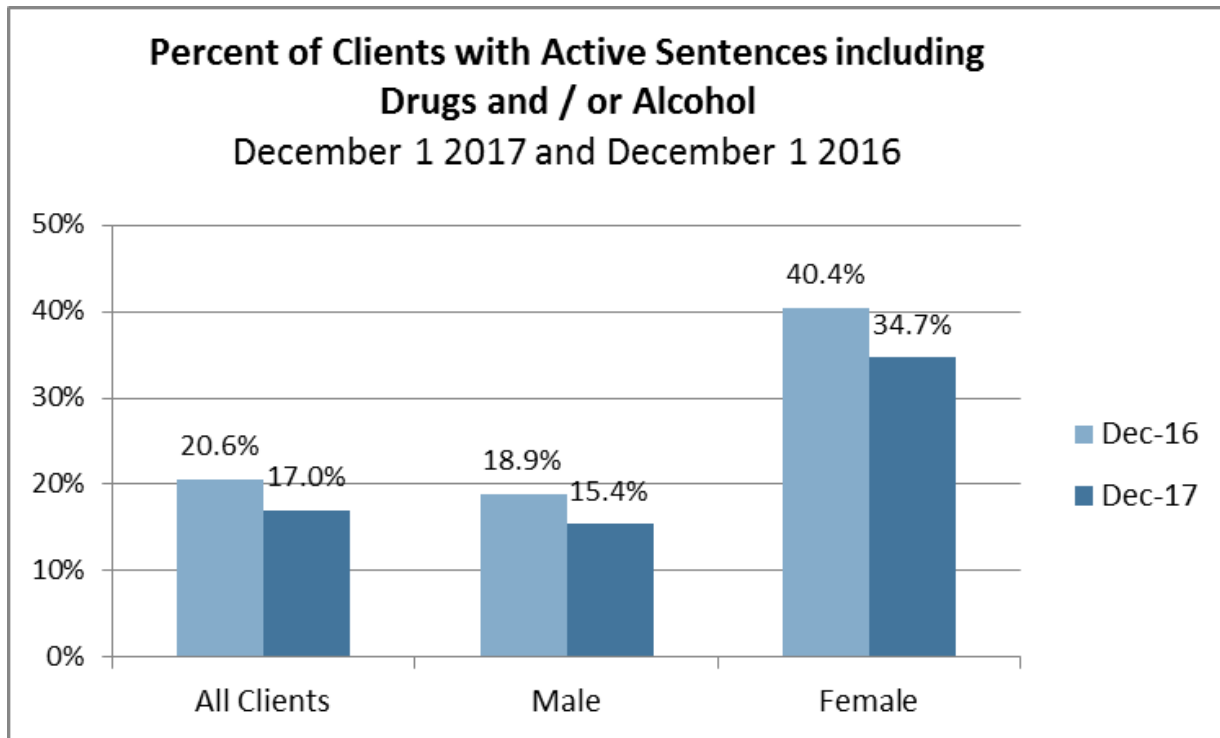
TABLE 6

NH DOC Monthly Facility - Client Active Sentence Summary as of December 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	2,680	190	7.1%	266	9.9%
Male	2,458	155	6.3%	224	9.1%
Female	222	35	15.8%	42	18.9%

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, Dec 2017.

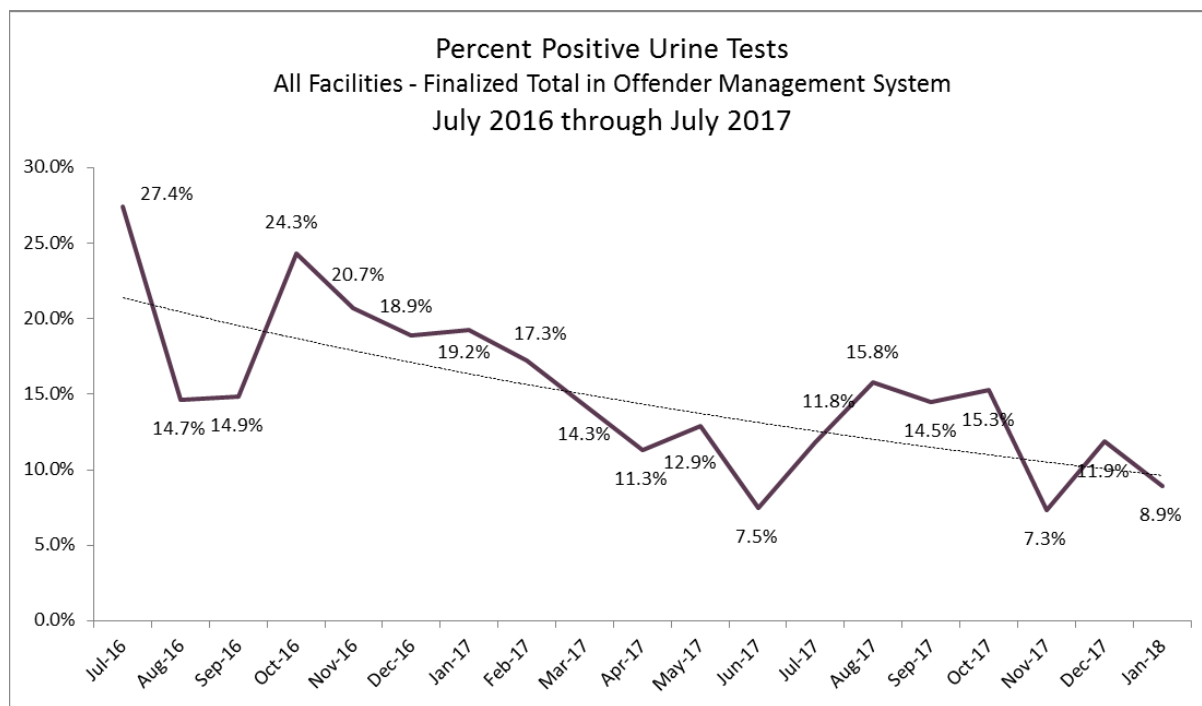
-CHART 10-



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 is 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.

Chart 11 displays a decreasing trend for positive urine drug tests among individuals under NH State Department of Corrections 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 suspects 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.

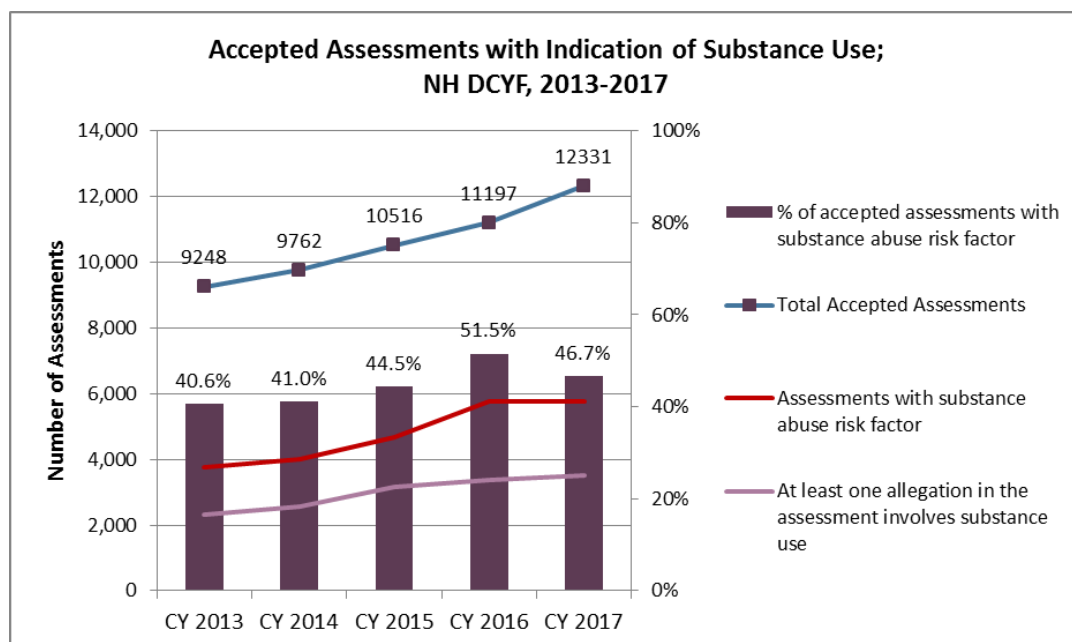
-CHART 11-



4. Child Abuse and Neglect Reports including Alcohol or Substance Misuse as a Risk Factor

The New Hampshire Division for Children, Youth and Families 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 and other drug misuse. The chart below displays the total number of reports accepted by the NH Division of Children, Youth and Families for assessment of alleged child abuse and neglect. The total number of accepted referrals for assessment increased by 33% between 2013 and 2017 from 9,248 assessments to 12,331 assessments. Over this time period, **the number of assessments in which substance misuse was determined to be a risk factor increased by 53%**; from 3,755 assessments to 5,758 assessments. In 2017, the 5,758 assessments where substance misuse was a risk factor were equivalent to about 47% of all assessments, Chart 12.

-CHART 12-



Data source: Division for Children, Youth and Families, Statewide Automated Child Welfare Information System (SACWIS), NH Bridges;
February 2018

Chart 13 displays the total number of infants and children involved in accepted child protection reports that were indicated to be “Child Born Drug Exposed”. The number of drug exposed children in accepted assessments more than tripled between 2012 and 2017.

-CHART 13-

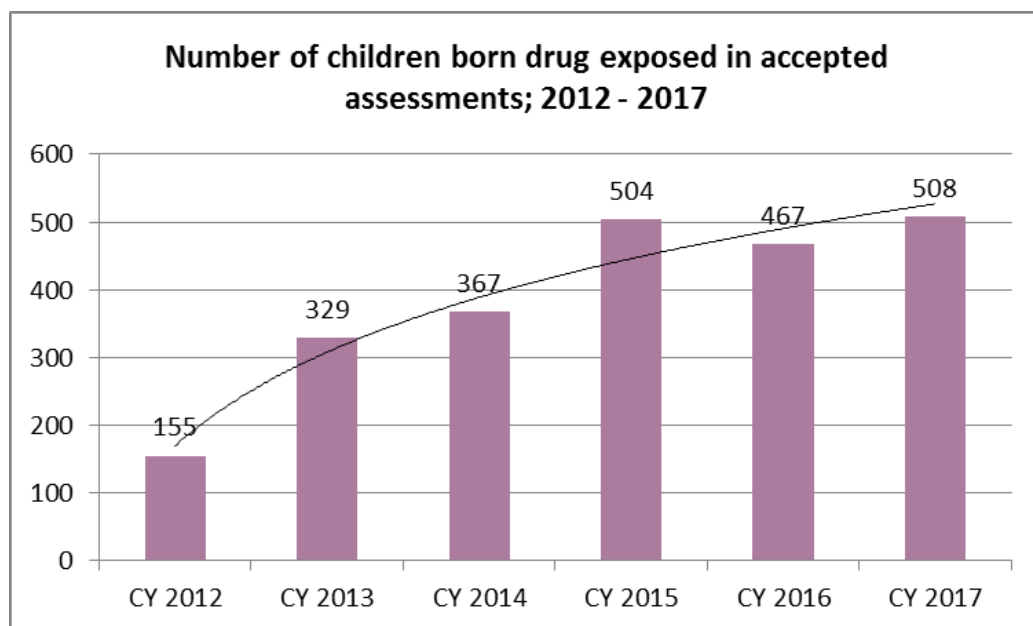
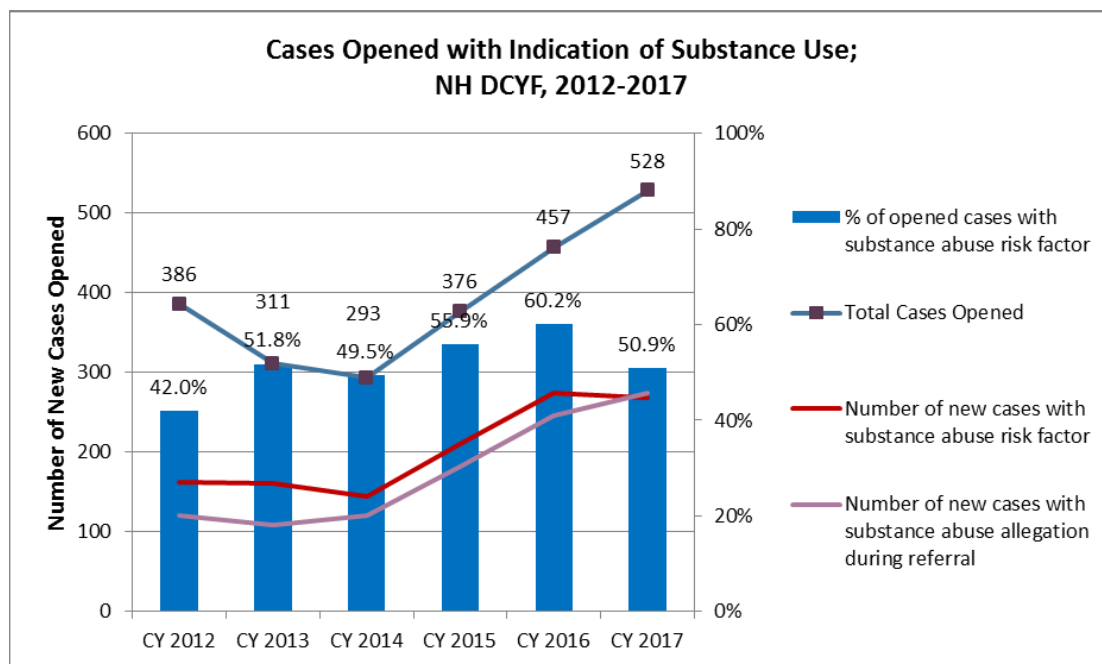


Chart 14 displays the total number of new cases opened by the NH DCYF for child protection services. The total number of new cases increased by 37% between 2012 and 2017; from 386 to 528 opened cases. Over this time period, the number of new cases in which substance misuse was determined to be a risk factor increased by 66%; from 162 to 268 opened cases assessments. In 2017, the 268 opened cases where substance misuse was a risk factor were equivalent to about 51% of all new child protection cases.

-CHART 14-



5. Individuals in Drug Court Programs

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 support felony offenders with severe substance use disorders into long-term recovery and reintegration. There are currently treatment drug courts in seven of the ten counties in New Hampshire, Table 7. In CY 2017 a total of 413 adults participated in a one of these treatment drug courts. This is a **70% increase in the number of individuals enrolled in drug court program** since 2015 when the drug courts served 244 participants. This increase can be primarily attributed to the expansion of drug courts in Hillsborough County Northern-district (Manchester), as well as with the newest drug court which opened in Merrimack County (Concord) in 2017.

TABLE 7

NH Treatment Drug Court Participants January 1, 2017 – December 31, 2017		
County/Location	Drug Court population	Participants in 1 st 6-months of SFY 2018 (1/1/17 – 12/31/17)
Cheshire County	Adult	38
Grafton County		26
Hillsborough County/Nashua		89
Rockingham County		42
Strafford County		114
Hillsborough County/Manchester		63
Belknap County		22
Merrimack County/Concord		19
Coos County		--
Carroll County		--
TOTAL		413

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

Important Data Note: These data were reported to the state drug court coordinator, and are currently collected locally.

Nearly all (99%) of Drug court participants have medical insurance during the program. Participants have, on average, 6-7 months without alcohol or drug use upon graduation and 90% of 2016 graduates were employed at the time of graduation. All of the active Drug Courts had a graduation to termination rate of 56% in 2016. By February of 2018 there will be a drug court in 10 of 11 superior courts. Forthcoming in 2018 will be the results of the NPC Research cost effectiveness study results and the expansion of drug court services into Coos and Carroll Counties.

6. Individuals in Diversion Programs

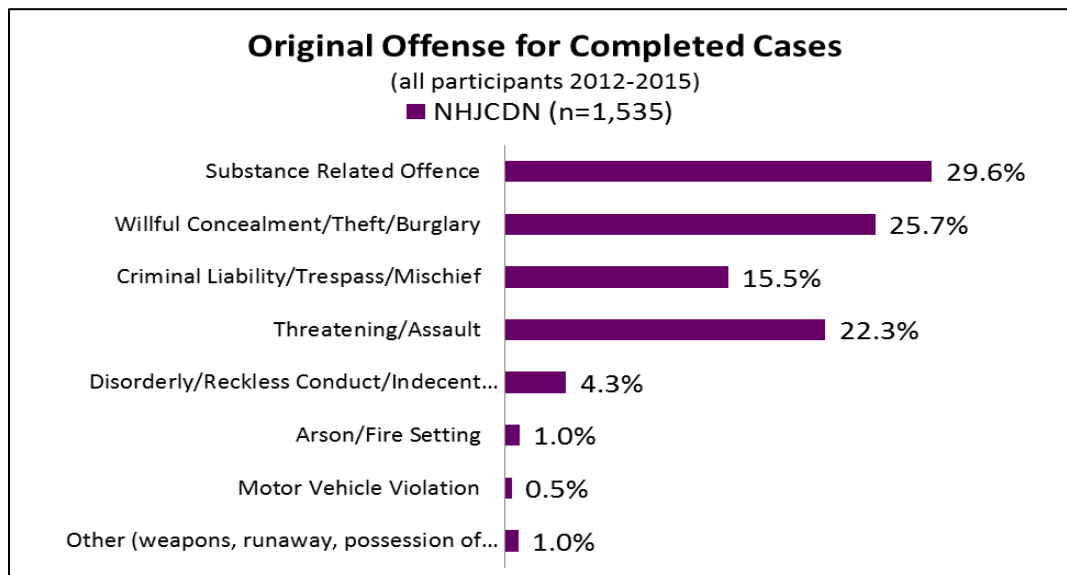
In calendar year 2017 New Hampshire diversion programs served 218 youth between the ages of 12-18 all of whom were screened for substance use and mental health, and received educational information, a brief intervention or a referral to other services if warranted (SBIRT). Using the Screening to Brief Intervention (S2BI) screening tool, over seventy percent (72.4%) screened positive for substance use; of those who screened positive, 55.6% were referred to primary care or other provider for additional substance misuse assessment. Without the SBIRT protocol in place these youth would not have been identified as needing additional services at this early stage in their substance misuse.

TABLE 8

Juvenile Court Diversion Screening Results		CY 2017
S2BI	n=199	%
% Receiving Positive Reinforcement (S2BI = 0)	55	27.6%
% Receiving Individual or Group Education (S2BI = 1)	64	32.2%
% Referred for SU (S2BI = 2 or more)	80	40.2%
PHQ-2	n=194	%
% No Mental Symptoms (PHQ-2 = 0)	90	46.4%
% Getting MH Services (PHQ-2 = 1+)	53	27.3%
% Referred for MH Services (PHQ-2 = 1+)	51	26.3%

Similarly, mental health symptoms are screened using the Patient Health Questionnaire -2 (PHQ-2) and identified 53.6% of the youth referred to a diversion program had at least one early mental health symptom and were either already receiving services (27.3%) or were referred for additional mental health assessment or services (26.3%), Table 8. By addressing any underlying substance misuse or mental health issues the youth is facing, the diversion programs can better address the individual needs and get the youth back on a positive path before they become more engaged in unhealthy and high risk behaviors.

When looking at the reason for referral to a diversion program, it is notable that the most common offense was related to substance use or possession followed by willful concealment/theft or threatening/assault.

-CHART 15-

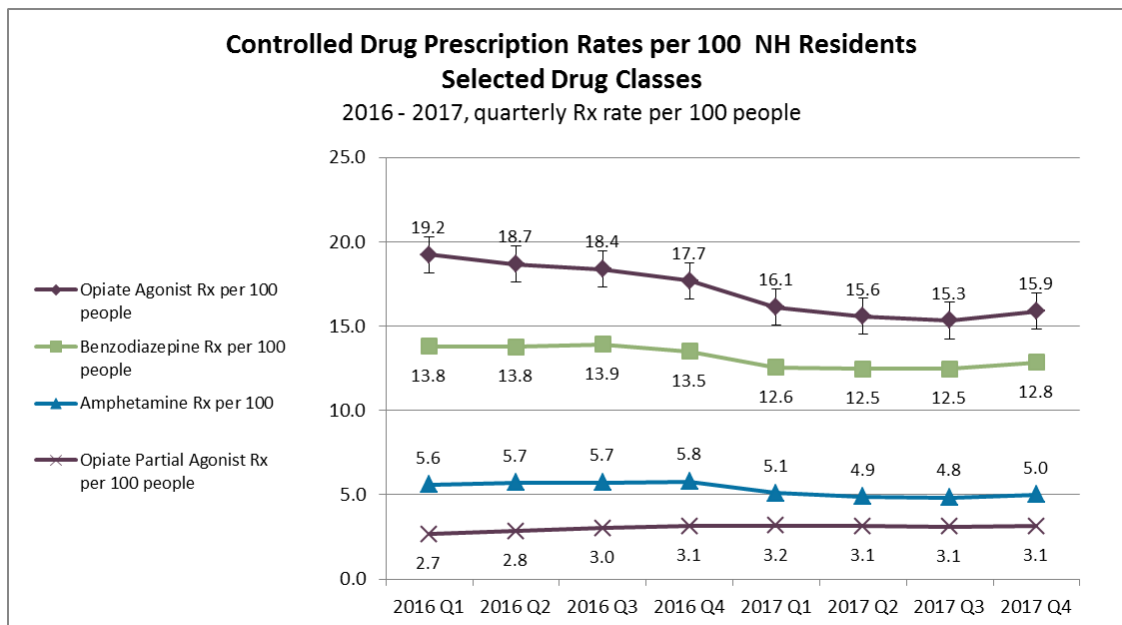
PREVENTION, TREATMENT AND RECOVERY PROGRAMS AND SERVICES

I. NH Prescription Drug Monitoring Program

The New Hampshire Controlled Drug Prescription Health and Safety Program; also known as the NH Prescription Drug Monitoring Program (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.

Chart 16 displays the per capita rate (per 100 people) and recent trends for prescriptions to NH residents of several classes of controlled prescription medications – opiate agonists (e.g. oxycodone tramadol), benzodiazepines (e.g. lorazepam, clonazepam), amphetamines (e.g. Adderall) and opiate partial agonists (e.g. buprenorphine). Over the time period January 2016 to December 2017, there is an apparent trend of decreasing prescription rates for opiate agonists.

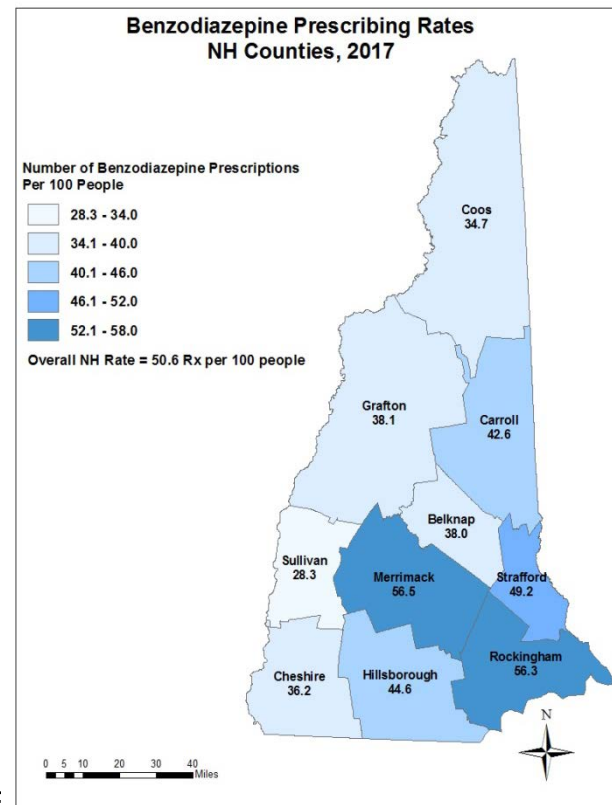
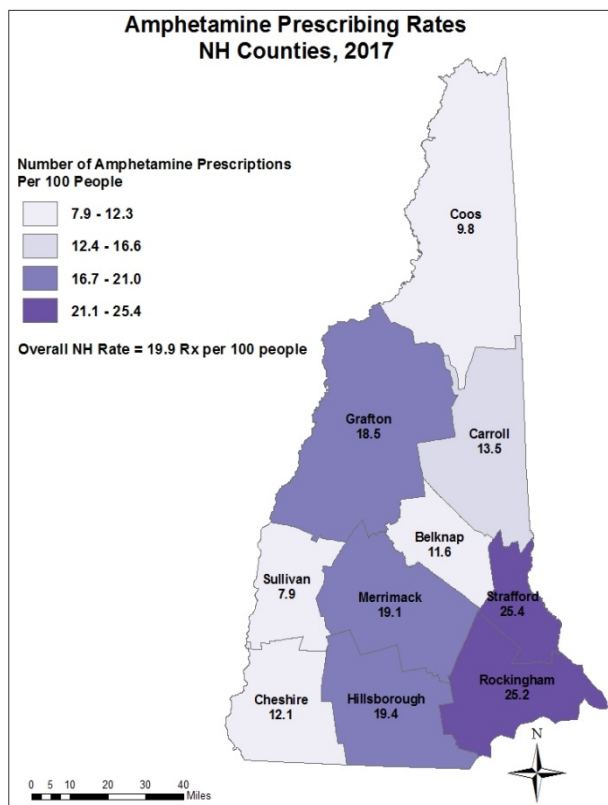
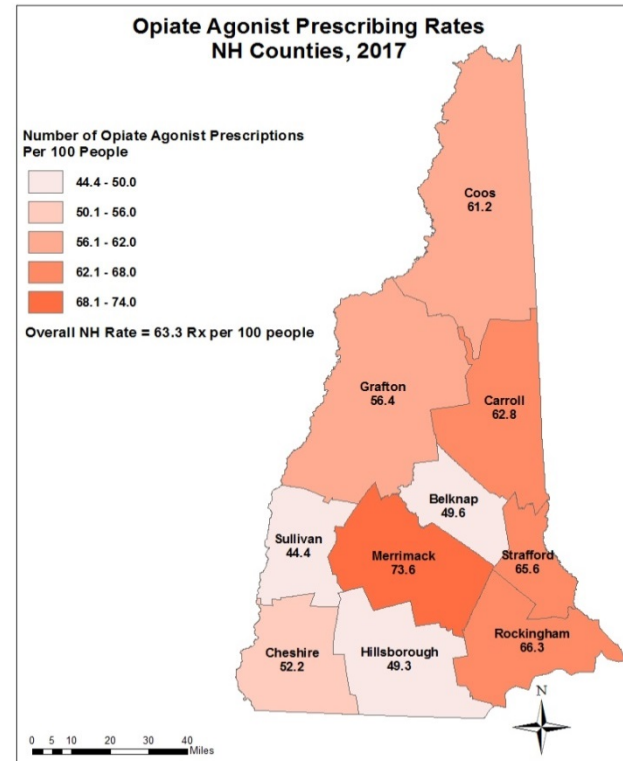
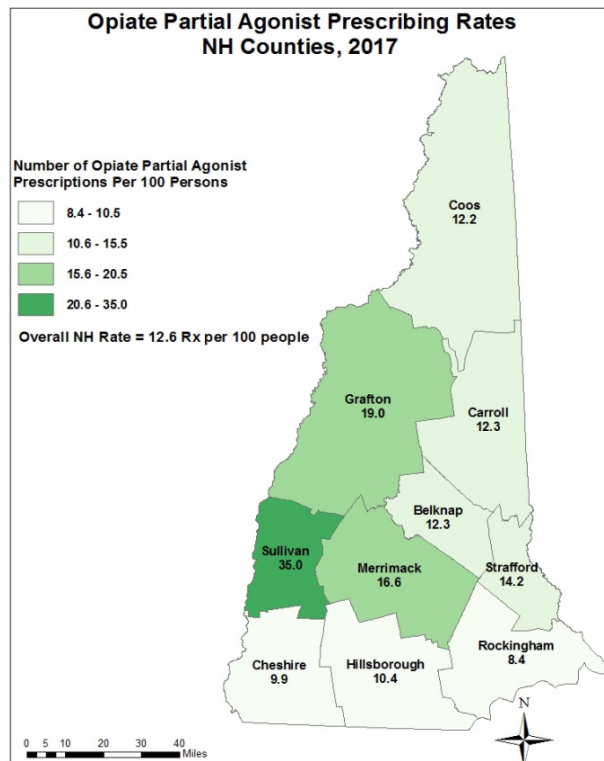
-CHART 16-



Data Source: NH Prescription Drug Monitoring Program; February 2018

The maps below display the prescription rates by NH county for the same classes of controlled prescription medications in 2017 (county assignment is based on pharmacy location in this analysis). Substantial variation in prescription rates can be observed where, for example, the prescription rate per 100 people for opiate agonists in 2017 ranged from a high of 73.6 prescriptions in Merrimack County to a low of 44.4 per 100 people in Sullivan County. The observed range for opiate partial agonists was also notable, ranging from 35.0 prescriptions per 100 people in Sullivan County to 8.4 in Rockingham County.

Prescribing Rate by New Hampshire County



2. Substance Misuse Prevention Direct Services

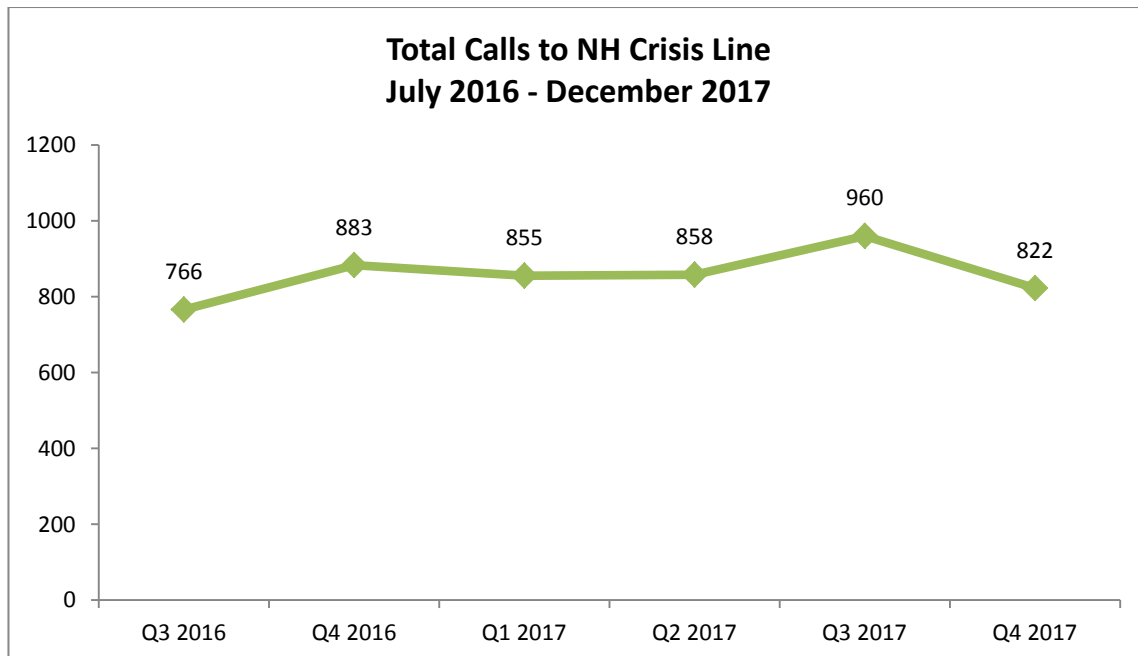
As described earlier in this report, a coordinated set of strategies, programs and services to address substance misuse prevention, early intervention, treatment and recovery are administered by the New Hampshire Department of Health Human Services through the Bureau of Drug and Alcohol Services. The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

- *Life of an Athlete*; a comprehensive middle and high school-based prevention program (In CY 2017, 44,834 student athletes across 88 schools participated in LOA 278 athletes trained as leaders and 21 coaches trained as leaders)
- *Student Assistance Program (SAP) counselors* (20,940 youth served in CY 2017; 10,146 served in calendar year 2016; 8,365 served in 2015)
- *REAP* prevention program for older adults (1,531 served in CY 2017)

3. Information and Referral / Crisis Intervention Services

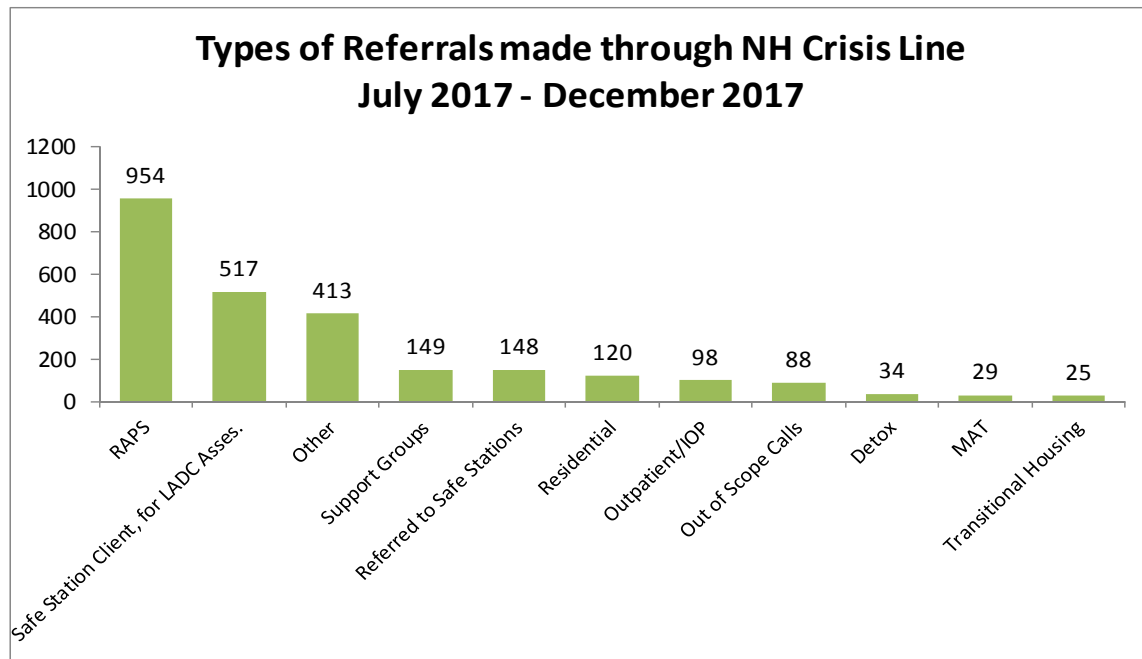
- *Statewide Addiction Crisis Line 1-844-711-HELP (4357)*: As seen in the graph below, in CY 2017, the Statewide Addiction Crisis Line averaged 874 calls per quarter (or 291 calls per month). This has increased since the final two quarters of 2016 for which data is available when the Crisis Line was averaging 825 calls per quarter, Chart 17.

-CHART 17-



- In Q3 and Q4 of 2017 the most common type of referral made was to RAPS (regional access point services), followed by referrals of Safe Station clients for assessment by a Licensed Alcohol and Drug Counselor. In SFY17, the most common referral type was to residential services. The Crisis Line also works in conjunction with other related resources for information and referral supported by the Department of Health and Human Services, including the NH Alcohol and Drug Treatment locator¹⁴, Chart 18.

-CHART 18-

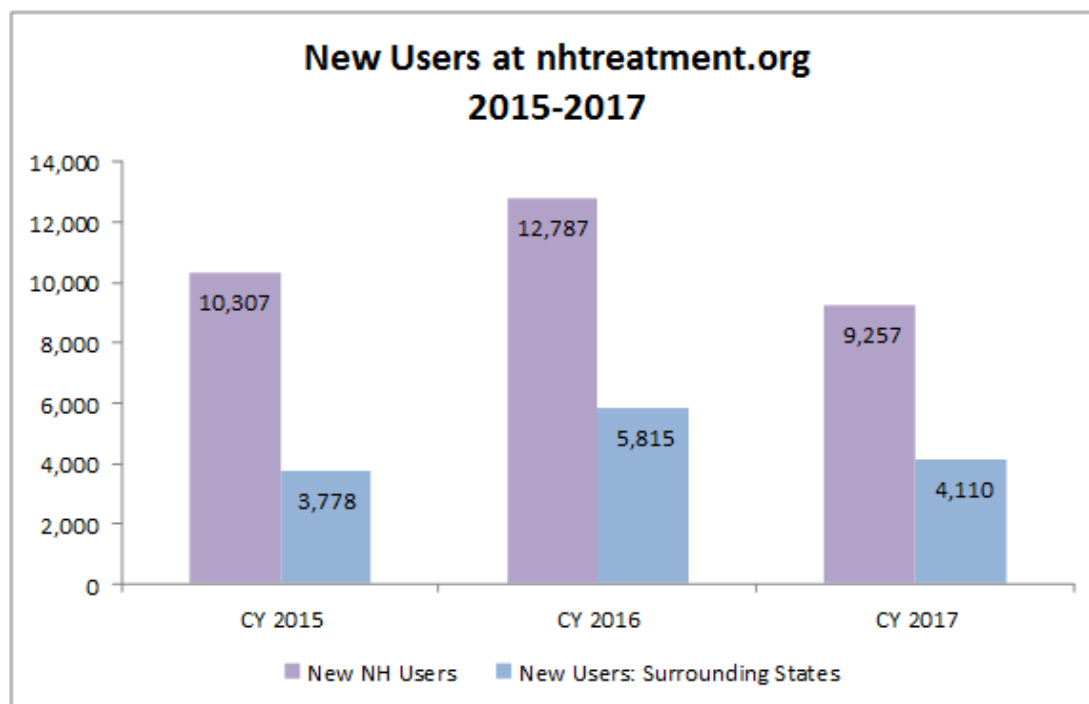


- *NH Alcohol and Drug Treatment locator*¹⁵ is an on-line resource for searching treatment services by geographic location, type of services, populations served, and forms of payment / insurance accepted. The Treatment Locator had 9,257 new visitors from NH and 4,110 new visitors from surrounding states (MA, CT, VT, NY, ME) to the website in CY 2017. As seen in the chart below, the number of new users from NH to the Treatment Locator has totaled over 32,000 since 2015, Chart 19.

¹⁴ <http://nhtreatment.org/>

¹⁵ <http://nhtreatment.org/>

-CHART 19-



- The Statewide Naloxone Distribution and Training Program is a joint program administered by the NH 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 NH 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 have frequent contacts, or at community outreach events held by each of the 13 Regional Public Health Networks. Kits are provided free of charge to individuals that cannot afford to purchase a kit. Table 9 displays the cumulative number of naloxone kits distributed through these channels since September 2015 through December 2017 including 6,367 naloxone kits distributed through agencies and public outreach events in 2017.

TABLE 9

Number of Naloxone Kits Distributed September 2015 through December 2017		
Community Events		
	Number of Events	295
	Distributed	5,459
Agency Distribution		
	Community Health Centers	2,462
	Treatment Centers	3,599
	Hospitals	632
	Schools	311
	Other	1,494
	TOTAL (AGENCY)	8,498
Total Naloxone Kits Distributed		13,957

4. Availability of Treatment Programs

Chart 20 displays the average wait time experienced by clients as reported by contracted agencies in CY 2017. The chart displays the four highest volume treatment service types (American Society of Addiction Medicine (ASAM) treatment levels). The average wait time for Outpatient Treatment services - the most commonly provided service in terms of number of clients – was 4.5 days on average in the fourth quarter of 2017.

-CHART 20-

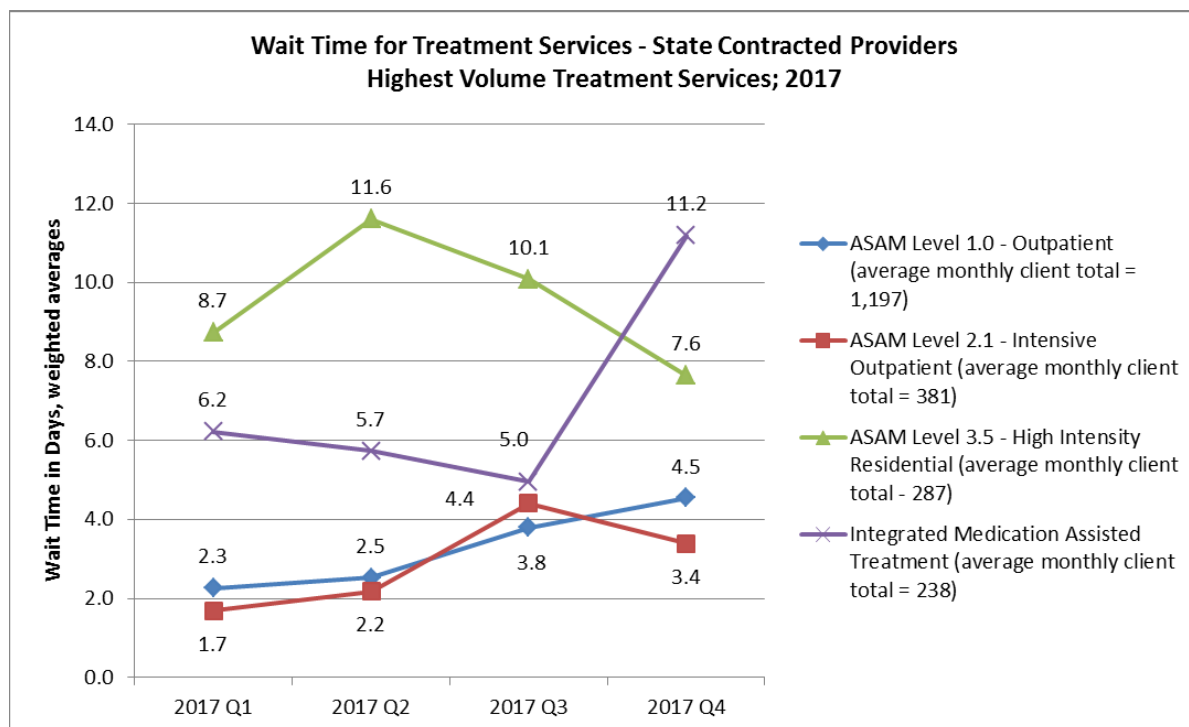


Table 10 displays the average wait time experienced by clients as reported by contracted agencies for other service levels in the fourth quarter of calendar year 2017. The longest wait times in were for Low Intensity Residential services (12.0 days on average) and Transitional Living services (28.6 days).

TABLE 10

ASAM Level	October - December 2017		
	Total number of clients – monthly average	Average wait time (clients)	Wait time range (agencies)
Level 1-WM – Ambulatory Withdrawal Management	122	7.9 days	0 to 16 days
Level 3.7-WM – Residential Withdrawal Management	124	2.5 days	0 to 4 days
Level 2.5 - Partial Hospitalization	54	1.7 days	1 to 3 days
Transitional Living	26	28.6 days	24 to 60 days
Level 3.1 - Low Intensity Residential	60	12.0 days	0 to 60 days
Level 3.5 - High Intensity Residential – Pregnant and Parenting Women	18	1.0 days	1 day

5. Recovery Support and Family Support

There are currently eight Recovery Community Organizations supported by the NH DHHS operating nine recovery centers across seven public health regions in New Hampshire. Table II below displays the number of Certified Recovery Support Workers and Recovery Coaches affiliated with these centers by public health region.

TABLE II

Recovery Community Organizations				
Region	Organization	CRSWs		Recovery Coaches
		Credentialed	In Process	
Seacoast	Safe Harbor Recovery Center	1	2	9
Strafford County	SOS Recovery Community Organization	5	18	26
Carroll	White Horse Addiction Center, Inc.	2	5	10
Greater Monadnock	Keene Serenity Center	0	5	5
Greater Nashua	Revive Recovery Center	1	2	3
Winnepesaukee	Greater Tilton Area Family Resource Center Navigating Recovery	1	13	11
North Country	North Country Serenity Center	1	1	1
TOTALS		11	46	65

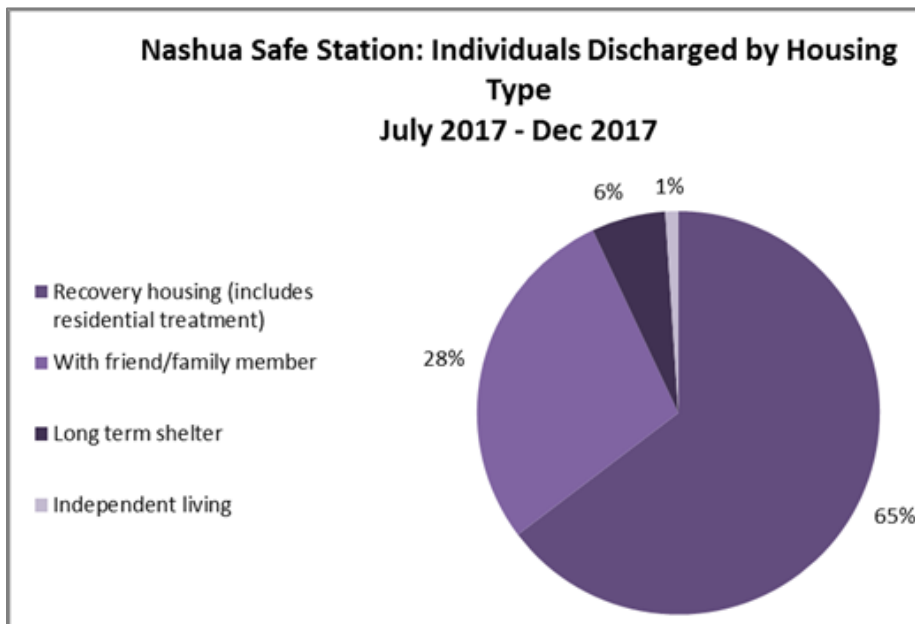
Source: Peer Recovery Support Service Facilitating Organization. February 2018

- New Hampshire currently offers 13 family support groups across the state led by NAMI trained facilitators. Family support groups offer safe and confidential meetings for individuals who have loved ones with a substance use disorder. From August 2017 through December 2017, 174 groups were held with a total of 1,545 participants (may include duplicate participants). The majority of these participants (93%) were parents.

Other Statewide and Regional Resources

- In an effort to reduce access to unused medications in the home, many Police Departments across the state have installed collection boxes in an effort for residents to dispose of extra, unwanted or expired drugs safely, securely, and anonymously. The number of prescription drug drop boxes has more than quadrupled with 63 boxes in February 2018 compared to 20 reported boxes in December 2013.¹⁶
- Nashua Safe Station Program: Individuals who visit the Nashua Fire Station as part of the Nashua Safe Stations program are offered shelter and immediate care either through the Safe Station temporary shelter or Harbor Care Respite Center. A total of 513 individuals were served from July 2017 to December 2017. All individuals (100%) served received withdrawal management services. In addition, 12% of individuals received intensive outpatient counseling, 8% received medication assisted treatment, 6% received partial hospitalization, and 3% were engaged with outpatient counseling. As seen in Chart 21, of the 476 individuals that were discharged from the program, 65% were discharged to recovery housing (which includes residential treatment), followed by 28% discharged to live with a friend or family member.

-CHART 21-



- Between July 2017 and November 2017 the Manchester safe station Program received 629 individuals. Of those individuals 79% received withdrawal management services and 51% were admitted to a high intensity residential

¹⁶ <https://www.dhhs.nh.gov/dcbcs/bdas/documents/drop-box-locations.pdf>

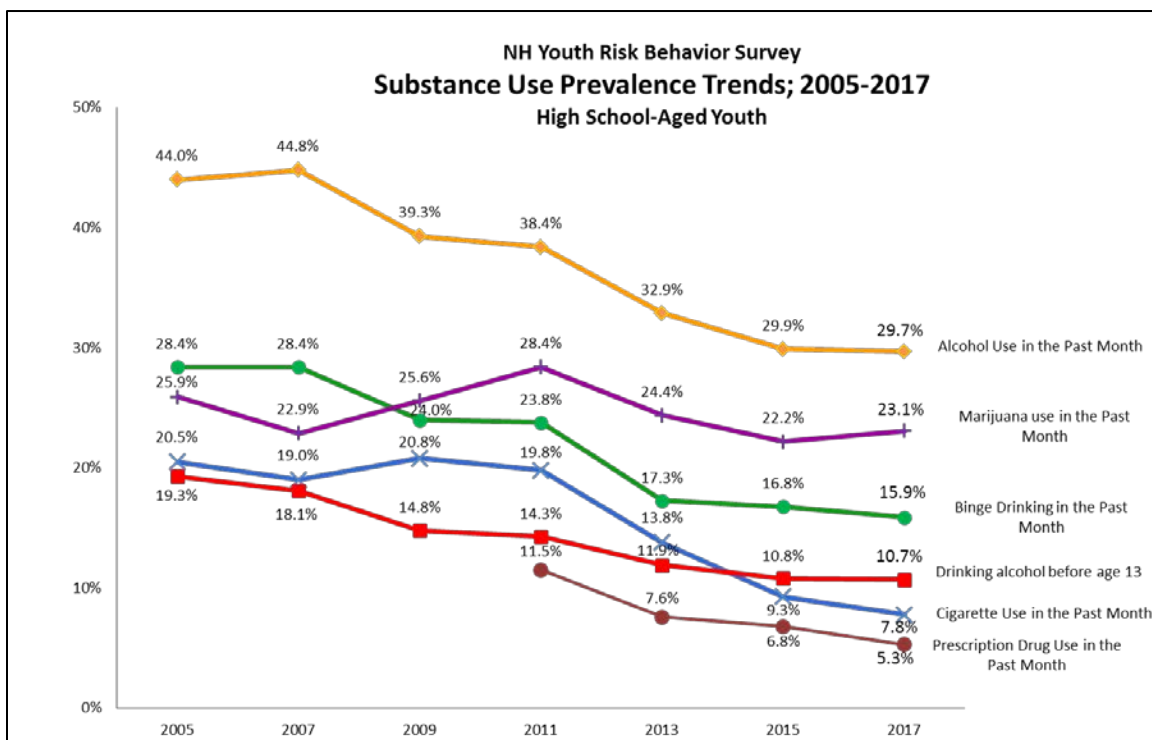
treatment facility. Data after November 2017 is not available at this time.

PREVENTION, TREATMENT AND RECOVERY PROGRAM OUTCOMES

1. National Outcomes Measurement Standards - 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. **Chart 22 displays positive, statistically significant trends (decreased prevalence) for use of alcohol, cigarettes and prescription drugs over a 10 year period, while the trend for marijuana use is essentially flat (no statistically significant change over time).**

-CHART 22-



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.

2. National Outcomes Measurement Standards - 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,

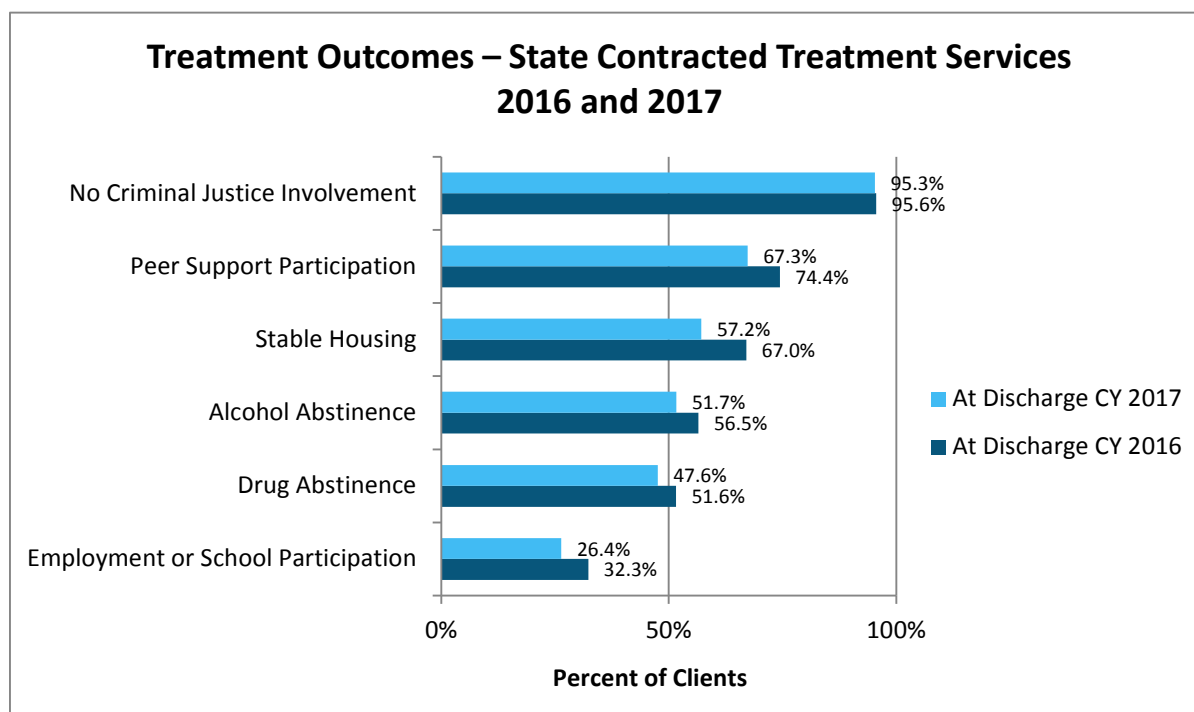
employment/school participation, stable housing, criminal justice involvement, and social connectedness as measured by participation in peer support groups. Table 12 contains aggregate statistics for treatment clients in CY 2017 showing the percentage change on these outcome domains from the point of treatment admission to treatment discharge. Chart 23 displays treatment outcomes at discharge for clients of state contracted treatment services in CY 2016 and 2017.

TABLE 12

Calendar Year 2017 Treatment Outcomes – State Contracted Treatment Services				
Domain	Indicator	At Admission CY 2017	At Discharge CY 2017	% change from treatment admission to discharge
Alcohol Abstinence	Percent of treatment clients abstinent from Alcohol (prior 30 days)	26.6%	51.7%	25.1%
Drug Abstinence	Percent of treatment clients abstinent from Drugs (prior 30 days)	27.5%	47.6%	20.1%
Employment or School Participation	Percent of treatment clients employed or students (full or part-time, prior 30 days)	20.5%	26.4%	5.9%
No Criminal Justice Involvement	Percent of treatment clients without arrests (any charge, prior 30 days)	91.1%	95.3%	4.3%
Stable Housing	Percent of treatment clients reporting being in a stable living situation (prior 30 days)	46.9%	57.2%	10.3%
Peer Support Participation	Percent of treatment clients participating in self-help groups, support groups at discharge (e.g., AA, NA, etc., prior 30 days)	41.8%	67.3%	25.5%

Data Source: NH Bureau of Drug and Alcohol Services; February 2018

-CHART 23-

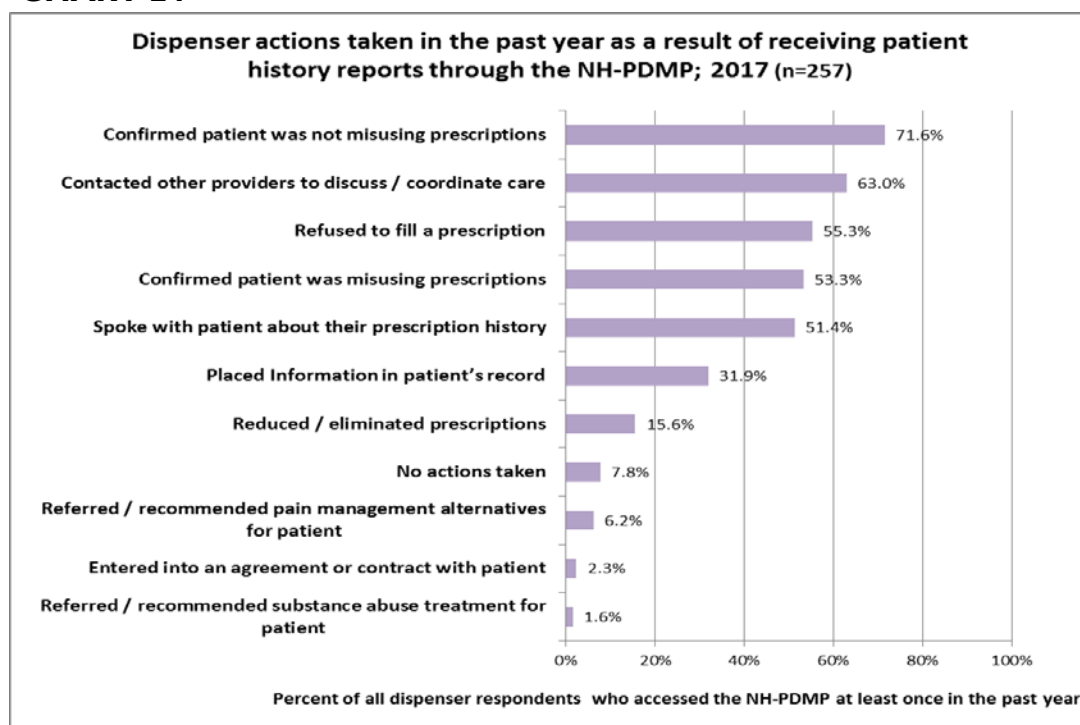


Data Source: NH Bureau of Drug and Alcohol Services; Web Information Treatment System; 2017 and 2018.

3. New Hampshire Prescription Drug Monitoring Program – User Reported Effectiveness

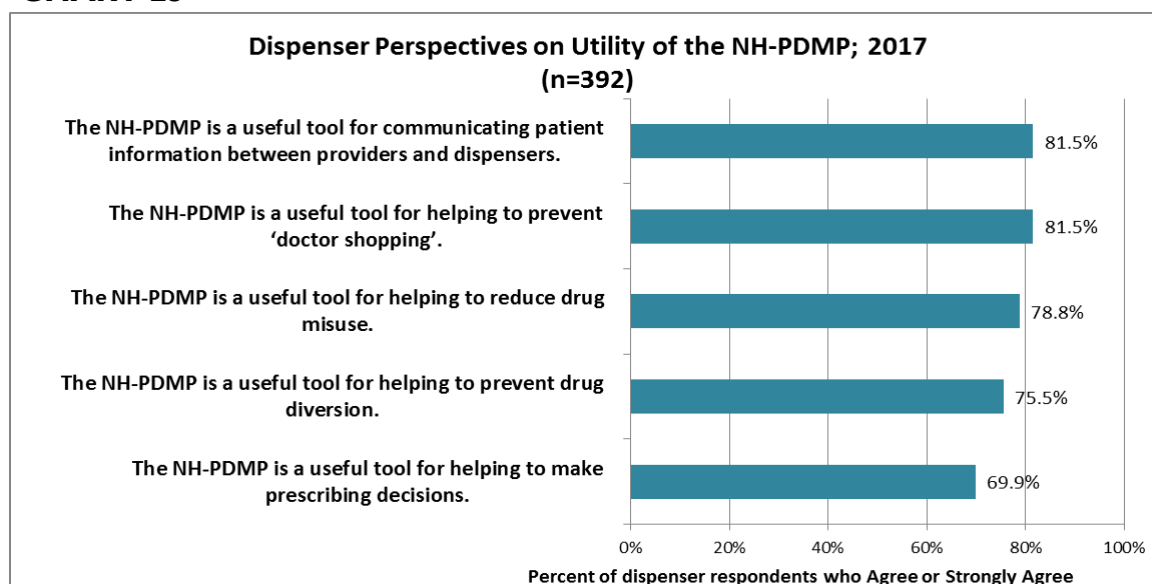
The New Hampshire Prescription Drug Monitoring Program conducted a survey of registered dispensers (e.g. pharmacists) between June and August 2017. A total of 446 completed survey responses were received. Chart 24 displays information on the actions that dispensers had taken in the past year as a result of receiving patient history reports through the NH-PDMP including about 72% of dispensers who had confirmed a patient was not misusing prescriptions; 63% who had contacted other providers to discuss / coordinate care; and 55% who had refused to fill a prescription.

-CHART 24-



As displayed by Chart 25, a majority of dispensers agreed that the NH-PDMP is a useful tool including about 82% who agree that it is a useful tool for communicating patient information between providers and dispensers; 82% who agree that it helps to prevent 'doctor shopping'; and about 79% who agreed that it is a useful tool for helping to reduce drug misuse.

-CHART 25-

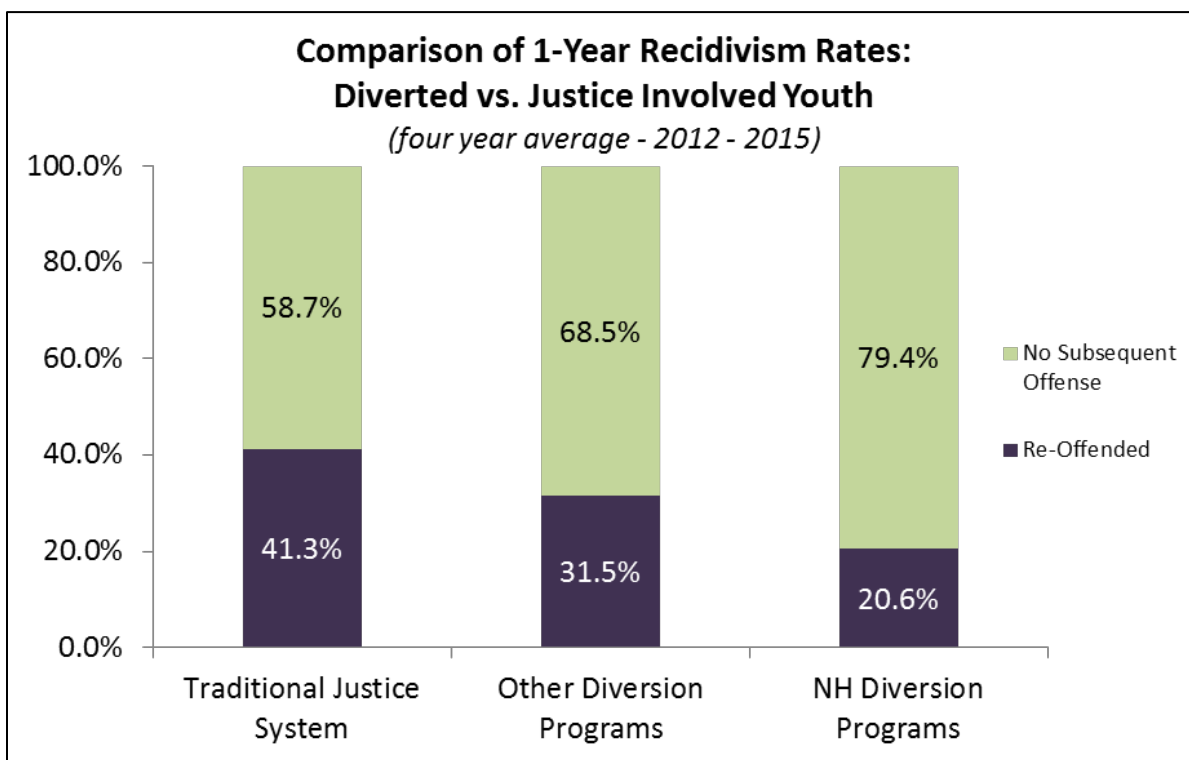


Data Sources: NH Prescription Drug Monitoring Program, NH Community Health Institute/JSI; September 2017

4. New Hampshire Juvenile Court Diversion Programs

One of the most effective measures of the impact of diversion programs is to determine the percent of youth who are arrested for a subsequent offence (recidivism) at some point after going through a diversion program. 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 for youth who have successfully completed a diversion program in the four years between 2012 and 2015 (i.e. recidivism data complete through December 2016). On average, 79.4% 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 33.7% is on par with the one year rate of comparable diversion program from other states. This means that two-thirds of the youth (66.3%) remaining arrest-free three years after completing the program, Chart 26.

-CHART 26-



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

The Diversion Network continues to study the recidivism rates for participants referred for different offenses to assess

which interventions and diversion approaches have the better long-term impact.

5. Data Collection and Reporting Improvement Opportunities:

Potential opportunities for improving assessment of outcomes and program evaluation include:

- comparison of treatment outcome information by level or type of treatment;
- longer term follow-up with treatment clients post-discharge;
- 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;
- Improved capability to monitor treatment and recovery program capacity with more real time information on availability and wait lists for specific treatment levels and providers; and
- Development of an online, interactive data dashboard available to the public with information at the regional and state level displaying prevention, treatment and recovery outputs and outcomes.

IV. Task Force Updates

The Governor's Commission has eight designated task forces which assist the Commission in the performance of its duties. Chairs are members of the Commission and co-chairs are designated from task force membership. Task force members are designated annually, upon the task force Chairs request by the Governor's Commission Chair. Task force meetings are open to the public and encourage active participation by non-members. A brief update from each task force is available on the following pages. Complete information, including task force meeting schedules, contact information and a complete list of members serving on each of the task force groups are available at nhcenterforexcellence.org/governors-commission.

V. Current task forces:

[Data & Evaluation Task Force](#)

[Opioid Task Force](#)

[Recovery Task Force](#)

[Healthcare Task Force](#)

[Perinatal Substance Exposure
Task Force](#)

[Treatment Task Force](#)

[Joint Military Task Force](#)

[Prevention Task Force](#)

Governor's Commission task forces have spent significant time over the past year compiling priorities and recommended activities for the Commission's upcoming revision to the strategic plan to address alcohol and other drug problems in the state. Many task forces meet monthly and are actively working to address the concerns that they have prioritized through careful data review and input from numerous stakeholders.

DATA AND EVALUATION TASK FORCE

Mission: The [Data and Evaluation Task Force](http://nhcenterforexcellence.org/governors-commission/data-evaluation-task-force/)¹⁷ of the Governor’s Commission on Substance Abuse Prevention, Treatment and Recovery is a multidisciplinary group that works to improve the quality and efficiency of data systems and the availability and utility of data products in order to inform substance use prevention and treatment policy, programs and services in New Hampshire.

Meeting Date and Time can be found here: <http://nhcenterforexcellence.org/governors-commission/data-evaluation-task-force/>

Meeting Location: Community Health Institute, 501 South Street, 2nd Fl., Bow, NH.

Task Force Chair: Joseph Ebert – *designee of Commissioner Barthelmes*, **Co-Chair:** Marty Boldin

Members include:

Department of Corrections	DHHS, Office of Quality Assurance & Improvement
Department of Education	Governor’s Advisor on Prevention, Treatment Recovery
Department of Justice	Governor's Advisor on Addiction and Behavioral Health
Department of Safety, Bureau of EMS	NH Insurance Department
Department of Safety, Information and Analysis Center	Office of Chief Medical Examiner
DHHS, Bureau of Drug & Alcohol Services	Seacoast Integrated Delivery Network (IDN)
DHHS, Division of Behavioral Health	UNH, Institute for Health Policy and Practice
DHHS, Division of Children, Youth and Families	Community Health Institute/Center for Excellence
DHHS, Division of Public Health Services	

Priorities

The priorities and primary activities during this period were the “Data Dashboard” reports for both the [Governor’s Commission 2017 Annual Report](#)¹⁸ and Section III of this 2018 Mid-Year Report. Data collection and analysis for these two reports is a substantial undertaking and the task force thanks all of the participating agency members for their contributions.

¹⁷ Data and Evaluation Task Force: <http://nhcenterforexcellence.org/governors-commission/data-evaluation-task-force/>

¹⁸ <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-annual-report.pdf>

Additional Activities

- Worked with inter-departmental data stewards and other stakeholders to refine and identify enhancements to the "data dashboard" for inclusion in the Governor's Commission Annual and Semi-Annual Reports
- Compiled results, charts and talking points of the most recent National Survey on Drug Use and Health (NSDUH) for NH (2015-2016)
- Worked with the NH DHHS to support interpretation, quality assurance and reporting of 2017 Youth Risk Behavior Survey (YRBS) data
- Assisted the NH Prescription Drug Monitoring Program to improve data reporting and assessment of program effectiveness
- Worked with the Bureau of Drug and Alcohol Services (BDAS) on development of a prevention outcomes data dashboard
- Reviewed monthly / quarterly treatment provider data including analysis of waiting times
- Worked with the Office of Quality Assurance & Improvement, NH DHHS to examine the changes over time in utilization of substance use services through the NH Medicaid program.

HEALTHCARE TASK FORCE

Mission: The mission of the [Healthcare Taskforce](#)¹⁹ is to engage healthcare personnel and health systems in New Hampshire in preventing substance-related harm and effectively addressing substance misuse and substance use disorders.

Meeting Date & Time: Meets the fourth Thursday of every month from 9:00 to 10:30 a.m.

Meeting Location: NH Hospital Association, 125 Airport Road, Concord, NH.

Task Force Chair: Seddon Savage; **Co-Chair:** Lindy Keller

Goals

- Healthcare providers and clinical staff will recognize substance misuse and addiction as important personal and public health issue and will understand the relevance to their patients and their practices.
- Healthcare providers will engage in substance education, screening, intervention, treatment or referral for treatment and recovery support with their patients in ways appropriate to their specialty and practice setting.
- Collaboration between addiction specialists and general healthcare systems will be seamless and consistent.

Priorities

- Incorporate routine Screening Brief Intervention, Referral for Treatment & Support of Recovery (SBIRT-R) into high-yield practice settings (e.g. Primary Care, Obstetrics and Gynecology, Adolescent Medicine, Emergency Department, Psychiatry, Mental Health providers)
- Initiate Substance Use Disorder treatment, including medication assisted treatment (MAT) and referral to psychosocial treatment in settings where persons with substance use disorders are often in withdrawal and/or distress (e.g. Emergency Rooms, inpatient settings such as infectious disease, cardiology or cardiothoracic surgery, hospitalist care, etc.)
- Develop and launch a campaign to end stigma and discrimination within healthcare systems and healthcare professional education.
- Expand harm reduction interventions.

Activities:

The Healthcare Task Force brings together representatives of diverse healthcare agencies, organizations, professions and health systems on a monthly basis to share, disseminate and track information, resources, data and strategies that

¹⁹ Healthcare Task Force: <http://nhcenterforexcellence.org/governors-commission/integrated-healthcare-workgroup/>

advance its goals and specific priority areas in health systems across the state. Specific activities this period include:

- Promoted numerous educational activities through Healthcare Task Force channels including: Youth SBIRT conference, NH Behavioral Health Conference, Harm Reduction Conference, Real Cost to Businesses Behavioral Health Conference and NH Medical Society MAT training courses.
- Rapid development, review and dissemination of posters aimed at informing the drug user community about carfentanil.
- Reviewed, provided input and disseminated University of New Hampshire/Harm Reduction Coalition guidance for healthcare clinicians on counseling intravenous drug user (IVDU) patients on harm reduction.
- Gathered existing presentations on compassion fatigue, burnout and stigma reduction for an evolving project aimed at reducing stigma in healthcare settings.
- Identified and disseminated information for providers on methamphetamine misuse trends, clinical presentations and treatment.
- Examined emerging concerns related to persons leaving treatment for substance use disorders on extensive medication without clear continuity of care for prescribing or tapering as indicated.
- Supported and facilitated review of NH Opioid Prescribing guidelines (NH Medical Society leadership)
- Inventoried and supported expanded integration of pharmacologic treatment of opioid use disorders.
- Exchanged educational modules on OUD/SUD evaluation and treatment to support implementation of MAT in health systems across the State.

JOINT MILITARY TASK FORCE

The [Joint Military Task Force](#)²⁰ was established on December 15, 2015 per approval by the Chair of the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery. The Task Force reflects a 'joint' partnership between the Governor's Commission and the Commission on Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). The Joint Military Task Force serves as one of the six task forces that have evolved from the membership and work of the Military & Civilian Alcohol and Drug Committee (MCAD) established in 2010.

MISSION: The mission of the Joint Military Task Force is to enhance awareness and advocacy as well as improve access to affordable, relevant alcohol and other drug services for service members, veterans and their families through education and collaboration.

Meeting Date & Time: Meets third Thursday of every other month from 9:30 am to 11:30 am.

Meeting Location: Brown Building, 129 Pleasant Street, Concord, NH.

Task Force Chair: Brigadier General David Mikolaities **Co-Chairs:** Victoria Bagshaw, Staff Sgt. Richard Frost.

Priorities

- Inform and educate providers and other stakeholders of training resources, both web-based and local.
- Reduce stigma.
- Promotion of the "Ask the Question" Campaign.
- Promotion of "Military Culture" Trainings.
- Educate federal partners on NH's barriers in providing prevention, early intervention and treatment to veterans, service members and their families
- Advocate for adequate funding.
- Encourage multisystem changes in federally-funded insurance programs to ensure parity.

Activities

- Submitted funding request to Governors' Commission to implement Military Liaison Model for the 15 state funded Substance Use Disorder service providers.
- Drafted letter to Humana advocating for increased reimbursement rates with intention of increasing number of Tricare providers.
- Recommended that the BDAS electronic medical record incorporates the "Ask the Question" language and best practices in collecting data on identifying Service Members, Veterans and families that are accessing care.

²⁰ Joint Military Task Force: <http://nhcenterforexcellence.org/governors-commission/military-task-force/>

The Community Mental Health Center model will be utilized as template for this work.

- Conducted ongoing evaluation of resources, on the “Ask the Question” website, to ensure accuracy and ease of use. Made ongoing recommendations for additions and revisions.
- Promoted free online accredited Military Culture and substance use disorder (SUD) focused training.
- Identified qualified trainers to provide Military Culture trainings to SUD prevention, intervention and treatment providers throughout the State.
- Ensured anti-stigma messaging was incorporated in all State funded Military Culture trainings.

OPIOID TASK FORCE

Mission: The [Opioid Task Force](#)²¹, formerly the Prescription Drug Task Force, was first convened in 2012 and consists of stakeholders representing business, education, government, health care, emergency services, law enforcement, and community supports. This task force focuses on high-priority concerns relative to opioid misuse, identifying and recommending needs and strategies for addressing the problem to the Commission.

Meeting Date & Time: Meets second Thursday of every month from 9:00 am to 10:30 am.

Meeting Location: Community Health Institute, 501 South Street, 2nd Floor, Bow, NH.

Task Force Chair: Seddon Savage.

Priorities

In February 2017, the Opioid Task Force completed a process identifying and prioritizing potential action strategies to reduce opioid-related harm in New Hampshire within a number of relevant professional sectors. These strategies were prioritized by sector and are recommendations to provide guidance for action through 2020¹⁸. From among the many strategies the Opioid Task Force identified, three top priorities were identified on which to focus on from July 2017-July 2020.

- *Support plans/guidelines and reduce stigma in order to facilitate implementation of harm reduction strategies.*
 - Among harm reduction strategies targeted are: expansion of take back and disposal initiatives; naloxone distribution; development and implementation of syringes exchange programs; integration of harm reduction messaging into education and outreach to current users; and study of the appropriateness/feasibility of supervised injection sites.
- *Development of a seamless system to address substance use disorders across the justice system from pretrial to court.*
 - Addressing this large, high-risk population is expected to ultimately reduce recidivism and the societal costs of incarceration and criminal activity. Strategies include screening, psychosocial treatment, pharmacologic therapies, recovery support and case coordination.
- *Enhance education offered to professionals in addressing substance misuse and use disorders.*
 - Such efforts are aimed at law enforcement, healthcare personnel, first responders, educators, human resource personnel, and other professionals with curricular inclusions as appropriate to their profession. Such education should be offered as part of core training curricula and as continuing education opportunities.

Activities

In addition to continuing focused work on the above priorities, the Opioid Task Force has engaged in the following

²¹ Opioid Task Force: <http://nhcenterforexcellence.org/governors-commission/opioid-task-force/>

related activities since July, 2017:

- Developed pharmacy safety information card to accompany all prescription opioids. Now developing dissemination and implementation plan.
- Discussing how to support optimum inclusions of opioid-related resources and information in 211 online resources and in call-based interactions.
- Received presentation from State peer recovery coach leaders including how to use these services in support of the task force's top priority activities.
- Disseminated information through Opioid task Force channels at numerous relevant meeting and conferences.
- Reviewed updates to the NH Prescription Drug Monitoring Program
- Inventoried syringe exchange programs.

PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Mission: The mission of the [Perinatal Substance Exposure Task Force](#)²² is to identify, clarify and inform the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery about issues related to perinatal substance exposure: including ways to lessen barriers pregnant and parenting women face when seeking quality healthcare; aligning state policy and activities with best medical practices for pregnant and newly parenting women and their children; and increasing public awareness about the dangers of exposure to prescription and illicit drugs, alcohol and other substances during pregnancy.

Meeting Date & Time: Meets quarterly from 2:00 pm to 4:00 pm.

Meeting Location: Community Health Institute, 501 South Street, 2nd Fl., Bow, NH.

Task Force Chair: Monica Edgar

Purpose & Representation

The Perinatal Substance Exposure Task Force brings together representatives across the State of New Hampshire to identify, clarify and provide recommendations to the Commission in support of pregnant and parenting women affected by substance use disorders.

Representatives include:

Division of Children, Youth and Families	Bureau of Drug and Alcohol Services
Opioid Treatment Programs	Residential Treatment Organizations
March of Dimes	NH Charitable Foundation
NH Northern New England Perinatal Quality Improvement Network	Institute for Health Policy and Practice/University of NH
New Futures	Maternal and Child Health Section of DHHS
Division of Public Health Services	Planned Parenthood of Northern New England
Medicaid	Community Health Institute/NH Center for Excellence
Physicians and other providers from hospitals and health centers (neonatology, perinatology, pediatrics, social workers, etc.)	

²² Perinatal Substance Exposure Task Force: <http://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/>

This task force recently convened to discuss its structure and purpose. With expanded support from the CHI/NH Center for Excellence, made possible through a grant from the NH Charitable Foundation (NHCF), the task force has decided to meet more frequently for an extended time. Grantees of the NHCF Perinatal Addiction Project were invited to participate in task force meetings. In addition to these new members, the task force will also invite representatives from the Board of Pharmacy, a community mental health center, Child and Family Services and a woman in recovery. The task force will also create a Google Group to help members share information and resources.

Priorities

The task force will revisit their strategic plan over the next few meetings and will modify strategies as needed. Task force members will help inform two key deliverables to include identifying key providers who need training on substance use disorders as it relates to the perinatal population and determining the focus of a future Summit. The task force has also been actively engaged in the Safe Plan of Care for women affected by substance exposure. The task force helped draft the form to be used by providers and will continue to work with the Division of Public Health Services and the Division of Children, Youth and Families on this matter and will monitor legislation on an ongoing basis related to this topic.

PREVENTION TASK FORCE

Mission. The mission of the [Prevention Task Force](#)²³ is to utilize data to identify trends related to substance misuse; increase knowledge to better understand the impact of emerging trends; identify and take action to address the gaps in the current prevention system; and recommend strategic initiatives for the Governor's Commission consideration. The Prevention Task Force is currently working to promote prevention in early childhood settings and supporting prevention in schools through policy development and improvement.

Meeting Date & Time: Meets first Friday of every other month from 9:30 to 11:30 a.m.

Meeting Location: Community Health Institute, 501 South Street, 2nd Floor, Bow, NH.

Task Force Chair: Tim Lena **Co-Chair:** Shannon Bresaw

Priorities

The Prevention Task Force submitted extensive [priorities and recommendations](#)²⁴ to the Governor's Commission during the strategic planning process. It continues to focus on these priorities and has developed the following subcommittees to address its current fiscal year priorities. Listed below are the subcommittees and several examples of key strategies and responsibilities for each subcommittee.

1. *Systems Subcommittee*

- Promote seamless connections between community-based coalitions, Drug Free Community Grantees, regional public health networks, schools and other community sectors.
- Support the implementation of prevention-friendly laws and policies.
- Promote the collection and evaluation of data to address risk factors across the life span that can inform prevention efforts.

2. *Early Childhood Subcommittee*

- Increase data collection efforts regarding early childhood indicators, including Adverse Childhood Experiences (ACEs) indicators.
- Increase awareness among various stakeholder groups regarding the connection between early childhood risk/protective factors and later substance misuse.
- Identify and promote training and coaching opportunities for early childhood workforce regarding

²³ Prevention Taskforce: <http://nhcenterforexcellence.org/governors-commission/prevention-task-force/>

²⁴ Prevention Task Force State Plan Recommendations: <http://nhcenterforexcellence.org/governors-commission/prevention-task-force/>

behavioral health, trauma-informed care, social-emotional wellness and protective factors.

3. *Children and Youth Subcommittee*

- Create a Multi-Tiered System of Support for Behavior and Wellness (MTSS-B) to increase Evidence-Based Programs, Policies, Practices (EBP) with local school districts.
- Advocate for uniformity in Court Diversion and Restorative Justice Programs across the State.
- Coordinate and strengthen the impact of Youth Leadership programs.
- Support the implementation of Life of an Athlete in schools across NH.

4. *Emerging and Young Adults Subcommittee*

- Promote evidence-informed workplace prevention (including ATOD policies, Recovery Friendly workplaces, EAPs, and Resource).
- Reduce isolation and increase community connectedness among emerging adults.
- Create developmentally appropriate prevention messaging, such as peer-to-peer messaging and social norms campaigns.

5. *Adults Subcommittee*

- Support and promote the use of screening and early intervention protocol, Screening, Brief Intervention and Referral to Treatment (SBIRT), across a variety of settings, including healthcare practices that care for adults.
- Ensure parents, grandparents and other caregivers impacted by substance use disorders are supported.
- Support training, education and dispensing of naloxone to prevent overdoses.

6. *Older Adults Subcommittee*

- Assess the impact of substance misuse among older adults in NH using a process similar to the young adult assessment. Assessment to include an assets and gaps analysis to explore how sectors can support substance misuse prevention among the older adult population.
- Reduce access to unused prescription drugs in homes of older adults through prescription drug takeback events and targeted education.
- Provide support for older adults who are taking on the parenting role for their grandchildren.

RECOVERY TASK FORCE

Mission: The mission of the [Recovery Task Force](#)²⁵ is to support services and systems related to the advancement of recovery support services in NH. The Recovery Task Force includes many active leaders, members and advocates involved in NH's recovery movement. The task force provides support and ensures information exchange and technical assistance for organizations providing recovery support services. Please contact the task force chairs to confirm all meeting schedules and locations.

Meeting Date & Time: Meets on second Friday of month from 9:00 a.m. to 11:00 p.m.

Meeting Location: Community Health Institute, 501 South Street, 2nd Floor, Bow, NH.

Task Force Chair: Kevin Irwin **Co-Chair:** Marty Boldin

Priorities The Recovery Task Force has continued efforts to advance the recommendations provided in the State planning process, particularly in highly inter-connected areas focused on the continued building of 1) Funding for Peer Recovery Support Services and Organizations; 2) Workforce Development; 3) Network-Building and Public Education; and, 4) the adoption of Recovery Housing Quality Standards.

1. Preserving and building the funding, stability and sustainability of recovery-oriented services in an uncertain and volatile funding environment. Includes:

- Public funding for Recovery Community Organizations (RCOs) and their respective services and supports
- The continued development of Peer Recovery Support Services (PRSS) quality, impact and value, including standardized tools, protocols, management, data systems and evaluation
- The continued development of braided funding models from private and public sectors and sources

2. Building and maintaining a qualified workforce; professional development. Includes:

- Continued training, support and retention of PRSS workers and RCOs (aligned with CAPRSS²⁶ Standards)
- Developing models that strike and maintain a balance between the authenticity of peer-delivered services and fidelity to professional and quality standards

²⁵ Recovery Taskforce: <http://nhcenterforexcellence.org/governors-commission/recovery-task-force/>

²⁶ Council on Accreditation of Peer Recovery Support Services: www.caprss.org

3. *Network Development. Includes:*

- Continuing efforts in public education and awareness-raising of, and by the recovery community
- Maintain and advance progress of efforts that integrate recovery-oriented services into a continuum of care with prevention and treatment
- Increase efforts to reach and engage underserved Populations (i.e. families, youth and adolescents, criminal justice involved, parents in recovery)
- Maintain and advance progress to engage and integrate recovery-oriented principles and practices across public and private sectors (i.e. law enforcement, health care, social services, businesses, faith-based communities, etc.)

4. *Increase recovery housing availability and quality standards. Includes:*

- Increase recovery housing opportunities for special populations, including the re-entry population, pregnant women and their children and individuals leaving treatment
- Support the formal adoption of recovery housing standards that reflect alignment with national standards (e.g. supporting new Legislation that adopts Recovery Housing Guidelines submitted by the Recovery Task Force in 2017)

TREATMENT TASKFORCE

Mission: The mission of the [Treatment Task Force](http://nhcenterforexcellence.org/governors-commission/treatment-task-force/)²⁷ is to make recommendations to the Governor's Commission regarding policies, practices, and unmet needs to ensure accessible, high-quality services for NH residents experiencing substance use disorders. The Treatment Task Force's vision is to assure that all persons with substance use disorders in New Hampshire receive effective, timely and culturally-appropriate treatment in a manner that respects their individual dignity.

Meeting Date & Time: Meets the third Friday of every other month from 9:00 to 11:00 a.m.

Meeting Location: New Futures, 10 Ferry Street, Room 308 (3rd floor), Concord, NH.

Task Force Chair: Stephanie Savard

Priorities

The Treatment Task Force actively worked to develop Treatment Task Force priority areas, strategies and actions steps.

Identification of task force workgroups and leaders for active work on specific strategic goals and action steps are identified below. Workgroups are initiating in March, 2018, priority area focus for remainder of SFY18 includes:

1. Increase access to treatment and recovery support services

- Increase access to specialized treatment services for specific populations (e.g. veterans, youth, pregnant women, families, co-occurring, criminal justice, older adults, medically complex, socioeconomically disadvantaged, geographic disparities)
 - i. Work with organizations to review existing data sources to identify gaps and current resources
 - ii. Identify and recommend best practice services for priority populations
- Educate professionals and the public on how to navigate the treatment system and available resources
 - iii. Identify and recommend content and strategies for healthcare providers, behavioral health providers and the general public on how to access clinically-appropriate services based on individual needs to the Governor's Commission
 - iv. Collaborate with DHHS and other agencies to identify strategies/mechanisms to increase awareness of current initiatives and available resources (e.g. Addiction Crisis Line, Regional Access Point Services (RAPS), recovery centers)

²⁷ Treatment Task Force: <http://nhcenterforexcellence.org/governors-commission/treatment-task-force/>

- Utilize technology to improve access to treatment in limited-resource areas
 - v. Research innovative strategies and means to utilize technology

2. *Enhance culturally competent care provided across the state*

- Provide culturally competent training opportunities
 - i. Identify and prioritize high risk populations and recommend culturally competent training topics for professionals and organizations

3. *Increase workforce capacity*

- Improve licensure/certification process
 - i. Support and recommend process improvements to refine and clarify the professional licensure process (e.g. communication, technology, staffing)
- Utilize telehealth to improve access to licensed supervision
 - ii. Examine an infrastructure for the creation of a virtual supervision learning academy to convene licensed professionals who can supervise
 - iii. Inform policy and incentives to support the design and implementation of the virtual supervision learning academy

VI. State Agency Updates

This section contains brief updates, from agencies designated to participate on the Governor's Commission, regarding progress toward Commission goals in the first half of SFY18 (July – December 2017) in complement to the information previously provided in the [Governor's Commission 2017 Annual Report](#).²⁸ These entries are not intended to reflect the full scope of work related to the current opioid epidemic or that of other alcohol and drug misuse or substance use disorders focused work that is currently underway throughout the state.

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF BEHAVIORAL HEALTH - BUREAU OF DRUG AND ALCOHOL SERVICES

The Bureau of Drug and Alcohol Services (BDAS) section of the [Governor's Commission 2017 Annual Report](#) provides an extensive description of all contracts through all funding streams managed by BDAS. For the purposes of the mid-year update, BDAS has provided a timely description of contracts supported by Governor's Commission "Alcohol Fund" resources in Section II of this report. This is not an inclusive list of all BDAS contracting but does illustrate the intersection of funding streams as many of the services that are supported through Governor's Commission funding also receive funding through other BDAS sources, Section II, Table I. In addition, BDAS has provided the summary of information regarding federal 21st Century CURES Act funding found below.

21st Century Cures Act State Targeted Response Grant

As part of 21st Century Cures Act, NH has received money through SAMHSA to aid in addressing the opioid crisis. These funds were awarded to each state using a funding formula that allocated \$3,128,366 to NH each year for two years. The Cures Act projects must be used primarily for individuals with opioid use disorder. New Hampshire identified target populations for the funding using the latest recommendations from Governor's Commission taskforces and needs assessment data. The following services are being funded through this source. Award amounts include both year-one and year-two funding.

Medication Assisted Treatment. Expansion of integrated care services (substance use services, obstetrics, pediatric, and primary care) for pregnant and postpartum women. This includes parenting education and supports to hospitals dealing with neonatal abstinence syndrome, including funding for childcare and transportation to support women participating in the programming (\$2,755,413).

Peer Recovery Support Services. Services for pregnant women and parents of children up to age 10 with substance use disorders. Includes subcontracts with three recovery community organizations as well as additional centers in year

²⁸ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-final-september-2016.pdf>

two that will be implementing the Sober Parenting Journey curriculum (\$515,198).

Regional Access Point. Services offered statewide include in-person and telephone link to rapid evaluation and referrals to services, case management and continuous recovery monitoring (\$783,485).

Re-Entry Care Coordination. Department of Corrections re-entry care coordinator position for women with substance use disorders. The position will provide targeted case management for women transitioning into the community from corrections (\$300,000).

Department of Corrections Naloxone Distribution. Naloxone distribution to individuals transitioning from corrections to the community. This will provide naloxone kits to individuals at risk for opioid overdose, including those re-entering community and those on parole. Training and education for correctional staff and those being released would be part of the program (\$600,000).

Naloxone Distribution. Naloxone distribution to community-based providers (\$12,000).

Early Childhood Prevention Programming. Prevention programming targeting Division for Children Youth and Families (DCYF)-involved children up to age 10 and their parents/caregivers who have a substance use disorder. The programming would include a caregiver (grandparents, family members, foster parents) peer-support programs and would enhance home visiting programs, including implementation of an early childhood prevention curriculum. This is still under procurement (\$1,190,716).

Administration. DHHS vendor to provide technical assistance and program evaluations. This is still under procurement (\$50,000).

NH DHHS DIVISION FOR CHILDREN, YOUTH AND FAMILIES

Project First Step, Division for Children, Youth and Families Licensed Alcohol and Drug Counselor Program

Project First Step's primary goal is to reduce barriers to treatment, provide community-based treatment and other services in a timely manner to clients involved with DCYF. Currently, DCYF has six contracted Licensed Alcohol and Drug Counselors (LADC) that are embedded in DCYF District Offices (Berlin/Littleton, Claremont, Concord, Laconia, Manchester and Southern District Offices). Also, there is one LADC position currently in the contracting process and should be filled within the next two months. Below is a bulleted outline of the scope of work that LADCs, who are embedded in the DCYF District Offices, have performed in SFY18. Also provided are some data points related to scope of work provided for SFY17. Primarily this program has provided direct services to clients and consultation and education offered to DCYF staff and community partners. In addition:

- Accompanied parent/youth to community based support programs and meetings.

- Participated in DCYF meetings.
- Provided on-going aftercare support service to clients.
- Established/developed area contacts and community resources in order to make referrals.
- Participated in support groups for foster parents and youth, as requested.
- Provided subject matter expertise and the development of program initiatives.
- Offered expectant women substance use disorder treatment and prevention services.
- Tracked program developments and workload demands in monthly reports to the program specialist.

In addition DCYF has established a workgroup to look at developing a Family Drug Court system within New Hampshire. Currently, the workgroup is comprised of two Judges, a Grafton County Attorney, four community stakeholders and DCYF Leadership. The workgroup is in the infancy stage and is working with Children and Family Futures, who is providing technical assistance for New England States, in developing a strategic plan. Also, the DCYF Senior Data Analyst is also working on additional data that can be included regarding number of referrals, types of substances DCYF is seeing, the type of work been done (one visit, multiple visits, etc.). Including these data points will really capture the depth of the work the Division does.

NH DEPARTMENT OF CORRECTIONS

Treatment in Corrections. The New Hampshire Department of Corrections conducts initial behavioral health screens on all those entering Corrections facilities. In conducting these, men and women are triaged for additional assessment as it pertains to substance use, mental health and other psychiatric needs. Overall, across all sites 614 referrals were made to these types of services above and beyond the existing clients receiving services. Of the approximately 2350 men, 40% of them have been engaged in treatment for behavioral health issues inclusive of substance use disorder diagnoses since October, 2017. As it pertains to the approximately 135 women in custody for the same timeframe, 90% of them have been engaged in treatment for behavioral health issues with a high prevalence rate of co-occurring disorders. The department provides treatment for substance use in multiple forms depending on the person's individual assessed need. A person can be engaged in a mixture of individual and/or group treatment, a resident of a modified therapeutic community model available to men and women, medication-assisted treatment for substance use, an intensive outpatient model modified for use within the correctional facility communities and psychiatric treatment. The Department has adapted to engage people at all levels of service availability to ensure the right treatment path is available when a person is ready and willing to participate in recovery-based substance use services.

Internal practices have been modified regarding disciplinary infractions to provide the opportunity to participate in substance use treatment rather than a direct path to an infraction as a method to motivate people to address their

addiction issues. This has been well received as a method to confront behavior but with an opportunity to offer treatment. Medication assisted treatment has been provided to 37 residents from October, 2017 through February 15, 2018. This treatment opportunity to individuals in custody is specifically focused on re-entry to the community with comprehensive release planning that connects a person to a community-based provider for continuity of care. The Department's case management team continues to be on the frontline of enrolling people into NH Easy and other State and Federal programs in order to remove barriers of access as it pertains to insurance coverage and to reduce financial burdens. The availability and parity of coverage is critical for the justice-involved population leaving our state correctional facilities to return to the community.

NH DEPARTMENT OF EDUCATION

Consolidated State Plan. In September 2017, the Elementary and Secondary Education Act of 1965 was replaced by the Every Student Succeeds Act (ESSA), when Governor Sununu and Commissioner Edelblut submitted NH's Consolidated State ESSA plan to the federal government. Enshrined within that plan is NH's commitment to support all Student Wellness efforts including those specifically related to social and emotional wellness and substance misuse prevention.

Office of Student Wellness. The Department of Education (DOE) continues to administer 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, Title IV-A, Project Grow and CollIN. These projects are implemented using a 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.

Student Wellness Toolkit. The Office of Student Wellness (OSW) uses a common, preventative framework for the development of all student wellness initiatives and has developed a toolkit to assist schools and school districts in planning and implementing a Student Wellness Program on a multi-tiered system of support for behavioral health and wellness. The toolkit draws from Implementation Science and provides district teams with all of the tools and guidance needed to begin planning.

R.E.A.C.T. Campaign. The DOE supports the R.E.A.C.T. Public Awareness Campaign which provides students throughout New Hampshire with tips to deal with signs of emotional suffering, and resources for support and help.

Staffing Additions. The DOE's OSW received state funding for a Prevention Coordinator to plan, coordinate, and monitor drug and violence prevention programs for compliance with federal and state regulations by providing technical assistance and consulting services to local school districts. This position is currently posted. Additionally the DOE has hired a Cultural and Linguistic Competence (CLC) Coordinator to support cultural competence in educational settings. The role of the CLC Coordinator's role will be critical in creating structural support and alignment for educators which

will in turn facilitate personalized pathways to help children have productive learning environments and future career capability.

Professional Learning & Training. The key to successfully supporting the whole child and/or implementing a Student Wellness program is constant learning and training. The OSW provides a calendar of upcoming trainings, events, and professional development opportunities that are either directly sponsored by the DOE, Office of Student Wellness or are hosted by another organization that are connected to prevention and/or student wellness.

NH DEPARTMENT OF JUSTICE

The NH Department of Justice has been involved in 50 carfentanil investigations (possessions, sales, deaths) since the appearance of carfentanil in New Hampshire in April 2017. Confirmed deaths caused by carfentanil total 12, with the last carfentanil death in New Hampshire occurring in May of 2017. Carfentanil possession was last confirmed in December of 2017, dating back to a September 20, 2017 seizure. The Department of Justice and the NH State Police Forensic Laboratory set up real-time monitoring of test results so when a carfentanil case is learned, the Department is informed within hours and the investigation is subsumed by the Attorney General's office. Every carfentanil possession case that has been brought to the attention of the office has been prosecuted (with one exception on a simple possession case).

In addition the NH Department of Justice brought charges in 10 separate overdose death cases in 2017.

NH STATE LIQUOR COMMISSION DIVISION OF ENFORCEMENT & LICENSING ALCOHOL AWARENESS ACTIVITIES

Mobile Community Outreach Unit. The Division received a grant through the National Alcohol Beverage Control Association for Drugged/Drunk Driving simulators. One simulator is installed on the Mobile Community Outreach Vehicle for public safety events. Mobile Community Outreach Unit participated in 29 educational initiatives registering 2,500 participants, an increase of 1,000 participants from 2016.

Alcohol Awareness Poster Contest. Open to all NH students K - 12th grade, home-schooled and youth groups. Winners and runner-ups are chosen in every grade level along with a First, Second and Third place over-all winner. The poster contest kicks off in March with a focus on Alcohol Awareness Month in April and ending in May. All winners receive a gift card, a prize package and tickets to a *Fisher Cats* baseball game for their family/friends where a ceremony is held to honor their commitment to "no underage drinking".

Buyers Beware/Sticker Shock. The *Buyers Beware*²⁹ campaign is a public awareness message used to help educate

²⁹ <https://www.nh.gov/liquor/enforcement/education/buyers-beware/index.htm>

and inform adults about the dangers and consequences in providing alcohol to minors. The media campaign is used in both print and signage as well as radio ads and social media. The *Buyers Beware* logo is highlighted in our Sticker Shock program where youth groups visit grocery stores to ‘sticker’ beer packages to warn buyers not to provide alcohol to minors. The NH Fisher Cats also use this ‘sticker’ on plastic cups when serving alcohol at the stadium.

Driver’s Education/Fatal Choices. The *Underage Drinking & Driving PowerPoint* presentation educates the participants on underage possession and/or drinking of alcohol and the law on driving under the influence. This program also allows participants to operate a golf cart through a road course while wearing a pair of Fatal Vision Goggles. The goggles simulate impairment; therefore raising awareness to the dangers associated with drinking and driving.

Investi “GATOR” Mascot Appearances. The mascot makes public appearances across the state at special events including the Manchester Monarchs hockey games, University of New Hampshire sporting events, and the New Hampshire Fisher Cats baseball games. “GATOR” visits schools statewide to promote the Alcohol Awareness Poster Contest and to help raise awareness of the dangers minors face related to underage drinking.

SIDNE® Simulated Impaired Driving Experience. Drivers and passengers safely experience a simulation of what happens when they attempt to operate a vehicle while impaired or distracted. The remote controlled go-cart operates in two modes; Normal and Impaired. As a participant drives, the instructor will switch SIDNE® between Normal Mode and Impaired Mode causing the driver to misjudge turns, speed, and braking distances.

NH DEPARTMENT OF SAFETY

Implement Operation Granite Hammer. The Division of State Police Investigative Services Bureau, in conjunction with the Department of Safety Grants Management Unit, continues to oversee the Substance Abuse Enforcement Program as authorized by RS 21-P:66. This resulted in the establishment of an Operation Granite Hammer grant program which was designed to support the implementation of drug enforcement operations/initiatives to combat the misuse of opioids and fentanyl throughout the State and is described in detail in the [Governor’s Commission 2017 Annual Report](#).

Granite Shield Overview. The Granite Shield program began in October of 2016. It has expanded to include 79 law enforcement agencies across the State. The agencies are working closely with the State Information and Analysis Center (IAC) to ensure cases are properly de-conflicted to maximize officer safety. As of January 1, 2018 (mid-term), the Granite Shield program has reported 285 arrests and the seizure of approximately 23.2 pounds of heroin/fentanyl. This amount contains over 350,000 potentially deadly doses units.

To date, the Granite Shield initiative has been responsible for 1,235 arrests and the seizure of approximately 48.4 pounds of heroin/fentanyl. This total seizure is approximately 747,672 (3/4 of a million) potentially deadly dosage units.

Mobile Enforcement Team (MET). The Division of State Police MET Team consists of nine full-time highly trained Troopers, who focus on disrupting the flow of illicit drugs coming into our communities. In addition, the members of this Team support our Granite Shield program assist in problem areas around the state as requested by our local police partners and drug units. The MET Team also stands ready to serve federal law enforcement partners.

Since September 1, 2017, the MET Team has made 201 felony level arrests and seized 10 pounds of the deadly drug heroin/fentanyl. This total seizure is approximately 150,863 potentially fatal dosage units. The Special Services Unit has also continued to certify Drug Recognition Experts (DRE) currently totaling 36 Troopers or more than 14% of the Division. The Division of State Police has made a commitment to provide a DRE trained Trooper upon request.

NH State Police Forensic Laboratory. Seized drug samples analyzed by the State Police Forensic Laboratory during the second half of 2017 show that fentanyl-class compounds exist in over 25% of the cases coming into the laboratory. Methamphetamine submissions (mostly in the crystalline or “ice” form) have demonstrated a 100% increase since 2016. Decriminalization of $\frac{3}{4}$ ounce of marijuana in September 2017 has led to a decrease of approximately 125 cases per month. The State Police Forensic Laboratory’s Controlled Drug section added two full-time drug chemists with the current biennial budget which started July 1, 2017. An average case completion per month per chemist is 50 cases. This combined with the availability of Granite Shield overtime has increased the number of cases analyzed per month and has reduced the backlog of cases awaiting analysis from 3,600 to 1,400.

Fire Standards and Training & Emergency Medical Services. The Governor’s Commission approved funding for on-line and in-person training totaling \$70,750. This funding will not only increase the number of law enforcement officers and firefighters who can administer naloxone, but will also support our first responders’ understanding of addiction and how to interact with at-risk persons more effectively. Additionally, first responders will learn how to effectively manage the stress of the high volume of opioid overdoses.

SAMHSA awarded the Department of Safety a \$3.1 million dollar grant over the next four years to increase the number of first responders and family/friends of at-risk people who can administer naloxone; to provide the training and equipment to do this safely, including supplying a dose of naloxone; and then establish a first responder opioid overdose follow-up program. Unique to this initiative will be using first responders to provide education and naloxone directly to at-risk people and their support systems, as well as working with community partners in facilitating a prevention and treatment referral process. The goal of these programs will be the reduction of opioid overdoses and overdose fatalities.

NH Highway Safety. The New Hampshire Office of Highway Safety provides federal funding each year, which is utilized to augment NH State Police efforts to effectively prevent and address situations involving impaired driving on New Hampshire’s roadways. From an enforcement perspective, this federal funding allows for a variety of enforcement efforts, to include driving while intoxicated/driving under the influence (DWI/DUI) sobriety checkpoints and saturation

patrols (mobile enforcement), as well as additional patrols that allow drug recognition experts (DREs) to assess and hold impaired drivers accountable. Since 2016, the New Hampshire Office of Highway Safety has earmarked over 1.4 million dollars to the NH State Police for DWI/DUI/DRE Patrols and over \$160,000 for State Police conducted DWI/DUI Sobriety Checkpoints.

The NH State Police (NHSP) also utilizes funds that are provided by the NH Office of Highway Safety to support a variety of impaired driving-related positions, which further the mission of deterring and reducing the number of impaired driving incidents. Some of these positions/initiatives are as follows:

- Department of Safety Interlock Ignition Program (Approximately \$200,000 from 2016-2018)
- NHSP Impaired Driving Prosecutors (Over \$527,000 for 2016/2017)
- Office of Highway Safety Media Position (\$111,620 in 2017)
- NHSP Paralegals (\$82,960 in 2018)
- NHSP Crash Analysis and Reconstruction Unit Training (\$16,366 in 2018)

The NH Office of Highway Safety also provided for several robust media campaigns in 2017 and 2018, to include the following:

- Governor's Highway Safety Luncheon (11/20/17) – covered by WMUR Television and promoted by WGIR Radio
- Highway Safety Night at the Manchester Monarch's Game (1/14/18) – Promoted by WMUR Television and WGIR Radio
- Multiple Highway Safety-related segments conducted on the NH Today with Jack Heath Program on WGIR Radio, to include segments focused on serious bodily injury crashes, the move over law, driving in inclement weather, traumatic brain injuries suffered in crashes, and the importance of not driving while impaired
- The enhanced use of social media through the NH Office of Highway Safety to deter impaired driving
- UNH Athletic Events – “Drive sober or get pulled over” campaign
- Manchester Monarch's advertising, to include messaging on two boards on the rink which state: “Ending Impaired Driving is our GOAL.”
- Multiple impaired driving-related radio spots that air on a variety of radio stations throughout the state

Acknowledgments

The Commission extends its deepest gratitude to Governor Sununu and the New Hampshire Legislature for the leadership and commitment exhibited relative to the State's opioid public health epidemic and the on-going challenges of providing adequate access to alcohol and other drug misuse and substance 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 substance use 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 substance use 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 crafting this report.

