

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

STATE FISCAL YEAR 2016 ANNUAL REPORT

*Implementing
collective action for
collective impact in
reducing the misuse of
alcohol and other
drugs and promoting
recovery from
substance use
disorders*

The New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery SFY 2016

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

SFY 2016 Members

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

Legislative Branch Members

Senator Jeanie Forrester
Senator Molly Kelly
Representative William Hatch
Representative John Tholl

Public Members

Marty Boldin - Recovery Representative
Monica Edgar - Treatment Professional
Rebecca Ewing - Non-Professional Public Member
Traci Fowler - Prevention Professional
Tim Lena – Prevention Professional
Chris Placy - Non-Professional Public Member
Stephanie Savard - Treatment Professional

Task Forces and Chairs

Data and Evaluation Task Force

James Vara / Paul Lakevicius

Healthcare Task Force

Seddon Savage / Lindy Keller

Joint Military Task Force

William Reddel / Jessica Blais / Sue Brown

Opioid Task Force

Seddon Savage

Perinatal Substance Exposure Task Force

Rebecca Ewing / Patricia Tilley

Prevention Task Force

Traci Fowler

Treatment Task Force

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Recovery Task Force

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Legislatively Mandated Members

John J. Barthelmes - Commissioner, NH Department of Safety
Lorraine Bartlett - Director, NH Division for Children, Youth & Families
Cheryl Ann Coletti Lawson – NH Business and Industry Association
Joseph Foster - Attorney General/NH Department of Justice
Todd S. Gardner - NH Nurses Association
Ross Gittell - Chancellor, Community College System of NH
Edward Gordon - designee, Administrative Judge of the NH District and Municipal Courts
Joseph P. Harding, Executive Director - Director, NH Bureau of Drug and Alcohol Services
Jeffrey A. Meyers – Commissioner, NH Department of Health & Human Services
Joseph Mollica – Chairman, NH Liquor Commission
Daniel Potenza, MD - Chairman, NH Suicide Prevention Council
William N. Reddel, III - Adjutant General, NH National Guard
Timothy Rourke, Chairman - NH Charitable Foundation
Seddon Savage – NH Medical Society
Roger A. Sevigny – Commissioner, NH Insurance Department
Mary Steady - designee, NH Department of Education
William L. Wrenn – Commissioner, NH Department of Corrections

Dedication

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

Executive Summary

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

This report outlines significant progress, data, and ongoing challenges and includes recommendations to meet pressing needs. Briefly, last year's report (*The NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery State Fiscal year 2015 Annual Report*²) included recommendations primarily focused on ensuring a comprehensive approach to addressing the opiate/opioid crisis. The majority of those recommendations were acted upon; this progress includes though is not limited to the creation of the statewide Addiction Crisis Line (1-844-711-HELP), the expansion of access to treatment services through the NH Health Protection Program and traditional Medicaid, new opioid prescriber rules and mandatory training, and the funding of peer recovery support services.

Progress has been substantial, but significant challenges to service and system capacity continue to negatively impact the accessibility of an effective system of care for substance use disorders. These challenges are rooted primarily in stigma, and the residual impact of the historical under-resourcing of services, systems, and state agencies. When taken together, these challenges affect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. These challenges include the devastating impact of more than 240³ fatal overdoses thus far in 2016, inadequate access to services, inadequate workforce to meet the demand for services, the need for data management and evaluation capacity, and the high risk of secondary public health threats.

To sustain progress and meet the identified challenges, the Commission recommends the following: engage in public health messaging regarding addictive disorders, expand support for prevention, early identification, treatment and recovery services especially for high risk/ high need populations, continue support for expansion of availability of medication-assisted treatment, continue and expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders, and support syringe access programs - a cost-effective, evidenced-based prevention strategy that curtails the spread of blood-borne pathogens (diseases such HIV, Hepatitis B and C).

Additionally, the current Commission State Plan, *Collective Action – Collective Impact*, expires in 2017. An overarching priority for the Commission this year is to revise the State Plan, taking into account existing progress, ongoing needs and statewide conditions to lay the groundwork for the next 3-year strategy.

Finally, per the Commission statute, the Commission is asked to comment on fiscal matters pertaining to substance use disorders. This report demonstrates progress thanks in part to unprecedented investment - however, a sustained, long-term fiscal strategy is required to address the current crisis and prevent and mitigate the impact of the next one. Therefore, the Commission recommends fully funding the Alcohol Abuse Prevention and Treatment Fund (RSA 176-A:1, III) which, when passed by the legislature, dedicated 5% of gross profits from the sale of liquor in State Liquor Stores. While in the midst of this opiate/opioid crisis, it is important to note that the major cost driver to the state relative to

¹ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

² <http://www.dhhs.nh.gov/dcbcs/bdas/documents/commissionreport.pdf>

³ Medical Examiner's Office, January 1 - September 6, 2016: 243 confirmed overdose deaths

substance misuse is alcohol. The Commission believes that the original intent of the legislature should be followed, and the 5% rate should be returned and sustained. In addition, the Commission recommends that the sunset clause on the Health Protection Program be removed. A total of 6,658 unique beneficiaries received a substance use disorder service in SFY2016 through the Health Protection Program. The ability to deploy resources across the continuum of care, to cover prevention and recovery support services, is contingent on individuals having access to insurance which will cover substance use clinical services. The cost outlays of making the Health Protection Program permanent are minimal compared to the economic toll untreated addictive disorders would take on our state's economy.

I. Introduction

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (the Commission) has a legislated mission to significantly reduce alcohol and 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. State Fiscal Year 2016 was a year of accelerated progress in the midst of the ongoing deadly impact of the statewide opiate/opioid crisis. The efforts of the Commission, its members, task forces and stakeholders have been substantial this year as a direct result of leadership and commitment within the Governor's office, the legislature, state agencies, provider systems, recovery groups, regional public health networks, advocacy organizations, local communities, law enforcement, health care, and many other stakeholders.

Each year this report serves to aggregate progress toward the Commission's strategic plan, *Collective Action-Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017*⁴, and set forth recommendations to continue the momentum. Last year's Report (*The NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery State Fiscal year 2015 Annual Report*⁵) included recommendations primarily focused on ensuring a comprehensive approach to addressing the opiate/opioid crisis. The majority of those recommendations were acted upon; this progress includes the creation of the statewide Addiction Crisis Line (1-844-711-HELP), the expansion of access to treatment services through the NH Health Protection Program and traditional Medicaid, new opioid prescriber rules and mandatory training, and the funding of peer recovery support services organizational supports.

Given the focus on the opiate/opioid public health crisis, and the Commission's role in the approach to the crisis, this document mirrors much of the information contained in the *Opiate/Opioid Public Health Crisis: Update on the State of New Hampshire's Comprehensive Response*⁶ released by the Governor in August 2016. For detailed information, the Response should be read as a companion to this report.

Challenges to service and system capacity for substance misuse and substance use disorders continue to be rooted primarily in stigma and the residual impact of the historical under-resourcing of services, systems, and state agencies which affect service adequacy across the continuum of prevention, early identification, treatment, recovery support, law enforcement and interdiction. Though the recent, unprecedented, investment in the system has begun to build services and systems a sustained, long-term investment is required to address the current crisis and prevent and mitigate the impact of the next one.

This report seeks to aggregate a snapshot of these myriad efforts highlighting forward momentum, naming ongoing areas of need, creating a new data dashboard, and recommending priorities for the coming year. In addition, state fiscal year 2016 financial reporting, and recommendations for resourcing in the coming biennium are included.

This year brought legislative enhancements to the Commission's mandate and reporting requirements through the passage of [SB533](#)⁷. Notably, the Commission's advising role is now for both the NH Governor and Legislature; and requires biannual reporting. Therefore, an update to this report will be forthcoming in March. Additionally, the legislation moved up the filing deadline of this annual report by one month and added significant new detail requirements, including the development of a data dashboard. In working to meet this deadline, the Commission has made every attempt to gather all requisite reporting requirements. To the extent specific data points are not yet available, we comment here on plans to arrive at those data points, and any capacity needed to pursue data not yet available in existing data systems.

⁴ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

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

⁶ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf>

⁷ http://www.gencourt.state.nh.us/bill_status/billText.aspx?sy=2016&id=1094&txtFormat=pdf&v=current

II. State Plan Progress

The Commission's strategic plan, *Collective Action-Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017*, includes two core goals 1) to reduce the percentage of New Hampshire residents misusing alcohol and other drugs and 2) to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services. These goals apply to four problems of focus: alcohol misuse, marijuana use, prescription drug misuse, and the incidence of persons with substance use or co-occurring substance use and mental health disorders seeking and not receiving treatment or recovery support services.

Each year progress toward this plan is summarized and recommendations set forth to continue the momentum and address needs evidenced by data. *The State Fiscal Year 2015 Annual Report* included recommendations, primarily focused on the opiate/opioid crisis. The majority of those recommendations were acted upon and this progress is summarized on the following pages.

A. SERVICES ACROSS THE CONTINUUM

✓ Increasing access to treatment

+ Substance Use Disorder Treatment Contracts

NH Department of Health and Human Services (NH DHHS), Bureau of Drug and Alcohol Services (BDAS) currently contracts with fifteen substance use disorder treatment providers across the state to provide a comprehensive array of services, including ambulatory withdrawal management, medically monitored inpatient withdrawal management, outpatient, intensive outpatient, partial hospitalization, low-intensity residential (90-day), high-intensity residential (28-day), 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).

+ Medication Assisted Treatment Access

NH DHHS made resources available for the first time for MAT in substance use disorder treatment service contracts. In addition, the Department is providing infrastructure support for the implementation of MAT in primary care practices.

NH DHHS has been awarded a Substance Abuse and Mental Health Services discretionary grant to target increased access to MAT in the high need areas of Manchester and Nashua, to begin implementation in 2017.

✓ Creating sustainable peer recovery support services network

+ Facilitating Organization

A Facilitating Organization (FO) has been contracted to oversee the development and networking of peer recovery support services (PRSS) available through recovery community organizations (RCOs) in at least five of the public health regions. This is a model that has been replicated from other successful infrastructure roll-outs in other states. The organization is in the process of subcontracting with RCOs which will receive support to achieve national accreditation, train and certify recovery support workers, open recovery centers, and provide PRSS in identified communities. The FO will also provide an optional suite of "back-office functions", including human resources, financial management, billing, and data collection, based on the individual needs of the RCOs. The goal of the FO is to provide streamlined contracting, increased efficiency in public finance deployment, and consistent, uniform monitoring and evaluation of PRSS that meet the national standards of evidence and quality.

+ Recovery Community Organization Contracting

In addition, Senate Bill 533 appropriated an additional \$500,000 that was intended to be deployed by the Commission through the FO to RCOs. Instead, the funds went to NH DHHS, BDAS to support a separate RFP process

for the creation, initiation, expansion, and/or operational costs for PRSS. DHHS is currently accepting proposals based on that RFP and will initiate the contracting process in October.

✓ **Integrating SUD identification and support in DCYF system**

+ NH DHHS/ Division for Children, Youth and Families (DCYF) was appropriated funds to have Licensed Alcohol and Drug Counselors (LADCs) in offices in the north, east and west regions of the state.

+ DCYF developed and implemented policy specific to an *“Enhanced Assessment for Substance Exposed Infants & Toddlers”* for child protection staff.

+ DCYF created a specialized training for supervisors and staff; *“Safety Planning When Substance Abuse is Present”* which focuses on how to develop a safety plan for children when substance abuse/use is present, how to reduce risk of harm to a child and how to identify the level of functional capacity/impairment of a caregiver in order to determine their ability to safely parent a child.

+ DCYF has also instituted the recruitment of foster families who are trained to manage the care of infants impacted by a parent’s substance use.

✓ **Creating coordinated crisis supports**

+ 24/7 Hotline

The Statewide Addiction Crisis Line, toll-free at 1-844-711-HELP (4357), was launched on May 10, 2016. The hotline, which is operated by Keystone Hall, is staffed by New Hampshire-based, trained professional counselors who assist with identifying appropriate services—24 hours a day, 7 days a week.

+ Individuals seeking assistance can also call 211, which provides health and human services information, and works in concert with the Crisis Line to actively transfer the appropriate individuals to that service.

+ Regional Access Points Services

In an effort to support those ready to access care for substance use disorders, Regional Access Points Services providers were funded to cover each of the 13 Regional Public Health Network areas. Regional Access Point Services provide a resource to facilitate access to substance use disorder treatment and recovery support services. This includes an evaluation and American Society for Addiction Medicine (ASAM) level of care determination. Regional Access Points Service providers will provide care coordination assistance to help individuals access services, assist with enrolling in healthcare programs and other insurance issues, support access to substance use disorder treatment, and recovery support services.

+ The Regional Access Points are designed to work in tandem with 211 and the [New Hampshire Treatment Locator](http://nhtreatment.org/)⁸ to provide general information on the location and types of substance use disorder services available. The Statewide Addiction Crisis Line will also refer individuals to the appropriate regional access point for individuals needing more intensive care coordination services.

✓ **Housing**

Senate Bill 533 also appropriated \$2,000,000 to the New Hampshire Housing Finance Authority for the purpose of funding affordable supportive housing projects for persons with substance use disorders.

✓ **Implementing Evidence Informed Prevention and Early Identification Approaches**

+ The state’s Regional Public Health Network system continues to support environmental prevention efforts, mobilizing communities and supporting best practice adoption across multiple community sectors throughout the

⁸ <http://nhtreatment.org/>

state. Each region recently updated their substance misuse prevention plans, identifying specific strategies and programs to deploy in their regions to address both the current opiate epidemic as well as the full range of risky substance misuse.

- + Twenty-five schools have Student Assistance Programs for school-based prevention education and early identification for students at risk for substance misuse as result of federal Partnership for Success funding. Funding for an up to an additional 25 schools will be available in the coming year.
- + Prevention direct services, funded through SB533, are in the process of procurement, the request for proposals is currently available through DHHS.
- + Life of an Athlete continues to be supported by the New Hampshire Interscholastic Athletic Association with funding from the Commission and the New Hampshire Charitable Foundation. It is currently operating in 84 middle and high schools.
- + Screening, Brief Intervention and Referral to Treatment (SBIRT), a best practice for a public health approach to substance misuse prevention and early identification, has been implemented in all state-funded Community Health Centers in 2016. This best practice adoption has been supported financially and through technical assistance by the NH DHHS Bureau of Drug and Alcohol Services (BDAS).
- + When taken together, these strategies are demonstrating outcomes, with recent YRBS data⁹ reflecting a continued drop in youth misuse of alcohol, marijuana and prescribed opiates.

B. SERVICE AND SYSTEM FINANCING

✓ HPP Medicaid¹⁰ expansion re-authorization

The continuation of the New Hampshire Health Protection Program through the passage of House Bill 1696 ensures that beneficiaries continue to have access to benefits for substance use disorder services through 2018. Coverage includes a range of services including screening and brief intervention, outpatient treatment, residential treatment, medication assisted treatment, and recovery support services. A total of 6,658 unique beneficiaries received a SUD service in SFY2016.

✓ New SUD benefit for traditional Medicaid beneficiaries

Also, for the first time in New Hampshire, effective July 1, 2016, benefits for substance use disorder treatment services are being extended to traditional Medicaid beneficiaries. This will ensure that youth, pregnant women, people living with severe mental illness, and other medically frail New Hampshire residents will have access to care for substance use disorders.

✓ New Building Capacity for Transformation Medicaid Waiver¹¹

In January 2016, the Centers for Medicare & Medicaid Services, within the United States Department of Health and Human Services, approved for New Hampshire a Section 1115(a) Medicaid waiver, known as a Delivery System Reform Incentive Program (DSRIP) or the “Building Capacity for Transformation” Waiver. This will allow the State to invest \$150 million over five years to transform the State’s behavioral health delivery system in order to improve care and slow long-term growth in health care costs. The goal is to provide better, more cost-effective support for people on Medicaid by building capacity, integrating care, and smoothing transitions in care. This process will build

⁹ See page 24

¹⁰ Information and assistance on eligibility for and enrollment in Medicaid and other HHS programs is available at NH Easy: <http://www.dhhs.nh.gov/media/pr/2016/04042016-nheasy-gateway.htm>

¹¹ Additional information can be found at: <http://www.dhhs.nh.gov/section-1115-waiver/index.htm>

capacity for behavioral healthcare and must specifically address the integrated delivery of care for substance use disorders.

✓ **Health Insurance Oversight**

The Department of Insurance is actively overseeing commercial insurance policies and their compliance with the Mental Health Parity and Addiction Equity Act coverage requirements for treatment of mental health and substance use disorders as any other illness. The New Hampshire Insurance Department has initiated a number of focused efforts aimed at facilitating the ability of privately insured consumers to access substance use disorder treatment services. In November 2015, as part of its regulatory oversight of health insurance companies, the Department commenced a Market Conduct Examination of insurance company practices when providing coverage for substance use treatment. The examination is looking specifically at how these companies handle preauthorization, claim denials, and utilization review practices for substance use disorder claims. The examination is ongoing, and is expected to be concluded in fall 2016, at which time the Department expects to make public its findings about whether carriers are complying with applicable legal requirements, including mental health parity laws.

In February 2016, the New Hampshire Insurance Department began meeting on a regular basis with substance use disorder treatment providers and advocates to help better understand areas of confusion and barriers to care. As a result of these meetings, in June 2016, the Insurance Commissioner created an Advisory Committee on insurance coverage for behavioral health and addiction services. The purpose of the Advisory Committee is to advise the Insurance Commissioner on issues related to accessing behavioral health services, including treatment for substance use disorders, through private insurance coverage.

Finally, the Department has worked to foster greater public awareness of its Consumer Services Unit, which directly assists consumers experiencing issues with private insurance coverage and can assist in interceding with insurance companies and, if necessary, filing formal appeals of coverage denials. This work has included assisting advocates in developing a consumer tool kit¹² to help those seeking substance use disorder treatment services work through coverage issues. In June 2016, the Department hired an outreach coordinator who will provide further assistance in raising awareness of insurance coverage issues and the assistance the Department can offer.

C. PRESCRIBING AND MEDICATION STORAGE & DISPOSAL PRACTICES

✓ **Prescriber Board Rules**

On June 7, 2016, Governor Hassan signed House Bill 1423, requiring the boards of all prescribers to adopt updated, permanent rules this year. Those rules provide uniform, statewide standards for prescribing opioids. Beginning in September 2016, the law requires all boards to have new rules establishing standards for assessing the need for opioids, the risk for abuse, and providing education for patients. Moreover, it requires the boards to set limits on the maximum number of days for an opioid prescription obtained in an emergency department, urgent care setting, or walk-in clinic. All of these efforts are focused on supporting medical providers in discussing with their patients the proper prescribing of opioids, the risk associated with such medication, and potential alternative treatments.

✓ **Mandatory use of the PDMP as a component of safe opioid prescribing**

The New Hampshire Prescription Drug Monitoring Program (PDMP) was established to collect data on all Schedule II, III, or IV controlled substances dispensed in the state or for patients residing in New Hampshire. The new law mandates the use of the PDMP when initially prescribing an opioid and at least twice a year thereafter.

✓ **Mandatory annual opioid prescriber training**

Prescribers are now required to participate in continuing education courses relevant to opioids, pain management and addictive disorders.

¹² https://law.unh.edu/sites/default/files/media/resource_guide_for_addiction_and_mental_health_care_consumers.pdf

✓ **Drug Take Back Boxes**

There are 45 permanent drug take back boxes in law enforcement agencies throughout the state. Additionally, House Bill 1490, which was signed into law on June 7, 2016, allows registered pharmacies to establish permanent drug take back boxes.

D. PUBLIC EDUCATION AND AWARENESS

✓ **Anyone Anytime**¹³

In response to the opioid crisis in New Hampshire, the State created the campaign *AnyoneAnytimeNH*TM to educate the public and professionals about addiction, emergency overdose medications, and support services for anyone experiencing an addictive disorder. This campaign is designed to help anyone affected by this crisis: people experiencing substance use disorders, parents, family and friends, and healthcare, safety, and other system staff. The campaign ran from October 2015 - February 2016 and new media buys will have it back in the public eye beginning in October of 2016.

✓ **Driving Toward Zero**¹⁴

The Department of Safety has been a partner in the NHDTZ (Driving Towards Zero) program, which promotes drug driving awareness in several media formats.

E. DATA UTILIZATION

✓ **SUD data dashboard**¹⁵

The Commission, through SB533, has created a data dashboard which is included as the Data section of this report and will be updated biannually.

✓ **Data and Evaluation Taskforce**

The Governor's Commission re-constituted its Data and Evaluation Task Force, in partnership with DHHS. The State Epidemiological Outcomes Workgroup, convened by DHHS to improve the scope and delivery of substance use metrics and outcomes under a previous federal grant, is now serving in this capacity and growing their membership to include epidemiologists and data analysts from State Agencies that are part of the Commission, as well as leading researchers at local colleges and universities.

✓ **NHIOC Drug Monitoring Report**¹⁶

The New Hampshire Drug Monitoring Initiative (DMI), is a holistic strategy to provide awareness and combat drug distribution and abuse. In line with this approach, the DMI obtains data from various sources (to include, but not limited to, public health, law enforcement, and emergency medical services) and provides monthly reports for stakeholders, as well as situational awareness releases.

✓ **NH Division of State Police Forensic Laboratory**

The Department of Safety, NH State Police Forensic Laboratory provides analytical results to review trends and anomalies. The sheer volume of monthly submissions is far greater than current resources to process the cases.

¹³ Additional information can be found at: <http://drugfreenh.org/anyoneanytime>.

¹⁴ <http://www.nhtmc.com/dashboard/safety/>

¹⁵ see page 14

¹⁶ Available at <http://www.dhhs.nh.gov/dcbcs/bdas/data.htm>

F. WORKFORCE

✓ **State Loan Repayment Program**

The NH DHHS State Loan Repayment Program¹⁷ facilitates the recruitment and retention of behavioral health clinicians through the availability of loan repayment contracts.

✓ **Certified Recovery Support Worker**

In June 2016, there was a rule change¹⁸ for Certified Recovery Support Worker that provides reciprocity aligning with International Certification & Reciprocity Consortium.

✓ **Out of State Licensure**

Senate Bill 424, which was signed on June 10, 2016, plays an important role in a comprehensive state effort to attract and retain substance misuse treatment providers, in that alcohol and drug abuse counselors from other states are allowed to be licensed in New Hampshire if course work and clinical work is completed within five years of licensure, or the professional has ten years or more of experience in another state.

✓ **Recruitment**

A contract was approved on June 15, 2016, that increases efforts to recruit health and behavioral health care providers to New Hampshire. The contract with Bi State Primary Care Association provides an additional \$870,000 to recruit primary care, oral health, behavioral health and substance use disorder professionals. Combined with recruitment, DHHS is also working to increase payment rates for treatment counselors for its contracted providers to help retain and attract qualified staff in New Hampshire.

G. PUBLIC SAFETY AND JUSTICE

✓ **Reduce Drugged Driving**

+ The Department of Safety has engaged in grant funded drugged driving enforcement patrols for several years. Recently, this effort has expanded to include the afternoon commute.

✓ **Mobile Enforcement Team**

The Department of Safety continues to staff a Mobile Enforcement Team, which focuses on all crimes including drug transportation and DUI-D. The members of this team work in problem areas around the state with local police partners, drug units, and the Drug Enforcement Administration. To date the unit has been highly successful.

✓ **Drug Recognition Experts (DREs)**

The Department of Safety has also continued to certify DREs currently totaling 45 Troopers or more than 12% of the Division. The State Liquor Commission also continues to certify Drug Recognition Experts (DRE) throughout the state; certifying approximately 40 new DRE's in 2016.

✓ **Treatment Courts**

+ Legislated expansion of funding for statewide drug court programs in the Superior Courts was signed into law in 2016.

+ The Department of Corrections Probation and Parole is actively partnering with Treatment Courts by providing supervision to those individuals on probation who are engaged in the treatment program. In cases where an

¹⁷ <http://www.dhhs.nh.gov/dphs/bchs/rhpc/repayment.htm>

¹⁸ <http://www.dhhs.nh.gov/dcbcs/bdas/licensing.htm>

individual under supervision in these programs has violated the rules issued by the court, a sanction of up to 7 days in a Transitional Housing Unit can be utilized instead of incarcerating them in the jail or prison.

✓ **Certain and Swift Sanctions**

Adoption of Felonies First procedures in Superior Court and putting in place procedures to eliminate the delays inherent in starting felony cases in the Circuit Courts and ensuring that local police and prosecutors take advantage of the opportunities to fast-track defendants amenable to treatment.

✓ **NH National Guard Counterdrug Task Force**

The New Hampshire National Guard Counterdrug Task Force plays a unique role in the State's battle against the supply and demand for illicit drugs in the State of New Hampshire. The Task Force is federally funded to provide military specific skill sets to Federal, State, and Local entities within the state, and provides these services with highly trained members of the New Hampshire National Guard (Army and Air). The primary mission sets are Criminal Analysis and Coalition Development. The Task Force currently supports: Drug Enforcement Administration, NH Attorney General's Drug Task Force, NH State Police/Narcotics Investigation Unit, Manchester Police Department, Concord Police Department and as of October 1, the NH Information and Analysis Center and the Rockingham County Sheriff's Drug Task Force.

+ Criminal Analysts are integrated into the investigative processes for the Law Enforcement Agencies we support and act as force multipliers for the investigators and undercover agents. The Task Force only supports criminal investigations that have a counterdrug-counter-narcotic nexus.

+ Counterdrug employs one Coalition Development (Civil Operations) professional. Working directly with State, Regional, and Local organizations in the development and sustainment of Community Based Organizations that focus on anti-drug messaging and prevention activities.

+ Support the Drug Enforcement Administration's Drug Take Back Initiative as well as Marijuana Eradication efforts throughout the state.

✓ **Implementation of Medication Assisted Treatment (MAT) in Corrections**

+ In May 2016, the New Hampshire Department of Corrections (DOC) implemented a medication assisted treatment program, which makes naltrexone available to medically appropriate male and female inmates. Oral naltrexone (Revia) is being used by inmates who are actively engaged in the DOC treatment programs inside the prison. The extended-release injectable naltrexone (Vivitrol) is being administered to inmates who are transitioning to the community on parole. Those administered Vivitrol and released to the community are enrolled in community treatment programs and are provided assistance in a way for them to continue to receive monthly injections of Vivitrol. The DOC has been working with DHHS in designing ways to monitor those individuals in this program in the community.

✓ **Expanded Access to Treatment and Recovery Support Services**

The DOC has been working this past year with DHHS to identify inmates who are eligible for Medicaid coverage. Once the inmate has been identified, they are provided with assistance in applying for Medicaid coverage while they are housed at the Transition Housing Units (Halfway House). Once Medicaid coverage is approved, the inmate is ready to transition to the community with continued coverage for their medical needs, and their community mental health and substance use treatment.

✓ **Utilization of Naloxone**

The Department has not been able to protect itself from the State opioid crisis and as a result has deployed the use of naloxone (Narcan) to respond to potential opiate/opioid overdoses at our transitional housing units and at our prison facilities. The Department continues to combat the introduction of contraband into facilities. The

Transitional Housing Unit inmates are accessing the community on a daily basis and with their prevalence of substance use diagnoses; they are at risk for use and abuse of opioids.

III. Data Dashboard

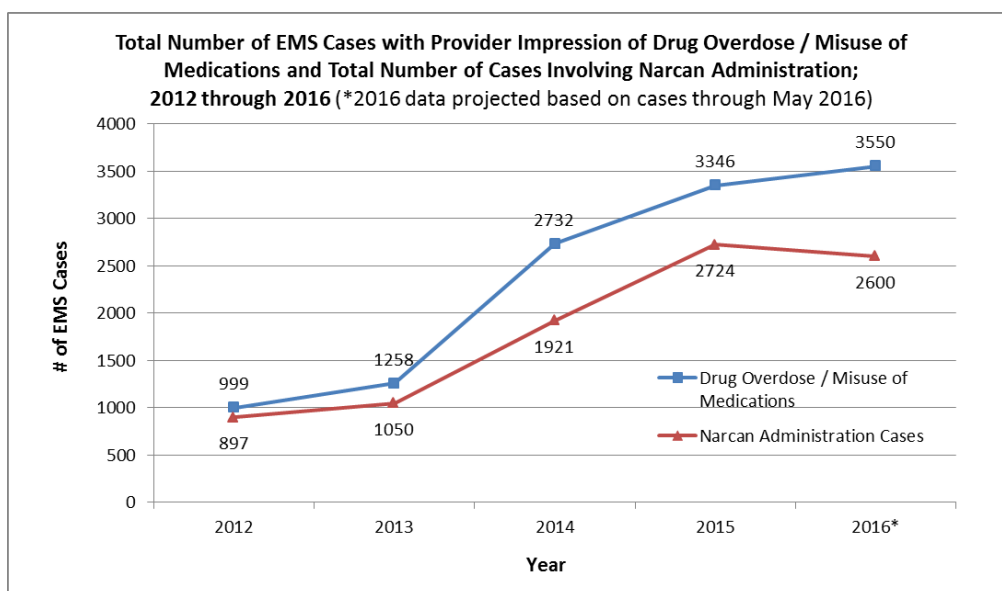
The following section presents a set of indicators intended to illustrate the current burden of drug and alcohol use in New Hampshire, as well as the scope of efforts to address these issues through prevention, intervention, treatment and recovery. The set of indicators includes those specified by RSA 12-J:4, III.

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. SELECTED MORBIDITY AND MORTALITY INDICATORS

1. Drug Overdose Incidence

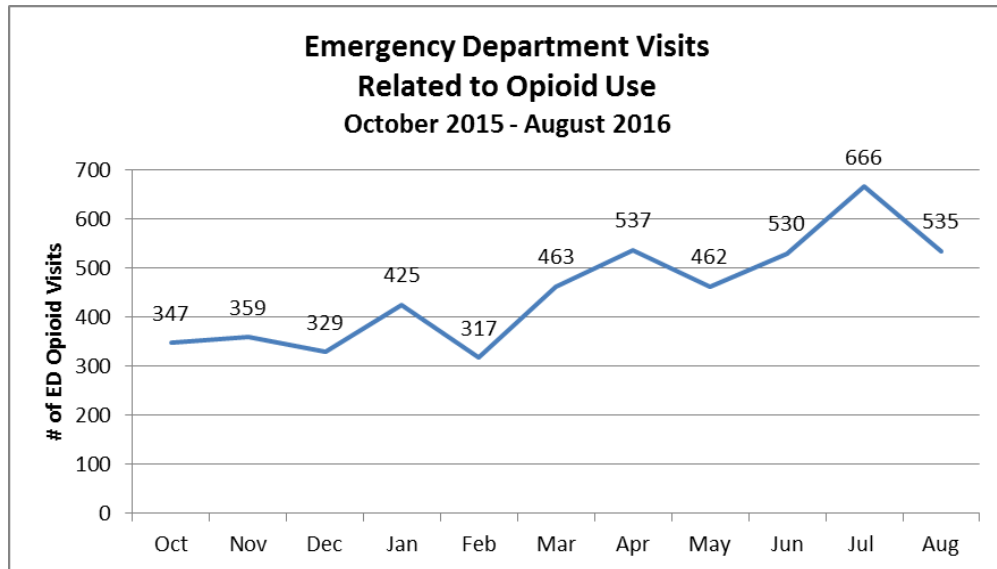
An important source of information describing the number of drug overdose incidents in New Hampshire is the NH Trauma and Emergency Medical Services Information System (TEMSIS). The chart below displays the total number of emergency medical response cases where the Provider Impression (the EMS provider's working diagnosis) included 'Drug Overdose / Misuse of Medications'. The chart also displays the number of cases that involved administration of Narcan.



Data Source: NH Trauma and Emergency Medical Services Information System, Monthly Narcan Use Data Report through May 31, 2016.

Important Data Note: The values displayed for 2016 are projections based on actual data reported through May 31, 2016. The relative plateau between 2015 and the projected value for 2016 may be an artifact of limited data or it may reflect expanded access of Narcan during this time period through pharmacies and public distribution events to any NH resident.

Information is also available describing the total number of emergency department visits related to opioid use through the Automated Hospital Emergency Department Data surveillance system maintained by the NH Division of Public Health Services. The chart below displays a total of 4,970 emergency department visits related to opioid use from October 2015 to August 2016. It is important to note that only a subset of these visits may have involved an overdose.



Data Source: NH Division of Public Health Services, Automated Hospital Emergency Department Data

Important Data Note: The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in an apparent increase in the number of ER visits, which is NOT necessarily indicative of an actual increase, but rather due to a more representative way of tracking the information using ICD-10 codes beginning in October of 2015.

2. Drug Overdose Deaths

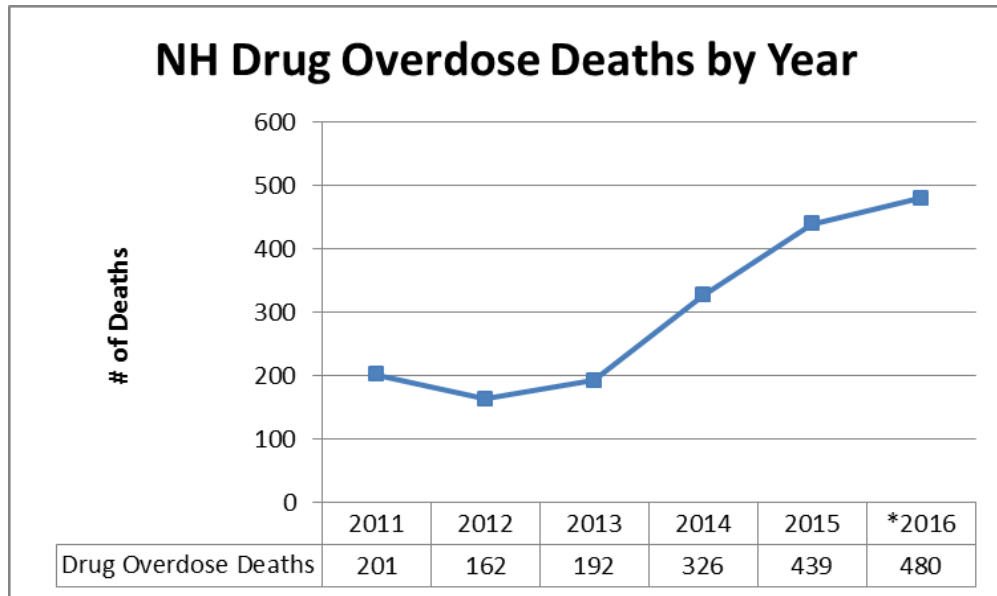
The table on the next page displays the number of drug overdose deaths in 2016 as determined by the Office of the Chief Medical Examiner through September 6, 2016. Approximately 83% of all known drug overdose deaths are related to opiates / opioid overdoses and about 68% of all overdose deaths have involved Fentanyl. The chart at the bottom of the next page displays the trend in drug overdose deaths since the year 2011.

NH DRUG OVERDOSE DEATHS Calendar Year 2016 through September 6, 2016

| Drug Category | # of Deaths – Total | # of Deaths - Subtotals | % of Total Deaths |
|---|---------------------|-------------------------|-------------------|
| TOTAL OPIATES / OPIOIDS | 200 | | 83.0% |
| Fentanyl (no other drugs) | | 90 | |
| Fentanyl and Other Drugs (excluding heroin) | | 66 | |
| Heroin and Fentanyl | | 8 | |
| Subtotal involving Fentanyl | | 164 | 68.0% |
| Heroin (no other drugs) | | 2 | |
| Heroin and Other Drugs (excluding fentanyl) | | 3 | |
| Other Opiates / Opioids | | 31 | |
| OTHER DRUGS | 41 | | 17.0% |
| TOTAL DRUG DEATHS | 241 | | |

Data Source: Office of the Chief Medical Examiner, 2016 Current Drug Data as of 9/6/2016

Important Data Note: There are 91 cases from 2016 that are “pending toxicology”. It can take 2 to 3 months to receive the toxicology results and for the pathologist to review them and determine the cause of death. The availability of the pathologist to review the reports is dependent on the autopsy schedule, court appearances, etc. A few cases may be finalized one week and numerous cases finalized the next week, which would make it appear as if a substantial increase has occurred from one week to the next but these are deaths that may have occurred weeks or even months earlier.



Data Source: Office of the Chief Medical Examiner, 2016 Current Drug Data as of 9/6/2016

Important Data Note: The value for 2016 is projected based on cases determined or pending through September 6, 2016

3. Morbidity and Mortality Data Collection and Reporting Improvement Opportunities:

- A useful and potentially more complete source of information describing overdose cases broken out by drug involved could be hospital discharge records for emergency department and inpatient discharges. However, the available data from the Uniform Hospital Discharge Data Set for New Hampshire is significantly out of date with the most recent information available from the year 2009.
- New Hampshire recently received funding through the Centers for Disease Control and Prevention through the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program. The funding will support data analysts in the Division of Public Health Services and the Office of Medical Examiner to enhance the State's collection and use of drug overdose data.

B. SELECTED CRIMINAL JUSTICE AND SOCIAL CONSEQUENCE INDICATORS

1. Convictions for Drug and Alcohol Related Offenses

In State Fiscal Year 2016, there were 10,198 distinct and separate charges brought against adults and juveniles for criminal acts involving drugs or alcohol which resulted in convictions for the charged offense. The table below displays the count and proportions of total charges by RSA for the most common charges resulting in convictions.

Convictions for Drug and Alcohol Related Offenses; July 1, 2015 to June 30, 2016

| RSA | Abbreviated Name of Offense | # of charges | % of all charges |
|--------------|--------------------------------------|--------------|------------------|
| 318-B:2 | Acts Prohibited; Controlled Drug Act | 3356 | 29.9% |
| 265-A:2 | DUI Driving While Intoxicated | 2850 | 25.4% |
| 318-B:2,I | Cntrl Drug: Acts Prohibited | 2406 | 21.5% |
| 265-A:43 | Transport Drugs in Motor Vehicle | 498 | 4.4% |
| 265-A:2,I(a) | DUI - impairment | 348 | 3.1% |
| 265-A:45 | Transport Alcohol by Minor | 294 | 2.6% |
| 265-A:44 | Open Container | 288 | 2.6% |
| 265-A:3 | DUI Aggrvtd | 282 | 2.5% |
| Other RSAs | 50 other RSAs cited | 890 | 7.9% |

Data Source: Administrative Office of the Courts, SFY 2016. 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.

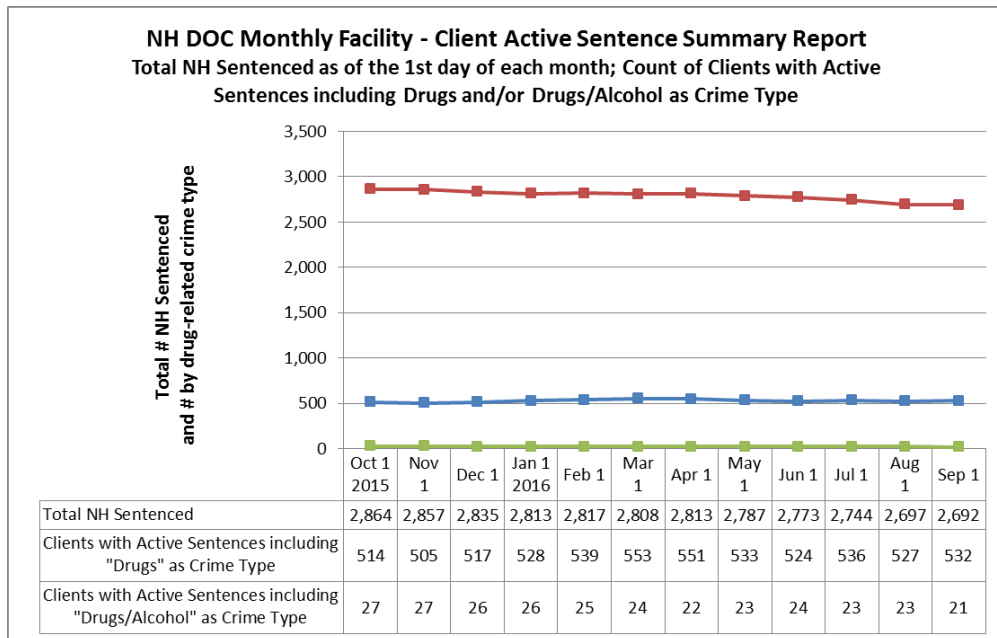
Important Data Note: These data do not indicate how many convictions for individual charges were associated with criminal cases pending against a single individual. These data also do not take into account the number of drug-related criminal acts that resulted in convictions but were not specifically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

The table below displays the total number of individuals incarcerated in a NH Department of Corrections facility as of September 1, 2016 and the proportion with active sentences including a drug offense and / or drug/alcohol offense. Approximately 20% of incarcerated individuals (18.2% of males; 38.3% of females) had active sentences that included drug-related offenses.

| NH DOC Monthly Facility - Client Active Sentence Summary as of September 1, 2016 | | | | | |
|--|--------------|---|--------------|---|-------------|
| | 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 | 2,692 | 532 | 19.8% | 21 | 0.8% |
| Male | 2,478 | 450 | 18.2% | 17 | 0.7% |
| Female | 214 | 82 | 38.3% | 4 | 1.9% |

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 as of September 1, 2016.

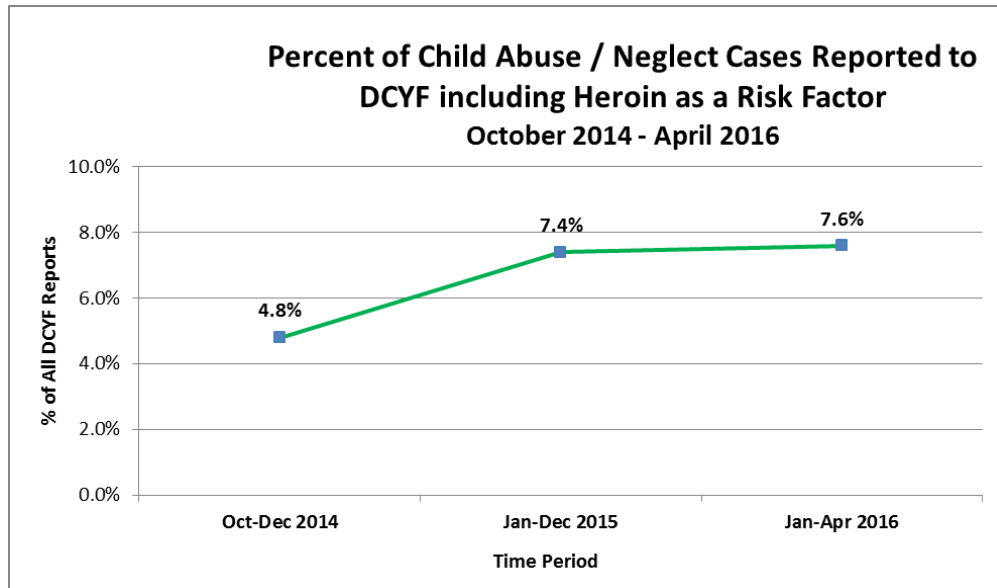
Important Data Notes: Each client is counted once for each Crime Type for active sentence(s) they are serving in the Total NH Sentenced count. If a client is serving multiple sentences that fall under different Crime Types or RSA's they will be counted multiple times.

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 it was done while under the influence of drugs.

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

The New Hampshire Division for Children, Youth & Families (DCYF) tracks risk factors or indicators when child abuse / neglect reports are made - including alcohol or substance misuse. For State Fiscal Year 2016, 44.0% of *accepted* reports had alcohol or substance abuse as a risk factor.

In October 2014, DCYF began tracking reports where the specific indicator or risk factor was heroin. The chart below displays the proportion of *total* reports of abuse / neglect where heroin use was recorded as a risk factor over the time period October 2015 through April 2016 (latest month available). Over this 19 month time period, a total of 34,348 reports of child abuse / neglect were made to DCYF and 2,433 of these reports included heroin as a risk factor.



Data Source: NH Division for Children, Youth and Families, September 2016.

4. 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 help felony offenders with addictive disorders into long-term recovery and reintegration into their communities. There are currently six (6) adult treatment drug courts operating in New Hampshire. In SFY 2016 a total of 266 adults participated in a treatment drug court.

| NH Treatment Drug Court Participants July 1 st 2015 – June 30 th 2016 | | |
|--|-----------------------|--------------------------|
| County/Location | Drug Court population | Participants in SFY 2016 |
| Belknap | Adult | 19 |
| Cheshire | | 33 |
| Grafton | | 21 |
| Nashua | | 56 |
| Rockingham | | 36 |
| Strafford | | 101 |
| TOTAL | | 266 |

Data Source: Local drug court data reported to the state Drug Court Coordinator, NH Department of Justice; SFY 2016.

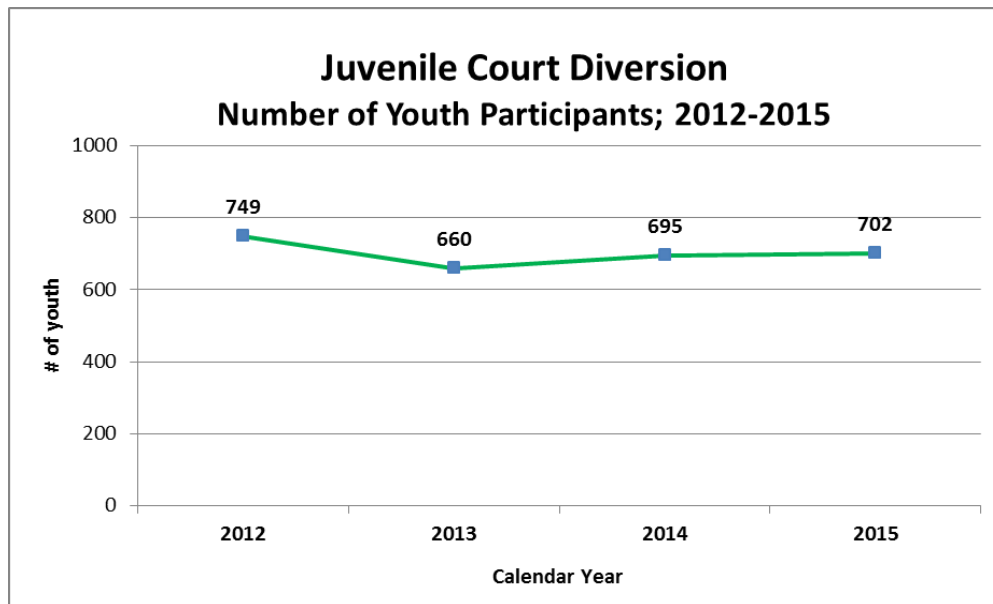
Important Data Note: These data were reported to the state drug court coordinator, and are currently collected locally.

5. Individuals in Diversion Programs

New Hampshire is home to **16 Accredited Juvenile Court Diversion Programs**¹⁹ that hold youth accountable for disruptive behavior while ensuring they benefit from education and support services to improve their behavior and not re-offend. New Hampshire RSA-169 Delinquent Children-B:10 Juvenile Diversion includes provisions for Police and Courts to refer first-time offenders for diversion services.

Whether housed in police departments, governmental systems or community-based organizations, New Hampshire's programs share common goals and core values, and are showing program completion rates averaging 86% across the state. A recent study of recidivism rates for youth that successfully complete a diversion program found that 78% were arrest-free one year after program completion and 58.3% were arrest-free three years after program completion.

Diversion participation data are gathered by calendar year. The chart below displays the number of youth participants over the period 2012 through 2015.



Data Source: NH Juvenile Court Diversion Network, August 2016

6. Criminal Justice and Social Consequence Data Collection and Reporting Improvement Opportunities:

- The NH Department of Corrections (DOC) is exploring means in which to try to track additional data on offenses where there is drug involvement within the offender management system based on the several booking and intake screenings the Department conducts with the men and women who are incarcerated. Continued barriers include the information is self-reported and would then need to be validated against police reports and court records. The DOC does not consistently receive police reports and all court records in cases, which presents a challenge to consistency of data availability beyond those cases adjudicated on RSA's that are explicitly drug offenses.
- As the state expands the number of treatment drug courts in other counties there is interest in developing a common core dataset to be collected from each drug court in a centralized data system.
- Aggregate data describing participation in adult court diversion programs is not currently available.

¹⁹ <http://nhcourtdiversion.org/locations/>

C. SELECTED PREVENTION, TREATMENT AND RECOVERY INDICATORS

1. Funding, Programs and Strategies

As displayed by the table below, a total of \$23,272,000 were available in State Fiscal Year 2016 through the NH Bureau of Drug and Alcohol Services (BDAS) to support alcohol and substance misuse prevention, treatment and recovery.

Federal and State Funding for Alcohol and Substance Misuse Prevention, Treatment and Recovery, NH Bureau of Drug and Alcohol Services; SFY 2016

| Agency | Program or Service | Primary Service Category | SFY 2016 Funds allocated to this service area |
|--|-----------------------|--------------------------|---|
| DHHS, Bureau of Drug and Alcohol Services (BDAS) | Treatment Services | Treatment | 14,998,000 |
| | Prevention Services | Prevention | 3,872,000 |
| | Governor's Commission | Treatment & Prevention | 4,402,000 |

The following is a list of alcohol and drug prevention, treatment and recovery programs administered by NH DHHS BDAS that are funded in whole or in part by these state and federal funds (*indicates new service within the past 6 months).

Substance Misuse Prevention

- Substance Misuse prevention coordinator within each of the 13 Public Health Network Regions
- Prevention Direct Services
 - Life of an Athlete (1,777 individuals served in 2015)
 - Student Assistance Program (SAP) counselors (8,365 individuals served in 2015)
 - Prevention Services identified by public health regions (2,000 community partners engaged in SFY2016)
 - REAP prevention program for older adults (3,561 individuals served in 2015)

Information and Referral / Crisis Intervention Services

- NH Alcohol and Drug Treatment locator - <http://nhtreatment.org/>
- *Statewide Addiction Crisis Line 1-844-711-HELP (4357)
- *Regional Access Point Services within each of the 13 Public Health Networks Regions

Substance Use Disorders Treatment (5,543 individuals served, see next indicator)

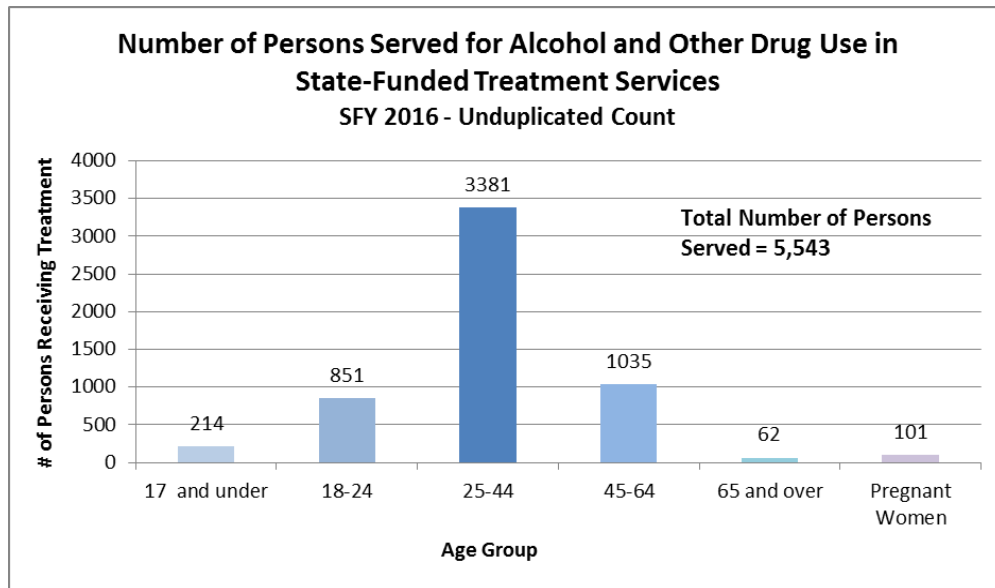
- Contracts for specialty substance use disorders services, including medication assisted treatment services.

Service Capacity Development

- Substance Misuse Continuum of Care facilitator within each of the 13 Public Health Network Regions
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- New capacity for specialty substance use disorders treatment services
- Capacity for Medication Assisted Treatment Services
 - *Hospital Based Primary Care Networks
 - Community Health Centers
 - Manchester and Nashua Community Health Centers (SAMHSA Grant)
- Juvenile Justice Services
- *Peer Recovery Support Services

2. Number of People in Treatment and Recovery Programs

A total 5,543 people received alcohol and other drug use treatment services through state-funded programs from July 1, 2015 to June 30, 2016 (SFY 2016).



Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System. September 2016

3. Accessibility and Availability of Treatment Programs

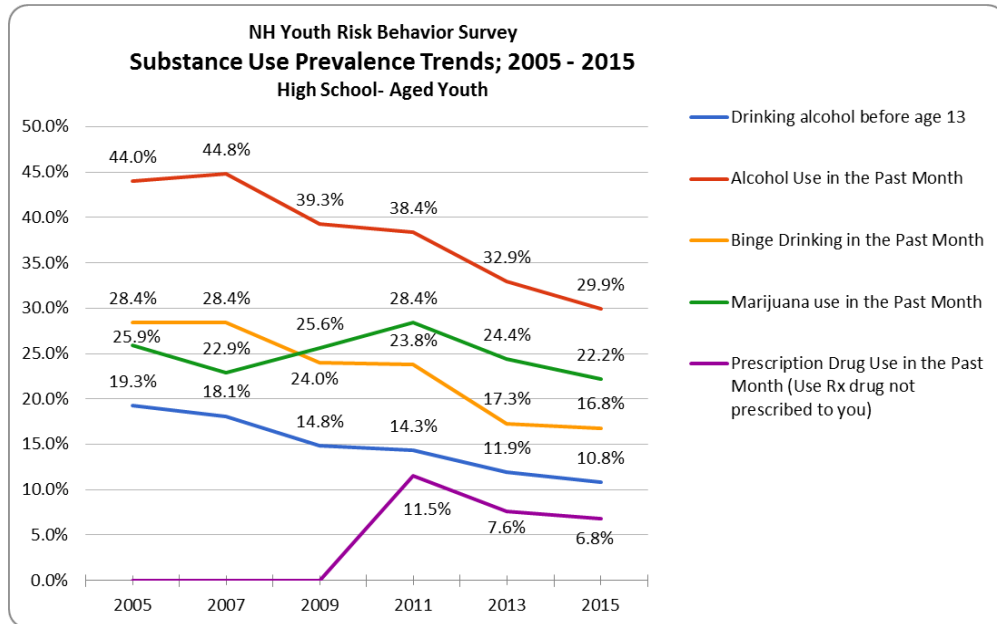
The DHHS, Bureau of Drug and Alcohol Services maintains contracts with treatment providers across the State to facilitate financial and geographic access to services for NH residents. The table below displays information on geographic location and services provided for each of the treatment providers currently under contract to the State of NH.

| Provider | Primary Service Area | Services (Recovery Support Services are also available from all providers) | |
|---|------------------------------|---|--|
| | | Outpatient | Residential |
| Concord Hospital | Capital Area | Outpatient Intensive Outpatient | |
| Families First | Seacoast | Outpatient Integrated MAT | |
| Families in Transition | Greater Manchester | Outpatient Intensive Outpatient | |
| Grafton County | North Country, Central NH | Outpatient | |
| Greater Nashua Council on Alcoholism: Keystone Hall | Greater Nashua | Outpatient Intensive Outpatient Partial Hospitalization Integrated MAT | Transitional Living Low Intensity High Intensity Specialty Pregnant & Parenting Women Integrated MAT |

| Provider | Primary Service Area | Services (Recovery Support Services are also available from all providers) | |
|---|--|--|--|
| | | Outpatient | Residential |
| Goodwin Community Health | Seacoast | Outpatient Intensive Outpatient Integrated MAT | |
| HALO Educational Systems | Upper Valley | Outpatient | |
| Headrest | Upper Valley | Outpatient (Coming Soon) Intensive Outpatient (Coming Soon) | Low Intensity |
| Horizons | Winnepesaukee Area | Outpatient Intensive Outpatient Integrated MAT | |
| Farnum Center | Winnepesaukee Area Greater Manchester | Outpatient Intensive Outpatient Partial Hospitalization (Franklin) | Transitional Living (Franklin) Low Intensity (Franklin) High Intensity Withdrawal Management (Manchester) |
| Phoenix House | Greater Monadnock | Outpatient (Keene) Intensive Outpatient | Transitional Living (Dublin) High Intensity (Dublin) Integrated MAT (Dublin, In Development) |
| Riverbend Community Mental Health | Capital Area | Intensive Outpatient MAT | |
| Seacoast Mental Health Center | Seacoast | Outpatient MAT (Co-occurring disorders) Residential Services: | MAT Pregnant & Parenting Women |
| Serenity Place | Greater Manchester | Outpatient Intensive Outpatient Partial Hospitalization Withdrawal Management | Transitional Living Low Intensity High Intensity |
| Southeastern NH Alcohol and Drug Abuse Services | Strafford County Area | Outpatient Intensive Outpatient Partial Hospitalization Withdrawal Management | Transitional Living (until licensure) Low Intensity (after licensure) High Intensity (after licensure) |
| Tri-County CAP | North Country | Outpatient Intensive Outpatient Integrated MAT | Low Intensity High Intensity Integrated MAT |
| Youth Council | Greater Nashua | Outpatient | |

4. National Outcomes Measurement Standards for Prevention and Treatment

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



Note: Data on Prescription Drug Use in Past Month was not collected prior to 2011.

Treatment: The NH Bureau of Drug and Alcohol Services tracks a variety of indicators for outcome measurement and reporting associated with the National Outcomes Measurement Standards established by the federal Substance Abuse and Mental Health Services Administration. Client-level outcome domains that are tracked include: alcohol and drug abstinence, employment/school participation, stable housing, criminal justice involvement, and participation in peer support groups. Historically these measures have been tracked from admission to discharge however, beginning in SFY 2017 data will also be collected at 3, 6 and 12 months post discharge and that information will be added to this dashboard. It is important to understand that these metrics are intended to be considered collectively to understand overall improvements in health and functioning. The table below contains aggregate statistics for treatment clients for SFY 2016.

SFY 2016 Treatment Outcomes – State Contracted Treatment Services

| Domain | Indicator | SFY2016 Result |
|-------------------------------------|---|----------------|
| Alcohol Abstinence | Percent of treatment clients abstinent from Alcohol at discharge (prior 30 days) | 53% |
| Drug Abstinence | Percent of treatment clients abstinent from Drugs at discharge (prior 30 days) | 51% |
| Employment and School Participation | Percent of treatment clients employed or students at discharge (full or part-time, prior 30 days) | 37% |
| Criminal Justice Involvement | Percent of treatment clients without arrests at discharge (any) | 96% |

| | | |
|----------------------------|---|-----|
| | charge, prior 30 days) | |
| Stable Housing | Percent of treatment clients reporting being in a stable living situation at discharge (prior 30 days) | 68% |
| Peer Support Participation | Percent of treatment clients participating in self-help groups, support groups at discharge (e.g., AA, NA, etc., prior 30 days) | 74% |

Data Source: NH Bureau of Drug and Alcohol Services; September 2016.

5. Prevention, Treatment and Recovery Data Collection and Reporting Improvement Opportunities:

- The capability to generate waitlist information reports for treatment providers contracted by the State of New Hampshire is currently under development in the State's electronic client management system, Web Information Treatment System (WITS). Once this capability is in place, the information generated will be specific for State of New Hampshire funded contracted treatment providers and will not include capacity or waitlist information on treatment resources in the private sector.
- The DHHS and the Governor's Commission allocated \$1.5 M for the development of peer recovery support services programs in SFY16. This funding went into contract on June 1st. An additional \$500,000 was allocated in SB 533. Procedures for data collection and reporting are in place and the Department will report on the number of individuals receiving peer recovery services support by public funds once the contracted programs are operational.
- Potential opportunities for improving assessment of treatment outcome information include comparison of outcome domain statistics from admission to discharge, comparison of outcome information by level or type of treatment, and longer term follow-up with treatment clients post-discharge.

D. ADDITIONAL DATA ACCESS AND AVAILABILITY OPPORTUNITIES AND CHALLENGES

- Sustain support for Youth Risk Behavior Survey (YRBS) data collection at the high school level and expand to middle school level.
- Improve surveillance capability for incidence of individuals seeking but unable to find timely treatment and recovery services, of individuals seeking treatment in other states as a result of barriers in NH, and of the gap between available services and treatment need across all services in the continuum of care.
- Improve capability for behavioral health care workforce capacity assessment at the state and regional level including the number of providers by type, location and services provided, as well as provider vacancies by agency type and location.
- Increase capacity for collecting assessment data on parents in treatment for SUDs who have been reunified with children involved with DCYF.
- Increase capacity for assessment of the number of pregnant and postpartum women who receive treatment at Opioid Treatment Programs (methadone) in the state; the number of pregnant and postpartum women seen in emergency rooms for substance misuse, addiction, and/or mental health disorders; the prevalence of newborns diagnosed with Neonatal Abstinence Syndrome; and the prevalence of women with substance use disorders (SUDs) being referred to SUD treatment from primary/prenatal care.
- Improve capacity to collect location and frequency of drug arrests and the type and quantity of drugs being seized.
- Enhance capabilities of all community-level police, safety, State Police including highway safety to collect a common set of data points at the community, county, regional and state level.
- Include the following data in aggregate in NH Information and Analysis Center (NHIAC) reports: the number of Division of Children, Youth & Families (DCYF) accepted reports involving parental substance abuse; the number of parent deaths as a result of parental substance abuse for open cases; and the number of children impacted by parental substance use in DCYF cases
- Improve utilization of Prescription Drug Monitoring Program (PDMP) data for assessment of population level trends available to inform substance misuse policies and programming

IV. Financial Expenditure Summary*

State agencies and departments designated as members on the Commission share state and federal expenditures related to alcohol and other drug services and initiatives for the purposes of this report. Financial reporting represents state fiscal year 2016 (July 1, 2015 – June 30, 2016).

| Commission Agency Response | Name of Program or Service | Primary Service Category (Prevention, Intervention, Treatment, OR Recovery) | Address prescription drug or opioid abuse? (Yes/No) | SFY 2016 Funds allocated to this program or service | Is this Federal or State/ General funding? | Estimated or actual? | If discretionary, note date funding period ends | Description Notes/Comments |
|-------------------------------------|--|---|---|---|--|----------------------|---|--|
| Administrative Office of the Courts | Rockingham County Adult Drug Court | Intervention/ Recovery | Yes | \$5,274 | Federal | Actual | 9/30/17 | Bureau of Justice Assistance grant |
| | Hillsborough County-South Adult Drug Court | Intervention/ Recovery | Yes | \$13,644 | Federal | Actual | 9/30/17 | Bureau of Justice Assistance grant |
| Department of Corrections (DOC) | Licensed Alcohol Drug Counselors | Treatment | Yes | \$752,987 | General | Actual | | |
| | MAT Medications | Treatment | Yes | \$800 | General | Actual | | 24 patients in FY15 on Revia |
| | ASI Software | Treatment | Yes | \$520 | General | Actual | | Addiction Severity Index software used by LADCs to complete assessments |
| | Dartmouth Treatment Curriculum | Treatment | Yes | \$642 | General | Actual | | |
| | Swift & Certain Sanctions: HOPE | Intervention | Yes | \$56,676 | Federal | Actual | 9/30/2017 | |
| | Sgt. Position for Focus Unit NCF | Treatment | Yes | \$100,226 | General | Actual | | Assigned to our SUD Treatment Unit to support recovery of male offenders |
| Department of Education (DOE) | Safe School Health Student Initiative | Prevention, Intervention | Yes | \$2,200,000 | Federal | Actual | | The \$2.2 million entire funding is not solely for SUD. However, all the activities support the building of protective factors in students and families. |
| | Project AWARE | Prevention | Not specifically | \$1,950,000 | Federal | Actual | | The \$1.95 million entire funding is to build protective factors in students and families |
| | Trauma-Informed Care Project | Prevention | Not specifically | \$100,000 | Federal | Estimated | | The \$100K funding is to build protective factors and resilience |
| | SAHE- Title II B | Prevention | Yes | \$150,000 | Federal | Estimated | | The awards is for an IHE to partner with LEAs to address SU and opioid crisis. Together they will complete a needs assessment, environmental scan |

| Commission Agency Response | Name of Program or Service | Primary Service Category (Prevention, Intervention, Treatment, OR Recovery) | Address prescription drug or opioid abuse? (Yes/No) | SFY 2016 Funds allocated to this program or service | Is this Federal or State/ General funding? | Estimated or actual? | If discretionary, note date funding period ends | Description Notes/Comments |
|---|---|---|---|---|--|----------------------|---|--|
| | | | | | | | | and gap analysis then to develop prevention plan. |
| DHHS - Bureau of Drug and Alcohol Services (BDAS) | Treatment Services | Treatment | Yes | \$14,988,000 | 66% FF/ 34% GF | Actual | | Federal Substance Abuse Block Grant issued for two year periods each year. Each grant expires 9/30 every two year. |
| | Prevention Services | Prevention | Yes | \$3,872,000 | 96% FF/ 4% GF | Actual | | See above |
| | Governor's Commission | Prevention and Treatment | Yes | \$4,402,000 | 100% other | Actual | | Commission funds are non-lapsing |
| DHHS - Division for Children, Youth and Families (DCYF) | Individual Outpatient Counseling | Intervention & Treatment for DCYF involved parents | Yes if this is an identified need as part of the parent's treatment | \$6,642 | 100% General | | | |
| | Group Outpatient Counseling | Intervention & Treatment for DCYF involved parents that are not Medicaid eligible | Yes if this is an identified need as part of the parent's treatment | | | | | |
| | Residential Treatment Facilities | Intervention/Treatment for youth in need of SUD treatment | Yes | \$32,376 | 76% FF 24% GF | Actual | | |
| | Drug Testing | Intervention for youth in Juvenile Justice Cases | Yes | \$21,636 | 100% GF | Actual | | |
| | Licensed Alcohol & Drug Abuse Counselor | Intervention, Treatment & Recovery support in Manchester & Southern offices | Yes | \$145,837 | 100% FF | Actual | | |
| DHHS – Medicaid | NH Medicaid | Treatment | Yes | \$19,708,000 | 82%FF 18%GF | estimated | NHHPP sunset 12/31/18 | Approximately 64% of funds are NHHPP |
| Department of Justice (DOJ)/ Attorney General | Enforcing Underage Drinking Laws | Prevention | Yes | \$13,910 | Federal | Actual | Expired | Utilized the remainder of the grant |
| | Residential Substance Abuse Treatment | Treatment | Yes | \$13,824 | Federal | Actual | | Grant remaining: \$94,130 |
| | Swift and Certain Sanctions | Recovery | | \$137,991 | Federal | Actual | 9/30/2017 | |
| | Prescription Drug Monitoring Program | Intervention | Yes | \$166,772 | Federal | Actual | 9/30/2017 | |
| | Drug Task Force | Prevention | Yes | \$568,836 | Federal | Actual | | |
| | Forensic Science Improvement Act | Intervention | Yes | \$43,904 | Federal | Actual | | |

| Commission Agency Response | Name of Program or Service | Primary Service Category (Prevention, Intervention, Treatment, OR Recovery) | Address prescription drug or opioid abuse? (Yes/No) | SFY 2016 Funds allocated to this program or service | Is this Federal or State/ General funding? | Estimated or actual? | If discretionary, note date funding period ends | Description Notes/Comments |
|---|---|---|---|---|--|----------------------|--|---|
| | Regional Drug Task Force | Prevention | Yes | \$572,688 | 46%GF/ 54% other | Actual | | |
| Department of Safety (DOS) Division of State Police | DARE Program | Prevention | Yes | 39,684 | contributions | actual | n/a | n/a |
| | Marijuana Eradication Grant | Prevention | Yes | 20,000 | federal | actual | n/a | n/a |
| Liquor Commission | Buyers Beware Campaign Make Right Choices Campaign | Prevention/ Awareness | No | \$100,000 | General | Actual | | Included in the NHSLC marketing and advertising budget. |
| NH National Guard/ Adjutant General | NH National Guard Counter Drug Task Force | Prevention | Yes | \$125,000 | Federal | Estimated | Funding is contingent on federal fiscal year appropriations. Funding periods end each year on 30 September | Counterdrug Task Force Civil Operations Specialist working with BDAS, Regional Public Health Networks, and Community Coalitions to reduce the demand for illicit drugs. |
| | | Intervention | Yes | \$524,000 | Federal | Estimated | Same as above | Counterdrug Task Force Criminal Analysts working with federal, state, and local law enforcement agencies to reduce the supply of illicit drugs. |
| | | | | | | | | |
| TOTAL SFY 2016 Federal and State Funds | | | | \$50,833,869 | | | | |

* Specific information regarding DHHS Substance use related contracts and SB533 related contracts are included in the appendices.

V. Ongoing Needs

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

Opiate/Opioid Fatal Overdose

While the current opiate/opioid crisis is being addressed on multiple fronts, fatal overdoses continue in NH and efforts to address overdose must be sustained and enhanced across systems. This includes continued access to naloxone for first responders and caregivers, as well as sustaining initiatives which provide immediate access to assessment and referral services for those requesting treatment following a rescued overdose.

Access to Services

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

Inadequate Workforce

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

Robust, integrated data management and evaluation capacity

Limited funding has historically been prioritized for service delivery, with a minimal set-aside to support data monitoring and evaluation of practices in the field. Additionally, data sets on the full scope of substance use and consequences is spread across numerous state agencies, research institutions and in the provider community itself, much of it within data systems that are not designed to cross-communicate. As a result, analysis of data trends, fidelity monitoring around evidence based practice, and evaluation of innovative approaches to address substance use have been hampered.

High risk of secondary public health threats

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

VI. Priorities and Recommendations

The Commission, its Task Forces and their many volunteers are proud of their collective efforts during the past year to address the state's problems related to substance use disorders. Recognizing that the progress of the past year has to be sustained and grown in order to achieve maximum impact, we offer priorities and recommendations in keeping with previous annual reports. Current progress is indicative of our continued attention to these areas, and we recommend that the Governor and Legislature continue their attention and support to these priorities.

- ✓ Public health messaging to educate the public and key systems about the biology/physiology of addictive disorders and the impact of stigmatizing these health conditions.
- ✓ 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.
- ✓ Continue support for expansion of availability of medication assisted treatment for opiate use disorders.
- ✓ Continue and expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders.
- ✓ Support access to syringe exchange programs, a cost-effective, evidenced-based prevention strategy that curtails the spread of blood-borne pathogens (diseases such HIV, Hepatitis B and C) among populations with high rates of intravenous drug use, which includes opiate/opioid users. Additionally, syringe access programs provide a point of contact that increases the rate of individuals opting to seek treatment for addictive disorders.

Additionally, the current Commission State Plan, *Collective Action – Collective Impact*, expires in 2017. 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 3-year strategy.

VII. Funding Request

Per the Commission statute, during budget years the Commission is asked to comment on fiscal matters pertaining to substance use disorders. As demonstrated in enclosed fiscal analysis materials, a number of state agencies have ongoing and/or new funding for substance use disorders prevention, treatment, and enforcement and recovery services. As a baseline, the Commission strongly recommends that these resources be sustained, if not increased, to ensure stability in the current delivery system. Below we comment specifically on certain funding priorities we wish to call to your attention for expansion consideration in the budget process.

Fully fund the Alcohol Fund at 5%.

The Alcohol Abuse Prevention and Treatment Fund was established in 2000. When passed by the legislature, the fund formula called specifically for 5% of Gross profits from the sale of liquor in State Liquor Stores. These are the funds that are dispersed by the Commission. Other than in 2000, however, the original formula has never been used. From SFY 2002 until SFY 2015, the formula was completely suspended, in essence leaving the fund empty. For SFY 2016 and SFY2017, budget writers went back to the formula, however reduced the value from 5% to 1.7%.

While we are in the midst of an opiate epidemic, it is important to note that the major cost driver to the state relative to substance misuse is alcohol. An economic analysis by Polycon Research noted that the economic cost to NH for untreated addictive disorders is roughly \$2 billion – with about half that cost associated with the overconsumption of alcohol alone²⁰. Yet, in SFY2016 the state made over \$650,000 million off the sale of liquor.

The Commission believes that the original intent of the legislature should be followed, and the 5% rate should be returned and sustained. Full funding at this level (\$9.4M for 2016, \$9.7M for 2017, a total of \$19.1M for the biennium) will allow the Commission to do the following:

- ✓ Sustain aforementioned services and investments that are critical to the opiate epidemic;
- ✓ Expand capacity for prevention services including (but not limited to) early childhood, youth and young adults;
- ✓ Expand early intervention services that can target high risk populations who are likely to develop a significant substance use disorder;
- ✓ Continue the expansion of treatment and recovery support services, including a focus on special populations (for example: youth, pregnant and newly parenting women, veterans, etc.)

The Commission is currently undertaking a review of its spending plan with these priorities in mind. However, based on analysis of conditions on the ground, and the furtherance of the revision of the State Plan, the Commission may return to the legislature at the beginning of the session with a more refined suite of funding priorities.

Make the NH Health Protection Program Permanent

The ability to deploy Alcohol Fund resources to cover prevention and recovery support services is contingent on individuals having access to insurance which can cover substance use clinical treatment services. The NH Health Protection Program (NHHPP) has been a critical tool in meeting demand for treatment, while allowing the Commission and HHS to deploy resources to the other parts of the continuum. Should Health Protection not be reauthorized, it would create a catastrophic gap in service capacity, and lead to a redistribution of other resources that would cripple services across the continuum. Additionally, threats of “sun setting” or otherwise eliminating the program have made it difficult to grow new capacity in the state, with providers hesitate to expand without assurance that funding source will exist to provide coverage. Removing the sunset provision from NHHPP will allow the system to scale, while allowing the

²⁰ <http://www.new-futures.org/publications>

Commission to, over time, redeploy Alcohol Fund resources to services which are not yet fully implemented and are not covered by insurance (i.e. primary prevention, recovery housing, community based recovery supports, etc). While making permanent the NHHPP comes with state cost outlays, they are minimal compared to the economic toll untreated addiction would take on our state's economy.

Acknowledgments

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

Attachments