

Governor's Commission on Alcohol and Other Drugs

Mid-Year Report

March 2019

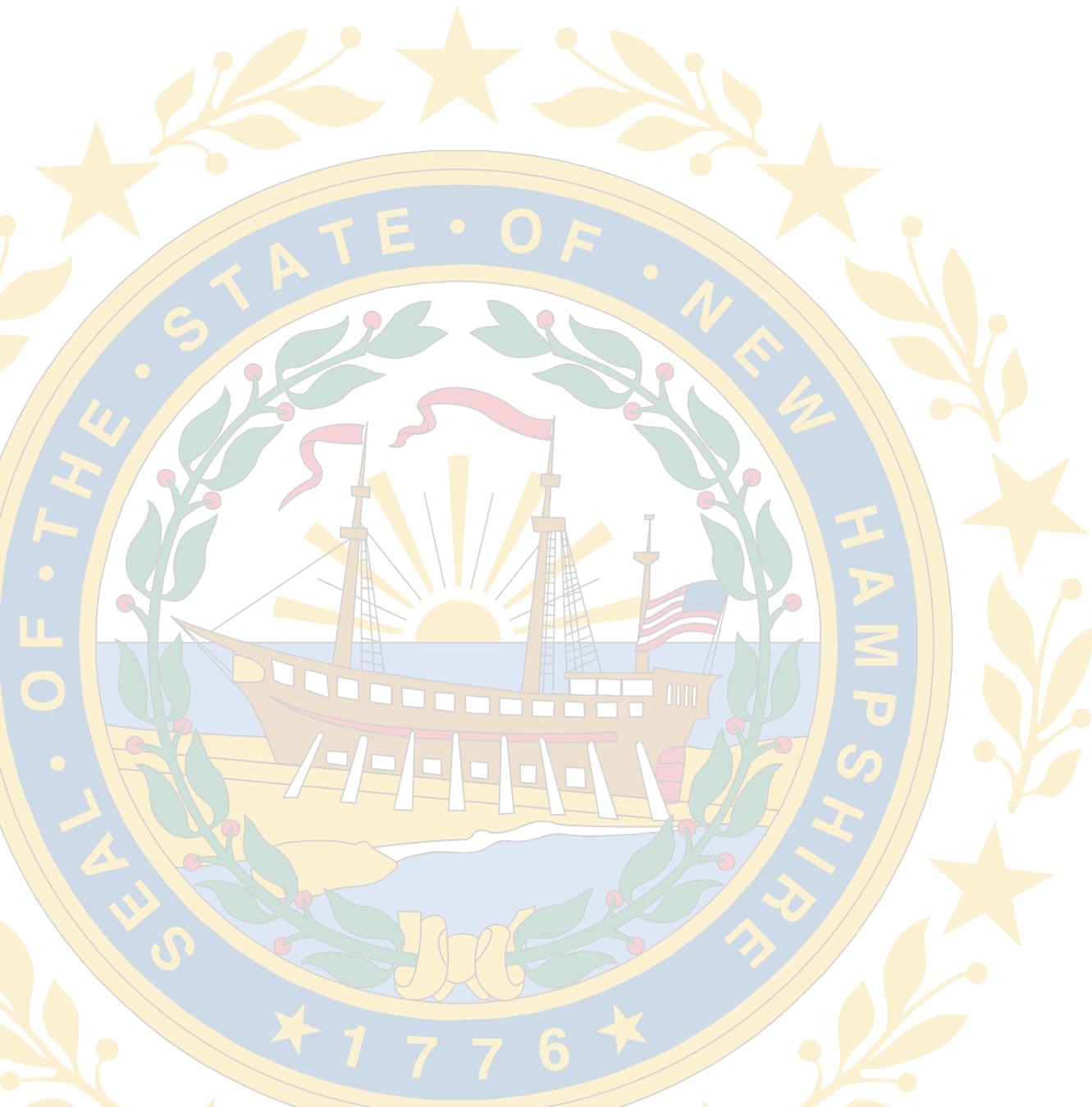
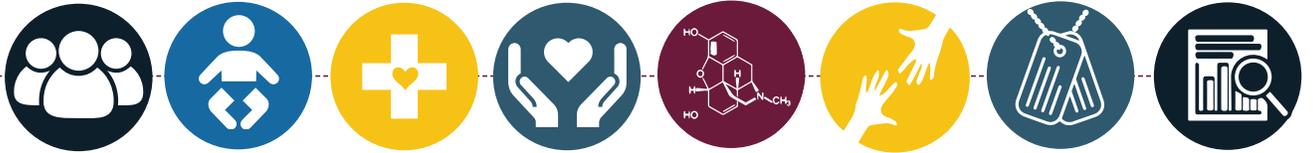


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INTRODUCTION

The New Hampshire Governor's Commission on Alcohol and other Drugs (Governor's Commission) presents this mid-year report as required in RSA Chapter 12-J:4, for the first half of state fiscal year 2019, July – December 2018. The Governor's Commission is pleased to report that more individuals are receiving substance use disorder treatment, fewer are utilizing emergency services or the emergency room for alcohol and drug related issues, and that the number of overdose deaths is going down.

The Governor's Commission, created by the New Hampshire Legislature in 2000, is legislatively mandated to reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature. The Governor's Commission is represented by members of the legislature, the public, designated organizations and state government and includes eight Task Forces – Data and Evaluation, Healthcare, Joint Military, Opioid, Perinatal Substance Exposure, Prevention, Recovery and Treatment.

The Governor's Commission is driven by the recently released [*Expanding Our Response: The NH Governor's Commission on Alcohol and other Drugs Action Plan*](#) 2019-2022. This three-year strategic plan serves as a blueprint for shared efforts with a focus on alignment, coordination, innovation and accountability. The plan encompasses best practices and other key strategy recommendations made by Commission members, Commission Task Forces, and other key stakeholders.

For further information on the Governor's Commission and Task Forces visit nhcenterforexcellence.org/governors-commission. To request hard copies of this report or the action plan, please send an email to the NH Center for Excellence at nhcenterforexcellence@jsi.com.

OVERVIEW OF FUNDED SERVICES

Each area of services funded in whole or in part through the Governor's Commission are described on the following pages, including strategies specific to the opioid epidemic. The total funds budgeted for SFY2019 as of 12/31/2018, are \$7,278,334. The Governor's Commission approved further allocations for funding for the remainder of SFY2019 and SFY2020 during the first meetings of 2019 which will be included in the annual report.



PREVENTION SERVICES

Support prevention strategy priorities through evidence-informed programs that provide education and counseling for at-risk youth and their parents/caregivers. These programs target prevention and reduction of the misuse of alcohol, marijuana, prescription drugs, and opioids. There are contracts for Prevention Direct Services, Life of an Athlete, and SMART Moves (Skills Mastery and Resilience Training).

\$1,219,327

PUBLIC INFORMATION CAMPAIGNS

Public advertising campaigns to target prevention messaging for children and young adults related to opioid risks ensure public awareness of Doorways and information on substance use disorder (SUD) and opioid use disorder (OUD) resources and services.

\$425,000

JUVENILE COURT DIVERSION

Programs utilize evidence-informed strategies targeting youth who are in early contact with the justice system. Youth are screened to identify needs for alcohol and/or other drug prevention education and referral to community providers. The Juvenile Diversion Network is also contracted to support Juvenile Diversion services in 16 communities for high-risk youth.

\$425,000



CLINICAL TREATMENT SERVICES / INFRASTRUCTURE DEVELOPMENT

NH Department of Health and Human Services (NH DHHS), Bureau of Drug and Alcohol Services (BDAS) currently contracts with 13 substance use disorder treatment providers across the state to provide access to a comprehensive array of services. Services include withdrawal management, individual and group outpatient, intensive outpatient, partial hospitalization, low- and 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). Services are available for individuals with diagnosable alcohol and drug use disorders with treatment services for opioid use disorders enhanced and expanded.

\$1,419,560

MLADC SERVICES TO SUPPORT DCYF

Provide partial funding for one Master Licensed Alcohol and Drug Counselor (MLADC) to support the Division for Children, Youth and Families (DCYF). The MLADC provides screening, assessment, training, and consultation to DCYF staff and referrals to clients when alcohol and /or substance misuse has been identified in a DCYF case.

\$31,590



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 eleven RCOs to support maintenance and expansion of recovery support services. The FO offers optional administrative functions, including human resources, financial management, and billing and data collection. All of the contracted RCOs have operating Recovery Centers.

\$700,000

FAMILY PEER SUPPORT SERVICES

Support groups in communities throughout the state provide critical support and education to families of youth and young people harmfully involved with alcohol and other drugs, primarily utilized by families impacted by the opioid epidemic. Groups are facilitated by a Family Support Coordinator.

\$105,000

CRISIS RESPITE SHELTER

A temporary substance use disorder crisis respite shelter care to individuals receiving services through the Nashua Safe Stations program. Support individuals while they stabilize and receive treatment services and assist in finding more permanent, safe housing options. Provided services through 12/31/18 utilizing **funds from the previous fiscal year.**

ALTERNATIVE SENTENCING/HOUSING

Program to 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.

\$500,000

REGIONAL ACCESS POINT SERVICES

Screening, assessment, referral and care coordination for individuals and families seeking treatment and recovery services. The initiative focused 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, including Medication Assisted Treatment (MAT). These services were replaced by the Doorways on January 1st.

\$183,500





GOVERNOR'S POLICY ADVISORS

Funding set aside in the SFY 18/19 budget for 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.

\$283,152

TRAINING AND TECHNICAL ASSISTANCE

The Governor's Commission and the NH DHHS, Bureau of Drug and Alcohol Services are committed to providing training, technical and data/evaluation assistance to ensure that contractors can implement utilizing best practices, monitor the effectiveness of their programs and report those outcomes to the state. Additionally, funds support ongoing training of the substance use disorder workforce in NH.

\$474,676

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, enforcement, treatment and recovery. This information provides an update on key indicators reported previously in the New Hampshire Governor's Commission on Alcohol and other Drugs required semi-annual reports.

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

- A total of 6,667 individuals receiving SUD-related services through NH Medicaid in October 2018 - more than five times as many people who received such services at the beginning of 2012.
- In 2018, the number of Emergency Medical Service (EMS) cases where the EMS provider impression was 'drug overdose/misuse of medications' decreased by 12% and the number of cases where the EMS provider impression was 'alcohol abuse and effects' decreased by 8%.
- The number of Emergency Department visits related to opioid use decreased by 17% in 2018 compared to 2017.
- The number of drug overdose deaths is projected to decrease in 2018 by about 5% compared to 2017.

ACCESS TO SUBSTANCE USE DISORDER TREATMENT SERVICES

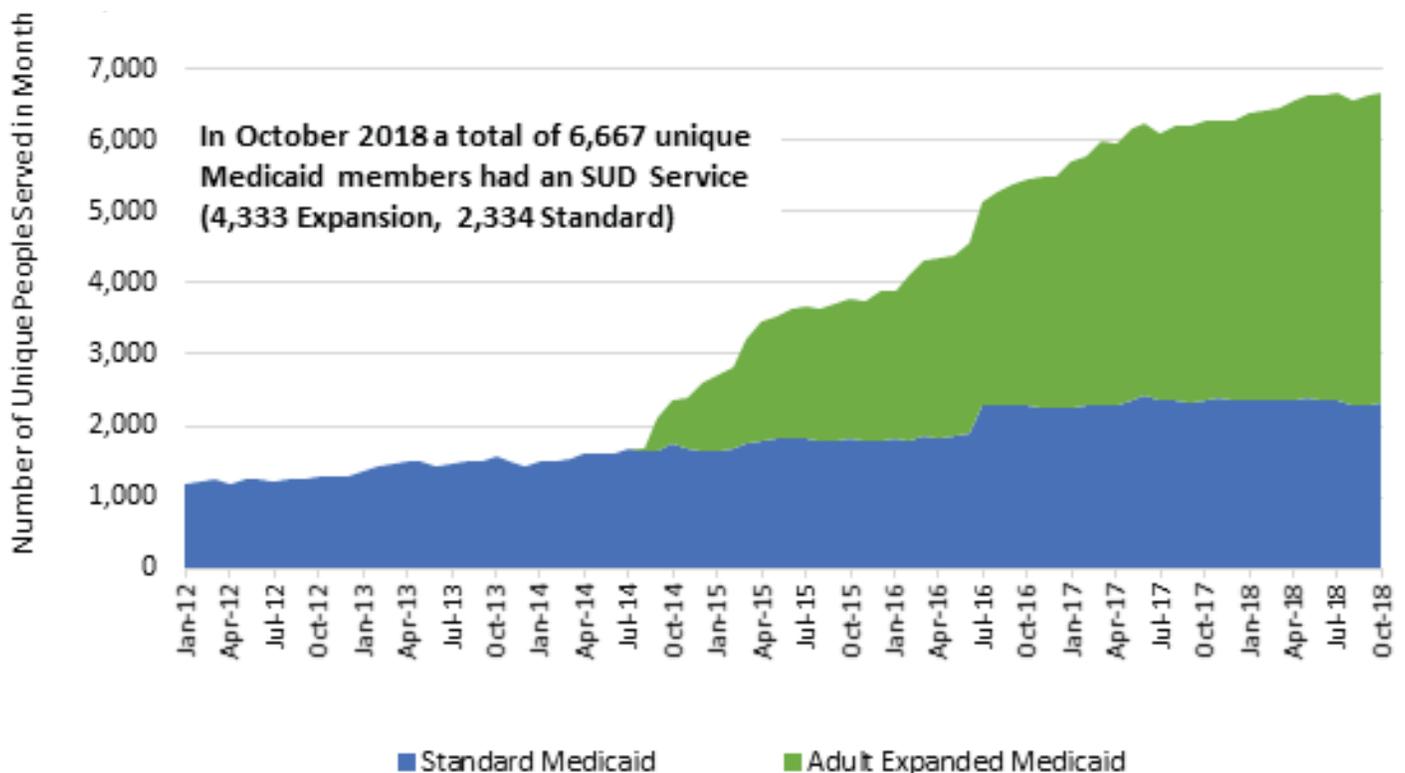
1. People Receiving Substance Use Disorder Services through NH Medicaid

New Hampshire Medicaid historically only had limited coverage for substance use disorder (SUD) treatment (primarily medication assisted 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 now known in New Hampshire as the Granite Advantage Health Care Program (GAHCP). The ACA required that coverage for these adults include a comprehensive range of SUD 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 to the standard Medicaid population was implemented on July 1, 2016.

Chart 1 below presents a high-level trend in the number of unique people in each month that have received a Medicaid-funded SUD treatment service, either paid for directly through Medicaid, through one of New Hampshire’s Medicaid Managed Care or Marketplace Qualified Health Plans under Medicaid’s former Premium Assistance Program. To better illustrate the important impact of the Medicaid expansion, people eligible for Medicaid are subdivided in the chart between Adult Expansion in green and Standard in blue. In January 2012, 1,190 individuals received SUD-related services through Standard Medicaid. In October 2018, 2,334 individuals received SUD-related services through Standard Medicaid and an additional 4,333 received SUD-related services covered by Expanded Medicaid. The total of 6,667 individuals receiving SUD-related services per month through NH Medicaid in October 2018 is more than five times as many people who received such services at the beginning of 2012.

-CHART 1-

NH MEDICAID UNIQUE SUD SERVICE USERS, 2012-2018



Note: data as of 2/15/2019; missing data for 9/2018 was imputed

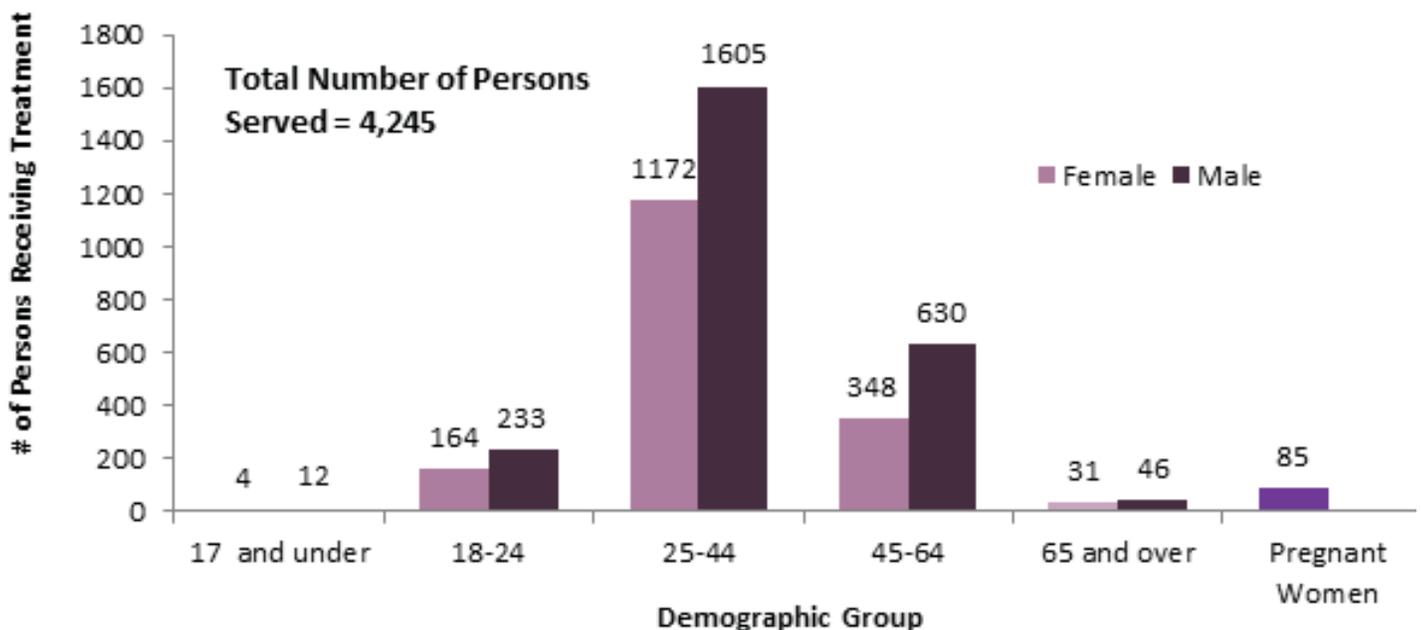
Data Source: NHDHHS, Office of Quality Assurance and Improvement, February 2019

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 4,245 people received alcohol and other drug use treatment services with BDAS funding from January 1, 2018, to December 31, 2018. This number decreased by 30% from calendar year (CY) 2017 when 6,112 individuals were served through BDAS-funded treatment services. It is likely that this decrease can be explained at least in part by the expansion of SUD treatment coverage available through health insurance sources such as Medicaid. As displayed by Chart 2, the largest group of individuals served by age and gender were males between the ages of 25 and 44 (38% of the total number of individuals served in CY2018; 41% in CY2017).

-CHART 2-

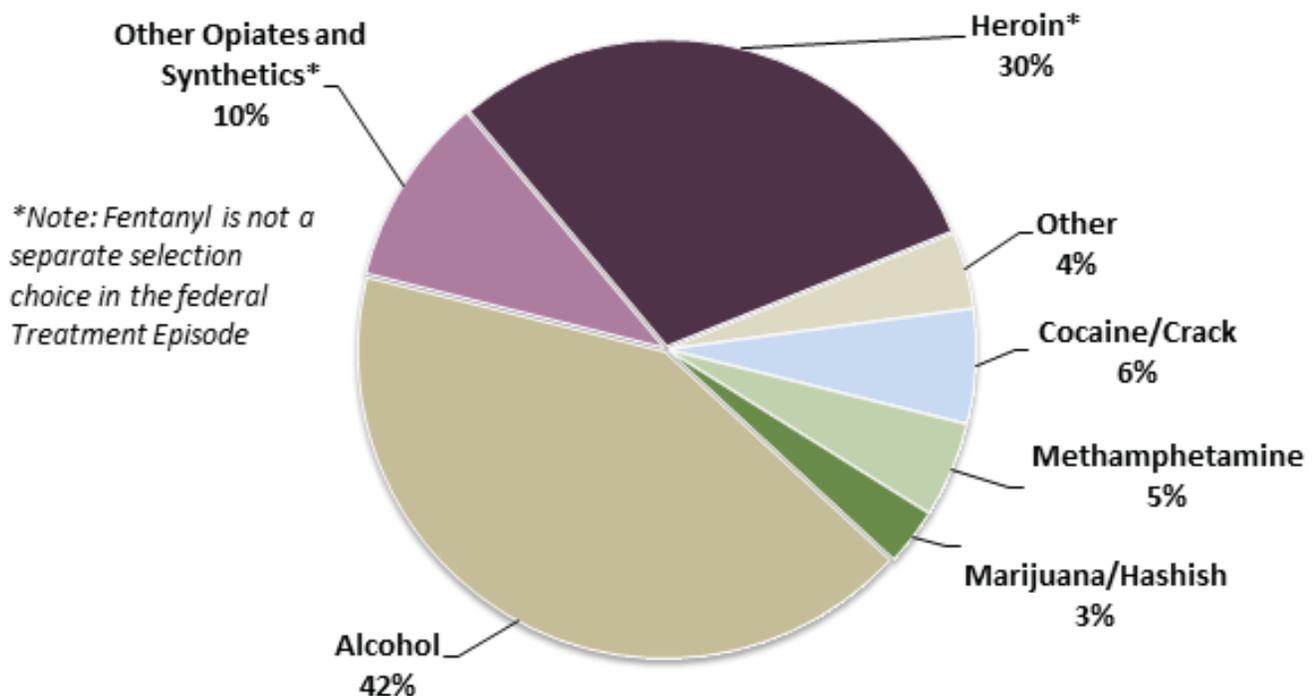
**NUMBER OF PERSONS SERVED FOR ALCOHOL AND OTHER DRUG USE IN STATE-FUNDED TREATMENT SERVICES
CY 2018 - UNDUPLICATED COUNT**



Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System; February 2019.

Chart 3 below displays information on primary substance of use based on assessment at the point of admission to treatment. Heroin is the primary substance for about 30% 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. This proportion is substantially lower than reported for CY2017, when about 44% of people admitted to state-funded treatment services identified “heroin” as the primary substance of use. Alcohol was the most commonly reported substance in 2018, accounting for about 42% 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 3 of this report.

**-CHART 3-
PRIMARY SUBSTANCE USE AT ADMISSION TO TREATMENT
(CY 2018)**



Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System; February 2019.

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 1 displays the total number of emergency medical response cases in 2017 and 2018 where the EMS provider's Primary Impression (or 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 from 2016 to 2018 where the EMS provider impression was drug overdose/misuse of medications (12% decrease from 2017 to 2018) or alcohol abuse and effects (8% decrease).

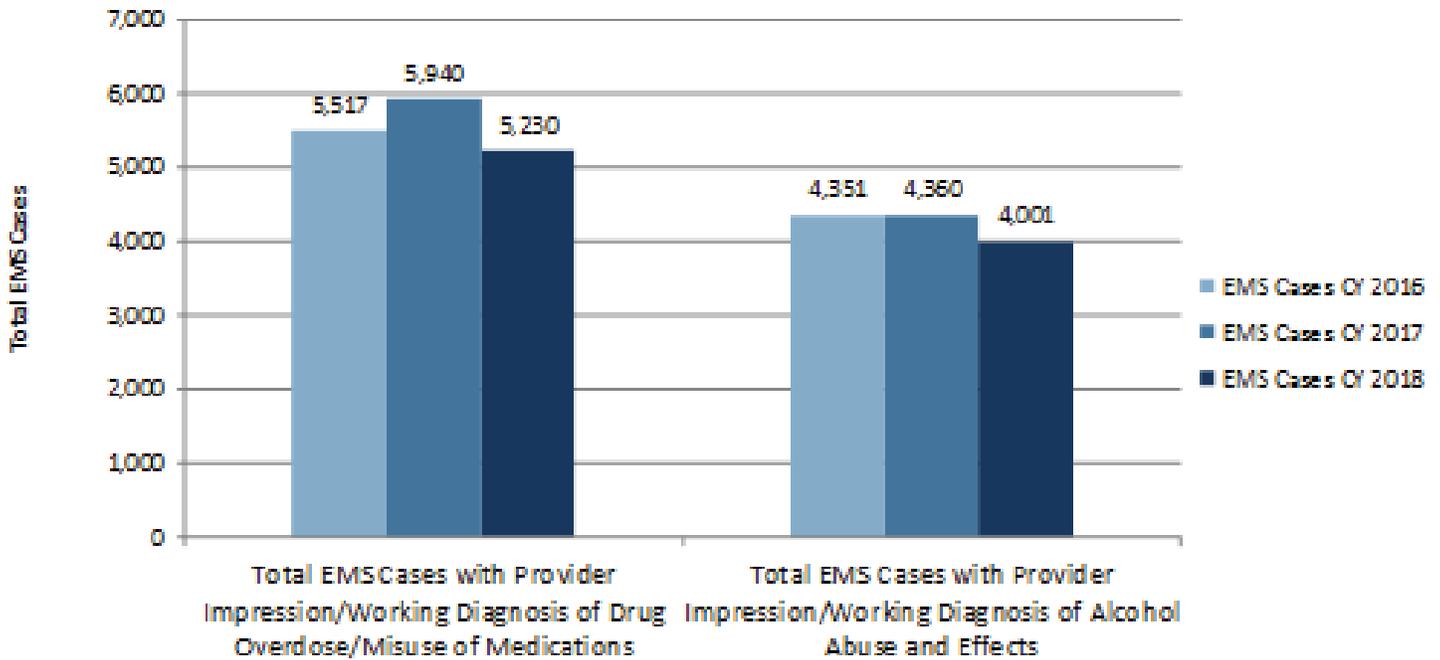
TABLE 1

Emergency Medical Service (EMS) Cases with Provider Impression/ Working Diagnosis* of Drug Overdose/Misuse of Medications or Alcohol Abuse and Effects	EMS Cases CY 2017	EMS Cases CY 2018
Drug Overdose / Abuse: Heroin (Known or Suspected) (T40.1X1A)	2,121	1,698
Drug Overdose / Abuse: (Opiates/Narcotics (Non-Heroin / Unknown) (T40.2X1A)	538	526
Poisoning: Overdose of Medication (Intentional Self-Harm / Suicidal) (T50.992; T14.91)*	478	278
Drug Overdose / Abuse: Other Illicit Drug (Not Otherwise Specified) (F19.129)	444	515
Drug Overdose / Abuse: Psychoactive Drug (Meth, MDMA, XTC, etc.) (T43.601)	143	233
Drug Overdose / Abuse: Marijuana / Spice or Other Synthetic Cannabis (T40.7X1A)	126	179
Drug Overdose / Abuse: Hallucinogens, LSD and Mushrooms (T40.9)	113	101
Drug Overdose / Abuse: Cocaine (T40.5X1A)	59	53
*Drug Overdose / Misuse of Medications (Intentional)	1,918	1,647
Total EMS Cases With Provider Impression/Working Diagnosis of Drug Overdose/Misuse of Medications	5,940	5,230
Total EMS Cases With Provider Impression/Working Diagnosis of Alcohol Abuse and Effects	4,360	4,001

Data Source: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System, February 2019.
*ICD10 code T14.91 – Suicide Attempt was added to the query criteria for 2018.

-CHART 4-

EMS CASES WITH PROVIDER IMPRESSION/WORKING DIAGNOSIS OF DRUG OVERDOSE/MISUSE OF MEDICATIONS OR ALCOHOL ABUSE AND EFFECTS; 2016-2018



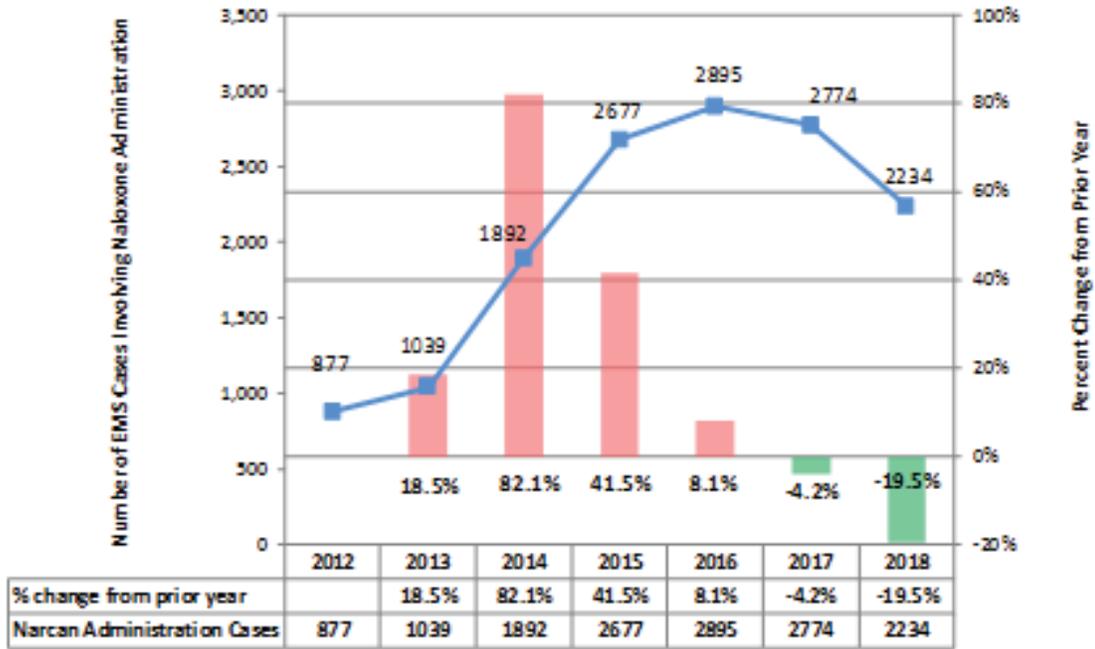
Data Source: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System, February 2019.

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 19% in calendar year 2018 from the prior year continuing a declining trend from the prior year. This observation may reflect a decrease in the growth rate of the epidemic of opioid misuse. However, it should also be noted that there has been expanded public access of Naloxone during this time period through pharmacies and public distribution events to any NH resident.

Information describing the total number of emergency department visits related to opioid use is available 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 (ED) visits related to opioid use from January 2016 to December 2018. In 2018 overall, the number of ED visits related to opioid use decreased by 17% compared to 2017. 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 5-

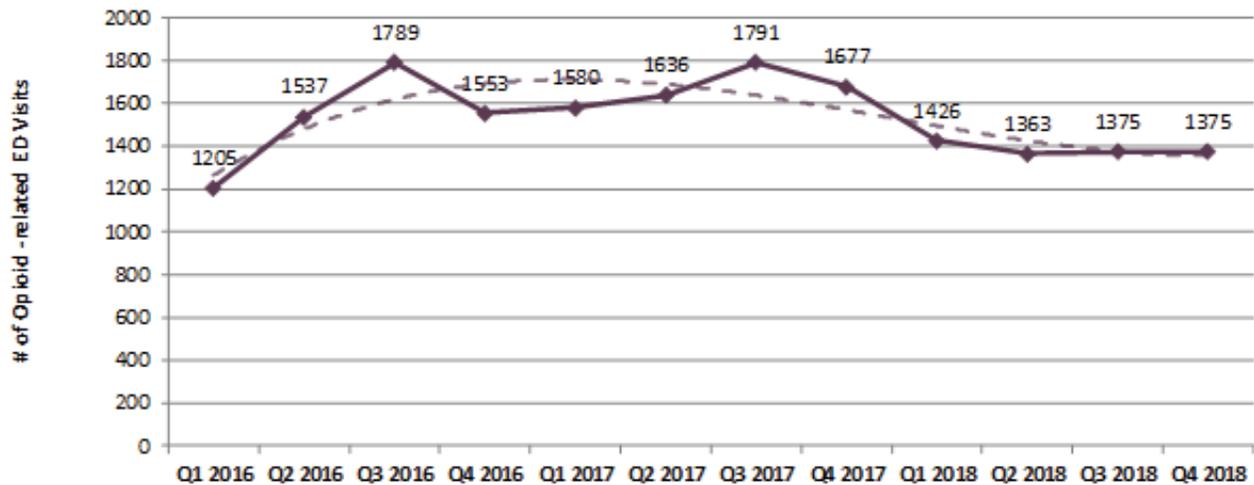
NUMBER OF EMS CASES INVOLVING NALOXONE ADMINISTRATION AND PERCENT CHANGE FROM PRIOR YEAR



Data Source: NH Bureau of EMS; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, February 2019

-CHART 6-

EMERGENCY DEPARTMENT VISITS RELATED TO OPIOID USE QUARTERLY TOTALS (JANUARY 2016-DECEMBER 2018)



Data Source: NH Division of Public Health Services, Automated Hospital Emergency Department Data; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, February 2019

2. Drug Overdose Deaths

Table 2 displays the number of drug overdose deaths in 2018 as determined by the Office of the Chief Medical Examiner as of February 2019. 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.

Chart 7 displays the trend in drug overdose deaths since the year 2011. The number of drug overdose deaths is projected to decrease in 2018, which would be the first such decrease from the prior year since 2012. Similar to the observation described previously for decreases in EMS cases and ED visits related to opioid use, these data may reflect a decrease in the growth rate of the epidemic of opioid misuse in New Hampshire.

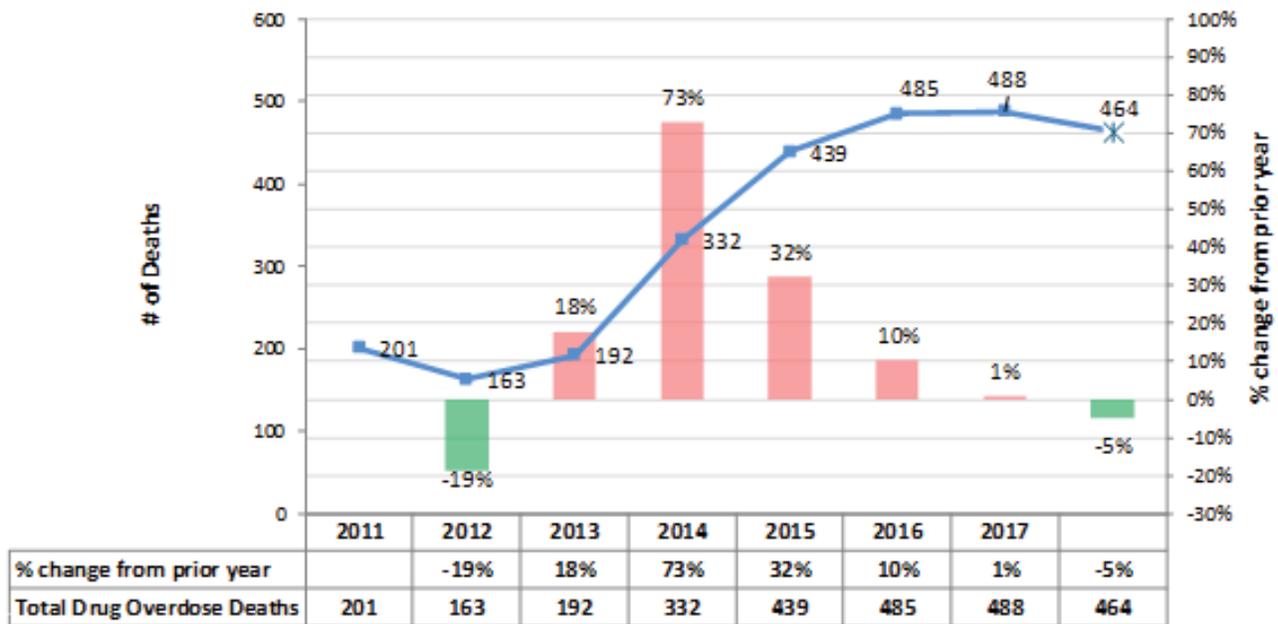
TABLE 2

NH Drug Overdose Deaths Calendar Year 2018 (as of February 13, 2019*)				CY2017
Drug Category	# of Deaths - Total*	# of Deaths - Subtotals	% of Total Deaths	% of Total Deaths
Total Opiates/Opioids	365		89.0%	88.4%
Fentanyl (no other drugs)		182		
Fentanyl and Other Drugs (excluding Heroin)		153		
Heroin and Fentanyl		3		
Subtotal involving Fentanyl		338	82.4%	75.1%
Heroin (no other drugs)		1		
Heroin and Other Drugs (excluding Fentanyl)		0		
Other Opiates/Opioids		25		
Unknown Opioids		1		
Other Drugs	44		10.7%	11.1%
Unknown Drugs	1		0.2%	0.5%
Total Drug Deaths	410*			488

*Note: There are 54 cases from 2018 that are "pending toxicology"

Data Source: Office of the Chief Medical Examiner, 2017 Current Drug Data as of 2/13/2019.

**-CHART 7-
NH DRUG OVERDOSE DEATHS
CALENDAR YEAR 2011-2019* (ESTIMATED AS OF 2/13/19)
AND PERCENT CHANGE FROM PRIOR YEAR**



Data Source: Office of the Chief Medical Examiner, 2018 Current Drug Data as of 2/13/2019
*Note: The value for 2018 is projected based on cases determined or pending

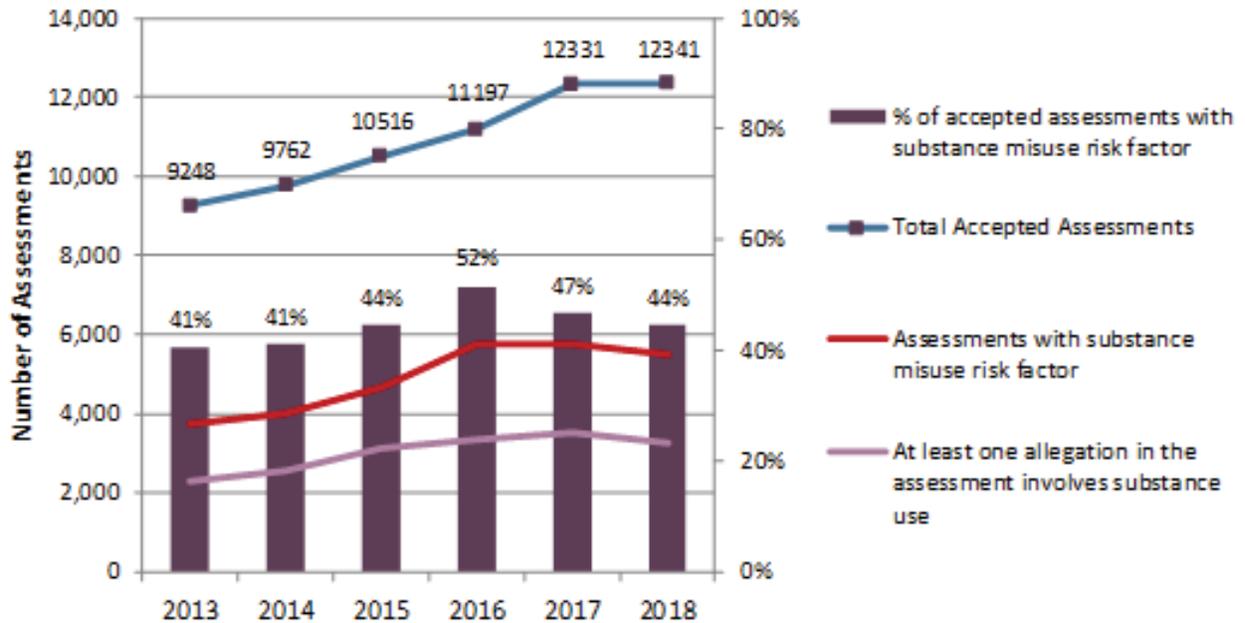
SELECTED SOCIAL CONSEQUENCE AND CRIMINAL JUSTICE INDICATORS

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

The New Hampshire Division for Children, Youth and Families (DCYF) tracks risk factors or indicators when child abuse or neglect reports are made. One risk factor is substance misuse, which includes illicit drugs, prescription misuse, alcohol and other drug misuse. Chart 8 displays the total number of reports accepted by the NH DCYF for assessment of alleged child abuse and neglect. The total number of accepted referrals for assessment increased by 33% between 2013 and 2018 from 9,248 assessments to 12,341 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 5,491 assessments. In 2018, the 5,491 assessments where substance misuse was a risk factor were equivalent to about 44% of all assessments, which is lower than an apparent peak in 2016 of 52% of assessments where substance misuse was a risk factor.

-CHART 8-

ACCEPTED ASSESSMENTS WITH INDICATION OF SUBSTANCE USE; NH DCYF, 2013-2018

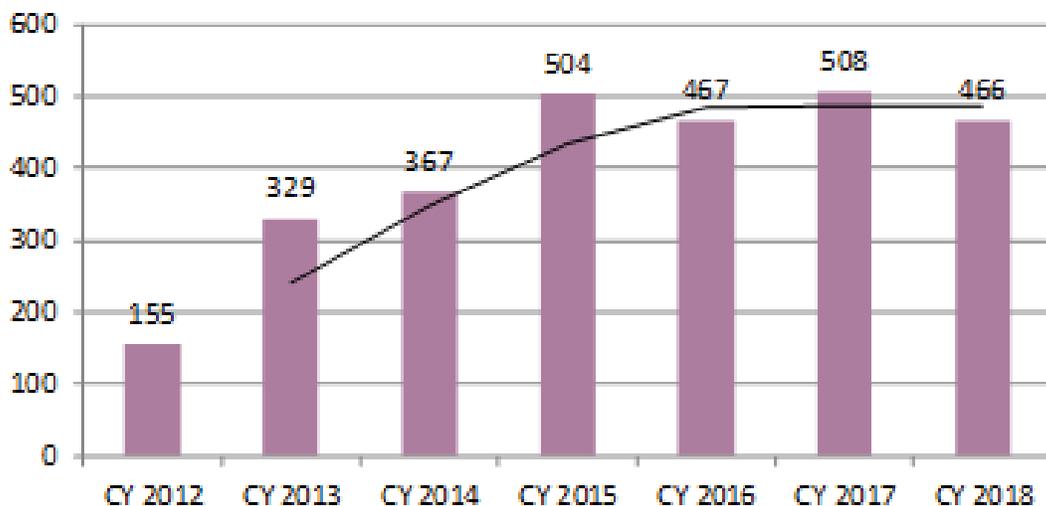


Data source: Division for Children, Youth and Families, Statewide Automated Child Welfare Information System (SACWIS), NH Bridges; February 2019

Chart 9 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 has leveled off over the past several years after substantial increases in the number of cases from 2012 to 2015.

-CHART 9-

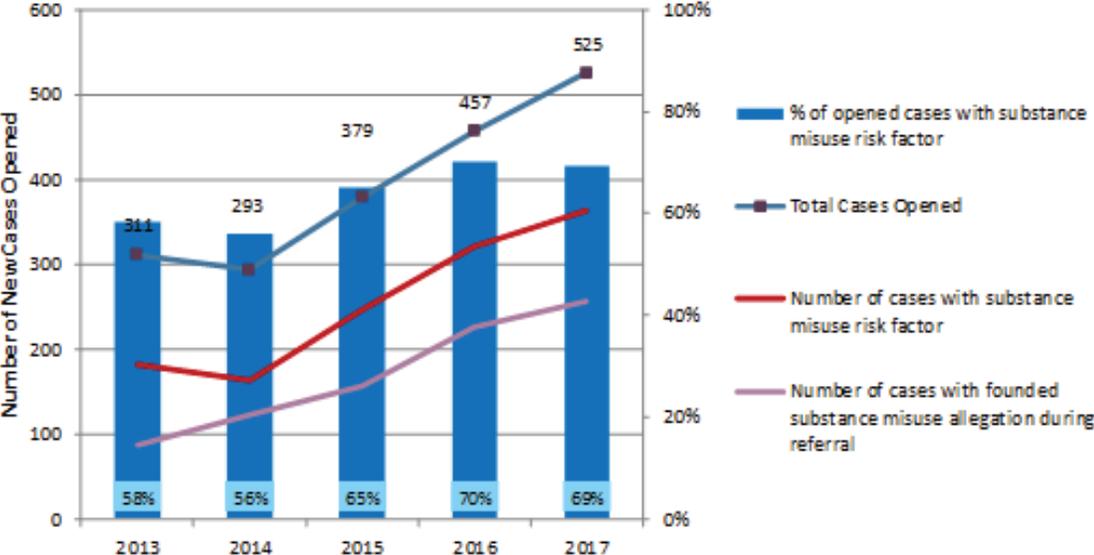
NUMBER OF CHILDREN BORN DRUG EXPOSED IN ACCEPTED ASSESSMENTS; 2012-2018



Data source: Division for Children, Youth and Families, Statewide Automated Child Welfare Information System (SACWIS), NH Bridges; February 2019

Chart 10 displays the total number of new cases opened by NH DCYF for child protection services. The total number of new cases increased by 55% between 2013 and 2017 from 311 to 525 opened cases. Over this time period, the number of new cases with a founded substance misuse allegation during referral nearly tripled from 87 cases in 2013 to 256 cases in 2017 or about 49% of all new child protection cases.

-CHART 10-
CASES OPENED WITH INDICATION OF SUBSTANCE MISUSE
NH DCYF, 2012-2017



Data source: Division for Children, Youth and Families, Statewide Automated Child Welfare Information System (SACWIS), NH Bridges; February 2019

TREATMENT AND RECOVERY PROGRAM OUTCOMES

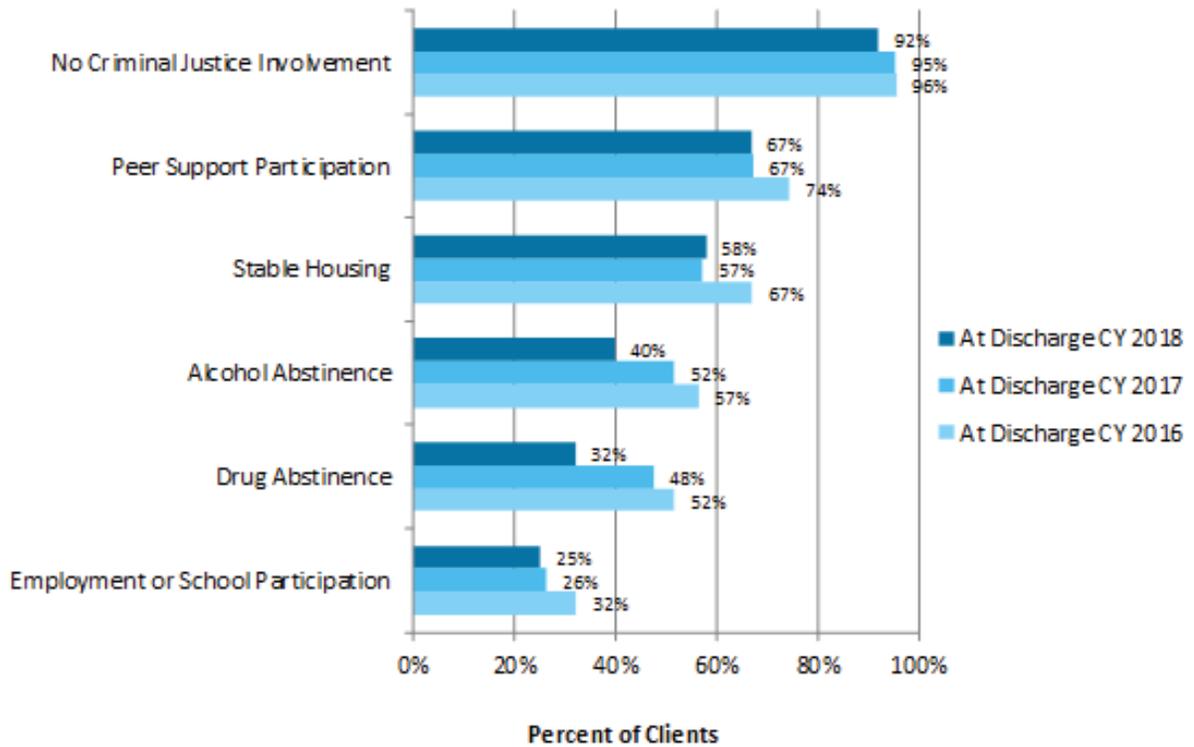
4. National Outcomes Measurement Standards - Treatment

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 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 3 contains aggregate statistics for treatment clients in CY2017 showing the percentage change on these outcome domains from the point of treatment admission to treatment discharge. Chart 11 displays treatment outcomes at discharge for clients of state-contracted treatment services in CY2016 and 2017.

TABLE 3

CY2018 Treatment Outcomes – State-Contracted Treatment Services				
Domain	Indicator	At Admission 2018 CY	At Discharge 2018 CY	% change from treatment admission to discharge
Alcohol Abstinence	Percent of treatment clients abstinent from Alcohol (prior 30 days)	25.1%	39.8%	+14.7%
Drug Abstinence	Percent of treatment clients abstinent from Drugs (prior 30 days)	22.7%	32.2%	+9.5%
Employment or School Participation	Percent of treatment clients employed or students (full-time or part-time, prior 30 days)	21.6%	25.2%	+ 3.6%
No Criminal Justice Involvement	Percent of treatment clients without arrests (any charge, prior 30 days)	84.0%	92.0%	+8.0%
Stable Housing	Percent of treatment clients reporting being in a stable living situation (prior 30 days)	54.3%	57.9%	+3.6%
Peer Support Participation	Percent of treatment clients participating in self-help groups, support groups at discharge (e.g., AA, NA, etc., prior 30 days)	42.3%	66.9 %	+24.8%

-CHART 11-
TREATMENT OUTCOMES: STATE-CONTRACTED TREATMENT SERVICES
2016-2018



CONCLUSION

The Governor's Commission on Alcohol and other Drugs is working to realize the strategies outlined in the three-year strategic plan [*Expanding Our Response: The NH Governor's Commission on Alcohol and other Drugs Action Plan 2019-2022*](#). The Commission Data and Evaluation Task Force Report provides evidence that more individuals are receiving substance use disorder treatment, fewer are utilizing emergency services or the emergency room for alcohol-and drug-related issues, and that the number of overdose deaths is going down.

ACKNOWLEDGMENTS

The Commission extends its 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 alcohol and drug misuse 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 others who work to maximize the opportunities to make a difference in preventing alcohol and drug 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 drafting of this report.

