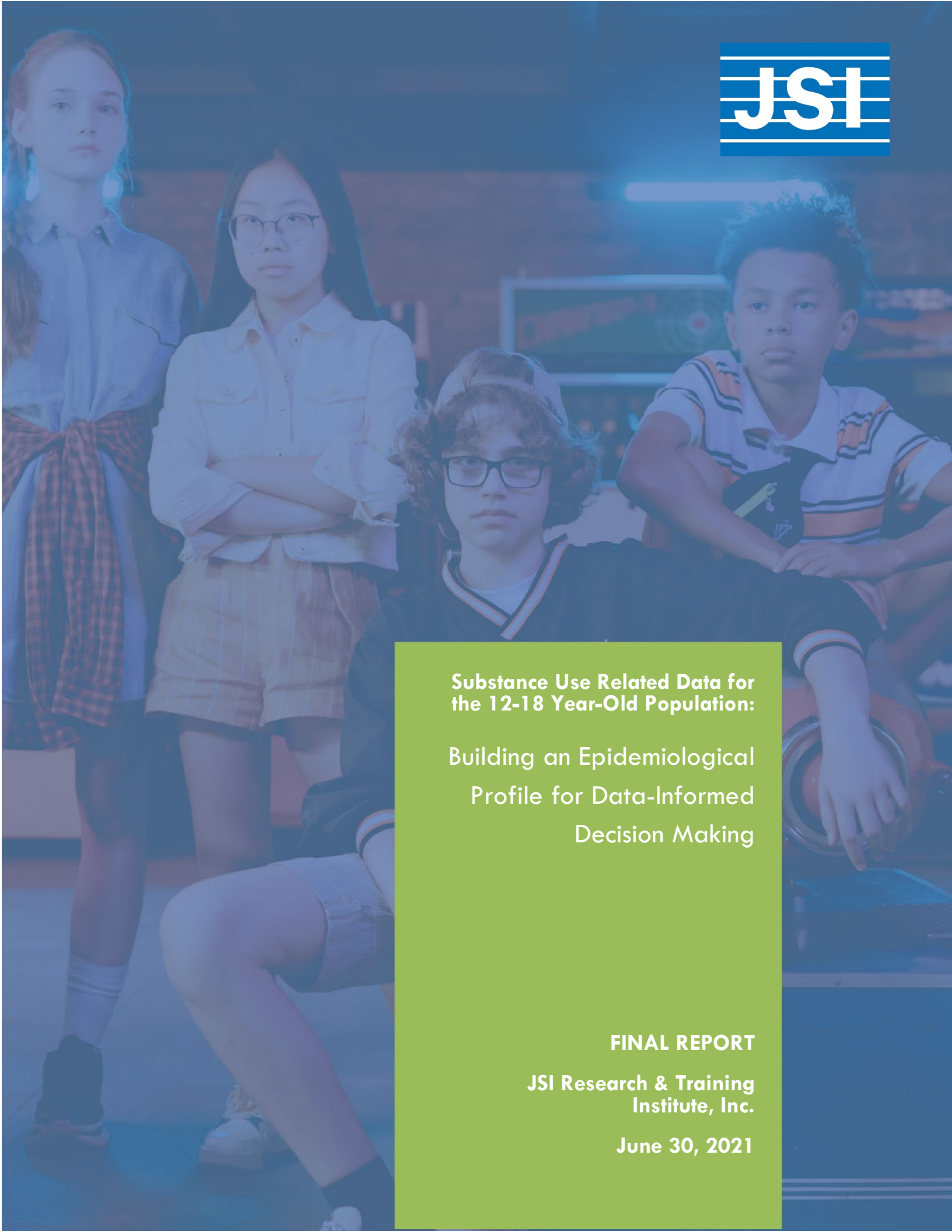

Substance Use Related Data for the 12-18 Year-Old Population:

Building an Epidemiological Profile for Data-Informed Decision Making

FINAL REPORT

JSI Research & Training Institute, Inc.

June 30, 2021

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WHAT IS THE PURPOSE OF THIS REPORT?

Adolescence represents a critical opportunity for the prevention of substance use disorder later in life. Recognizing that prevention saves costs related to health care, loss of productivity and legal interventions, adolescents often receive supports and services that aim to reduce the likelihood of substance misuse. However, relevant data for this age group are housed across many sources, making it difficult to use these data to inform program planning and policy decisions.

This report aims to create a better understanding of the substance use related data available for adolescents. For the purposes of this report, adolescents are individuals aged 12-18. The NH Bureau of Drug and Alcohol Services (BDAS), funded by a Partnership for Success grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), contracted with JSI Research and Training Institute, Inc. (JSI) to develop this report. JSI's team of authors, referenced henceforth in this document as "we", produced this report to advance the work of the NH State Epidemiological Outcomes Workgroup (SEOW). The SEOW is made up of a network of representatives from agencies, organizations, and community groups across the state who have a role in stewarding public health data collection and management.

Key objectives of the NH SEOW are to:

1. identify, interpret and make available data to understand the factors related to substance use disorder;
2. facilitate the development of data-informed recommendations to prevent the development of substance use disorders among the residents of the state.

In NH, the Governor's Commission on Alcohol and Other Drugs (the Commission) Data and Evaluation Task Force (DETF) has many of the same purposes as the SEOW and convenes a similar group of stakeholders. Therefore, the DETF also serves the functions of the SEOW.

In many states, SEOWs are also responsible for the development of state epidemiological profiles. These are annual reports that monitor trends related to substance use for a select set of indicators. This report provides a foundation for developing an adolescent epidemiological profile. There were two parts to this process – the development of a data inventory and an assessment of data and systems. Table 1 describes each part of the process and its purpose in developing an adolescent epidemiological profile.

TABLE 1. PROCESSES, ACTIONS AND PURPOSE

PROCESS	ACTION	PURPOSE
Development of a Data Inventory	Compile measures that are either publicly available or available by request for 12-18 year-olds.	Describe measures currently available. To develop an epidemiological profile for this group, this inventory could serve as a starting point for selecting a small number of indicators to track over time.
Assessment of Data and Systems	Interview key stakeholders to gain a deeper understanding of data weaknesses, system challenges and opportunities that could be leveraged to support the development of an adolescent epidemiological profile.	Assess the feasibility of developing an adolescent epidemiological profile.

This report concludes with recommended next steps for building upon this foundation to create an adolescent epidemiological profile that can be sustained over time.

WHAT DID WE DO AND HOW DID WE DO IT?

DEVELOPED AN INVENTORY OF PUBLICLY AVAILABLE DATA

As a foundation for building an inventory of data sources and measures for 12-18 year-olds, we utilized an inventory that the SEOW had initiated for the state as a whole (see **Appendix A**). The original inventory includes indicators grouped into the following five categories: Treatment Access and Client Counts, Burden of Disease, Social/Justice Consequences, Prevention/Intervention Activity, and Prevention/Treatment Outcomes.

Given an interest in including publicly available data that could be easily accessed without making a specific request to the department or organization that collects the data, the first step was to identify which data from the existing inventory were publicly available for this age group. We also selected additional publicly available data sources to supplement the inventory. During the March 15, 2021 DETF meeting, members were asked for their input for data sources as well as meaningful indicators related to substance use within the age group.

ADOLESCENT DATA INVENTORY CATEGORIES

- Burden of Disease
- Use Prevalence
- Risk & Protective Factors
- Mental Health
- Social/Justice Consequences
- Treatment Access & Client Counts

In creating the adolescent data inventory, we used a similar categorization process as had been used in the original data inventory. We did not find any publicly available data for 12-18 year-olds in the "Prevention/Intervention Activity" category, and thus we removed that category. In the original inventory, the "Prevention/Treatment Outcomes" category encompassed substance use prevalence as well as prevention measures. Recognizing the importance of risk and protective factors for this age group (SAMHSA, 2019), we created separate categories for "risk & protective factors" and "prevalence of use" in the adolescent data inventory. Adding the risk and protective factors also allowed us to include measures that indirectly relate to substance use such as trauma, household instability, and parental involvement. We added mental health as its own category, given the well-documented interrelationship between substance use and mental health (National Institute on Drug Abuse, 2021).

In addition to the data categorization, we listed the following information for each available measure: data source, most recent data, data collection frequency, ages (within 12-18 range), trend data, geographies, and other analysis.

SUPPLEMENTED THE INVENTORY & CONDUCTED THE DATA AND SYSTEMS ASSESSMENT

After researching publicly available data, we set out to gain a deeper understanding of other data being collected for 12-18 year-olds and the capacity to regularly report about the substance use indicators for this population. We conducted five key stakeholder interviews to supplement the inventory and inform the data and systems assessment.

Key stakeholder interview selection and recruitment

During the March 2021 DETF meeting and in subsequent conversations with individual task force members, we asked DETF members for recommendations of key stakeholders such as data stewards in the state who could provide more information about available data. This generated an initial list of four interviewees. During the process of conducting interviews, one interviewee suggested an additional stakeholder who was subsequently added to the list of interviewees for a total of five interviewees.

We sent the five identified stakeholders an initial email explaining the purpose and inviting them to participate in an interview via Zoom video conference. After confirming their interest, we sent a meeting invitation with log in information and a follow up email that included the interview questions and the current draft of the inventory (see **Appendix B** for outreach materials). Four interviewees accepted the invitation and one referred us to another person in their division who would be better suited to answer the questions. We conducted interviews between June 1 and June 11, 2021. Whenever possible based upon scheduling, one JSI staff member conducted the interview and another took notes.

Key stakeholder interviewees

We interviewed the following key stakeholders:

- **Andrew Chalsma** - Director of Data Analytics and Reporting; Bureau of Program Quality; NH Department of Health and Human Services (DHHS)
- **Chiahui Chawla** - Chief; Bureau of Public Health Statistics and Informatics; Division of Public Health Services; NH DHHS
- **Xiaohui Geng -** Opioid Overdose Surveillance Coordinator / Overdose to Action (OD2A) Principal Investigator, Maternal Child Health Section, Division of Public Health Services, NH DHHS
- **Laila Robak** – Bureau Chief; Bureau of Evaluation, Analytics and Reporting (BEAR); Division of Children, Youth and Families; NH DHHS
- **Nicole Rodler** – Board Chair; NH Juvenile Court Diversion Network (NHJCDN) and Juvenile Division Coordinator; Rochester Police Department. Joined by **Alissa Cannon** – Executive Director, NHJDCN.

Key stakeholder interview questions

We asked the following questions of each interviewee:

- What data does your division/department collect that might be relevant to this effort?
- Are the data publicly available and reported on at least an annual basis? If so, where is it posted?
- What barriers and opportunities are there to making data publicly available and regularly reported?
- If we were to convene a group to talk about developing a data dashboard for this age group, who do you think should be included?

See **Appendix C** for the complete interview guide.

Key stakeholder interview data analysis

The interviewers recorded all interviews and took notes. Interview notes were compiled and the recording was used to fill in gaps in notes where needed. We conducted thematic analysis using the notes, documenting viewpoints or additional information that did not conform to the themes. In some cases, we followed up with interviewees via email to confirm the accuracy of information, obtain supplementary information, and answer questions that arose during the analysis.

Document review

In order to develop recommendations and fill gaps in the information gathered from key stakeholders, we reviewed relevant documents such as past DETF presentations, other state SEOW reports, state websites and information about the administration of the Youth Risk Behavior Survey (YRBS) for middle school aged youth in NH.

WHAT DID WE LEARN?

DATA INVENTORY

Publicly available data

The current version of the Adolescent Inventory of Publicly Available Data includes 104 measures (see **Appendix D**). In this section, we will describe the publicly available data sources and types of measures in each data category.

Data sources

The majority of publicly available data for adolescents are from the YRBS, a national, state and locally administered school-based survey of representative samples of 9th through 12th grade students (Centers for Disease Control and Prevention [CDC], 2020). Participating schools conduct the survey every two years. The National Survey of Drug Use and Health (NSDUH) also uses representative samples in each state. It has many similar measures as the YRBS, but this source includes data for participants starting at age 12. In publicly available reports, NSDUH categorizes 12-17 year olds together, while 18-25 year-olds are in a separate category. The NSDUH is an annual survey. Their publicly available analysis usually combines two years of data to obtain adequate state sample sizes.

Other sources with publicly available data for adolescents include the National Survey of Substance Abuse Treatment Services (N-SSATS), the NH Claims Suite/Comprehensive Healthcare Information System (NH CHIS), the NH Prescription Drug Monitoring Program (PDMP) and the Department of Children, Youth and Families (DCYF). NH's Drug Monitoring Initiative (DMI) regularly reports on several categories of data for people aged 19 and under, including data from the Bureau of Emergency Medical Services (EMS), Division of Public Health Services and Office of the Chief Medical Examiner (OCME). All of the publicly available data sources and their websites are listed on page 15 of this report. Table 2 includes a summary of each data source and the available data for 12-18 year-olds. This includes categories of data, age groupings, frequency of data collection and analysis for subpopulations.

TABLE 2. DATA SOURCES AND PUBLICLY AVAILABLE DATA FOR 12-18 YEAR-OLDS

DATA SOURCE	CATEGORIES OF DATA	FREQUENCY OF DATA COLLECTION	AGE GROUPS	ANALYSIS FOR SUBPOPULATIONS	COMPARISON POPULATIONS
Youth Risk Behavior Survey (YRBS)	• Use Prevalence • Risk & Protective Factors • Mental Health • Social/Justice Consequences	Every other year (odd years)	15-18+	• Age (15 or younger), 16 or 17), 18 or older) • Grade • Race/ Ethnicity	• Regional Public Health Networks • Other states • National
National Survey of Drug Use and Health (NSDUH)	• Burden of Disease • Use Prevalence • Risk & Protective Factors • Treatment Access & Client Counts	Every year	12-17	N/A	• Other age groups (18-25, 26+) • Other states • National

TABLE 2. DATA SOURCES AND PUBLICLY AVAILABLE DATA FOR 12-18 YEAR-OLDS					
DATA SOURCE	**CATEGORIES OF DATA**	**FREQUENCY OF DATA COLLECTION**	**AGE GROUPS**	**ANALYSIS FOR SUBPOPULATIONS**	**COMPARISON POPULATIONS**
National Survey of Substance Abuse Treatment Services (N-SSATS)	• Treatment Access & Client Counts	Every other year (odd years)	Under the age of 18	N/A	• Other age groups • Other states • National
NH Comprehensive Healthcare Information System (NH-CHIS)	• Burden of Disease • Mental Health	Every year	5-17	• Male/ female • Insurance payer type • County	Other age groups
NH Bureau of Emergency Medical Services	Burden of Disease	Monthly	10-19	N/A	Other age groups
	Treatment Access & Client Counts	Every year	Under the age of 18		
Automated Hospital Emergency Department Data (AHEDD)	Burden of Disease	Monthly	10-19	N/A	Other age groups
Office of the Chief Medical Examiner's (OCME) Death Reports & Vital Records	Burden of Disease	Monthly	10-19	N/A	Other age groups
NH Prescription Drug Monitoring Program (PDMP)	Use Prevalence	Every year	0-17	N/A	Other age groups
Department of Children, Youth and Families (DCYF) Data Book	Risk & Protective Factors	Every year	12 or older	N/A	Other age groups (under 12)

Data categories and types of available measures

Table 3 includes a summary of the types of available measures in each data category. Specific measures for each category can be found in the Adolescent Inventory of Publicly Available Data in **Appendix D**.

TABLE 3. TYPES OF PUBLICLY AVAILABLE MEASURES FOR 12-18 YEAR-OLDS BY DATA CATEGORY

DATA CATEGORY	TYPES OF AVAILABLE DATA
Burden of Disease	• Substance use disorder (self-report & claims data) • Overdose deaths • Naloxone administration incidents • Emergency department use for opioids
Use Prevalence	• Age of first use • Use in the last month, year, or lifetime • Whether used or not • Amount or number of times used • Binge alcohol use in the last month • Prescription opioid filling
	Types of substances: • Alcohol • Marijuana • Tobacco • Electronic vapor • Illicit drugs • Pain relievers • Heroin • Cocaine • Prescription medications • Methamphetamines • Ecstasy • Diet medications
Risk & Protective Factors	• Perceived risk of harm from using substances • Perceived peer acceptance of using substances • Perceived parental acceptance of using substances • Approval of use of substances for peers • Perceived ease of obtaining substances • Experiences of trauma, violence, bullying, feeling unsafe, or household dysfunction • Parental involvement (rule-setting, school engagement) • School performance • Exposure to public health messaging about substance use • Children/youth in out of home placement
Mental Health	• Depression • Suicide: ideation, plans, attempts • Self-harm • Disordered eating • Per member per month costs for mental health conditions/visits • Prescription filling for mental health medications
Social/Justice Consequences	• Riding in or driving a vehicle under the influence of alcohol • Engaging in sexual intercourse while under the influence • Experience of sexual assault by someone using alcohol
Treatment Access & Client Counts	• Treatment admissions • Needing but not receiving treatment for alcohol or other substances • Youth in facilities offering special programs for adolescents

Data available by request

In this section, we will describe data that departments, divisions and programs in NH are collecting which is available by request. We learned this information from key stakeholder interviews and searches of departmental websites. This is not an exhaustive list of all NH data available by request. All data are available at the state level. Juvenile Court Diversion Programs serve children under 18. Most other data sources are available for 12-18 year-olds, unless the sample size is too small to report without compromising confidentiality. Table 4 provides a summary of data available by request, including sources, to whom a request must be submitted, categories of data, types of data, dates, and analysis for subpopulations.

TABLE 4. DATA SOURCES AND DATA AVAILABLE BY REQUEST FOR 12-18 YEAR-OLDS

DATA SOURCE	REQUEST SUBMITTED TO	CATEGORIES OF DATA	TYPES OF DATA	DATES	ANALYSIS FOR SUBPOPULATIONS
NH Hospital Discharge Data or Uniform Healthcare Facility Discharge Data Set (UHFDDS)	Bureau of Public Health Statistics and Informatics, Division of Public Health Services	• Burden of Disease • Mental Health • Treatment Access & Client Counts	Patient-level hospital discharge related to substance use or mental health	2000-2019	Needs further inquiry
Medicaid, Commercial and BDAS Claims	Bureau of Program Quality, DHHS	• Burden of Disease • Mental Health • Treatment Access & Client Counts	• Substance use disorder or mental health treatment • Emergency services	2013-2020	• Race • Gender • Ethnicity
NH Bureau of Emergency Medical Services (EMS) Records	Bureau of EMS	Burden of Disease	Naloxone administration incidents	2016-2018 (2019-2020 is publicly available)	Needs further inquiry
AHEDD*	Infectious Disease Surveillance Section, Bureau of Infectious Disease Control, Division of Public Health Services	• Burden of Disease • Mental Health	Emergency department visits related to substance use or mental health	2005-2019	• Race • Gender • Ethnicity

TABLE 4. DATA SOURCES AND DATA AVAILABLE BY REQUEST FOR 12-18 YEAR-OLDS					
DATA SOURCE	**REQUEST SUBMITTED TO**	**CATEGORIES OF DATA**	**TYPES OF DATA**	**DATES**	**ANALYSIS FOR SUBPOPULATIONS**
NH Office of the Chief Medical Examiner's (OCME) Records	Overdose to Action (OD2A), a grant-funded program	Burden of Disease	• Overdose deaths • Fatalities with drugs involved	For overdose deaths: 2016-2018 (2019-2020 is publicly available)	• Race • Ethnicity • Gender
Juvenile Court Diversion Program Records	NH Juvenile Court Diversion Network	• Use Prevalence • Mental Health • Social/ Justice Consequences	• Level of offense • Type of offense • Youth in diversion programs that are bothered by mental health symptoms • Use of substances by youth in diversion programs	2021	• Race • Ethnicity • Gender
Child Protection Data	Bureau of Evaluation, Analytics and Reporting (BEAR); Division of Children, Youth and Families (DCYF)	• Burden of Disease • Risk & Protective Factors • Social/Justice Consequences •	• Number of children in placement and in home • Type of placement • Number of substantiated cases of abuse or neglect • Number of unique child victims • Number of cases with a founded substance misuse allegation during referral • Financial, mental health and substance use challenges for families served by Family Resource Centers	2016-2021	• Race/ ethnicity • Gender

TABLE 4. DATA SOURCES AND DATA AVAILABLE BY REQUEST FOR 12-18 YEAR-OLDS					
DATA SOURCE	**REQUEST SUBMITTED TO**	**CATEGORIES OF DATA**	**TYPES OF DATA**	**DATES**	**ANALYSIS FOR SUBPOPULATIONS**
Juvenile Justice Data	Bureau of Evaluation, Analytics and Reporting (BEAR); DCYF	Social/Justice Consequences	• Number of children in placement and in home • Type of placement • Types of cases	2016-2021	• Race/ ethnicity • Gender
* Under current state statute, data sharing is limited to information related to public health emergencies.					

DATA ASSESSMENT

There is a breadth of data available publicly or through a request for the 12-18 year-old age group. In order to assess the feasibility of creating an adolescent epidemiological profile, it is important to examine the weaknesses of the existing data, identify system challenges that need to be addressed and recognize opportunities that can be leveraged.

Data weaknesses

This section outlines weaknesses and gaps in the data itself. It includes themes from the key stakeholder interviews and other observations from review of the available data.

Lack of age group standardization across data sources will make it difficult to draw conclusions.

Currently, data is collected by different programs which serve specific age groups; not necessarily aligning precisely with the 12-18 age range. Therefore, the inventory includes data sets that represent a smaller subset of this age range as well as ages beyond 12-18. This makes it challenging to use multiple data sets to describe this age group, given the fact that even a year difference in age can make a large difference in the contextual factors and services available. If the available data were used, it would be important to cite these limitations. For example, diversion programs serve adolescents up to age 18. Once youth turn 18, they are considered adults and are no longer eligible for their programs. While their data may include adolescents who turned 18 before program completion, 18-year-olds are not regularly included in their data sets. Available data from NSDUH categorizes 18-year-olds separately from 12-17 year-olds. Data from the YRBS, however, comes from surveys administered in high schools and therefore may include students who are 18 or older. YRBS is a robust data set, but few adolescents aged 12-14 are included.

Changes in data collection tools, methodology and data systems limit the availability of trend data.

Key stakeholder interviews provided multiple examples of challenges in comparing data from year to year or over a long period. For example:

- It is challenging to compare hospital or treatment data prior to 2015 to data after 2015 because of a change in International Classification of Diseases (ICD) codes.
- YRBS data for NH Regional Public Health Networks was weighted starting in 2015, so data are not comparable prior to 2015. Furthermore, the YRBS asks different questions from year to year based upon program priorities. Therefore, it is not guaranteed that data for a given measure will be available every other year. Usually the YRBS is conducted in the spring every other year. Due to the COVID-19 pandemic and school closures, the 2021 YRBS will be conducted in the fall. This will limit comparability to prior years.
- The Juvenile Court Diversion Program is currently developing a new database and standardizing data collection. Previously, they organized data using spreadsheets and did not collect race/ethnicity data consistently. It is not

clear how much of the data from the spreadsheets will be able to transfer to the new database. If some of the data cannot transfer, it will be difficult to compare 2021 data in the new system to data collected in the spreadsheet system.

Some measures have too small of a sample size for this age group to be reliable indicators.

One key stakeholder noted that although data that includes 12-18 year-olds may be reported for certain measures, small numbers make the data erratic and unreliable over time. For example, for this age group there may be one or two overdose deaths a year. A change of one death in either direction would skew the data from year to year and make it challenging to draw conclusions. Reliable indicators would be those that have a higher prevalence or a larger sample size in this population.

There are gaps in the available data.

There is great interest in understanding the social determinants of health, which play a role in the risks that youth aged 12-18 face related to substance use. However, the data related to these factors such as food security, housing security, economic security are not regularly collected as part of the same data set where substance use risk and protective factors as well as substance use behavior is collected; making it difficult to correlate the relationship between these variables.

Furthermore, limited information is collected related to the characteristics of this age group within the data sets that are available in order to facilitate understanding of subgroups. For example, transgender identity is not collected in the YRBS data, therefore it is not possible to analyze whether those who identify as transgender are associated with substance use risks in a way that is different from those who do not identify as transgender.

Lastly, data from important sectors such as the Department of Education (DOE) are missing from this inventory. While the YRBS is administered in high schools, the current inventory does not include data about services and support for social and emotional wellness offered in schools. One interviewee noted that it would be beneficial to determine what data, if any, is available through the Bureau of Student Wellness and Nutrition. Other sectors that are not represented in the data inventory include law enforcement and the Department of Safety.

System challenges

Beyond the data itself, there are some system challenges that may make it difficult to regularly collect and report data for 12-18 year-olds. This section includes themes from the key stakeholder interviews.

The entities that collect and analyze data have limited capacity and many competing priorities.

While it is possible to make requests for customized data reports, with current staffing capacity, divisions/departments/programs must weigh how much time requests will take and justify why they are committing resources to a certain task. Adding a new measure to the list of those that are regularly reported would be more challenging than analyzing an existing measure by age. Funding may be needed to support additional data analysis.

There are also many competing priorities across DHHS. Issues that are currently considered to be at a "crisis" level tend to receive more resources than those that are simply important. Few would argue that prevention of substance use disorder in youth is unimportant, but other priorities that are considered more pressing such as adult substance use disorder treatment gaps, overdose deaths and mental health needs have taken precedence.

There is a lack of data coordination across agencies, departments, divisions and programs.

Standalone dashboards for each demographic and/or topic are ineffective and unlikely to be used regularly or maintained. It would be more useful to have overarching priorities for the State, with each agency, department, division and program working together toward these priorities. Ideally, this would include a set of common indicators and targets to monitor progress and measure success.

> "Our state is not good at gathering juvenile data and they are protective of what they do have." – *Interviewee*

There are many barriers to data sharing within the state, and entities that collect adolescent data have strong protections in place.

Data that are collected cannot always be shared. Data-sharing restrictions are widespread throughout the state and are even more pronounced when minors are involved. Some barriers are legal or related to state statutes. For example, data that can be obtained from the PDMP will be limited until legislation passes to allow record-level data sharing. AHEDD data can only be shared to monitor public health threats. Other barriers relate to small sample sizes and concerns that data will be identifiable. There are also many challenges with integrating data systems such that data can be shared easily between systems. One interviewee described many of NH's data-sharing challenges as "cultural" and stated that other states do not share these challenges. Reluctance to share data is exacerbated by the stigma surrounding drug use and mental health issues. As noted by this interviewee, legal barriers can be changed if legislators vote to change the laws.

Data sharing with agencies outside of DHHS (for example with the Departments of Justice or Safety) is even more challenging than sharing data within the Department. Memoranda of Understanding (MOUs) could be established to facilitate data sharing. However, one interviewee stated that MOUs might take years to put into place.

Opportunities

Despite the challenges mentioned above, key stakeholders recognize the merits of improving adolescent data collection and reporting. Several opportunities for integration and/or data sharing around measures related to 12-18 year-olds exist in the state. This section includes themes from interviews as well as a description of other initiatives in the state that may align well with efforts to strengthen data systems.

There is interest in exploring the idea of expanding data availability for this age group, especially if this effort integrates with existing priorities.

Interviewees agreed that there is a need to increase the amount of data available for adolescents and use it to strengthen prevention strategies for substance misuse. Tying the development of an adolescent epidemiological profile to existing priorities within DHHS will enhance buy-in and sustainability. Some examples of existing priority areas include:

> Tying the development of an adolescent epidemiological profile to existing priorities within DHHS will enhance buy-in and sustainability.

- Behavioral health, a focus of DHHS in recent years.
- The Business Interface, a DHHS initiative that is working on integrating data in the state.
- Prevention, a priority for DCYF. Juvenile justice services are going through a transformation to make them more focused upon rehabilitation than punishment. The Predict-Align-Prevent Initiative, a national effort to prevent child maltreatment in which NH's DCYF is involved, may also fit well with efforts to increase data on risk and protective factors.

If it is determined that regular data reporting for this age group is a priority for the state, it might be feasible to establish MOUs between departments/divisions. This will be easier to accomplish within DHHS than beyond it (see System Challenges).

The strategic plan of the Commission may be an opportunity to advocate for regular data collection and monitoring for this age group.

The Commission is legislatively mandated to reduce alcohol and drug problems and their behavioral, health and social consequences for the residents of NH by advising the Governor and Legislature. The Commission is represented by members of the legislature, the public, designated organizations and state government.

The Commission will undergo a process to update its strategic plan throughout 2021, as the current strategic plan ends December 31, 2021. The methods to update the strategic plan will include a survey, key informant interviews, focus groups and listening sessions. Input gained from these data collection activities will inform the strategy recommendations that are included in the updated three-year plan including recommending areas for continued and new investment. While this opportunity was not noted by any of our interviewees, the strategic plan may represent an opportunity to identify the development of an adolescent epidemiological profile as a priority for the state.

The Enterprise Business Initiative could eventually be a platform for regular reporting of adolescent data.

The CDC's Overdose to Action (OD2A) grant funds several opioid overdose surveillance and prevention strategies. One of the surveillance strategies is funding the development and operation of the Enterprise Business Initiative (EBI) to standardize and simplify data dissemination. The EBI electronic dashboard will enhance multiple data sources into geospatial and other displays and provide performance tracking on the impact of services delivered over time.

EBI's current priority is migrating indicators from the NH Wisdom system to the new system with the goal of a public launch in first few months of 2022. However, it would be ideal to eventually include select adolescent indicators into this larger system in order to sustain the efforts and reach a broader audience. More specifically, integrating with an existing state system would be beneficial because backing from the state would help to legitimize the data and increase its usefulness in the long term.

Expansion of the YRBS for middle school aged youth may help to fill data gaps.

As part of the Youth Risk Behavior Surveillance System, the CDC offers a survey for middle school aged youth that interested states and local school districts can conduct (CDC, 2020). The survey has a set of core questions, with other questions that a state or school can choose. In NH, local school districts must opt in each time they want to participate in the YRBS for middle school aged youth. The CDC partners with DHHS, BDAS and others to select the questions. Currently, a small subset of schools participate every other year, and an even smaller number of schools have participated for multiple consecutive surveys. None of the key stakeholders who were interviewed referenced the YRBS for middle school aged youth. Given that the high school YRBS does not collect data from younger adolescents in our age group (12-14 year olds), there may be merit in: a) exploring the potential to implement the survey in more middle schools; and b) aggregating and reporting data from participating schools. The benefits of collecting this data must also be weighed against privacy concerns and financial barriers.

WHERE DO WE GO FROM HERE?

This report aimed to inventory the available data for 12-18 year-olds in NH and assess weaknesses, challenges and opportunities that contribute to the feasibility of developing an adolescent epidemiological profile. In other words, this report is a starting point. This section outlines recommended next steps for building upon this foundation.

STEP 1: ASSESS READINESS AND BUY-IN TO ESTABLISH AN EPIDEMIOLOGICAL PROFILE FOR ADOLESCENTS.

In order for this initiative to be successful, a critical mass of leaders and stakeholders must agree that it is a worthwhile pursuit. It may be helpful to begin with a presentation to the DETF, as it includes many of the stewards of substance use data in the state. If there is enthusiasm from that group, presentations to other workgroups and the Commission itself may provide a good barometer for leadership buy-in. These presentations will be most effective if they are structured to solicit input and identify any additional data sources, weaknesses, challenges and opportunities that were not included in this report.

STEP 2: ESTABLISH A SEOW FOR THIS POPULATION.

If there is readiness to move forward, the next step will be to identify a group of stakeholders to serve on a SEOW that is specific to the adolescent population. This group would be responsible for setting its objectives, which may include further building the adolescent epidemiological profile, facilitating data sharing and coordination, disseminating data and promoting data-informed decision-making. Potential SEOW members may be identified through presentations with the Commission and its workgroups. In our interviews with key stakeholders, we asked, "If we were to convene a group to talk about developing a data dashboard for this age group, who do you think should be included?" Suggestions included several of the people we interviewed (Andrew Chalsma, Chiahui Chawla, and Xiaohui Geng) as well as members of the DETF (Jill Burke and David Wieters). Other suggestions included Michael Rogers (BDAS), Will Moyir (Bureau of Public Health Statistics and Informatics, DHHS), Jennifer Howley (Hospital Discharge Data, DHHS), Michelle Myler (Bureau of Student Wellness and Nutrition, DOE) and Kelly Untiet (Unite Us, New Futures, former DOE). Additional suggestions included representatives from law enforcement, Regional Public Health Networks, Family Resource Centers and the Prevention Team at DCYF.

STEP 3: DEFINE THE AGE RANGE.

Given the available data and the findings from the key stakeholder interviews, discussing the age parameters for the adolescent group is important. A critical question is whether the age range should include 18-year-olds, as some data sources group them with adults. Coordination with EBI to create consistent age groupings across data systems would be ideal.

STEP 4: SELECT INDICATORS.

As stated by one of our interviewees, indicators are more than a set of data points. Indicators relate to the management of a problem and should help us understand whether the problem is getting better or worse over time. The SEOW could use the inventory of available measures presented in this report as a starting point. To create a useful and sustainable system, they would need to select a limited number of indicators. Some criteria that the workgroup could use in selecting indicators includes:

- **Relevance:** Indicators relate to prioritized categories of data, for example burden of disease, use prevalence, risk & protective factors, social/justice consequences, mental health, and treatment access & client counts.
- **Available:** Data are collected and reported regularly in order to show trends over time. They are either available publicly or can be obtained by request from an entity that has the capacity to fulfill the request consistently and in a timely manner.
- **Reliable and Valid:** Data sources are credible, with methodology vetted by experts. Data can be compared from year to year. The prevalence or sample size of the element that is being measured is large enough to provide stable results over time.
- **Comprehensive:** The set of indicators together provide a comprehensive description of important aspects of adolescent substance use and prevention.

STEP 5: ESTABLISH A BASELINE, TRENDS AND TARGETS.

Once the indicators have been selected, the SEOW can establish a baseline by gathering the most current data for each indicator. In order to set targets for the next 3-5 years, the workgroup can use trends for the last several years and collective knowledge about factors that may help or hinder improvements in each indicator.

STEP 6: COLLECT AND DISSEMINATE DATA REGULARLY.

For the epidemiological profile to be useful, data must be collected and disseminated regularly. Many states publish an SEOW report annually. If selected indicators can be integrated with the EBI or other existing dashboards, more frequent reporting may be possible.

STEP 7: USE THE EPIDEMIOLOGICAL PROFILE TO PROMOTE DATA-INFORMED DECISION-MAKING.

The ultimate purpose of establishing an epidemiological profile for adolescents is to use it to inform decisions about policies and programming. For example, the profile can be shared with legislators and departmental leaders to inform planning, resource allocation and policy priorities.

PUBLICLY AVAILABLE DATA SOURCES

SOURCE	WEBSITE
Drug Monitoring Initiative (DMI)	https://www.dhhs.nh.gov/dcbcs/bdas/data.htm
Department of Children, Youth and Families (DCYF) Data Book	https://www.dhhs.nh.gov/dcyf/documents/dcyf-data-book-2020.pdf
National Survey of Drug Use and Health (NSDUH)	2018-2019 State Estimates of Substance Use and Mental Disorders https://www.samhsa.gov/data/report/2018-2019-nsduh-estimated-totals-state
National Survey of Substance Abuse Treatment Services (N-SSATS)	https://www.samhsa.gov/data/data-we-collect/n-ssats-national-survey-substance-abuse-treatment-services
NH Claims Suite/Comprehensive Healthcare Information System (NH CHIS)	https://scholars.unh.edu/ihpp/57/
NH Prescription Drug Monitoring Program (PDMP)	https://www.oplc.nh.gov/prescription-drug-monitoring-program-forms-and-publications
Youth Risk Behavior Survey (YRBS)	National Data - https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
	State Data - https://www.education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-education-statistics/youth-risk-behavior-survey
	Public Health Network Data - https://www.dhhs.nh.gov/dphs/hsdm/yrbs.htm

RESOURCES

The following are a list of resources that readers may want to consult to learn more about topics presented in this report.

RESOURCE	DESCRIPTION	WEBSITE
Arkansas SEOW	*The workgroup was developed to perform data analysis for data-driven decision-making; produce and disseminate data products; and provide technical assistance and training. AFMC's analytics team provides analytical support and leadership for SEOW through a contract with the Arkansas Department of Human Services' Division of Behavioral Health Services (DBHS). Our team supports DBHS in its decision-making process regarding the delivery of prevention services.*	Overview - https://afmc.org/services/provider-outreach/seow/ State Epidemiological Profile, data, resources, tools – https://afmc.org/health-care-professionals/behavioral-health/
CDC Wonder	Data about the drug/alcohol induced causes of death for 5-14 and 15-24 year-olds. Analysis for subpopulations includes race, ethnicity and gender. Geographies include state, region and nation.	https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
DCYF Data Dashboard	Monthly reports which include many of the elements in the DCYF Data Book, including trend reports from child protection and juvenile justice data systems.	https://www.dhhs.nh.gov/dcyf/covid19-data.htm
Delaware SEOW	*The mission of the Delaware State Epidemiological Outcomes Workgroup (SEOW) is to bring data on substance use, mental health and wellness, and shared risk and protective factors to the forefront of prevention and treatment. Data can be used to highlight trends (such as opioid use) and emerging issues (for example, "vaping"), demonstrate needs, and identify groups of people who are at disproportionate risk for behavioral health concerns. Data is also vital for evaluating the effectiveness of interventions. Facilitated by the Center for Drug and Health Studies, the SEOW is a network of representatives from a broad spectrum of agencies, organizations, and community groups.*	https://www.cdhs.udel.edu/seow/what-is-seow
Kids Count	*New national data shows that New Hampshire ranks second in the United States for overall child well-being. The number two ranking, released as part of the Annie E. Casey Foundation's* 2020 KIDS COUNT® Data Book, *is a welcomed recognition, but it reveals a drop from first in 2019, leaving room to improve supports and services for Granite State children and families, especially under the ongoing COVID-19 pandemic.* (Includes a link to the 2020 Kids Count Data Book)	https://new-futures.org/news/blog/2020-new-hampshire-kids-count-report-%E2%80%93-indicators-child-well-being

RESOURCE	DESCRIPTION	WEBSITE
Maine SEOW	*Since 2011, Maine's Office of Substance Abuse and Mental Health Services has supported a Statewide Epidemiology Outcomes Workgroup (SEOW) to make data available for substance abuse prevention planning across a wide spectrum of audiences.* *In 2013, the state received a supplemental grant to expand the work of the SEOW, including the development of a web-based interactive data dashboard system to track progress in reducing underage and high risk drinking, marijuana use and prescription drug misuse, building on the data structure and content developed for the original SEOW project…* *It is the hope of Maine's SEOW that this dashboard will help communities in building their capacity to address their needs and prevention priorities through data-driven decision-making and evaluation.*	https://www.maineseow.com/
OD2A	*Overdose Data to Action (OD2A) supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies.*	https://www.cdc.gov/drugoverdose/od2a/index.html
Predict Align Prevent	*Through geospatial risk analysis, strategic alignment of community initiatives, and implementation of accountable prevention programs, we discover practical solutions to the fundamental problems of child maltreatment, preventing the suffering and death of little children due to abuse and neglect.*	https://www.predict-align-prevent.org/

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Substance Abuse and Mental Health Services Administration (SAMHSA). (2019, July 18). Risk and Protective Factors. Retrieved from https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf on 2021, May 14.

APPENDICES

Appendix A: Original SEOW Inventory Data

Appendix B: Key Stakeholder Interview Outreach

Appendix C: Key Stakeholder Interview Guide

Appendix D: Adolescent Inventory of Publicly Available Data

Category	Indicator	Data Source	Years	Population	Geography	Notes
Tx Access and Client Counts	NH Medicaid Unique SUD Tx Service Users	NH Medicaid	2012-2017	NH Medicaid	Statewide, Sub-state	Distinguishes Traditional and Expansion Medicaid
	State Funded Unique Tx Service Users	NH BDAS	2016-2017	AlL ages; pregnant women	Statewide	
	Primary substance of use at admission to Tx	NH BDAS	2016-2017	State funded Tx users	Statewide	
	Wait time for Tx Services	NH BDAS / NH CHI	2017-	State funded Tx agencies	Statewide	Monthly report by ASAM Tx level
Burden of Disease	EMS cases with provider impression of drug overdose or alcohol effects	NH EMS	2016-2017	EMS cases	Statewide, Sub-state	
	EMS cases involving Naloxone Administration	NH EMS	2016-2017	EMS cases	Statewide, Sub-state	
	ED visits related to Opioid Use	NH DPHS	2016-2017	ED patients	Statewide, Sub-state	
	Drug Overdose Mortality	NH OCME	2011-2017	OD deaths	Statewide, Sub-state	
Social / Justice Consequences	Convictions for Drug and Alcohol Related Offenses	NH Office of Courts	2016-2017	# of charges resulting in conviction	Statewide	Individuals can have multiple charges resulting in conviction
	Drug seizure cases by drug type	NH State Police	2014-2017	# of cases	Statewide	Cases tested and confirmed by forensic lab for evidence in a court proceeding
	Positive Toxicology Results by Drug Type	NH State Police	2013-2017	# of cases	Statewide	Toxicology cases, such as drugged impaired driving and post-mortem cases, with positive toxicology test results
	Clients with active sentences including drugs or alcohol as crime type	NH DOC	2016-2017	State prison clients	Statewide	
	Positive Urine Tests	NH DOC	2016-2017	State prison clients	Statewide	
	Accepted assessment with indication of substance use	NH DCYF	2013-2017	Accepted assessments in child welfare system	Statewide	
	Cases opened with indication of substance use	NH DCYF	2012-2017	Accepted assessments in child welfare system	Statewide	
	Number of children born drug exposed in accepted assessments	NH DCYF	2012-2017	Infants / children	Statewide	
	# of NH Treatment Drug Court Participants	NH DOJ	2016-2017	Adults	Statewide, County	
	# of Individuals in diversion programs	NH Juvenile Court Diversion Network / NH CHI	2016-2017	Youth	Statewide	
Prevention / Intervention Activity	Controlled drug Rx rates by drug class	NH PDMP	2016-2017	NH Residents	Statewide, County	
	Prevention Direct Service Counts	NH BDAS	2016-2017	High school age youth (SAP, LOA); Seniors (REAP)	Statewide	
	# of calls to NH Crisis Line	NH BDAS	2016-2017	All ages	Statewide	
	# and type of referrals from NH Crisis Line	NH BDAS	2016-2017	All ages	Statewide	
	Unique users to NH Tx Locator website	NH CHI	2015-2017	New users	NH, Surrounding States	
	# of Naloxone kits distributed	NH DHHS, ESU	2015-2017	Kits distributed	Statewide, public health region, agency	Tracks kits purchased with public funds distributed through community events and agencies
	Recovery Workforce	NH BDAS	2016-2017	Workforce counts (CRSW, Recovery Coaches)	Statewide, public health region, agency	
Prevention / Treatment Outcomes	National Outcomes Measures - Prevention	NH YRBS (DHHS/DOE/CHI)	2005-2017; biannual	High school age youth	Statewide, public health regions	Two datasets - CDC statewide random sample; Voluntary full school surveys
	Substance Use Prevalance, Treatment Access	NSDUH	Depends on indicator	Ages 12+	Statewide	survey sample
	National Outcomes Measures - Treatment	NH BDAS	2016-2017	State funded Tx users	Statewide	Admission and discharge Tx NOMS
	Juvenile Diversion Outcomes	NH Juvenile Court Diversion Network / NH CHI	2012-2015	Youth	Statewide	Recidivism; Years available are year of program completion
	NH PDMP Usefulness - Actions Taken and Perceptions of Utility	NH PDMP / NH CHI	2016-2017	Prescribers and Dispensers	Statewide	Annual Surveys of NH PDMP registered users

APPENDIX B: KEY STAKEHOLDER OUTREACH

First Email

Subject: Your input on data available for 12-18 year olds in NH

Dear X,

I am working with the Governor's Commission Data and Evaluation Task Force to explore the substance use data available for 12-18 year olds in New Hampshire. We are interested in indicators that are directly related to substance use such as perceived risk of harm, current use, treatment and overdose. We are also interested in a broad range of risk and protective factors for this population, including trauma, household stability and mental health. We have begun to create an inventory of publicly available data and want to gain a deeper understanding of data that is being collected for this age group in the state.

I am wondering if you would be available for a 30-45 minute conversation about the data available and the capacity to regularly report on indicators for this population. We hope to speak with you and several other key stakeholders who were recommended by the Task Force. The information will be aggregated and shared in a final report to the Bureau of Drug and Alcohol Services and the Task Force by the end of June. The report will summarize existing data, identify gaps and suggest next steps.

I am available on the following days and times:

- X
- Y
- Z

Please let me know if any of these times work for you and I will be happy to schedule a conference call. If these times are not convenient, please propose a few alternatives and I will make every effort to find a mutually available time for our conversation.

Thank you for your consideration and I hope to have the opportunity to speak with you soon.

Best,

[Signature]

Second Email – Confirmation

Subject: For our discussion

Dear X,

Thank you for making the time to speak with me. I have sent you a meeting invitation with the conference call information.

The questions that will guide our discussion are:

- What data does your division/department collect that might be relevant to this effort?

- Are the data publicly available and reported on at least an annual basis? If so, where is it posted?
- What barriers and opportunities are there to making data publicly available and regularly reported?
- If we were to convene a group to talk about developing a data dashboard for this age group, who do you think should be included?

I am also attaching the latest draft of the inventory for your review.

I look forward to speaking with you!

Best,

[Signature]

APPENDIX C: KEY STAKEHOLDER INTERVIEW GUIDE

Thank you for speaking with me today. Before we start, I will explain the purpose of the interview, answer any questions you may have, and we can start the discussion.

I work with JSI/CHI and I provide administrative support to the Data and Evaluation Task Force. [I know you are a member of the Task Force, and you are likely familiar with our efforts to expand the Task Force's role as the State Epidemiological Outcomes Workgroup]. We have been taking a look at the data that is publicly available for 12-18 year olds in NH. The Bureau of Drug and Alcohol Services (BDAS) feels that this is an important demographic to study as we aim to prevent substance use disorder. The first part of our work was to examine the universe of data that is publicly available for this age group. The inventory that I sent you represents all of the available measures that we have found thus far. You'll note that it includes measures that are directly related to substance use such as perceived risk of harm, current use, treatment and overdose. It also includes a broad range of risk and protective factors for this population, including trauma, household stability and mental health.

Interviewing you and other key data stakeholders is the next part of our work. We want to get a deeper understanding of the data that is collected for this age group that may not be publicly available at this time. We also want to hear from you about some of the challenges that may make it difficult to regularly report data for this population.

At this stage in our process, we are just gathering information. We will not be asking you to provide any data to us. Our purpose is to understand what is available, what gaps exist, and the opportunities and threats that should be considered in our recommendations to BDAS and the Data and Evaluation Task Force.

The information you share will not be associated with you by name unless you grant permission. However, your name will be shared as one of the five people that we interviewed. This discussion should last no longer than 45 minutes. [Name(s)] will be taking notes and, with your permission, we will be recording this interview so we [can engage in a conversation with you and] do not miss any of the details.

Is it okay to record the interview? Any questions or concerns for me before we begin?

1. As you might have noted from the inventory that I sent you, we have found publicly available data for this age group from the:

- Youth Risk Behavior Survey
- National Survey of Drug Use and Health
- National Survey of Substance Abuse Treatment Services
- NH Comprehensive Healthcare Information System
- NH Prescription Drug Monitoring Program
- NH Juvenile Court Diversion Network and

- the Drug Monitoring Initiative (which includes data from the Bureau of Emergency Medical Services, Division of PH Services and NH Medical Examiner's Office)

What other data, if any, does your division/department collect that might be relevant to this effort?

2. Are the data publicly available and reported on at least an annual basis? If so, where is it posted?

3. What barriers are there to making data publicly available and regularly reported?

4. What opportunities are there to more consistently collect and report data for this age group?

5. If we were to convene a group to talk about developing a data dashboard for this age group, who do you think should be included?

Thank you very much for your time. We hope that we will be able to share our findings when they have been compiled.

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Burden of Disease	Naloxone administration incidents	DMI Dashboard	NH Bureau of EMS	February 2021	Monthly	0-19	2019-2020 publicly available, 2016-2018 by request	State	
Burden of Disease	Emergency Dept. opioid use visits	DMI Dashboard	AHEDD	February 2021	Monthly	10-19	2019-2020 publicly available, 2016-2018 by request	State	
Burden of Disease	Overdose deaths	DMI Dashboard	OCME	2020	Monthly	0-19	2019-2020 publicly available, 2016-2018 by request	State	
Burden of Disease	Illicit Drug Use Disorder in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Burden of Disease	Pain Reliever Use Disorder in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Burden of Disease	Alcohol Use Disorder in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Burden of Disease	Substance Use Disorder in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Burden of Disease	Per member per month costs for major practice category (chemical dependency)	NH Claims Suite / Medical	NH CHIS	Year ending March 31, 2020	Every year	5-17	Prior year ending March 31, 2019	State, County	Payer (commercial/Medicaid/ Medicare), male/female
Use Prevalence	Number of days used electronic vapor product in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Illicit Drug Use in the Last Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Marijuana Use in the Last Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Marijuana Use in the Last Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	First Use of Marijuana (within the last year)	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Illicit Drug Use other than Marijuana in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Heroin Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Methamphetamine Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Pain Reliever Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Use Prevalence	Alcohol Use in the Last Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Binge Alcohol Use in the Past Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Tobacco Product Use in the Past Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Cigarette Use in the Past Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Use Prevalence	Number of days smoked cigarettes in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of cigarettes smoked per day in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Ever used electronic vapor product	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Age when first drank alcohol other than a few sips	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of days drank alcohol in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Binge alcohol use in the past 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	marijuana	N/A	YRBS	2019	year (odd	total or by	2009-2019 (state)	National	male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Use Prevalence	Number of times used marijuana in the last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of times used synthetic marijuana in lifetime	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of times used heroin in lifetime	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Methamphetamine Use in the Past Year	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of times used ecstasy in lifetime	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Took diet medications without a doctor's advice to lose weight or keep from gaining weight in the last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of times taken a prescription drug without a prescription in lifetime	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Number of times taken a prescription drug without a prescription in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Use Prevalence	Percentage of the population filling prescription opioids	N/A	PDMP	State Fiscal Year 2020	Every year	0-17	2016-2020	State	

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Use Prevalence	Cocaine Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Forced someone dating in last 12 months to do sexual things against their will	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceptions of Great Risk from Smoking Marijuana Once a Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Perceptions of Great Risk of Harm from Cocaine Once a Month	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Perceptions of Great Risk from Trying Heroin Once or Twice	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Perception of Great Risk of Smoking One or More Packs of Cigarettes per Day	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Risk & Protective Factors	Did not go to school due to feeling unsafe at school or on way home from school in last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times threatened or injured with a weapon on school property in last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times in a physical fight on school property in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Risk & Protective Factors	Ever physically forced to have sexual intercourse	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times forced to do sexual things in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times in last 12 months forced to do sexual things with person dating	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times in the last 12 months physically hurt on purpose by person dating	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Ever bullied on school property in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Ever electronically bullied in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Been offered, sold or given illegal drugs on school property in last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Risk & Protective Factors	Grades in school in last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Number of times in the last 12 months controlled or emotionally hurt by a person dating	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	In last 12 months, heard, read, saw public message about avoiding alcohol or illegal drugs	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Agree that parents or other adults in family have clear rules and consequences for behavior	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Agree that parents or other adults in family talk about what doing in school	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Frequency that parents or other adults in family talk about what doing in school	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Lived with someone who had a problem with alcohol or drugs	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Where slept in last 30 days (housing stability)	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Risk & Protective Factors	Kicked out, ran away or were abandoned in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Parent or other adult in family in prison or jail in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Ever witnessed violence by adults in home	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived risk of harm from binge drinking once or twice a week	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived risk of harm from marijuana once or twice a week	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived risk of harm from prescription drug use without a prescription	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived peer acceptance (how wrong do peers feel it would be for you to) of regular alcohol use	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived peer acceptance of smoking marijuana	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Risk & Protective Factors	Perceived peer acceptance of non-prescribed prescription drug use	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Approval of regular alcohol use for peers	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived parental approval of regular alcohol use	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived parental approval of marijuana smoking	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived parental approval of non-prescribed prescription use	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived ease of obtaining alcohol	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived ease of obtaining marijuana	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Perceived ease of obtaining non-prescribed prescription drugs	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Risk & Protective Factors	Where obtained electronic vapor product in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Where obtained alcohol in last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Risk & Protective Factors	Children/youth in out of home placement	N/A	DCYF	2020	Every year	12+	2016-2020	State	
Mental Health	Sad or hopeless nearly every day for two weeks in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Seriously considered suicide in last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Made a plan about attempting suicide in the last 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Number of times attempted suicide in the past 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Suicide attempt in the last 12 months resulted in injury that had to be treated by a doctor or nurse	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Number of times in the last 12 months engaged in self-harm	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Mental Health	Engaged in fasting to lose weight or keep from gaining weight in past 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Vomit or took laxatives to lose weight or keep from gaining weight in the last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Mental Health	Per member per month costs for mental health conditions	NH Claims Suite / Medical	NH CHIS	Year ending March 31, 2020	Every year	5-17	Prior year ending March 31, 2019	State, County	Payer (commercial/Medicaid/ Medicare), male/female, comorbidity condition level
Mental Health	Per member per month costs for major practice category (psychiatry)	NH Claims Suite / Medical	NH CHIS	Year ending March 31, 2020	Every year	5-17	Prior year ending March 31, 2019	State, County	Payer (commercial/Medicaid/ Medicare), male/female
Mental Health	Prescriptions per 1000	NH Claims Suite/ Pharmaceuti cal	NH CHIS	Year ending March 31, 2020	Every year	5-17	Prior year ending March 31, 2019	State, County	Payer (commercial/Medicaid/ Medicare), male/female
Social/Justice Consequences	Riding in a vehicle driven by someone who had been drinking alcohol in the last 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Social/Justice Consequences	Driving a vehicle under the influence of alcohol in the past 30 days	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Social/Justice Consequences	Drank alcohol or used drugs before sexual intercourse the last time	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female
Social/Justice Consequences	Experienced an unwanted sexual advance because of another student's drinking in the past 12 months	N/A	YRBS	2019	Every other year (odd years)	High school total or by age (15 or younger, 16-17, 18+)	2009-2019 (state)	State, Public Health Region, National	Race/ethnicity, male/female

Categories	Measures	Secondary data source	Primary data source	Most recent data	Data collection frequency	Ages (within 12-18 range)	Trend data	Geographies	Other analysis
Treatment Access & Client Counts	Treatment admissions	DMI 2020 Report	NH Bureau of EMS	2020	Every year	Less than 18	2017-2019	State	
Treatment Access & Client Counts	Needing but not Receiving Treatment at a Specialty Facility for Illicit Drug Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2019	State, National, Regional (Northeast US)	
Treatment Access & Client Counts	Needing but Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2020	State, National, Regional (Northeast US)	
Treatment Access & Client Counts	Needing but Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year	N/A	NSDUH	2018-2019	Every year	12-17	2009-2021	State, National, Regional (Northeast US)	
Treatment Access & Client Counts	In (substance "abuse") treatment overall	N/A	N-SSATS	2019	Every other year (odd years)	Under the age of 18	2009-2019	State, national	
Treatment Access & Client Counts	In (substance "abuse") treatment by type of facility operation [private non-profit; private for-profit; local, county or community government; state government; federal government; tribal government]	N/A	N-SSATS	2019	Every other year (odd years)	Under the age of 18	2003-2019	State, national	
Treatment Access & Client Counts	In (substance "abuse") treatment by type of care received (outpatient, residential [non-hospital], hospital inpatient)	N/A	N-SSATS	2019	Every other year (odd years)	Under the age of 18	2003-2019	State, national	
Treatment Access & Client Counts	In facilities offering special programs or groups for adolescents	N/A	N-SSATS	2019	Every other year (odd years)	Under the age of 18	2009-2019	State, national	