



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

Bureau of Drug and Alcohol Services

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Purpose

The purpose of this document is to provide an understandable overview of the NH Department of Health and Human Services' business plan being facilitated by the Bureau of Drug and Alcohol Services, in concert with numerous stakeholders at the state and community level, in meeting the objectives of the Governor's Commission "Collective Action / Collective Impact" strategy to effectively reduce the misuse of alcohol and drugs in New Hampshire and their related impact.

About the Bureau of Drug and Alcohol Services

The mission of the Bureau of Drug and Alcohol Services (BDAS) is to join individuals, families and communities in reducing the misuse of alcohol and drugs, thereby increasing opportunities for citizens to achieve health and independence.

BDAS is responsible for managing the federal substance abuse prevention and treatment block grant (primary funding source) as well as the administration of alcohol and other drug misuse prevention and treatment services under contract with the NH DHHS that are supported by resources from the block grant and the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. BDAS provides administrative / regulatory oversight, on behalf of NH DHHS, over the private for-profit methadone clinics (opioid treatment programs) and all impaired driving programs in the state. BDAS also serves as the NH DHHS' subject matter resource for alcohol and drugs, for managing alcohol and drug-related public awareness efforts and training and technical assistance resources for prevention, treatment and recovery services.

BDAS has a primary role in representing NH DHHS, in concert with numerous stakeholders from the public and private sector at both the state and local level, that are working together to implement the Governor's Commission plan for the state. This plan utilizes a comprehensive public health approach to address the misuse of alcohol and drugs in New Hampshire. Elements of a comprehensive approach include population level prevention strategies, targeted prevention services, early intervention, treatment and recovery support services.

Background

Impact on Individuals, Families & Communities; Where the Rubber Hits the Road

Although the misuse of alcohol and drugs has a significant impact at both the state and federal level, the greatest impact is on individuals, families and local communities. This includes the demand on local law enforcement agencies that are responsible for the investigation, arrest and prosecution of individuals for an array of alcohol- and drug-related offenses, including underage drinking, impaired driving, as well as, the crime wave related to the use of heroin and misuse of opioid-based prescription drugs. Some of the most significant of these include: possession, distribution, check fraud, larceny, robberies, burglaries, assault, prostitution and murder. The cost related to the misuse of alcohol and drugs costs the state of New Hampshire more than \$1.8 billion annually. Individuals addicted to alcohol and drugs are the primary cost drivers.

As an individual's addiction progressively becomes more acute, they become increasingly disconnected from their families, friends and communities, often experiencing worsening bouts of depression and anxiety, hopelessness and despair, resulting in an overall sense of demoralization. Individuals experiencing serious problems with alcohol and drugs often become desperate and will sometimes engage in desperate acts to avoid the intense physical and psychological pain associated with withdrawal from alcohol and drugs, especially from opioid-based drugs. It should be noted that withdrawal from alcohol and certain drugs (barbiturates & benzodiazepines, for example) can be deadly. Individuals withdrawing from opioids, like heroin, typically feel acute symptoms that are extremely unpleasant but that are not typically life threatening (although serious adverse physical reactions can occur).

One of the greatest consequences of substance misuse is the effect on families. There are significant number of families in "every" community in New Hampshire experiencing the devastating effects of addiction every day, day after day. This may include a parent(s) not able to adequately provide for their family or worse that may result in the daily neglect or abuse of their underage children. This might also include parents witnessing the devastating and escalating effects of their children's misuse of alcohol and drugs and the impact it has on their ability function as their relationships at home, school and work.

With the epidemic of prescription drug abuse over the past decade and reemergence of heroin in recent years, drug overdose deaths have skyrocketed in New Hampshire, with 40 deaths reported in 2003 progressively escalating to 190 in 2013, with 326 reported at this time for 2014, some of which are still under investigation, a 700% increase over this period of time. Parents of drug overdose death victims in New Hampshire have expressed a sense of overwhelming helplessness in knowing their children were at great risk for overdose death and feeling helpless to do anything about it, because they were not able to access treatment for them. Many parents whose children are currently using heroin or prescription opioids have likewise expressed an overwhelming sense of anxiety and panic waiting for the seeming imminent and fateful news of their child's death by overdose. This is something they express feeling every waking hour of every day.

Reference Addendum: Prevalence & Consequence Data on the Misuse of Alcohol & Drugs in New Hampshire

Implementing a Comprehensive Approach to Address Misuse of Alcohol & Drugs

The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery and the NH DHHS, working with multiple partners from the public and private sectors at both the community and state level, are implementing a comprehensive approach to address the misuse of alcohol and drugs in New Hampshire.

Important Characteristics of New Hampshire's Comprehensive Approach

Guiding Principles

Principles of a Resiliency & Recovery-Oriented Systems of Care

- Resiliency is an "innate capacity" ... a self-righting tendency that operates best when individuals and families have resiliency-building conditions in their lives, and communities support these conditions.
- Recovery from alcohol and drug problems is a *process of change* through which an individual achieves improved health, wellness, and quality of life and becomes a contributing member of society.
- Resiliency & Recovery-Oriented Systems of Care (RROSC) are networks of organizations, institutions, and community members that work together to coordinate a wide spectrum of strategies and services to address the misuse of alcohol and drugs.
- Coordination on strategies and services is across the six sectors (health care, criminal justice/safety, education, business, government and family/community supports) at a regional-/community-level.
- RROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from the misuse of alcohol and drugs and other health conditions.
- Recovery-Oriented Systems of Care:
 - Are person- and family-centered.
 - Expand the community's ability prevent the misuse of alcohol and drugs and to be responsive to its members who need services to establish or maintain their recovery from addiction.
 - Offer a comprehensive array of services that can be combined and adjusted to meet an individual's needs and chosen pathway to recovery.

Key Tenets / Guiding Principles for Establishing Regional Comprehensive Systems of Care

1. The RROSC model will serve as the underpinning for the substance misuse field in meeting the NH DHHS' whole person approach to health care and will be incorporated into all aspects of alcohol and other drug policies and services.
2. A robust system, including population-level strategies, targeted prevention, early intervention, substance use disorder treatment and recovery support services, provided by qualified practitioners, will be established within each of the 13 regional public health networks (RHPNs).
3. Individuals working in the prevention field should be "certified prevention specialists".
4. Practitioners providing substance use disorders treatment services should meet core competency guidelines for treating substance use and co-occurring disorders.
5. Only services that incorporate practices based on evidence of effectiveness will be supported.

6. The American Society of Addiction Medicine (ASAM) Criteria will be applied on an ongoing basis to determine level of care needed at a given time for treatment services.
7. Medically-based substance use disorder services, including Screening Brief Intervention and Referral to Treatment (SBIRT), Medication Assisted Treatment (MAT) as well as ambulatory and in-patient withdrawal management services should be widely available among medical providers and specialty substance use disorder settings. MAT services should be made broadly available in primary care settings offered concurrently and following substance abuse disorder treatment services as indicated.
8. Providers will be encouraged to participate in broad-based regional/community public health initiatives with other stakeholders to support local / region efforts in the areas of capacity development, service integration / coordination, public awareness and health promotion.
9. The NH DHHS will optimize the array of funding available for alcohol and other drug prevention, treatment and recovery support services available from the public sector in the consideration of which funding sources will support particular types of services for particular populations.
10. Agencies providing alcohol and other drug services will need to develop the capacity to access funding from a variety of sources including, public/private grants, third-party billing and client self-payment plans.
11. The NH DHHS will enhance and better coordinate epidemiology and evaluation capacity that utilizes state and regional data and that also utilizes performance and outcome data to inform policy and services delivery at the state and local level (data-driven decision making).

Interface Other Systems

1. Nominal substance use disorders services provided by qualified practitioners that primarily focus on evaluation, providing services for lower levels of acuity and/or that offer interim services, should be made available broadly across the spectrum of health and social services and within other systems (child welfare, corrections, courts, etc.). These services should operate as a conduit to the specialty treatment system for individuals experiencing higher levels of acuity.
2. Behavioral health workforce development efforts should focus on practitioner competency for treating substance use disorders and co-occurring mental health and substance use disorders.
3. SBIRT should take place in primary care and hospital emergency department settings.
4. Ambulatory and in-patient withdrawal management (detoxification) services should be widely available among medical providers and specialty substance use disorder settings. MAT services should be made broadly available in primary care settings offered concurrently and following substance abuse disorder treatment services as indicated.
5. Integrated and collaborative models of care for behavioral health and primary care should be established on a regional basis. Options for establishing healthy homes should be included in this model.
6. The alcohol and other drug specialty service delivery system should become an integral component of the behavioral health service delivery system in New Hampshire, while maintaining expertise in the treatment of substance use disorders, which in turn should interface with the larger health care system, to establish a regional integrated system of care. Providers within the behavioral health system should have the capacity to treat co-occurring mental health and substance use disorders in accordance with the Substance Abuse Mental Health Services Administrations' (SAMHSA) four-quadrant model.

Continuum of Services (Examples)

A full continuum of substance misuse strategies and services are needed at the regional / community level to effectively address the misuse of alcohol and drugs in New Hampshire. Substance misuse prevention, treatment and recovery supported services should be provided in a coordinated or integrated manner with other health care services and should be an integral part of each region / community's larger health care system. A full continuum of services to address the misuse of alcohol and drugs includes:

- Population-level prevention (environmental) strategiesⁱ, examples include:
 - Developing / implementing statewide and regional plans to address the misuse of alcohol & drugsⁱⁱ
 - Facilitating a community/regional approach to addressing the misuse of alcohol and drugs within each of the thirteen Regional Public Health Networks (RPHNs) in New Hampshire
 - Public awareness campaigns
 - Utilizing and developing laws/regulations to address the misuse of alcohol and other drugsⁱⁱⁱ
 - Prescription Drug Monitoring Program (PDMP)
 - Promotion of safe prescribing practices for opioid-based pain medications
 - Local access to environmentally sound disposal of unused prescription drugs
 - Making Narcan (Naloxone), utilized to reverse drug overdose deaths, available to more emergency medical services (EMS) personnel, police, health/social services providers, families and friends
- Targeted prevention services (prevention services that target individuals/groups that are at-risk for misusing alcohol and drugs (family history, problems at home, school, with law enforcement, etc.), examples include:
 - Student Assistance Programs (SAPs)
 - Life of an Athlete (school-based prevention program)
- Early Intervention services (targeting individuals misusing but not yet addicted), examples include:
 - Screening, brief intervention and referral to treatment (SBIRT) in health care settings
 - Drug courts / Court diversion programs / Alternative sentencing programs
- Substance use disorder (SUD) / Co-occurring disorders (COD) treatment services
 - Outpatient / intensive outpatient / partial hospitalizations programs
 - Residential treatment / transitional living programs
 - Withdrawal management / Medication assisted treatment (MAT) services
- Recovery support services, examples include:
 - Paraprofessional counseling (certified recovery support worker)
 - Peer recovery coaching
 - Ancillary services (transportation, child care, educational/occupational, recovery centers / housing)

Reference Addendum: "Crosswalk between Public Health Core Functions and 10 Essential Public Health Services"

Utilizing a Public Health Approach at the Community / Regional Level

Engaging Leaders / Stakeholders Across Sectors at the Community Regional Level

This model engages leaders and stakeholders across the “six sectors” at the local- and regional-level to address the misuse of alcohol and drugs in their area. The six sectors include:

- Health Care
- Education
- Safety (law enforcement, prosecutors, courts, corrections, fire, emergency medical services)
- Business Community
- Government officials (state, local, county)
- Local citizens (family and community supports)

Public Health Model (assessment, capacity, planning, implementation and evaluation)

This approach includes supporting the thirteen (13) RPHNs in utilizing a data-driven public health approach to address the misuse of alcohol and drugs in their area, including:

- The collection and utilization of quantitative and qualitative data to understand the impact that the misuse of alcohol and drugs has on each of the sectors outlined above and the community as a whole.
- Identifying existing and potential capacity / resources as well as gaps for each of elements of the service continuum (prevention, early intervention, treatment, recovery, etc.) needed to implement a comprehensive approach to address the misuse of alcohol and drugs within each region.
- Develop a Community Health Improvement Plan (CHIP) that ties to and is consistent with the objectives outlined in the State Health Improvement Plan (SHIP)*¹, effectively taking a state-down/community-up approach to address the misuse of alcohol and drugs that are tailored to the particular characteristics and circumstances of each region. The CHIP plan identifies evidence-based strategies and practices to address the misuse of alcohol and drugs in their area.
- Mobilizing the community across the six sectors to implement the CHIP.
- Evaluation / Continuous Quality Improvement (QI):
 - Ongoing evaluation of the effectiveness of substance misuse-related objectives of the CHIP.
 - Implement QI objectives to address deficiencies and to improve upon the plan.

Optimizing / Leveraging Resources at the State and Regional Level

One of the primary objectives of the NH DHHS is to optimize and avoid any duplication of resources available to support each of the RPHNs implementing a comprehensive approach to address the misuse of alcohol and drugs in their area. To this end, BDAS working with the Governor’s Commission and external stakeholders has had to consider, within the context of a full continuum of strategies and services (population-level strategies, targeted prevention, early intervention, treatment and recovery support services), what resources can support which elements of the continuum for particular populations.

Optimizing / Leveraging Funding to Support “Strategies & Services”

Domain	Potential Funding Source(s)
Population Level (environmental) Strategies RPHNs*	Federal Block Grant / NH Charitable Foundation
Targeted Prevention Services	Federal Grant / Governor’s Commission Alcohol Fund

¹ Goals identified in the SHIP to address the misuse of alcohol and drugs are derived from the Governor’s Commission Collective Action / Collective Impact Plan

Domain	Potential Funding Source(s)
Early Intervention Services -Court Diversion	Governor’s Commission
Early Intervention - SBIRT**	NH Health Protection Program
- Substance Abuse Disorder Treatment Services - Limited MAT Services Sliding fee (139% to 400%) for non-NHHPP***	Federal Block Grant Governor’s Commission
- Substance Abuse Disorder Treatment Services - Medication Assisted Treatment (MAT) Services For individuals eligible NH Health Protection Program (NHHPP)	NH Health Protection Program (NHHPP)
Recovery Support Services Sliding fee (139% to 400%) for non-NHHPP***	Federal Block Grant Governor’s Commission
Recovery Support Services – NHHPP*** For individuals eligible for NHHPP Program	NH Health Protection Program

* RPHN – Regional Public Health Networks
 **SBIRT – Screening, Brief Intervention, Referral to Treatment
 ** *NH Health Protection Program

Optimizing / Leveraging Funding to Support Service “Capacity Development”

Domain	Potential Funding Source(s)
Population Level (environmental) Strategies	Federal Block Grant
Targeted Prevention Services	Included in funding for services
Early Intervention Services - SBIRT	Federal Block Grant & Potentially CMS 1115 Trans. Waiver
Substance Abuse Disorder Treatment Services	Federal Block Grant & Potentially CMS 1115 Trans. Waiver
Recovery Support Services	Federal: Block Grant & Potentially CMS 1115 Trans. Waiver

[Examples of Leveraging / Optimizing Resources at the State Level](#)

The New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention and Recovery and the New Hampshire Department of Health and Human Services (NH DHHS) are working closely together to optimize the use of existing Resources, examples include:

Population Strategies:

Public Private Partnership between NH DHHS utilizing Federal Block Grant Resources and funding from the New Hampshire Charitable Foundation supports the operations of each of the thirteen RPHNs.

Targeted Prevention Service:

Utilizing federal discretionary grants and Governor’s Commission funding targeted prevention services, such as student assistance program (SAP) counselors, Life of an Athlete, etc.

Early Intervention Services:

Adolescent SBIRT (Screening, Brief Intervention, Referral to Treatment):

- Utilizing funding from the New Hampshire Charitable Foundation for Adolescent SBIRT

Adult SBIRT (Screening Brief Intervention, Referral to Treatment):

- NHHPP for SBIRT services and utilizing Federal Block Grant Resources (and potentially CMS 1115 transformation waiver) to develop the capacity for Adult SBIRT

Adult Court Diversion and Alternative Sentencing Programs

Substance Use Disorders (SUD) Treatment and Medication Assisted Treatment (MAT) Services

- New Hampshire Health Protection Program (NHHPP) includes benefits for SUD treatment services
- Federal Block Grant funding and Governor’s Commission funding (needed for Federal Maintenance of Effort – MOE) support SUD treatment services for individuals not covered by Health Protection up to 400% of the Federal Poverty Level (FPL) on a sliding fee scale

Recovery Support Services:

- Governor’s Commission and Federal Block Grant funding to support “peer” recovery support services
- Federal Block Grant funding supports other types of Recovery supports:
 - Certified Recovery Support Workers
 - Medication Assisted Treatment (MAT) treatment services

Respective Roles of Federal, State and Regional Public Health Networks in Leveraging Resources

The RPHNs are made up of local stakeholders from each of the sectors identified above that work together to optimize and leverage existing resources and to identify new financial and in-kind resources from the public and private sectors to support the implementation of their Community Health Improvement Plans (CHIP). As indicated in an earlier section, the CHIPs tie to State Health Improvement Plan (SHIP) utilizing a common core set of objectives, effectively taking a “state-down” / “community-up” comprehensive approach to address the misuse of alcohol and drugs in each region. The Governor’s Commission and NH DHHS coordinate on making federal and state resources available to each of the RPHNs, while these networks also work with stakeholders within their area to identify other potential resource available to their regions, including other federal grants, local funding, as well as resources from the private sector including charitable organizations, business, fundraising and out-of-pocket user fees. Federal, state and private sector resources are needed for health promotion, to support service delivery and the development of needed services capacity at the local / regional level (examples include SAPs, drug courts, SUD treatment programs and MAT services, etc.). Health benefits from public and private health insurance programs will play a critical role in paying for needed services to address the misuse of alcohol and drugs at the local / regional level.

The role of the state, including the Governor’s Commission and NH DHHS is to support communities and regions in optimizing and leveraging resources, including channeling federal (block grant / discretionary grants) and state resources to each of the regions and to centralize certain operational functions at the state level when more efficient and cost effective to do so, including providing:

- A public health model to implement strategic (CHIP and SHIP) plans
- Information Technology - IT Systems (WITS, WISDOM^{iv})
- Centralized training & technical assistance for implementing evidenced-based strategies and services, billing practices and other business processes
- Centralized data collection /analysis capacity for communities and regions to utilize
- Making federal resources (block grant, discretionary grants) administered by various state agencies available to local communities / regions in a more coordinated and streamlined manner
 - To support the RPHNs facilitating this process

- That contributes along with other resources to support the implementation of strategies and services outlined in local-level CHIP and state-level SHIP plans
- Health benefits from federal/state health insurance programs and contracted services

Fiscal Strategy

The following is an overview of the fiscal benefits of implementing a comprehensive approach (full continuum of strategies and services) to address the misuse of alcohol and drugs.

Population Level (environmental) Strategies:

NH DHHS' comprehensive approach includes population-level prevention strategies that target the entire population or large segments of the population. Population-level strategies are the least expensive and reach the greatest number of people.

Examples of population prevention strategies: media campaigns targeting the entire population or large segments of the population, safe prescribing, secure storage, available disposal options for controlled prescription drugs, prescription drug monitoring programs, access to prevention, treatment and recovery services.

Targeted Prevention Services:

Targeted prevention services are directed at individuals that are at particular risk for misusing alcohol and drugs. These services are more expensive per capita than population-level strategies but reach more people and are less expensive than early intervention or treatment services and are designed to reduce the number of people that would otherwise start misusing alcohol and drugs.

Examples of targeted prevention services include: “student assistance program (SAP) counselors, school- or community-based prevention programs, such as “Life of an Athlete”.

Early Intervention Services:

Early Intervention services that are directed at individuals already misusing alcohol and/or drugs but that are not yet addicted are designed to intervene early to prevent progression to addiction. These services are more expensive on a per capita basis than prevention strategies and services but reach more people and are less expensive than treatment services.

Examples of early intervention programs include: court diversion programs, SBIRT (screening brief intervention, referral to treatment) services that take place in medical settings.

Treatment Services:

Substance use disorder (SUD) and medication assisted treatment (MAT) services target individuals addicted to alcohol and/or drugs and are the most expensive service type. It should be noted that individuals addicted to alcohol and/or drugs are the primary cross systems cost drivers (health care, criminal justice, child welfare, business, etc.).

Examples of SUD treatment services include: outpatient, intensive outpatient, partial hospitalization and residential treatment services. Treatment services also includes various types of withdrawal management (formerly known as detox) and MAT services.

Recovery Support Services:

Recovery support services are a low cost-effective approach to helping individuals addicted to alcohol and drugs access services and provides support to prevent relapse for individuals in the early stages of recovery. There are a wide array of recovery support services including case management, continuous recovery monitoring, transitional living or half-way housing, transportation, child care, educational or vocational services and peer recovery coaching.

Fiscal Benefits:

- NH DHHS' fiscal strategy is based on the premise that the better the outcome in each of the earlier (less expensive) elements that target the greatest number of people, the fewer people progressing to misuse and addiction that require more costly services and that perpetuate most of the cross systems costs (“an ounce of prevention is worth a pound of cure”).
- It should be noted that the collective costs of all elements of a comprehensive approach are a small fraction of the cross systems costs to the State of New Hampshire associated with the misuse of alcohol and drugs, estimated to be \$1.8 billion annually^v

Reference addendum: Saving Lives / Saving Dollars (pyramid graphs)

Service Delivery / Capacity

Contracted Services Administered by the Bureau of Drug & Alcohol Services (BDAS)

Population Strategy

Regional Public Health Networks

BDAS, in collaboration with the New Hampshire Charitable Foundation, provides funding from the federal block grant to support the work of substance misuse prevention (SMP) coordinators and provides training and technical assistance to the Public Health Advisory Council in each of the thirteen Regional Public Health Networks (RPHN). BDAS collaborates with the Division of Public Health Services in managing these contracts. The SMP coordinator facilitates the “population-level prevention strategies” outlined in the previous section “Utilizing a Public Health Approach at the Community / Regional Level”. Consistent with its plans to reallocate resources to optimize services, BDAS will be utilizing federal block grant funding to add a “full continuum coordinator” in each region starting in state fiscal year 2016. The full continuum coordinator will work closely with the SMP coordinator and will primarily focus on early intervention, treatment and recovery support service elements needed for a full continuum of services in each region.

Reference addendum: Regional network map

Targeted Prevention Services

Student Assistance Program (SAP) Counselors

SAPs provide counseling services to youth in New Hampshire High Schools and are a subject matter resource to the staff and students. SAP counselors are projected to serve 5,060 in state fiscal year 2015. The number of clients served in this program is expected to increase to 9,338 due to reallocating Federal Block Grant funding to support an additional 20 schools (from 24 to 44) starting in state fiscal year 2015.

Life of an Athlete(LoA)

BDAS administers a contract with the New Hampshire Interscholastic Athletic Association for the LoA program. This program is supported by funding made available by the Governor's Commission on Alcohol and Drug

Abuse Prevention, Treatment and Recovery. The LoA program provides school-based targeted prevention services in approximately 50 schools in state fiscal year 2015. The contractor plans to extend the LoA to 65 schools in state fiscal year 2016 and to 75 schools in state fiscal 2017.

REAP (Referral, Education, Assessment, Prevention)

The REAP program is a statewide program targeting older adults and their families. This program conducts home-based visits to the elderly population and trains other older adult-serving agencies to screen, educate and assess this population that is at high risk to mitigate dangerous use of alcohol that is sometimes consumed at the same time as prescription drugs. Elderly and families/caretakers are informed on the dangers of misuse and are provided assistance in managing their use.

Early Intervention Services

Impaired Driving Services

House Bill 283, effective January 1, 2013, eliminated the four multiple offender programs (MOP) contracts with NH DHHS and eight impaired driver education programs (IDIP) previously under agreement with NH DHHS and replaced them with seven newly established (by this legislation) Impaired Driver Care Management Programs (IDCMP) administered by the BDAS. The IDCMPs provide close supervision and case management services for individuals convicted of an impaired driving offense in New Hampshire and are expected to serve approximately 3,300 clients per year. The clinical services unit is responsible for approval and oversight of approximately 125 independent impaired driver treatment and recovery support providers as outlined in the HE-A 500 rules.

Substance Use Disorders Treatment Services (SUD)

The Clinical Services Unit under BDAS is responsible for administrative oversight of contracts and agreements outlined below:

- Thirteen community-based treatment contractors offering a continuum of care including outpatient and intensive outpatient counseling, short-term residential and transitional living services serving approximately 5,200 clients per year.
- Eight methadone clinics providing MAT services to approximately 3,000 clients per year. (regulatory oversight only – no funding provided).
- BDAS provided administrative oversight to seven Impaired Driver Care Management programs serving approximately 3,300 clients per year.

It should be noted that due to a lack of resources, medication assisted treatment (MAT, a critical service for the treatment of opioid use disorders (heroin and prescription opioids), has not been included in the continuum of services up to this time. BDAS is including a small amount of federal funding that will provide some limited capacity for these services starting in state fiscal year 2016. This capacity may be increased subject to the availability of additional funds from the Governor’s Commission.

Recovery Support Services

BDAS had made fee-for-service funding for recovery support services available through a federal Substance Abuse and Mental Health Services (SAMHSA) Access to Recovery (ATR) grant. However, this grant ended on September 30th of 2014. Limited resources for recovery support services are available to contracted SUD providers within their contracts with the NH DHHS. Given the important and cost-effective role that recovery support services can potentially play in supporting individuals in accessing services and in achieving and maintaining progress in the early stages of recovery, the Governor’s Commission has included significant resources for “peer recovery” infrastructure and services in its budget proposal to the legislature.

Consistent with its plans to reallocate resources to optimize service delivery, BDAS will be allocating a limited amount of federal block grant funding to support the development of recovery support services starting in state fiscal year 2016.

Reference Addendum: “Collective Action / Collective Impact - Service System”

Needed Capacity Development

In consideration of the information provided in the previous section of this document, the Bureau of Drug and Alcohol Services (BDAS) is implementing plans to optimize resources to support a comprehensive approach to address the misuse of alcohol and drugs in the state. These plans are consistent with the Governor’s Commission “Collective Action / Collective Impact; New Hampshire’s Plan to Reduce the Misuse of Alcohol and Drugs and Promote Recovery”. An important aspect of this plan is to develop needed capacity for substance misuse prevention, early intervention, treatment and recovery support services. The development of this capacity is necessary to meet to service needs and fiscal objectives outlined in this document. BDAS has received approval from the federal SAMHSA to utilize a portion of the block grant funding for this purpose, which are designed to complement infrastructure development resources potentially made available from the alcohol fund managed by the Governor’s Commission and through the NH DHHS’ 1115 Transformation Waiver to the Federal Center for Medicaid and Medicare Services.

Closing Remarks

Acknowledgement of the Collective Leadership within the State

The terrible impact that the misuse of alcohol and drugs are having on families, communities and that is costing the state millions of dollars annually has become more apparent in recent years through the work of the Governor’s Commission, New Futures and numerous other stakeholders. These circumstances have caused a number of leaders at the state and local level to assert their collective energy, resources and wisdom to better address these issues. This confluence was especially realized through the leadership at the state level, including Governor Hassan and her senior advisors that have been directly involved in leading efforts at the state level, especially in addressing the state’s opioid epidemic, including expanding treatment resources and making naloxone (used to reverse opioid overdose) more readily available. The Governor has also played a key role in concert with other Governors across the New England to identify and coordinate model policies and mobilize resources to address the opioid epidemic across the New England region. Key leaders in the legislature have taken a keen interest in addressing the misuse of alcohol and drugs in the state and have utilized their legislature authority to address these issues on behalf of their constituents and the state as whole. These efforts include the Governor and the legislature establishing the New Hampshire Health Protection Program (NHHPP), which may be the single most significant factor overall in the state’s efforts to address the misuse of alcohol and drugs.

The Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, under the artful and tireless leadership of Timothy Rourke from the New Hampshire Charitable Foundation (NHCF) serving as chair, and with the active participation of state agency heads and representatives from important stakeholders groups, has put forth an unprecedented collective effort to develop and implement an effective strategy to address the misuse of alcohol and drugs in the state. The collective guidance from the Commission members includes recommendations made from a broad array of front-line representatives that participate on the Governor’s Commission Treatment, Prevention, Opioid Misuse and Recovery Task Forces. The work of the Commission includes utilizing their collective wisdom to inform a year-long process to identify and prioritize funding recommendations to the Governor and legislature.

The Commissioner and executive team at NH DHHS has exerted its leadership in mobilizing its resources to implement NH DHHS' "whole person approach" to integrated health care (essential to addressing the misuse of alcohol and drugs) and has supported the objectives outlined in the Governor's Commission plan for the state. NH DHHS' efforts have culminated in the development of the substance use disorder benefits under the NHHPP and implementing the entire program within the specified timelines, a seeming impossible task.

A group of representative leaders from key stakeholders groups, led by Linda Paquette of New Futures, has played a critical advisory role to the NH DHHS in its efforts to implement the NHHPP, including working through a variety of very significant challenges encountered during this process. The scope of work of this group has naturally expanded to provide important feedback to NH DHHS and policy makers relative to overall efforts to address the misuse of alcohol and drugs within the state.

Leaders from the private sector, including the NHCF and United Way are making large investments that are coordinated and complement the Governor's Commission's strategy and NH DHHS' RPHN plans to address the misuse of alcohol and drugs in the state.

Staff from the Center for Excellence under contract with NH DHHS administered by the BDAS, with funding from the Governor's Commission and federal grants, has played critical behind the scenes role in analyzing data to inform policy and services, in coordinating and implementing the Governor's Commission Collective Action / Collective Impact strategy and in writing and coordinating federal grant proposals on behalf of the NH DHHS, which have successfully brought millions of federal dollars into the state to address these issues.

It is important to acknowledge the providers' front-line efforts to address the misuse of alcohol and drugs within the state. It is almost impossible to relay the challenges they face on a daily basis in working with clients that are dealing with an overwhelming array of health and social issues and working within systems at the state level and local level that up to now have not been well coordinated. The skill, hard work and dedication of these individuals, working with scarce resources is unprecedented and can only be described as a highly skilled set of "good Samaritans".

Last but not least, I would be remiss to not mention what I consider the heroic efforts put forth by staff at the BDAS that operate within the challenges of the state's bureaucracy and that function with resources that are grossly inadequate to manage the job at hand, but that continue at break neck pace to do all that they can do on a daily basis to operationalize and administer the initiatives identified in this document.

In closing, we hope that this document provides an understandable overview of the NH DHHS' business plan being facilitated by BDAS in concert with numerous stakeholders at the state and community level in meeting the objectives of the Governor's Commission "Collective Action / Collective Impact" strategy to effectively reduce the misuse of alcohol and drugs and their related impact on individuals, families, communities in New Hampshire and the state as a whole.

References

ⁱ From Federal Block Grant for SAMHSA Center for Substance Abuse Prevention Required Strategies (# 5 & # 6):

5.) Community-Based Process - This strategy aims to enhance the ability of the community to more effectively provide prevention services for substance related disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

6.) Environmental - This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives

ⁱⁱ Collective Action Collective Impact: New Hampshire's Strategy for Reducing the Misuse of Alcohol & Drugs (note the goals of the Collective Action Collective Impact Plan are incorporated into the New Hampshire State Health Improvement Plan)

ⁱⁱⁱ Examples include: 318-B:1 Controlled Drug Act, Enforcing Underage Drinking Laws (EUDL), 318-B:32 Controlled Drug Prescription Health and Safety Program Established (prescription Drug Monitoring Program)

^{iv}Data Collection and Systems

- WISDOM: Web-based Interactive System for Data and Outcome Measures – DPHS
- WITS: Web-based Information Technology System – BDAS
- YRBS: Youth Risk Behavior Survey

^v The Corrosive Effects of Alcohol and Drug Misuse on NH's Workforce and Economy, Polecon Research, November 2014