

Governor's Commission on Alcohol & Other Drugs

April 22nd, 2022

Fox Chapel

9:30am-11:30am

Attendance:

Steven Ahnen, *NH Hospital Association*
Mark Armaganian *representing the NH Liquor Commission*
Alex Casale *representing the NH Courts*
Russ Conte, *NH Suicide Prevention Council*
Traci Fowler, *NH Charitable Foundation*
Helen Hanks, *Department of Corrections*
William Hatch, *NH State Representative*
Morissa Henn *representing Department of Health & Human Services*
Keith Howard, *Recovery Representative*
Joseph Johnsick, *Non-Professional Public Member*
Tim Lena, *Prevention Representative*
Dave Mara, *Governor's Office*
Matt McKenney, *Business and Industry Association*
Richard Oberman *representing the NH National Guard*
James Potter *representing the NH Medical Society*
Jaime Powers, *Executive Director, Bureau of Drug & Alcohol Services*
Robert Quinn, *Department of Safety*
Joseph Ribsam, *Division for Children, Youth & Families*
Kathie Saari, *Faith Community Representative*
Stephanie Savard, *Treatment Representative*
Kate Thomas, *NH Nurses Association*
Patrick Tufts, *Chair, Prevention Representative*
David Waters, *NH State Senate*

1. Welcome and Opening Remarks – Patrick Tufts, the Chair of the Governor's Commission on Alcohol and Other Drugs, opened the meeting and welcomed those in attendance. The Chair sought a motion to approve the consent agenda. Steve Ahnen made the motion to approve, and Keith Howard seconded the motion. Alex Casale and Stephanie Savard abstained from voting. The motion was approved with a majority vote.

2. Public Comment – The Chair welcomed members of the public to speak to the Commission. Scott Cory, a mental health counselor at Manchester CTC, spoke on the stigma that needs to be addressed for medical assisted therapy. Mr. Cory recommended funding for therapy, fentanyl testing strips, more MAT clinics and continued coverage of telehealth. There was no other public comment.

3. Executive Director's Update – Jamie Powers, Executive Director, reviewed the contracts dashboard. She shared that the renewal process has begun for all the recommendations made at the previous Commission meeting. She continued to share all the concerns for reductions in funding were able to be addressed with other funding sources within the department. The Request for Application (RFA) for the Funding Organization for Student Assistance Programs has been listed on the department website. The Doorways campaign phase 2 will begin and they are awaiting communication for State Opioid Response

(SOR) 3 in late April. Powers shared they are working on the 988 campaign roll out in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA). The program has already visited over 420 people with a mobile crisis unit after receiving over a 1000 calls in January. Jaime Powers welcomed Liz Biron, the new coordinator for the Governor's Commission. With no questions on the contracts dashboard the Chair welcomed Assistant Commissioner Henn.

4. Commissioner's Update – Assistant Commissioner Henn shared some challenges facing the Department of Health and Human Services. Henn shared there's a continued workforce shortage, about 8000 positions open in the Health and Human Services workforce. On Monday the Commissioner held a meeting of stakeholders to address the workforce shortage. Suggestions included having the correct training systems in place and having resources for people new to New Hampshire including immigrants. Peer engagement was recommended as a resource. Henn shared the State is in the process of purchasing Hamstead Hospital the only psychiatric treatment center for youth in New Hampshire. She shared that the department knows there is a critical need for this treatment because of the complexity of care that children are needing. Traci Fowler asked about the next steps for the hospital because it was tabled at the Executive Council meeting. Commissioner Henn shared that the packet was shared later than was ideal for the Executive Council to review the contract and she feels optimistic that it will pass in April. Alex Casale shared that after a review of Drug Court staff they found interesting reasons for workforce shortage and would share those results. Tim Lena asked if there will be integrated substance use and psychiatric care. Henn confirmed that those practices will be part of the offerings as well as medical detox and partial hospitalization. With no other questions the Chair welcomed Amy Daniels to speak on the future action plan.

5. Draft Action Plans SFY23-SRY25 – Amy Daniels, JSI, reviewed the draft plan that was developed from the focus groups and data collected throughout the past year. Ms. Daniels began to review each section of the plan. Ms. Daniels shared that the order was changed in the plan to reflect the continuum of care and removed sector strategies to reduce silos and instead put sectors under the different continuum of care sections. The data task force will meet in May to identify measures for each objective. Ms. Daniels sought comments or questions on goals. Tim Lena asked about substance specific goals and Ms. Daniels shared that that wasn't a goal but an objective previously. Keith Howard asked what the best ways are to make grammar suggestions. Ms. Daniels shared that the final version will be proofread but that suggestions on content are welcome. Ms. Daniels reviewed the mission and vision of the Commission. Steve Ahnen shared that the section with core functions may be missing funding recommendations on the Alcohol Fund. Colonel Oberman asked that core functions support the review, evaluation, and performance measures of recommendations. Senator Watters suggested core functions include harm reduction under comprehensive systems and under prevention. Jaime Powers shared that the performance measures will fall under the Bureau of Drug and Alcohol Services and Liz Biron's new position. Traci Fowler shared she appreciated the alignment with other plans like the 10 Year Mental Health Plan. Ms. Fowler suggested that another practice from the mental health plan that should be mirrored is looking at easing the reporting measures required to not over burden the system. She reviewed the values of the Commission. Stephanie Savard shared appreciation for cultural humility in the plan but asked for trauma informed practices to be included in the values as well. She also asked for the whole person model to be included so the focus isn't just on behavioral health but all aspects of their health. Senator Watters drew attention to the fourth bullet and suggested including racial and gender identities. Stephanie Savard shared that housing needs to be included in social determinants of health. Alex Casale suggested adding transportation as well. Next Ms. Daniels reviewed the draft strategies and asked for questions or edits. The Chair recommended that the plan be digestible for lay people and that the plan would better suit that in a compressed version. Mr. Tufts shared that Strategy 9 on workforce shortage should include recommendations from Assistant Commissioner Henn. Traci Fowler asked what policy barriers would

impact this plan to see if there is potential for policy change or to seek private funding. Commissioner Hanks asked if the language should be changed to include mental health disorders. Hanks also recommended including gaps in strategies and suggested an edit to address all treatment modalities and looking at all reimbursement rates. Stephanie Savard echoed that reimbursement is important in order to attract workforce and pay people what they deserve. She also recommended that a study to capture what treatment is available in New Hampshire to address the gaps in services be compiled. Commissioner Quinn shared that statement 2.2 appears to be missing the objective part of the strategy. Matt McKenney suggested adding the intention of including housing and transportation in the holistic treatment of people. Steven Ahnen suggested finding a space for closed-loop referral to be included in the recommendations. Kathie Saari recommended including the faith-based organizations in the supports for people in recovery. Joseph Ribsam suggested to include caregivers versus language that focuses on parents because it can be unrelated people who are caring for youth. Senator Watters recommended in the definitions section that harm reduction include safe injection sites. Senator Watters shared that decriminalization of substances is a recommendation that's happening in other states. Mr. Tufts shared that there will be a focus on emerging decriminalization discussions and legislation at the Commission. Representative Hatch asked for utilization of twelve-step programs be part of the plan. Ms. Daniels shared that the language is usually around peer support programs, but she affirmed that she would clarify the language to include that. Traci Fowler appreciated that the Diversity, Equity, and Inclusion (DEI) lens is included, Mr. Tufts shared that this group has not moved the needle enough on DEI and that there needs to be an expanded conversation because this group is not representing diversity the way it needs to. He stated that the Commission does not include the groups that are currently doing the DEI work well. Colonel Oberman suggested under each strategy a data objective versus having a strategy that solely focuses on data collection and reporting. With no further suggestions the Chair moved to the next agenda item.

6. Next Steps – The Chair shared that at the next meeting the final copy of the plan will be completed and ready for vote at the next meeting. With no further business the meeting was ended by the Chair.

Next Meeting
June 24th, 2022
Governor and Council Chambers
9:30am – 11:30am

Governor Commission Contracts SFY 2022/SFY 2023
As of 6/15/22

	SFY 2022	SFY 2023
Adjusted Authorized Budget	\$ 11,210,000.00	\$ 10,000,000.00
Balance Forward	\$ 6,463,530.72	\$ 2,157,236.72
Carryover Contract Funding*	\$ 7,175,953.80	
Total Gov Comm Budget SFY22	\$ 24,849,484.52	\$ 12,157,236.72

	SFY 2022	SFY 2023
Total currently approved Gov Comm Obligations in contract or to be contracted	\$ 15,516,294.00	\$ 12,358,917.00
Carryover Contract Funding*	\$ 7,175,953.80	
Total all Governor Commission Obligations	\$ 22,692,247.80	\$ 12,358,917.00
Possible Prior Year Liquidations		\$ 812,000.00
Total Governor Commission Funds Remaining	\$ 2,157,236.72	\$ 610,319.72

Contract Type Key

- P = Prevention
- I = Intervention & Harm Reduction
- C = Crisis and Access
- T = Treatment
- R = Recovery
- S = Systems Support

Funding in place, no changes in process at this time.

Working on implementation of or changes to funding.

Work on initiative has not begun.

*These funds are carried over from previous years and may already be obligated.

**These are the official contract names and may not fully reflect the content of the contracts

***Includes all approved funding, regardless of contracting status

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
1	T	Substance Use Disorder Treatment and Recovery Support Services	Provide substance use disorder treatment and recovery support services to individuals who are residents of or homeless in NH and have an income that is less than 400% of the Federal Poverty Level.	Multiple (n = 11)	9/29/2023	\$ 1,238,196.62	\$ 1,420,000.00	\$ -	\$ 1,420,000.00
2	R	Community Housing Services for Criminal Justice Involved Individuals	Provide funding for housing for criminal justice involved individuals who have been identified as having a Substance Use Disorder.	New Hampshire Department of Corrections	6/30/2023	\$ 804,308.93	\$ 950,000.00	\$ -	\$ 950,000.00
3	C	Access and Delivery Hub for Opioid Use Disorder Services	Provide funding for the Doorways to address needs of clients with SUDs other than Opioid or Stimulant Use Disorders with an emphasis on Alcohol Use Disorders.	Multiple (n = 9)	9/29/2022	\$ 647,177.04	\$ 243,996.00	\$ -	

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
4	R	Peer Recovery Support Services Facilitating Organization	Support on-going efforts to develop infrastructure, provide program support, and improve service quality to a growing number of Recovery Community Organizations (RCOs) and Recovery Centers across the state.	Harbor Homes, Inc.	12/31/2022	\$ 632,363.28	\$ 2,325,000.00		\$ 1,300,000.00
5	S	Support Services	Provide administrative support to the Governor's Commission and general support to prevention services.	John Snow Insitute/Community Health Institute	6/30/2023	\$ 580,724.25	\$ 650,000.00	\$ -	\$ 600,000.00
6	P	Evidence-Based Prevention Curricula	To support NH school districts and community organizations with access to adequate training and evidence-based K-12 curricula that will assist in reducing risk factors and strengthening protective factors for individuals affected by substance use disorders.	New Hampshire Department of Education	6/30/2023	\$ 432,577.27	\$ 250,000.00	\$ -	\$ 125,000.00
7	P	Purple Star	To support substance misuse prevention activities and supports in military families in up to thirty five (35) selected Schools statewide.	New Hampshire Department of Education	6/30/2022	\$ 154,000.00	\$ 154,000.00	\$ -	
8	P	Multi-Tiered System of Support-Behavioral Health (MTSS-B)	Implement the MTSS-B model to improve school climate, increase student access to mental health services, engage family and community members, and build local prevention and mental health promotion capacity and infrastructure, with public preschools and schools as implementation hubs.	New Hampshire Department of Education	6/30/2023	\$ 389,121.70	\$ 500,000.00	\$ -	\$ 156,000.00

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
9	T	Medication Assisted Services (Title is a relic of the original scope, actual work being done today is much broader)	Work with hospitals and their networked physician practices throughout the state to develop their capacity to address substance misuse, including substance use disorders in their practices.	Foundation for Healthy Communities	6/30/2023	\$ 295,112.62	\$ 651,893.00		\$ 404,107.00
10	R	Recovery Friendly Workplace Initiative	Provide Recovery Friendly Workplace services to businesses promoting health and wellness for employees, proactively preventing substance misuse and supporting recovery from SUDs.	Granite United Way	6/30/2023	\$ 283,452.28	\$ 450,000.00	\$ -	\$ 400,000.00
11	P	Substance Misuse Prevention Direct Services	This programs include a mix of substance misuse prevention strategies focused on youth who are at a high risk of developing a substance use disorder. It includes outdoor adventure youth empowerment and leadership, prevention education and peer to peer mentoring.	Multiple (n = 5)	6/30/2022	\$ 279,383.74	\$ 819,327.00	\$ -	\$ 719,000.00
12	P	Life of an Athlete	Prevention program for schools educating students on healthy choices & decisions and the impact of alcohol & other drug use on performance & development.	New Hampshire Interscholastic Athletic Association, Inc.	6/30/2022	\$ 269,532.90	\$ 250,000.00	\$ -	\$ 150,000.00
13	R	Recovery Housing Certification and Rental Assistance	To provide Recovery Housing Certification and Rental Assistance.	New Hampshire Coalition of Recovery Residences (NHCORR)	6/30/2023	\$ 246,557.49	\$ 400,000.00	\$ -	\$ 400,000.00
14	S	Program Evaluation and Data Services for the AOD Services System	Provide evaluation, data collection, analysis, and reporting for the AOD Continuum of Care in NH.	Arkansas Foundation for Medical Care, Inc.	6/30/2024	\$ 171,118.45	\$ 303,074.00	\$ -	\$ 303,000.00

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
15	S	Technical Assistance for the Alcohol and Other Drug (AOD) Continuum of Care System	Provide technical assistance that promotes and expands the use of evidence-informed practices and policies, and to improve the overall operations and business practices across the AOD Continuum of Care in NH.	Growth Partners, LLC	6/30/2023	\$ 164,054.08	\$ 325,400.00	\$ -	\$ 325,000.00
16	P	Mitigation and Prevention of Adverse Childhood Experiences-Home Visiting	Funding for ACES screening in a DPHS contract.	DPH Child and Maternal Health Contracts.	6/30/2022	\$ 108,875.40	\$ 207,656.00	\$ -	\$ 108,000.00
17	I	Juvenile Court Diversion Services	Enhance and expand access to juvenile court diversion accredited programs in under-served regions within the state where accredited juvenile court diversion programs currently do not exist and support the infrastructure of the NH Juvenile Diversion Network.	New Hampshire Juvenile Court Diversion Network, Inc.	6/30/2023	\$ 103,107.92	\$ 275,000.00	\$ -	\$ 200,000.00
18	P	Adverse Childhood Experiences (ACES) within Domestic Violence Crisis Centers	The Coalition against Domestic and Sexual Violence and its member agencies provide a mix of diverse prevention programming to address the needs of children and adolescents who have been impacted by trauma.	New Hampshire Coalition Against Domestic and Sexual Violence	6/30/2023	\$ 67,051.08	\$ 360,000.00	\$ -	\$ 260,000.00
19	P	Family Support Coordinator Services	Provide a Family Support Coordinator to work w/ existing family & community support groups to expand services for families struggling with SUD.	Greater Seacoast Community Health	6/30/2023	\$ 63,827.42	\$ 75,000.00	\$ -	\$ 75,000.00
20	P	School Climate Transformation Grant Program	Funding supports programming within school districts that promote culture and climate change that prevents and reduces substance misuse and mental health issues for adolescents.	New Hampshire Department of Education	9/29/2023	\$ 55,362.89	\$ 23,370.00	\$ 23,370.00	
21	P	Surveillance and Related Activities for Youth Access to Tobacco and Alcohol	Conduct surveillance and related activities for youth access and use of tabacco use (Synar)-MOU.	New Hampshire State Liquor Commission	6/30/2022	\$ 52,338.42	\$ 100,000.00	\$ -	\$ 88,000.00

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
22	P	Ask The Question (ATQ) Link Collaborate Technical Assistance Program	ATQ is a Link Collaborate Technical Assistance program that provides practices that identify, refer or treat for risk of substance misuse and Substance Use Disorder with resources to identify and refer Service members, Veterans and their Families to appropriate services available as a result of their military experience.	New Hampshire Department of Military Affairs and Veterans Services	6/30/2023	\$ 26,250.00	\$ 78,750.00	\$ -	
23	S	Training for Alcohol and Other Drug (AOD) Workforce	A competency and skills-based workforce development and retention program that addresses the needs of the State's prevention, intervention, treatment, and recovery supports workforce.	New Hampshire Alcohol and Drug Abuse Counselors Association	6/30/2023	\$ 15,392.89	\$ 110,119.00	\$ -	\$ 110,000.00
24	P	Alcohol and Other Drug (AOD) Continuum of Care System Supports	Funding for supporting and strenghtening Families First in Bureau of Housing & Economic Supports contract.	NH Children's Trust	6/30/2022	\$ 11,913.73	\$ 100,000.00	\$ -	\$ 100,000.00
25	P	Coalition Support Services	Funding supports substance misuse coalitions to implement substance misuse programming within communities to increase awareness of the risks associated with adolescent use of substances and build capacity within communities to increase prevention efforts.	City of Dover, New Hampshire	6/30/2022	\$ 11,749.30	\$ 55,564.00	\$ -	\$ 40,000.00
26	P	Workforce Development for Drug & Alcohol Prevention Providers	Prevention Specialists Mentorship Program	The Prevention Certification Board of New Hampshire	6/30/2022	\$ 10,068.08	\$ 12,000.00	\$ -	\$ 12,000.00
27	S	Governor's Office Staff	Support for SUD specific staff within the Governor's Office.	N/A	N/A	\$ -	\$ 301,445.00		\$ 303,463.00

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY21 into SFY22	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	SFY23 Approved GC Initiatives
28	P	Student Assistance Programs	Student Assistance Programs are a school based multicomponent substance misuse prevention program which include universal prevention activities, classroom prevention curriculum education, individual and group sessions, parent education and consultation for school staff.	Multiple (n = 18)	6/30/2022	\$ -	\$ 1,475,000.00	\$ -	\$ 1,475,000.00
29	S	Professional Awareness Campaign for Alcohol Misuse	Conduct Professional Awareness Campaigns for alcohol misuse to expand healthcare professionals awareness by providing messaging and distribution of evidence-based materials to members of professional associations.	Multiple (n = 4)	6/30/2023	\$ -	\$ 200,000.00	\$ -	
30	R	Peer Recovery Outreach to Homeless Shelters and Encampments	Increase peer recovery outreach to homeless shelters and encampments.	Multiple (n = 4)	6/30/2022	\$ -	\$ 175,000.00	\$ -	
31	T	Sununu Youth Services Center (SYSC) Renovations	Unutilized funding earmarked in a previous state budget for renovations to a section of SYSC.	N/A	N/A	\$ -		\$ -	
32	R	Doula Supports	Explore state readiness, existing resources and models, and proposed approach to provide doula support to pregnant people affected by perinatal substance exposure and implement a pilot project for these services.	UMASS	12/31/2022	\$ -	\$ 34,000.00		\$ 65,977.00
33	S	Governor's Commission Staff Person at BDAS	Support for a Program Specialist IV staff person at BDAS who will be responsible for coordinating the activities BDAS carries out on behalf of the Commission, including but not limited to contracting.	N/A	N/A	\$ -	\$ 25,000.00		\$ 83,000.00
34	T	Transitional Living	Provide operational/room and board support for transitional living based on the current BDAS definition.	Multiple (n = 5)	6/30/2023	\$ -	\$ 375,000.00	\$ 750,000.00	\$ 563,000.00

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37	P/R	Physical Fitness Facility / Equipment Access	Funding to support access to wellness programs to prevent and reduce behavioral health issues in military members and veterans.	Department of Military Affairs and Veteran Services	6/30/2023	\$ -	\$ 100,000.00	\$ -	\$ 400,000.00
35	P/R	Military Child Care Access Initiative	Support and enhance access to child care for active military and national guard service members who are deployed or satisfying their monthly guard duty. The intent is to reduce the stress associated with having access to quality child care for the parent and child.	Department of Military Affairs and Veteran Services	6/30/2022	\$ -	\$ 290,700.00	\$ -	
36	I	Support for Syringe Services Programs	Transfer funding to DPHS for harm reduction programs.			\$ -	\$ 400,000.00	\$ -	
38	S	Technology Based Education for Diverse sectors	Technology Based Education for Diverse Sectors			\$ -	\$ 250,000.00	\$ -	
39	S	Training and Consultation	To provide training and/or consulting to AOD CoC professionals related to: trauma-informed best practices; harm reduction strategies; the impact of brain injury and overdose; and methamphetamine and training on mental health first aid to youth and young adult peers and law enforcement.			\$ -	\$ 500,000.00	\$ 150,000.00	
40	T/R	Care Coordination	Improve Care Coordination across substance use treatment and recovery systems in NH in order to improve patient outcomes and			\$ -	\$ 300,000.00	\$ 300,000.00	
Total						\$ 7,113,617.78	\$ 15,516,294.00	\$ 1,223,370.00	\$ 11,135,547.00



Governor's Commission on Alcohol and Other Drugs

Strengthening Our Response Together:

Action Plan Update

July 1, 2022 - June 30, 2025
(SFY23 - SFY25)



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This plan is dedicated to the people of New Hampshire who have lost a loved one and to the thousands of dedicated state, county, municipal, not-for-profit, faith, educational, and first responders who work everyday to provide prevention, treatment and recovery supports and services.

LETTER FROM THE GOVERNOR AND CHAIR

THE COMMISSION

The New Hampshire Governor's Commission on Alcohol and Drugs (Commission), created by the New Hampshire Legislature in 2000 (NH RSA Chapter 12-J), works to reduce alcohol and other drug problems and their behavioral, health, and social consequences for the citizens of New Hampshire. The Commission is represented by members of the legislature, the public, designated organizations, and state government. For more information please visit nhcenterforexcellence.org/governors-commission.

VISION

The Commission envisions a New Hampshire in which all individuals live healthy and meaningful lives free from harm related to alcohol and other drug misuse.

MISSION

The Commission works to reduce the negative consequences of alcohol and other drug misuse by advising the Governor and Legislature on the delivery of effective, collaborative, and coordinated prevention, treatment and recovery programs and services.

CORE FUNCTIONS

The Commission works towards its mission by:

- » Developing and revising, this statewide plan for the effective prevention of alcohol and other drug misuse; and a comprehensive system of harm reduction, treatment and recovery related efforts for individuals and families affected by alcohol and other drug misuse;
- » Increasing coordination and collaboration between and among state agencies, commissions and communities to foster effective efforts related to alcohol and other drug misuse prevention, harm reduction, treatment and recovery;
- » Advising the Governor and Legislature regarding policy and resource needs; systemic threats and opportunities;
- » Advising the Governor and Legislature as to the importance of fully funding the "alcohol fund"; and authorizing the disbursement of those monies, pursuant to RSA 176-A:1, III.

LEGISLATIVE BRANCH MEMBERS

Senator Kevin Savard
Senator David Watters
Representative Jess Edwards
Representative William Hatch

PUBLIC MEMBERS

Patrick Tufts, Chairman
Timothy Lena - Prevention Professional
Keith Howard - Recovery Representative
Stephanie Savard - Treatment Professional
Joseph Johnsick - Non-Professional Public Member
Jeffery Nelson - Non-Professional Public Member
Kathie Saari - Faith-Based Community Representative

LEGISLATIVELY MANDATED MEMBERS

Jaime Powers, Executive Director -
Director, Bureau of Drug and Alcohol Services
John Formella - Attorney General,
NH Department of Justice
Tina Nadeau - Chief Justice, NH Superior Courts
David Mikolaitis - Major General, NH National Guard
Frank Edelblut - Commissioner,
NH Department of Education
Robert L. Quinn - Commissioner,
NH Department of Safety
Joseph Mollica - Chairman, NH Liquor Commission
Lori Shabinette - Commissioner, NH Department
of Health and Human Services
Helen Hanks - Commissioner, NH Department
of Corrections
Joseph Ribsam - Director, Division for Children,
Youth & Families
Chris Nicolopoulos - Commissioner,
NH Insurance Department
Chuck Lloyd - Chancellor, Community College
System of New Hampshire
Kate Thomson - New Hampshire Nurses Association
Russ Conte - Chairman, NH Suicide
Prevention Council
Matt McKenney - NH Business and Industry Association
Traci Fowler - NH Charitable Foundation
Seddon Savage - MD, NH Medical Society
Stephen Ahnen - NH Hospital Association

INTRODUCTION



The Commission presents this updated Action Plan to improve the health and wellbeing of NH residents by reducing the misuse of alcohol and other drugs across the lifespan through the implementation of effective programs, practices and policies. The implementation of this plan will build on the on-going work to address the addiction crisis in NH by focusing on supporting coordination and cooperation among state departments, actively advising the Governor and Legislature, and determining “alcohol fund” disbursement.

Significant progress has been made to increase access to alcohol and other drug related services and supports in NH, as outlined in the Report on Action Plan Progress 2019 - 2021 including:

- » Creation of The Doorway system, providing access to screening, assessment, and referral to services throughout the state;
- » Expansion of the availability of telehealth;
- » Increased access to and utilization of Medication for Addiction Treatment (MAT);
- » Expansion of access to Recovery Centers led by Recovery Community Organizations;
- » Expansion of the Recovery Friendly Workplace initiative;
- » Increased access to substance use disorder treatment; and
- » Expansion of prevention programs, policies, and activities in schools and communities.

The Commission is required to provide a strategic plan and regular reports. The current strategic plan is the three-year [Expanding Our Response Action Plan](#) spanning 2019-2022 with a focus on alignment, coordination, innovation and accountability. The plan encompasses best practices and other key strategy recommendations made by Commission members, Commission Task Forces, and other key stakeholders. This updated Action Plan is built upon unprecedented stakeholder input, described in the next section. In addition, this update includes a [Glossary of Terms](#), key terms are linked to definitions

throughout the document to assist in navigating the language and appendices, including the Stimulant Workgroup Recommendations, and the Community Voices for Strategic Planning: NH Governor's Commission on Alcohol and Drugs 2022 Data Report.

As this current plan's timeline approaches its completion, the Commission has utilized this data and input gathering process to inform the development of the revised strategic plan. This updated Action Plan:

- » Revises and updates the current plan,
- » Focuses on diversity, equity, and inclusion, and aligns with the Governor's Advisory Council on Diversity and Inclusion,
- » Include strategies to mitigate impacts of the COVID-19 pandemic,
- » Include strategies recommended by the Stimulant Work Group to address rising stimulant misuse,
- » Aligns with and supports implementation of the [10-Year Mental Health Plan](#), and
- » Aligns with and supports implementation of [Giving Care: A Strategic Plan to Expand and Support New Hampshire's Health Care Workforce](#).

Plan implementation will require the building of a detailed workplan, identifying departments, task forces or other stakeholders responsible for reporting on progress, identifying strategies that will require recommendations from a task force or workgroup, and identifying the implementation year. It is not intended to be a static plan, progress on strategies, and needed updates to the Action Plan will be included in each year's annual report to the Governor and Legislature, which are all publicly posted at nhcenterforexcellence.org/governors-commission/.

The Commission followed fundamental values and principles, see page 8-9, to design the goals, objectives, and strategies outlined in this plan. Each

strategy should be read within the context of these values and principles. These core principles and values shall continue to guide actions as the Commission and its task forces work toward plan implementation.

Continued leadership from the Governor's office, NH Departmental Commissioners, and other stakeholders on the Commission to prioritize the implementation of this plan when allocating resources, and when determining policy and programming decisions will be crucial to making coordinated progress.

The Commission utilized data-driven decision making to amend the Action Plan. The process included reviewing available data, progress on existing strategies, and complementary state plans. The Commission also sought and reviewed the collected input of more than 1,700 people in NH impacted by alcohol and other drugs.



DATA DRIVEN



The three-year period of the Action Plan, 2019 - 2021, was significantly impacted by the COVID-19 pandemic (beginning March 2020). The pandemic interrupted the reductions in overdose deaths, and increased the need for behavioral health support throughout NH and the rest of the country while decreasing access to the workforce required. It is important to note that while throughout the US and in other New England states, overdose mortality increased dramatically during the pandemic, in NH there was not a significant increase in overdose deaths and, in fact, there was a reduction of more than 10% over the three years of this Action Plan. Please review the [Action Plan Data Dashboard](#), and the March 2022 Report on Action Plan Progress 2019 - 2021 for more information on trends and impacts.

The Commission gathered information from people impacted by alcohol and other drugs through several primary data collection activities, including the following:

- » Online **community experience survey** with NH residents 18 years and older with experience or concern about alcohol and substance use in NH in the past three years (n=1,733);
- » Virtual **focus groups** (n=2) with NH adult residents with personal experience (themselves or a family member/friend) with substance misuse;
- » **Key informant interviews** (n=22) with current members of the Commission and representatives of state agencies or departments directly involved in activities related to alcohol and other drugs; and a
- » Virtual public **input listening session** (n=34 attendees) with professionals working in the field across the continuum of care.

The data from these activities were analyzed, presented to the Commission for review, and to gather recommendations for revisions to the plan. The full report *Community Voices for Strategic Planning: NH Governor's Commission on Alcohol and Other Drugs Data Report* is available online.. While each data source in itself provides useful information about alcohol and other drug misuse services and supports in NH, examination of the community survey, key informant interview, focus group and listening session data together revealed some common themes. These include:

Workforce Development and Program Capacity: There are not enough services or trained staff to meet demand. It is difficult to find appropriate treatment options in the state, especially for youth and those with co-occurring mental illness or physical limitations.



System Navigation and Access to Services: People experiencing substance use disorder (SUD) and their families need more support to navigate the complex system of care. Some are not aware of the services available. Others may have challenges identifying and accessing the services they need. Expenses, program location and transportation present barriers to accessing care for many. System navigation, case management and care coordination services are helpful and worthy of additional investment.

Holistic Approaches: In order to be successful in addressing substance use throughout the continuum, it is important to develop a system of care that is focused upon the whole person and the context in which they live. This includes providing more resources to improve the social determinants of health, such as economic stability, housing and transportation. It also includes greater investments in prevention, promoting positive mental health and including families in services throughout the continuum.

Stigma: Positive interactions with program staff can have a profound impact upon those with SUDs. However, there is still a significant amount of stigma associated with this disease. Stigma is a barrier to seeking support, accessing services and sustaining gains in recovery.

These data informed the revisions necessary to create this updated Plan.

GOAL AND OBJECTIVES



GOAL:


To improve the health and wellbeing of NH residents by reducing the misuse of alcohol and other drugs across the lifespan through the implementation of effective programs, practices and policies.





OBJECTIVES

To continue to make progress on the Goal, the following objectives will be tracked on the Action Plan Dashboard and in annual reporting. By July 2025, New Hampshire will:

 Reduce the number of lives lost to alcohol and other drug use as evidenced by a:

-  Decrease in the number of drug overdose deaths by **15%**, and
-  Decrease in the number of alcohol-induced deaths by **15%**.

 Reduce the incidence of negative health consequences of alcohol and other drug use as evidenced by:

-  Decrease in the number of Emergency Medical Services (EMS) cases resulting from drug overdose/misuse of medications by **15%**,
-  Decrease in the number of EMS cases resulting from alcohol use and effects by **10%**,
-  Decrease in the number of Emergency Department visits related to opioid use by **20%**, and
-  Decrease in the incidents of driving while impaired by **15%**.



Increase the number of NH residents who access prevention, harm reduction, treatment and recovery support services as evidenced by:

- ↑ Increase in the proportion of NH adults who access public and private insurance coverage for treatment and recovery support services by **10%**, and
- ↓ Decrease the number of NH residents ages 12+ who report needing but not receiving treatment by **10%**.



Reduce the prevalence of alcohol and other drug misuse across the lifespan as evidenced by a:

- ↓ Decrease in the proportion of NH residents ages 12+ who report current binge alcohol use by **5%**,
- ↓ Decrease current marijuana use among NH high school students to less than **20%** by July 2025, and
- ↓ Decrease the proportion of NH residents ages 12+ who report recent illicit drug use other than marijuana by **10%**.



VALUES AND GUIDING PRINCIPLES

The Commission followed the fundamental principles and values below to design the goals, objectives, and strategies outlined in this plan. These core principles and values shall continue to guide actions as the Commission and its task forces work toward implementation.

Person-centered

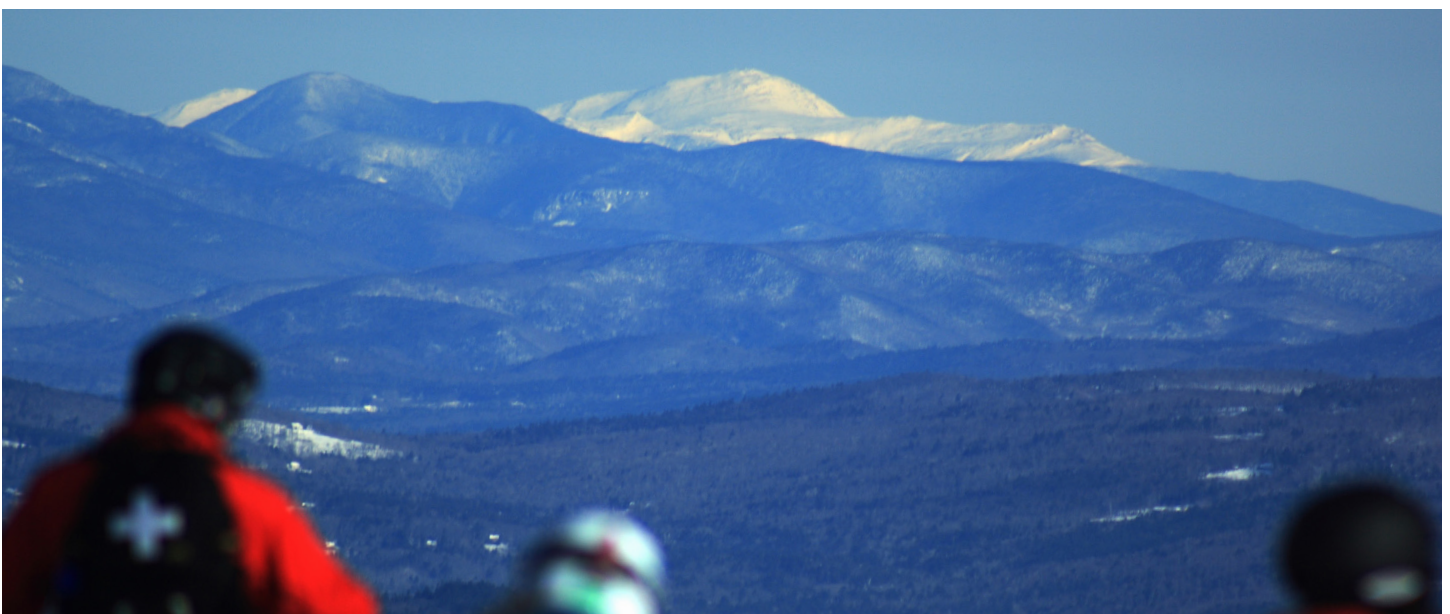
The dignity of the individual is protected. The complex biopsychosocial nature of alcohol and other drug misuse, unique to each individual, are honored. Strategies align with harm reduction principles, are **trauma-informed**, are resilience- and **recovery-oriented** and are informed by the wisdom of lived experience.

Whole-person focus

Promotes **whole-person care**, which considers the complex intersections between physical, emotional, spiritual, and behavioral health. The focus is not just on behavior, the current crisis, or diagnosis. Addressing the **social determinants of health** including education, health and healthcare, social and community context, economic stability, neighborhood and **built environment** is key.

Empowered people, families & communities

People are educated and aware of the resources available, able to navigate the system toward individualized supports and services, increasingly able to rely on natural supports in their home communities, and feel comfortable and heard in voicing preferences in their healthcare decisions. The centrality and power of families and natural supports in the healing process is recognized and supported.



Localized services

Community-based care is prioritized to ensure that, to the highest extent possible, individuals receive **equitable** care in the areas closest to their homes, natural supports, and social networks, resulting in increased access to and satisfaction with care, and better community integration for individuals with **co-occurring mental health and substance use disorders**.

Whole System Approach: Pooled resources, infrastructure, & accountability

Address co-occurring mental health and substance use disorders through collaboration of systems and integrated care.

- Aligned with the 10-Year Mental Health Plan, including common priorities, implementing joint strategies and focusing on shared outcomes.
- Shared resources, collaboration of systems and integrated care among partners (e.g., common data platforms, shared training and professional development).
- Preserve and build the funding, stability and sustainability of equitable, effective and quality services across an integrated **continuum of care**.
- Ensure provider stability in the changing economic environment.

Equity

The system works toward and holds itself accountable for eliminating disparities in social determinants of health, reducing **stigma** and **discrimination** associated with substance use disorder, ensuring equal access to supports and services, respecting the human rights, cultural values, beliefs, and dignity of all people and, in partnership with the NH DEI Commission, promote diversity, equity and inclusion in all efforts.

Ensure strategies are delivered in a **culturally appropriate** manner and the needs of populations such as adolescents, young adults, veterans and active military, currently incarcerated people, people returning to their communities after incarceration, pregnant/postpartum people, people experiencing homelessness, and people with limited English proficiency and other specific populations as identified by the Commission are taken into consideration.

Data-driven and evidence-informed

Ensure strategies are **data-driven**, on the continuum of research from **evidence-informed practices** to **evidence-based practices**, and are continuously improved with timely and available data.

Ensure availability of training and technical assistance to support implementation with fidelity.

STRATEGIES

- » Prevention
- » Harm Reduction
- » Care Coordination and Behavioral
- » Treatment Health Integration
- » Recovery

- » Family Supports and Services
- » Data Monitoring and Dissemination
- » Workforce Capacity
- » Professional Development

1. PREVENTION

- 1.1** Support a comprehensive and coordinated statewide **prevention** plan that is culturally responsive, inclusive of all ages and builds capacity at the state and local level to coordinate, strengthen and enhance prevention efforts.
- 1.2** Identify, coordinate and ensure capacity to implement new and innovative programs, policies and practices across multiple state and private entities that are data-driven and inclusive of shared **risk factors** for co-occurring mental health and substance use disorders.
- 1.3** Support comprehensive public awareness and education campaigns including one to prevent and reduce the misuse and illicit use of prescription drugs across the lifespan.
- 1.4** Increase access to prevention programming, **health promotion** activities, and counseling throughout the NH K-12 school systems.
- 1.5** Support and strengthen the **Regional Public Health Networks (RPHNs)** to engage community-based organizations to expand prevention programming for all ages, especially those at highest risk of **substance misuse** and living in under-resourced regions of NH.
- 1.6** Support the on-going data-driven development of a behavioral health **crisis response and service access system** for NH, including but not limited to:
 - 1.6.1. Promoting public awareness of services such as **The Doorways, 211**, and **988**,
 - 1.6.2. Planning for long-term system sustainability; and
 - 1.6.3. Coordinating with federal initiatives, including supplementing federal funding sources as needed.
- 1.7** Ensure coordination between law enforcement agencies, attorneys, courts, first responders, and professionals across the continuum of care to promote shared knowledge and understanding in order to foster evidence-informed/ evidence-based practices that support justice-involved individuals with **substance use disorders (SUD)**.
- 1.8** Strengthen referral and intervention systems for alternatives to incarceration.
- 1.9** Strengthen integration of identification, referral and treatment into general health care settings where appropriate.
- 1.10** Increase access to communication services including interpreters in NH who have knowledge of behavioral health and of crisis response and deescalation.

2. HARM REDUCTION

- 2.1 Enhance capacity of **harm reduction** programs to provide education, referrals, supplies and disposal services.
- 2.2 Ensure the availability of **opioid reversal education** and kits, especially to those at greatest risk of **overdose** and their loved ones.
- 2.3 Expand access to **drug checking services** throughout New Hampshire including community-based services and send-away services.
- 2.4 Expand utilization of harm reduction strategies through **street outreach, drop-in centers (incl. possible 24-hour spaces), peer support services, critical time intervention (CTI) programs,** and clinical supports
- 2.5 Develop and implement the strategies to reduce the stigma regarding harm reduction services.
- 2.6 Expand engagement of healthcare providers and health systems in providing harm reduction education, materials and services.

3. CARE COORDINATION AND BEHAVIORAL HEALTH INTEGRATION

- 3.1 Identify opportunities for the Commission to support additional strategies that are complementary to the state's 10-Year Mental Health Plan through collaboration with the NH Division for Behavioral Health (DBH).
- 3.2 Expand capacity to provide integrated mental health and substance misuse services across the continuum of care.
- 3.3 Implement sustainable models for **Screening, Brief Intervention and Referral to Treatment (SBIRT)** for people across the lifespan in multiple settings such as healthcare systems, youth-serving organizations, schools, **home visiting programs,** and programs for older adults.
- 3.4 Increase access to **telehealth services.**
- 3.5 Identify care coordination best practices.
- 3.6 Expand capacity to provide evidence-informed care coordination across the continuum of care to a variety of populations, including **closed-loop referrals.**
- 3.7 Identify gaps and opportunities related to insurance access and reimbursement.
- 3.8 Support the readiness of healthcare systems to implement and/or expand services related to alcohol and other drugs across the continuum of care.

4. TREATMENT

- 4.1 Increase availability and utilization of **medications for addiction treatment (MAT)** in an evidence-based, equitable and non-stigmatizing manner for **treatment** of and **recovery** from opioid, tobacco, and alcohol use disorders in multiple settings.
- 4.2 Increase specialized treatment services, across all levels of care as defined by The **American Society of Addiction Medicine (ASAM)** Criteria for specific populations as named in the Action Plan's guiding principles.
- 4.3 Support evidence-based treatment approaches to stimulant use.
- 4.4 Increase timely access to both **residential services** and **ambulatory withdrawal management services**.

5. RECOVERY

- 5.1 Expand **Recovery Community Organizations' (RCO)** capacity to provide peer support services such as **recovery coaching** and **mutual aid groups**, through technical assistance as well as coordination and collaboration to identify sustainable funding models.
- 5.2 Enhance **recovery housing** and other safe and supportive housing availability and promote quality standards that take into account substance-specific considerations and the many paths that individuals take to recovery.
- 5.3 Increase access and referrals to supports that strengthen recovery including The Doorways, housing, transportation, child care, healthcare, faith-based services, etc.
- 5.4 Increase utilization of **non-traditional supports** that are evidence-informed including **mindfulness**, yoga, art therapy, and acupuncture, to enhance SUD recovery.
- 5.5 Support workplace initiatives that create healthy work environments for individuals in recovery, such as the **Recovery Friendly Workplace Initiative**.
- 5.6 Increase availability of vocational training and workforce readiness initiatives for individuals in recovery.
- 5.7 Promote routine monitoring and support of recovery into healthcare settings in parity with monitoring and support for recovery from other chronic diseases.

6. FAMILY SUPPORTS AND SERVICES

- 6.1 Align with current efforts to support families and children impacted by substance use, such as those addressing **adverse childhood experiences (ACEs)**.
- 6.2 Enhance capacity to support individuals who are **kinship caregivers**.
- 6.3 Increase awareness and implementation of **Plans of Safe Care** for substance-exposed newborns, and ensure infants and their families are connected to services and supports such as **Healthy Families America**.

7. DATA MONITORING AND DISSEMINATION

- 7.1 Increase data-related capacity within and across departments to collect and use a small but meaningful set of shared performance measures for alcohol and other drug initiatives.
- 7.2 Disseminate data to stakeholders to identify potential areas of focus and opportunities for improvement.
- 7.3 Support the evaluation of promising and innovative strategies to increase the number of evidence-informed practices across the continuum of care.
- 7.4 Identify current treatment service availability in NH and investigate gaps in order to make recommendations to ensure that all levels of care as defined by The ASAM Criteria are readily accessible when needed.
- 7.5 Examine existing NH data sources to identify disparities by race/ethnicity in the implementation of strategies such as naloxone distribution, and access to treatment and recovery supports.

8. WORKFORCE CAPACITY

- 8.1 Support and partner in implementation of the new plan to expand the behavioral health workforce, Giving Care: A Strategic Plan to Expand and Support New Hampshire's Health Care Workforce.
- 8.2 Include training on substance use and SUDs in undergraduate and graduate professional education programs for professions in the healthcare, social services, and safety fields.
- 8.3 Support innovative strategies to address **compassion fatigue** among all providers across the continuum of care.
- 8.4 Increase capacity of nonprofits to recruit and retain qualified staff working in the field of behavioral health.
- 8.5 Identify models for cross sharing staff across mental health and substance use systems of care.

9. PROFESSIONAL DEVELOPMENT

- 9.1 Increase access to training and technical assistance across all sectors around:
 - 9.1.1. **core competencies** in preventing and treating SUDs for qualified mental health professionals
 - 9.1.2. trauma-informed practices
 - 9.1.3. harm-reduction strategies
 - 9.1.4. military culture and **“Ask the Question”**
 - 9.1.5. utilization of medications for addiction treatment including **opioid use disorder, alcohol use disorder, and tobacco use disorder**
 - 9.1.6. evidence-based harm reduction and treatment approaches for youth and adults to address stimulant use and co-occurring disorders
 - 9.1.7. evidence-based care coordination
 - 9.1.8. screening and active referral strategies including SBIRT
 - 9.1.9. suicide risk identification and prevention
- 9.2 Coordinate with departments, SUD professionals and law enforcement to design and enhance existing trainings for all NH law enforcement professionals on: harm reduction; SUD treatment and recovery; de-escalation for behavioral health disorders; the disease model of addiction; and non stigmatizing language.

GLOSSARY

2-1-1: A free referral and information service that connects New Hampshire residents with health-related resources including substance-related resources. (United Way (2022). 2-1-1. Retrieved May 17, 2022 from <https://www.211nh.org/>)

9-8-8: The 988 Suicide and Crisis Lifeline is a national text and call service for suicide and mental health-related crisis support. Individuals who call this service will have access to a trained crisis counselor. The service goes live on all devices on July 16, 2022. (Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022). 988 suicide and crisis lifeline. <https://www.samhsa.gov/find-help/988>)

A

**Adverse
Childhood
Experiences
(ACEs):**

ACEs are “potentially traumatic events that occur in childhood (0-17 years)” (CDC, n.d.). Examples of these events include, but are not limited to, experiencing violence, witnessing violence, and/or having a family member attempt or die by suicide. Childhood environments, such as growing up in a household with substance use or behavioral health problems, can also adversely impact early to late childhood development and health complications that may continue into adulthood. (Centers for Disease Control and Prevention [CDC]. (2021 April 2). Adverse childhood experiences (ACEs). <https://www.cdc.gov/violenceprevention/aces/index.html>)

**Alcohol Use
Disorder (AUD):**

A medical condition which affects an individual’s ability to stop or control their use of alcohol despite social, occupational or health consequences. (National Institute on Alcohol Abuse and Alcoholism. (n.d.). Understanding alcohol use disorder. Retrieved May 25, 2022, from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>)

**Ambulatory
Withdrawal
Management
Services:**

Clinical and/or medical services that stabilize individuals who are experiencing physical symptoms from their use of certain substances also referred to as “detoxification”. There are five levels of withdrawal management services which provide a range of intensities for each service. Ambulatory services are provided in outpatient settings, which allow for engagement in ongoing recovery treatment (i.e. settings where patients are not admitted to a hospital or other facilities). (David, E.M. (2013). ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions (3rd ed.). The Change Companies.)

The American Society of Addiction Medicine (ASAM) Criteria:

The ASAM Criteria is the most widely used and comprehensive set of guidelines, which assists in the development of individualized treatment planning for individuals with addiction and co-occurring conditions. (American Society of Addiction Medicine. (2022). ASAM Criteria. <https://www.asam.org/asam-criteria/about-the-asam-criteria>).

Ask the Question:

A New Hampshire initiative that encourages “agencies and organizations from a variety of provider sectors (including healthcare, social services, education, and others) to ask the question, ‘Have you or a family member ever served in the military?’, and provides information and assistance to providers regarding what to do when the answer is ‘Yes’.” (New Hampshire Department of Health and Human Services (n.d.). Ask the question. Retrieved May 25, 2022, from <https://www.ask-thequestion.nh.gov/index.htm>)

B

Behavioral Health:

An umbrella term which incorporates mental health and substance use conditions and its impact on an individual's health. (Agency for Healthcare Research and Quality. (n.d.). What is integrated behavioral health? Retrieved June 1, 2022, from <https://integrationacademy.ahrq.gov/about/integrated-behavioral-health>)

Built Environment:

Man-made spaces such as buildings, sidewalks, homes, and parks that affect an individual's physical well being. ([Centers for Disease Control and Prevention \[CDC\]. \(2011 June\). Impact of the built environment on health. https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf](https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf)).

C

Care Coordination:

The act of assisting individuals with obtaining appropriate and effective services, supports and other resources, which includes understanding the needs of the individual and facilitating communication between the right entities. (Agency for Healthcare Research and Quality (2018). Care coordination. <https://www.ahrq.gov/ncepcr/care/coordination.html>)

Closed-Loop Referrals:

Bi-directional information sharing and communication between practices and providers where an individual's information is shared with the provider who initially referred the individual to those services. (American College of Physicians. (n.d.). Closing the loop. <https://innovation.cms.gov/files/x/tcpi-san-pp-loop.pdf>)

Compassion Fatigue:

A condition that includes physical and emotional symptoms leading to decreased empathy and compassion among those who help others who are experiencing stressful and traumatic situations. (WedMD. Compassion fatigue: Symptoms to Look For. Retrieved May 26, 2022, from <https://www.webmd.com/mental-health/signs-compassion-fatigue#:~:text=Compassion%20fatigue%20is%20a%20term,-sense%20of%20fatigue%20or%20dissatisfaction>)

Continuum of Care:

A concept that involves an integrated systems approach to ensure effective and coordinated healthcare. The New Hampshire substance misuse continuum of care includes services that span the spectrum of prevention, intervention, treatment, recovery, overdose prevention, and health promotion. (New Hampshire of Health and Human Services. (n.d.) Substance misuse. Retrieved June 1, 2022 from <https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse>)

Co-Occurring Mental Health and Substance Use Disorders:

Individuals who have one or more mental health conditions and one or more substance use disorders at the same time. The disorders need to be determined as independent of the other and not simply symptoms resulting from a single disorder. (Strengthening Systems of Care for People with HIV and Opioid Use Disorder. (2021 May 27). Glossary of HIV and opioid use disorder service systems terms. <https://ssc.jsi.com/resources/glossary-of-terms#introduction>)

Core Competencies:

Specific set of knowledge, skills, and abilities that are required to provide care in the discipline of interest. (Institute of Medicine (US) Committee on the Health Professions Education Summit. (2003). The core competencies needed for healthcare professionals. In A.C. Greiner & E. Knebel (Eds.), Health professions education: A bridge to quality. Washington DC: National Academies Press (US).

Crisis Response and Service Access System:

A system that quickly responds to “individuals who are in urgent need of substance misuse services”, such as referral services to professionals and support resources. New Hampshire’s service access system includes 211 and the Doorway NH. (New Hampshire Department of Health and Human Services. (n.d.). Crisis services. Retrieved May 27, 2022, from <https://www.dhhs.nh.gov/programs-services/health-care/crisis-services>).

Critical Time Intervention (CTI) Programs:

A time-limited, evidence-based practice that mobilizes support for vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. (Center for the Advancement of Critical Time Intervention. (n.d.). CTI model. Retrieved May 25, 2022, from <https://www.criticaltime.org/cti-model/>).

Culturally Appropriate:

The acknowledgment, respect, and incorporation of cultural systems in health services to meet the unique needs of diverse patient populations. (American Hospital Association. (2013, June). Becoming a culturally competent healthcare organization. <https://www.aha.org/system/files/hpoe/Reports-HPOE/becoming-culturally-competent-health-care-organization.PDF>)

D

Data Driven: The use of quantitative and/or qualitative data to inform decision making. (Dataversity. (2021 March 31). What is data-driven? <https://www.dataversity.net/what-is-data-driven/>)

Discrimination: The “unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation”. (APA, 2019). In healthcare, discrimination is a contributing factor to health disparities across populations. (American Psychological Association [APA]. (2019 Oct 19). Discrimination: What it is and how to cope. <https://www.apa.org/topics/racism-bias-discrimination/types-stress>)

Doorways: A program that provides individuals affected by substance use with access to treatment, support or other resources. There are nine Doorway locations across New Hampshire. (The Doorway. (n.d.). About the Doorway. Retrieved May 25, 2022, from <https://www.thedoorway.nh.gov/about-doorway>).

Drop-In Centers: Spaces that respond to immediate, unmet basic needs, including social services, healthcare, food, rest, sanitation, and community, and facilitates long-term change through empowerment and health justice for individuals. Harm reduction should be core to a comprehensive drop-in center and any considerations for creating a drop-in center should be co-designed with community partners. (Global Partnership of the Yale Law School and Yale School of Public Health (2020, July). The case for low-barrier, wrap and drop-in centers in New Haven, Connecticut. https://law.yale.edu/sites/default/files/area/center/ghjp/documents/the_case_for_low-barrier_wrap_around_drop-in_centers_in_new_haven_connecticut_july_2020.pdf)

Drug Checking Services: Services that use technology to provide information on the composition of illicit drugs from the unregulated market to reduce substance use related risks. These services have the opportunity to expand service accessibility and to reduce risks within a larger group beyond the individual level interaction. (Larnder, A., Burek, P., Wallace, B., & Hore, D.K. (2021). Third party drug checking: accessing harm reduction services on the behalf of others. Harm Reduction Journal, 18 (99). <https://doi.org/10.1186/s12954-021-00545-w>)

E

Equitable: The act of giving all individuals the same resources and treatment. Providing equitable care means adjusting for the specific needs of populations or individuals who do not have the same access to resources and opportunities in comparison to other groups so that all people experience healthy lives. (United Way. (2021 Jun 22). Equity vs. equality: What's the difference? <https://unitedwaynca.org/blog/equity-vs-equality/>)

Evidence-Based Practices (EBPs): Research efforts that are conducted and organized through validated scientific processes, oftentimes in clinical environments. These active practices are frequently replicated to ensure that all evidence is relevant for the duration of a program or initiative. (Bolten, L. (2018, Aug 3). Evidence-based and evidence informed research: Why the difference matters. <https://growfreetn.org/2018/08/03/evidence-based-and-evidence-informed-research-why-the-difference-matters/>); (Jacobs, J.A., Jones, E., Gabella, B.A., Spring, B., Brownson, R.C. (2012). Tools for implementing an evidence-based approach in public health practice. Preventing Chronic Disease, 9(110324). <http://dx.doi.org/10.5888/pcd9.110324>.)

Evidence-Informed Practices (EIPs): The integration of pre-existing, long-established, science-based research into practice and care coordination efforts. This approach accounts for practitioner expertise and patient preferences to holistically address population needs throughout implementation stages. (Bolten, L. (2018, Aug 3). Evidence-based and evidence informed research: Why the difference matters. <https://growfreetn.org/2018/08/03/evidence-based-and-evidence-informed-research-why-the-difference-matters/>); (Jacobs, J.A., Jones, E., Barbara, G.A., Spring, B., & Brownson, R.C. (2012). Tools for implementing an evidence based approach in public health practice. Preventing Chronic Disease, 9(110234). <http://dx.doi.org/10.5888/pcd9.110324>)

F

Faith-Based Services: Organizations that deliver services based on a specific faith and/or belief. (Wikipedia. (n.d.). Faith based organizations. Retrieved May 26, 2022, from https://en.wikipedia.org/wiki/Faith-based_organization).

H

- Harm Reduction:** Set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (e.g., providing sterile needles and other injection equipment, disease testing and referrals, providing a safe place to use substances (safe injection sites)). Harm reduction incorporates a spectrum of strategies that includes respectful, non-judgmental, non-coercive provision of services focused on safer use, managed use, abstinence, meeting people who use drugs “where they are,” and addressing conditions of use along with the use itself. (National Harm Reduction Coalition. (n.d.). Principles of harm reduction. Retrieved May 25, 2022, from <https://harmreduction.org/about-us/principles-of-harm-reduction/>)
- Health Promotion:** Programs that use social and environmental interventions to empower individuals and communities in making healthy decisions. (World Health Organization. (n.d.). Health promotion. Retrieved May 26, 2022, from <https://www.who.int/western-pacific/about/how-we-work/programmes/health-promotion#:~:text=Health%20promotion%20is%20the%20process,of%20social%20and%20environmental%20interventions>)
- Healthy Families America:** An international, evidence-based home visiting program with the goal of supporting families through community resource referrals, family planning services, and healthcare coordination support. (New Hampshire Department of Health and Human Services. (n.d.). Home visiting. <https://www.dhhs.nh.gov/programs-services/population-health/maternal-child-health/home-visiting>)
- Home Visiting Programs:** Evidence-based healthcare practices that provide pregnant and newly parenting families with education, resources and support to promote healthy child growth and safe home environments. Home visiting activities may include family goal setting, parent-child relationship building, or referrals to family and child support services (i.e., healthcare, financing, education, etc. (New Hampshire Department of Health and Human Services. (n.d.). Home visiting. Retrieved May 26, 2022, from <https://www.dhhs.nh.gov/programs-services/population-health/maternal-child-health/home-visiting>)

K

- Kinship Caregivers:** Relatives or close family friends (also referred to as “fictive kin”) who care for children in the event that the children’s parents are unable to care for them. (New Hampshire Department of Health and Human Services (n.d.). Relative care and kinship care. Retrieved May 26, 2022, from <https://www.dhhs.nh.gov/programs-services/child-protection-juvenile-justice/foster-care/relative-care-and-kinship-care>)

M

Medication for Addiction Treatment (MAT):

The use of medications to treat substance use disorders, sustain recovery, and prevent overdose. Oftentimes, MAT is provided in conjunction with treatment. Currently, medication is available for opioid use disorder, alcohol use disorder and tobacco use disorder. (Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022 May 10). Medication assisted treatment (MAT). <https://www.samhsa.gov/medication-assisted-treatment>)

Mindfulness:

Defined as “a practice derived from Buddhist teachings that centers on a conscious presence in the here and now with focused attention and nonjudgmental monitoring”. Systematic review concluded that mindfulness behavioral interventions could reduce consumption of cocaine and amphetamines to a greater extent than controls. (Rawson, R., Hasson, A., Stimson, J., & McCann, M. (2021 March 15). Treatment for individuals who use stimulants (TRUST). https://mataccesspoints.org/wp-content/uploads/2021/04/TRUST_Therapist_Guide.pdf)

Mutual Aid Groups:

An organized network of two or more people who share experiences with substance use related problems to provide support and problem solving amongst each other. Examples include 12-step meetings such as Alcoholics Anonymous/Narcotics Anonymous meetings and SMART Recovery. (Kelly, J.F., & Yeterian, J.D. (2011). The role of mutual-help groups in extending the framework treatment. Alcohol research & health: the journal of the National Institute on Alcohol Abuse and Alcoholism, 33(4), 350-355. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860535/>)

N

Non-Traditional Supports:

Evidence-supported, non-clinical, alternative activities that are used to enhance an individual's recovery. These interventions focus on empowering individuals and may include non-verbal approaches. Examples include mindfulness, yoga, meditation, breathwork, acupuncture and art therapy. (Substance Abuse Mental Health Services Administration [SAMHSA]. (n.d.). SAMHSA's working definition of recovery. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>)

O

Opioid Reversal Education:

Intervention efforts that aim to reduce opioid overdoses or related deaths, such as naloxone training. Naloxone is a drug that reverses the effects of opioids and can save lives in the event of an overdose. (Substance Abuse Mental Health Service Administration [SAMHSA]. (2018). Opioid overdose prevention toolkit. HHS Publication No. (SMA) 18-4742. <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>)

Opioid Use Disorder (OUD):

A brain condition that is defined by problematic use of opioids where the individual is physically and psychologically dependent despite social, occupational or health consequences. (Johns Hopkins Medicine. (n.d.). Opioid addiction. Retrieved May 27, 2022 from <https://www.hopkinsmedicine.org/opioids/signs-of-opioid-abuse.html>)

Overdose:

A medical emergency in which a toxic amount of one or multiple substances is consumed. (The Doorway. (n.d.). Avoid overdose. <https://www.thedoorway.nh.gov/avoid-overdose>)

P

Peer Support Services:

Services created by and for individuals and/or their families to help stabilize and support recovery. Peer support may include recovery coaching, mutual aid support groups such as 12-step programs, employment services, anger management classes, and recovery mentoring/relapse prevention management. (Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022 April 21). Person-and family-centered care and peer support. <https://www.samhsa.gov/section-223/care-coordination/person-family-centered#:~:text=Peer%20support%20services%20are%20services,members%20of%20those%20in%20recovery>)

Plan of Safe Care (POSC):

A critical tool not only for every infant born exposed to prenatal substance exposure but for all pregnant/parenting people and their infants. This tool is completed collaboratively with the pregnant/parenting person and works to coordinate existing support and referrals to new services to help infants and families stay supported and connected when they leave the hospital. (Center for Excellence on Addiction. (n.d.). Plans of safe care [POSC]. Retrieved June 1, 2022 from <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>)

Prevention:

Population- and community-based activities that aim to “prevent the onset and reduce the progression of substance misuse across all age groups, including underage drinking and the misuse of alcohol and/or other drugs, and to reduce the negative consequences of substance misuse for individuals, families, and communities”. (New Hampshire Department of Health and Human Services. (n.d.). Substance misuse prevention services. Retrieved May 27, 2022, from <https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse-prevention-services>)

R

Recovery Coaching:

A form of peer support in which recovery coaches use their lived experiences and training to give and receive non-clinical advice to support recovery from substance use disorders. (Substance Abuse Mental Health Service Administration [SAMHSA]. (2017). Peers supporting recovery from substance use disorders. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf)

Recovery Community Organizations (RCOs):

Peer-led and peer-run agencies that provide services to support people in their recovery from substance misuse. New Hampshire RCOs support all pathways to recovery and offer peer recovery coaching, telephone support, and mutual aid groups. (New Hampshire Department of Health and Human Services. (n.d.). Recovery support services. Retrieved May 26, 2022, from <https://www.dhhs.nh.gov/programs-services/health-care/recovery-support-services>)

Recovery Friendly Workplace Initiative:

A program that promotes the wellness of New Hampshire employees who are affected by substance use by “empowering workplaces to provide support for people recovering from substance use disorder”. (Recovery Friendly Workplace (n.d.). The recovery friendly workplace initiative. Retrieved May 27, 2022, from <https://www.recoveryfriendlyworkplace.com/>)

Recovery Housing:

Safe living environments that support individuals in addiction recovery through peer support and recovery services. (New Hampshire Department of Health and Human Services. (n.d.). Recovery housing. Retrieved May 27, 2022 from <https://www.dhhs.nh.gov/programs-services/health-care/recovery-housing>)

Recovery-Oriented:

A concept that promotes and sustains a person’s recovery from a behavioral health condition. Care providers identify and build upon each individual’s assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community. (Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022 April 4). SAMHSA’s working definition of recovery. <https://www.samhsa.gov/find-help/recovery>)

Recovery:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. All individuals can, with help, achieve the state of health and social function that they determine optimal for their life. (Strengthening Systems of Care for People with HIV and Opioid Use Disorder. (2021 May 27). Glossary of HIV and opioid use disorder service systems terms. <https://ssc.jsi.com/resources/glossary-of-terms#introduction>)

Regional Public Health Networks (RPHNs):

An integrated network of 13 regions in New Hampshire which involves different sectors coordinating and collaborating together to address community-specific substance misuse prevention, treatment and recovery needs through a variety of initiatives. (New Hampshire Regional Public Health Networks. (n.d.). New Hampshire regional public health networks: Building a safe and healthy New Hampshire. Retrieved June 1, 2022, from <https://nhphn.org/>)

Residential Services:

On-site, 24-hour programs that offer clinical care and other support for individuals who require intensive structure for their use of substances. (The American Society of Addiction and Medicine. (2015). An introduction to The ASAM criteria for patients and families. <https://www.aetna.com/document-library/healthcare-professionals/documents-forms/asam-criteria.pdf>)

Risk Factors:

Any environmental factor, behavior, genetic/biological trait, or social circumstance that places individuals at risk of developing a disease or medical condition, such as sex, age, smoking status, physical activity, or socioeconomic status. (New Hampshire Department of Health and Human Services. (n.d.). Behavioral risk factor surveillance system. Retrieved May 27, 2022, from <https://www.dhhs.nh.gov/programs-services/population-health/health-statistics-informatics/behavioral-risk-factor>)

S

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

A strategy in the healthcare sector for reinforcing healthy behaviors, identifying problematic drug and alcohol use early, reducing substance misuse, and referring to treatment among those who need it. SBIRT represents the progressive steps that a health professional takes to assess alcohol and drug use behaviors and reduce risks to the individual's health and well being. (Screen and Intervene New Hampshire SBIRT. (n.d.). Process. Retrieved May 26, 2022, from <https://sbirtnh.org/process/>)

Social Determinants of Health (SDOH):

Considers the environment in which people live such as their access to healthcare and education, economic stability, neighborhood and resources available within their environment and how these factors affect people's health and quality of life. (US Department of Health and Human Services. (n.d.). Social determinants of health. Retrieved June 1, 2022, from <https://health.gov/healthypeople/priority-areas/social-determinants-health>)

Stigma: Irrational or negative attitudes, beliefs, and judgments toward people with a particular characteristic, circumstance, or condition (e.g. socio-economic status, gender, race, sexual orientation, age, medical condition, health status). Stigma occurs on many levels, including individual, interpersonal, organizational, and structural/systemic. Stigma at the individual level pertains to personal beliefs, attitudes, and internalization of stigma, including through shame. Interpersonal stigma is manifested in the interaction between individuals, such as health service staff/providers and clients. Stigma at the organizational level encompasses harmful norms and inequitable policies, procedures, and practices. Structural/systemic stigma includes societal-level conditions, cultural norms, and institutional policies that may result in discrimination against particular groups. (Strengthening Systems of Care for People with HIV and Opioid Use Disorder. (2021 May 27). Glossary of HIV and opioid use disorder service systems terms. <https://ssc.jsi.com/resources/glossary-of-terms#introduction>)

Street Outreach: Services provided within the community, usually in hard-to-reach and/or marginalized communities such as people experiencing homelessness. Services can include education and outreach, direct medical and behavioral healthcare, prevention and harm reduction education, information and referrals, delivering harm reduction supplies, and follow-up support. (National Harm Reduction Coalition. (n.d.). Guide to developing and managing syringe access programs. Retrieved June 1, 2022, from <https://harmreduction.org/issues/syringe-access/guide-to-managing-programs/module-4-external-issues/>)

Substance Misuse: Consuming or using substances inappropriately to the extent that it negatively affects one's health, social relationships, and overall quality of life. (Office of the Surgeon General. (2022 April 8). Addiction and substance misuse reports and publications. <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>)

Substance Use Disorder (SUD): Clinical diagnoses that occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. 'Substances' include illicit or illegal drugs, as well as legal drugs such as alcohol, nicotine, and prescription medications. (Strengthening Systems of Care for People with HIV and Opioid Use Disorder. (2021 May 27). Glossary of HIV and opioid use disorder service systems terms. <https://ssc.jsi.com/resources/glossary-of-terms#introduction>)

T

Telehealth: The use of technology (also referred to as “telemedicine”) to facilitate remote visits between individuals and their care providers. Access to the internet and other technology such as a smartphone, tablet or computer is necessary to ensure effective communication. Telehealth can reduce travel time and wait times and increase access to services and specialists. (Department of Health and Human Services. (2022 May 27). What is telehealth? <https://telehealth.hhs.gov/patients/understanding-telehealth/>)

Tobacco Use Disorder: Medical condition and most common substance use disorder in the United States in which an individual has a physical dependence on products containing nicotine, including cigarettes, cigars, vape pens, e-cigarettes, rolled tobacco, etc. (American Academy of Addiction Psychiatry. (2015 May). Nicotine dependence. <https://www.aaap.org/wp-content/uploads/2015/06/AAAP-nicotine-dependence-FINAL.pdf>)

Trauma-Informed: Defined as “resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). Using a trauma-informed approach realizes trauma’s impact on an individual or community, recognizes signs and symptoms of trauma, and responds by integrating knowledge of trauma into policies, procedures, and practices while actively resisting re-traumatization in individuals. (Substance Abuse and Mental Health Services Administration [SAMHSA]. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach, HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

Treatment: Clinical interventions that are used to help individuals change how they identify with and use substances based on their individual goals. This process can utilize a variety of interventions and often occurs at intervals and is a lifelong process. (National Institute on Drug Abuse. (2020 Sept 18). What is drug addiction treatment? <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/what-drug-addiction-treatment>)

W

Whole-Person Care: The optimal use of diverse healthcare resources to deliver the physical, behavioral, emotional, and social services required to improve care coordination, well-being, and health outcomes while respecting patients’ treatment choices. ([Welkin Health. \(2021 April 6\). Whole person care comes full circle. https://welkinhealth.com/whole-person-care/](https://welkinhealth.com/whole-person-care/))

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