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## Bureau of Drug and Alcohol Services (BDAS)

Conceptual framework and key tenets of service delivery needed to effectively address the misuse of alcohol and other drugs in New Hampshire and how services should connect to main stream healthcare.

### Principles of a Resiliency & Recovery Oriented System of Care (RROSC):

- Resiliency is an “innate capacity... a self-righting tendency that operates best when people have resiliency-building conditions in their lives.”
- Recovery from alcohol and drug problems is a *process of change* through which an individual is able to meet their recovery goals and improve health, functioning and quality of life.
- Recovery-oriented systems of care are networks of organizations, institutions and community members that coordinate a wide spectrum of strategies and services for the prevention, early identification and intervention, treatment of substance misuse and provision of recovery supports.
- RROSC support person-centered and self-directed approaches to care that identify a variety of assets that build on the strengths and resilience of individuals, families and the community to meet and sustain the health and wellness needs of its citizens.
- Recovery-oriented systems of care:
  - Are person / family / community centered
  - Expand a community’s ability to be responsive to its citizens, especially those who need assistance.
  - Offer a comprehensive array of strategies and services that can be combined and adjusted to meet an individual’s needs and chosen pathway to health and wellness.

### Key Tenets of the Alcohol and Other Drug Specialty Service Delivery System:

1. Principles that embrace a Resiliency and Recovery Oriented System of Care model will be incorporated into all aspects of alcohol and other drug policies and service delivery.
2. A robust system of substance misuse prevention, early identification/intervention, crisis intervention, treatment, care management and recovery support services, provided by qualified practitioners, should be available in every region of the state.
3. Community based inpatient and ambulatory Withdrawal Management (WM) and outpatient Medication Assisted Treatment (MAT) services provided by trained medical personnel in tandem (collaborative or integrated models preferred) with same community substance use disorder treatment, counseling or recovery support services, as indicated, should be available in every region of the state.
4. Only services that incorporate practices based on evidence of effectiveness will be supported.

### **Systems Level Marriage between Clinical Practice and a Public Health Approach to Healthcare:**

1. Providers will be encouraged to participate in broad based regional/community public health initiatives with stakeholders from other sectors (healthcare and social service systems, safety, education, business, government and local citizens) to develop and implement a comprehensive approach to address the misuse of alcohol and drugs in their region.
2. The Department of Health and Human Services will optimize the array of funding available to address the misuse of alcohol and drugs available in the public sector in consideration of which funding sources will support particular types of services for particular populations. Agencies providing Alcohol and Other Drug services will need to develop the capacity to access funding from a variety of public and private sources.
3. The Department will enhance and better coordinate epidemiological data and evaluation capacity that supports the need for particular services, giving priority to high risk populations in high need areas, and that utilizes quality, performance and outcome data (data driven decision making).
4. The Department, in concert with partners at the state and local level, will foster a better understanding and rationale for implementing a “comprehensive approach” that works to prevent the progression of misuse of alcohol and drugs and that provides effective treatment and recovery support services. This includes helping stakeholders understand that every successive stage of misuse results in ever greater personal and financial consequences to individuals, families, communities and the state as a whole, requiring progressively more intensive, protracted and costly services. It also entails making citizens and policy makers aware of related costs, including healthcare, criminal justice, child welfare and business, exceeding \$1.8 billion annually.

### **Service Delivery & Interface with Other Systems:**

1. Environmental prevention strategies that work to mitigate risk and enhance protective factors should be implemented at the local, regional and state level.
2. Prevention services that target individuals across the life span that are at risk for engaging in the misuse of alcohol and drugs should be made available in every community in the state.
3. Early Identification, including Screening Brief Intervention and Referral to Treatment (SBIRT) provided by trained healthcare professionals, to identify misuse should be conducted broadly across health, mental health and social service systems (including the criminal justice and child welfare systems).
4. Nominal substance use disorders (SUD) services provided by qualified practitioners that primarily focus on lower levels of acuity and/or that offer interim services, should be broadly made available across the spectrum of health and social service systems, and should serve as a conduit to the specialty SUD treatment system for individuals experiencing higher levels of acuity.
5. Medication assisted treatment (MAT) and withdrawal management (WM) services should be widely available from primary care networks and other healthcare providers. Ambulatory MAT or WM services should be offered concurrent or in tandem, as indicated, with SUD treatment and recovery services.
6. Recovery support services provided by a broad array of health and social services agencies and peer recovery support services provided by accredited recovery community organizations (RCOs) that support individuals finding and maintaining recovery should be widely available in regions across the state.
7. The alcohol and other drug specialty service delivery system should become an integrated but distinct component of the behavioral health service delivery and larger healthcare systems in New Hampshire.
8. 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 and Mental Health Services Administration’s [SAMHSA] four-quadrant model).
9. Substance use and co-occurring mental health disorders treatment services should be provided in tandem with primary care services. Integrated service delivery models are preferred with collaborative models being the minimum standard of care.
10. Options for coordinated care and for establishing health homes for individuals with complex co-morbid physical and behavioral health needs should be included in this model.