



NH Children's
Behavioral Health
Collaborative

July 27, 2018

Jeffrey Meyers
Commissioner
N.H. Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

Via Email Only: SOR@dhhs.nh.gov

Re: State Opioid Response Grant Program

Dear Commissioner Meyers,

The New Hampshire Children's Behavioral Health Collaborative ("CBHC") appreciates the opportunity to offer the following recommendations for the NH Department of Health and Human Services' proposal to the federal Substance Abuse and Mental Health Services Administration (SAMSHA) for the State Opioid Response (SOR) Grant program.

The CBHC is a collaboration of over 60 organizations and hundreds of families and youth dedicated to transforming the way we support children with behavioral health needs.¹ The CBHC supports state-level policy changes to transform NH's children's mental health and substance use disorder system into an integrated, comprehensive system of care that is family driven and youth guided, community-based, and culturally and linguistically competent.²

1. **System Integration.** Consistent with the recent DCYF Adequacy & Enhancement Assessment Report, CBHC strongly supports the recommendation of further integration (using System of Care principle and values) between all child-serving agencies in NH government, including DCYF and the Bureau for Children's Behavioral Health. Based on what we know about children with co-occurring disorders and the impact of childhood trauma on a child's current and future behavioral health, CBHC strongly recommends that this integration also include BDAS. Perhaps some of the SOR fund could be used to support this ongoing integration effort.
2. **Trauma-informed, multi-generational approach.** We understand the SOR funds are restricted, however when planning for the use of this funding, CBHC strongly recommends DHHS use a framework of prevention and trauma-informed care that takes a

¹ In 2014, New Futures was selected to serve as the backbone organization for the CBHC. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all Granite Staters.

² These values are imbedded in RSA 135-F, which directs the State to develop an integrated and comprehensive service delivery system for children with behavioral health needs.



multi-generational approach. There is now powerful evidence showing that among those who misuse opioids, the individuals most likely to experience problems with addiction are those who suffered childhood trauma or multiple adverse childhood experiences (ACEs). The current efforts to address the opioid crisis will only be as effective as our ability to provide treatment that acknowledges the roots of addiction and make investments in both proven and promising prevention and treatment strategies.

3. **ACERT.** A promising trauma-informed program that would benefit from the SOR funds is the Adverse Childhood Experiences Response Team (ACERT) in Manchester, an area that has been hit hard by the opioid crisis. The ACERT model puts together a response team, including a police officer, a crisis services advocate, and a behavioral health professional, that can be deployed to serve children who have been exposed to a traumatic event. The team is trained to respond to incidents as soon as the scenes are secured by the police. The team assesses the situation and determines next steps for the child, such as support groups, mental health counseling, early childhood education, or child-parent psychotherapy. The SOR funds could also be used to expand this model to other areas of the state, hard hit by the crisis.
4. **MTSS-B.** Another evidence-informed NH program that would benefit from SOR funds is the Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) model, designed to promote the behavioral health of NH public school students. This school-based prevention model is currently being implemented in nine NH school districts, however high-fidelity implementation of MTSS-B requires considerable investment of resources and is dependent on key implementation drivers including training; ongoing coaching; monitoring, evaluation, and data-based decision-making; system-level administrative support, and reliable funding and human resource capacity. The NH Department of Education's Bureau of Student Wellness (BSW), serves as the primary driver of the MTSS-B model and provides oversight, guidance, and support to NH districts involved in behavioral health-related projects and programs across the state. BSW could benefit from additional MTSS-B consultants to support this important prevention work in local school districts.
5. **MAT.** Understanding that the SOR funds must be used in part for increasing access to MAT, CBHC encourages DHHS to consider increasing access to MAT therapies that are clinically indicated for adolescent populations.
6. **SBIRT.** Lastly, CBHC recommends DHHS continue to support efforts to expand the use of Screening Brief Intervention and Referral to Treatment (SBIRT) protocols in all settings where youth and young adults are, including primary care, schools, student assistance programs, and diversion programs.



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As a collaborative of families, youth, behavioral health clinicians, school administrators, behavioral health providers, and others, we look forward to working with you and all our federal and state partners to help maximize the impact of these funds.

Thank you for your consideration of these comments and please do not hesitate to contact me if you have any further questions or need additional information.

Respectfully,

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New Futures, Inc.