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Question: "Opioid specific"- Does this mean that providers paid for by this grant can only work with Opioid Dependent individuals? This would create a lot of havoc if the client who doesn't meet this criteria would not receive the same level of care.

Recommendations:

Telehealth, which consists of software and providers (MD and NP) which would allow this to be considered.

Expand Vivitrol, Suboxone capacity, which would include physicians and NPs and licensed counselors.

Ambulatory withdrawal management within a partial hospitalization program, fully staffed with licensed clinicians, case manager and prescribers.

Care Coordination embedded within all residential programs to follow clients for first 6-9 months post treatment to increase recovery outcomes and reduce opioid deaths.

Integrated care is most readily possible when the existing treatment facilities are the hub of care. Incorporating substance use disorder, medical and psychiatric treatment will best serve to address all social determinants of health.

Adolescents- facilities should be able to operate under the guidelines of the Bureau of Drug and Alcohol Abuse Services, under one license. The regulatory issues involved with two licenses (one under the Child Health regulations) are too burdensome.

Pregnant and Parenting women.