

As leading providers of substance misuse treatment services in New Hampshire, Keystone Hall and Harbor Homes, as well as their partners, are well-poised to assist with identifying ways to increase access to medication-assisted treatment, reduce unmet treatment needs, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). We are pleased to submit joint public comments in response to NH's request for ways a SAMHSA SOR grant could be most impactful to our communities. With unique perspectives spanning substance use disorder treatment and recovery support services within residential and outpatient settings, as well as across provider types and platforms, we offer several ideas that address a variety of points on the recovery spectrum. Additionally, as the Facilitating Organization for the bulk of NH's Recovery Community Organizations, we address both peer-based and clinical models of recovery.

Most importantly, we urge the state to make its BDAS providers "whole", many of which experienced drastic budget cuts and will now be forced to waitlist individuals without adequate insurance. These are usually the most vulnerable individuals in our community. We hope SOR funds will be used to support individuals and families with the least resources to pay for services, with a focus on supporting non-profit providers.

Given the ability for SOR funds to pay for recovery housing – a rare occurrence – we hope NH will take full advantage of this opportunity. Recovery Housing where the “money follows the person” through a voucher system or similar mechanism to a certified recovery or transitional housing program will best ensure providers of recovery housing are high-quality. Additionally, wraparound services of peer support should be made available within the housing, along with the provision of outpatient therapy and employment support. For the first two months, rent should be paid in full, with some funds available to purchase essential items such as food and clothing. At the end of two month, a graduated decrease in rental support using SOR funds could occur, similar to HUD's Rapid Re-Housing model of care.

Harbor Homes' providers can attest that when patients have access to safe housing that is friendly towards MAT – perhaps even linked to MAT - their chances of recovery vastly increase. Creating recovery housing within existing private and subsidized housing that is supportive of individuals and on MAT, can accommodate their families, and includes additional recovery support services that impact a participant's ability to remove barriers to achieving and maintaining recovery (transportation, employment assistance and education, child care, on-site access to health care and SUD Tx, intensive case management, etc.) is critical for NH to achieve maximum impact w SOR funds.

Funds from the SOR grant would also be beneficial to provide treatment and transitional housing for individuals throughout incarceration and when reentering the community from incarceration. The period of time immediately following incarceration presents significant risk for overdose. MAT services, medication management as well as outpatient counseling, are essential to be initiated prior to and as individuals are transitioning back to the community. Keystone Hall currently provides intensive SUD treatment in Hillsborough County Department of Corrections and is the lead agency with the Rockingham County Drug Court. Keystone Hall was previously providing treatment in the Concord State Prison, however these services had to end due to lack of funding. Increasing treatment to individuals

“behind the walls”, and adding on-site peer support services for three months prior to release, is a way to better ensure those exiting corrections have the best chance possible at success. As we know, individuals returning to the community from incarceration have many needs to support positive, pro-social reintegration. Peers, especially, can help ease transition and create a new network of support that follows the person into the community. Recovery-based housing with an embedded MAT component would support a safe and positive transition.

Children are some of the most vulnerable in our community affected by this opioid crisis. We urge NH to expand parenting education to all 12 recovery support centers throughout the state, in addition to enabling BDAS treatment providers to once again pay for child care, transportation, and other recovery support services that male and female parents need to support their recovery. Targeted trauma-informed models of care for children that are reimbursed by BDAS should also be integrated within PPWI/PWC treatment programs.

As funding for OUD continues to shift, it is imperative that treatment and recovery support service providers are afforded the opportunity to engage individuals in treatment with creative, individualized care throughout a continuum of service levels. Funding for case management of individuals at the highest levels of overdose risk—history of overdose, transitioning from incarceration or residential treatment, reported use of multiple substances, lack of safe and stable housing—is a missing link to the continuity of care. Funding for integrated case managers to provide a consistent thread throughout various levels of care may be the creative missing link the OUD treatment world needs. Models to be expanded to the SUD community could be similar to ACT or Critical Time Intervention EBPs.

Finally, we strongly support SOR funds being to support Nashua Safe Station, an innovative recovery support service that provides immediate access to all levels of ASAM treatment, but especially medical detoxification and Medication Assisted Treatment. Medical detox and MAT are two evidence-based practices that, when provided immediately at the point a person asks for help, is proven to decrease relapse, overdoses and deaths from OUDs. Nashua Safe Stations is committed to serving all New Hampshire individuals who come seeking help. The majority of Safe Stations participants are from Nashua and its surrounding towns. But, individuals have come from more than 100 towns in NH, including Manchester, Hudson, Milford, Derry, Rochester, and Merrimack. Safe Station Nashua enables some of NH’s most vulnerable community members to gain access to 24/7, immediate substance use disorder treatment, inclusive of crisis/ emergency recovery housing and other social determinants of health and recovery support services. Through case management, Safe Station participants not only receive treatment, but also receive support in accessing recovery housing; employment and education services; and essential items/ services, such as food and shelter, integrated primary/ behavioral health care, and ongoing transportation to treatment services.

The Safe Station program, combined with the ability to access recovery support services such as housing, transportation, and other social determinants of health, enables a person’s likelihood of:

- Entering into substance use disorder treatment,
- Maintaining engagement in substance use disorder treatment,

- Achieving recovery.

It is also the Nashua Safe Station partners' objective to improve the region's ability to provide a recovery and resiliency oriented system of care to individuals with substance use disorders. We measure the effectiveness of the program in a variety of ways, with a focus on:

- The number of overdoses and fatalities in Nashua.
- The number of incidents of Narcan administration by emergency personnel.
- The rate of utilization of emergency departments to gain access to substance use disorder treatment.

The Nashua Safe Stations program is incredibly successful. In 2017 the program served 1,300 individuals, resulting in a 17% decrease in overdoses in Nashua – the first drop in three years. Concurrently, there were 13% fewer emergency room visits related to opioids.

Nashua Safe Station primarily serves very low-income and homeless individuals who are uninsured or receiving Medicaid. The program is grossly underfunded, especially its medical detoxification and MAT services. Unfortunately, the recovery support services portion of the program is not yet reimbursable, and relies solely on charitable contributions and grants to operate.

To sustain the medical detoxification portion of the program, which costs approximately \$1 million annually due to the 24/7 nurse and medical provider requirements, we must secure \$500,000 annually to continue to staff and operate this life-saving level of care. Approximately 70% of Nashua Safe Station participants utilize medical detoxification services. Insurance reimbursements only cover a small portion of the overall cost of care.

The majority of participants enter into medical detoxification seeking access to MAT (Vivitrol/buprenorphine) and recovery housing. While Harbor Homes, an FQHC, provides MAT through its Office-Based Opioid Treatment program, they often maintain a waiting list for services due to funding challenges. More so, many patients – despite having insurance – are unable to receive prior authorization and/or afford Vivitrol, the most requested and effective medication among our patient population. With \$250,000 in additional SOR funding, Harbor Homes can increase the number of MAT providers and provide assistance with paying for medication, available through its 340b pharmacy, eliminating its waitlist for services and increasing the number of individuals on MAT by 20%. Additionally, some funding will be used to expand access to an MAT app in a pilot phase among some MAT patients and Harbor Homes' MAT providers. The app will increase communications between providers and patients, and increase engagement and adherence to treatment.

The above services respond to the nature of the funding available, focusing only on OUDs and recognizing that to achieve an 80% GPRA response rate among patients, it is necessary to carefully select programs and services that will promote long-term recovery. To further ensure we are able to achieve this 80% follow-up goal, a final funding use is recommended. A statewide recovery support services fund (similar to BDAS' enhanced services but with more flexibility) should be created that responds to the many barriers persons with OUDs face as they enter into and maintain recovery

(primarily social determinants of health). This fund can also be used to incentivize participants to maintain contact with SOR sub-recipients to achieve the required GPRA response rate. For example, a portion of the funds for an emergent need would be held back until the exit GPRA is completed. From our lessons learned with homeless veterans[1], we know that access to recovery capital, which could include access to flexible funds to pay for emergent and unexpected needs[2] is critical to a person's ability to achieve resiliency and recovery.

On behalf of the staff, board and clients of Harbor Homes and Keystone Hall, we appreciate the opportunity to make comments on the best use of SOR funds in NH, and look forward to working with the state to achieve the grants goals and outcomes. Should you have any questions, please do not hesitate to contact us at 603-882-3616 or by email at [p.kelleher@nhpartnership.org](mailto:p.kelleher@nhpartnership.org)

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Peter Kelleher  
President and CEO of Harbor Homes, Keystone Hall, and the Partnership for Successful Living Affiliates