

# ***Bureau of Drug and Alcohol Services***

**Presented to House Finance Division III  
LOB Room 210 February 24, 2017  
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# Agenda

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- ▶ **Overview of Bureau of Drug and Alcohol Services**
- ▶ **Key Programs / Services**
- ▶ **Population Served**
- ▶ **Statewide Delivery System**
- ▶ **Financial Summary**
- ▶ **Accomplishments**
- ▶ **Key Challenges**



# Overview – Bureau of Drug and Alcohol Services

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The Bureau of Drug and Alcohol Services (BDAS) administers an array of initiatives and services including:

▶ **Prevention Services Unit**

- Population Level Strategies (supporting local communities in taking a public health approach)
- Prevention Direct Services

▶ **Clinical Services**

- Impaired Driver Programming (regulatory)
- Crisis Intervention Services (Treatment locator / crisis line / regional access points)
- Specialty substance Use Disorder (SUD) services
- Withdrawal Management (WM) / Medication Assisted Treatment (MAT)
- Opioid Treatment Programs (OTP) – regulatory
- Recovery Support Services

▶ **Resources and Development** (service capacity / training / technical assistance)

▶ **BDAS serves as a subject matter resource within DHHS, to other State Agencies and to other state & community stakeholders.**



# Types of Clients and Services

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## General population / Individuals at risk for misuse:

**Services include:** Population level prevention strategies / prevention direct services

**Client Eligibility:** General population / individuals across the life span at risk for misuse of alcohol and drugs with a priority focus on youth and young adults and with a growing emphasis on early childhood.

## Individuals misusing alcohol and drugs who may not yet be addicted:

**Services include:** Juvenile Diversion Programming / Impaired Driving Services (regulatory oversight)

**Client Eligibility:** Youth involved with the juvenile justice system / Individuals convicted of an impaired driving offense.

## Individuals diagnosed with a substance use disorder including priority populations:

**Services include:** Crisis Intervention services / specialty Substance Use Disorder treatment services / Medication Assisted Treatment / Recovery Support Services.

**Client Eligibility:** Individuals with a substance use disorder below 400% of Federal Poverty Level (sliding fee) that do not have insurance or their insurance does not cover the type of treatment services needed.

## Service Gaps Analysis / Program Capacity Development / Workforce Development



# Caseload – Bureau of Drug and Alcohol Services

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Year	Prevention Services	Gov. Commission	Clinical	Total
2012	1,717	2,190	1,671	5,578
2013	1,748	1,788	9,500	13,036
2014	8,926	2,552	9,872	21,350
2015	14,914	4,305	9,238	28,457
2016	11,360	15,478	10,413	37,251
2017	17,515	15,478	10,413	43,406

Does not include caseload numbers for additional funding made available from SB 533



# Delivery System

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13 Regional Public Health Networks

Public Awareness & Information

Training & Technical Assistance

School and Community Based Substance Misuse Prevention Services

Community Based Juvenile Diversion Programs

Impaired Driver Intervention Programs

Crisis Intervention Services: Crisis Line (1-844-711-HELP) /  
Regional Access Point Services / Hospital ED Services / Naloxone Program

15 Specialty Substance Use Disorders (SUD) Treatment Service Providers

Opioid Treatment Programs (Methadone Clinics) – Regulatory Oversight

Peer Recovery Support Services



# Delivery System

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NH DHHS \$30 M+ Investment in the NH Substance Misuse Service Delivery Continuum Dec 2016

What's Available?

What's Needed?

Resources to Support Strategies & Services

Community Based Programs to Provide Services

Skilled and Available Workforce

Training  
Technical Assistance  
Work Force Dev.

Population Level Strategies & Public Awareness

Prevention Direct Services

Key Partners:

Medicaid & Programs Across DHHS

Gov's Commission

Regional Public Health Networks

Other Key Stakeholders

Resiliency & Recovery Oriented Systems of Care

Person  
Family  
Community

Early Identification & Intervention (SBIRT)

Crisis Intervention & Hospital Based ED Coord

SUD Treatment Capacity

Specialty Substance Use Disorder (SUD) Treatment

Withdrawal Management & Medication Assisted Treatment (MAT)

Peer Recovery Support Services

Recovery Shelter Respite Care / Housing

Gaps & Other Challenges:

- Prevention Direct Services
- Early Identification
- SUD Treatment
- Medication Assisted Tx
- Recovery Support Svcs.
- Recovery Shelter/Housing
- Access / Coordination Svcs.

Workforce Gaps

Other:

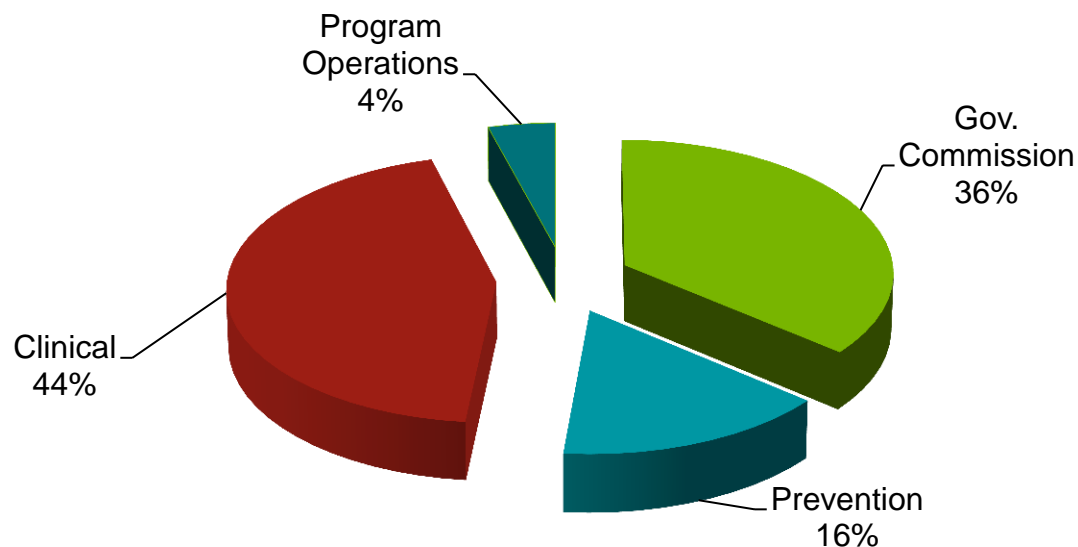
- Stigma of Addiction
- Lack of Public Awareness

Bureau of Drug and Alcohol Services - BDAS  
Division for Behavioral Health  
NH Department of Health and Human Services



# Major Spend – Bureau of Drug and Alcohol Services

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Total	SFY 16 Actual	SFY 17 Adjusted Authorized	SFY 18 Governor's Request	SFY 19 Governor's Request
Total Funds	\$12.7	\$21.0	\$25.8	\$25.9
General Funds	\$2.9	\$6.4	\$2.6	\$2.7
<i>Amounts in millions</i>				





# Major Accounting Units – General Funds

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Major Accounting Unit	SFY16 Actual	SFY 17 Adjusted Authorized	SFY18 Governor's Request	SFY19 Governor's Request
9205-3380 Prevention	\$0.2	\$0	\$0	\$0
9205-3382 Gov. Commission	\$0	\$2,623 ^	\$0	\$0
9205-3384 Clinical	\$2.1	\$3.1	\$2.0	\$2.0

Amounts are General Funds only and in Millions

^ SB 533



## Staffing – Bureau of Drug and Alcohol Services

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Authorized Positions	%	Accounting Unit
10	53%	Program Operations
3	16%	Prevention Services
6	31%	Clinical Services
19	Total	



# Key Accomplishments

Ongoing Support to NH Communities Identifying Service Assets & Gaps.

Supporting NH Communities Implementing a Strategic Approach in Addressing the Misuse of Alcohol and Drugs.

Making \$30M+ of Braided Funding Available to NH Communities in Calendar Year 2016.

Establishing SUD Benefits in the NHHPP & NH Medicaid Programs.

Public Awareness Campaign on Risks of Opioids & Available Resources.



# Major Challenges

Sustainability of Resources to Develop/Maintain New Services.

Communities' Ability to Establish New Programs / Workforce Challenges.

Coordination of Services Within the Healthcare System.

Data Analysis Capacity to Inform Policy & Measure Outcomes.

Staffing Resources Needed to Effectively Administer Programming.

