

NH Governor's Commission on Alcohol and Other Drugs

Public Input Data Brief October 2023



BACKGROUND



In October 2023, the NH Governor's Commission on Alcohol and other Drugs engaged the public through an online survey and an in person forum to collect public input. The responses were utilized to inform prioritization of investments of the "Alcohol Fund" that are aligned with strategies in the State Action Plan.

WHAT'S IN THIS DATA BRIEF



1. **Cross-Cutting Themes:** Finances & Funding, Accessibility, Support for Professionals, Collaboration
2. **Prevention:** Programmatic Needs, Collaboration & Community
3. **Harm Reduction:** Defining Harm Reduction, Access & Barriers
4. **Care Coordination & Behavioral Health Integration:** Access & Barriers, Collaboration & Integration
5. **Treatment:** Access & Barriers, Health Insurance & Medicaid, Mental Health & Co-Occurring Disorders, Collaboration & Integration, Programmatic Needs
6. **Recovery:** Collaboration & Integration, Programmatic Needs, Stigma
7. **Family Supports & Services:** Access & Barriers, Collaboration & Community
8. **Data Monitoring & Dissemination:** Data Needs, Transparency & Accessibility of Data Collected
9. **Workforce Capacity:** Support for Professionals, Personnel Needs
10. **Professional Development:** Access & Barriers, Support for Professionals



NH Governor's Commission on Alcohol and Other Drugs

Public Input Data Brief October 2023

LIMITATIONS



This qualitative data brief is subject to certain limitations that should be considered when interpreting the findings.

The information presented herein solely reflects the perceptions and comments of the public participants who engaged in the input sessions and surveys. It is imperative to recognize that the responses have not undergone editing for factual accuracy; rather, they are presented in their original form to authentically capture the sentiments expressed by the participants. As such, the content is inherently subjective and may not necessarily reflect objective truths. The purpose of this report is to provide insight into participant perspectives rather than to convey empirically verified information. Consequently, readers should exercise caution in generalizing or drawing definitive conclusions and causations from the qualitative data presented, recognizing the inherent subjectivity of participant sentiments.

METHODS



The data in this brief were collected September-October 2023 through an online survey and hybrid forum. These activities were designed to collect public input to help inform prioritization of investment recommendations for the coming state fiscal year(s) that are aligned with strategies in the Commission's State Action Plan.

Forum and survey questions were organized by strategy area in an open-ended response format. Participants at the forum spoke publicly during any areas for which they chose to share their perspectives. Survey respondents were able to select as many areas as they wanted to share feedback and did so anonymously.

Two analysts used inductive coding to analyze data from the forum and open-ended survey responses using Dedoose software. The analysts first coded independently, then reviewed the codebook collaboratively in order to reduce bias. The codes were then grouped into the themes which are presented in this data brief.



Cross-Cutting Themes

These themes were relevant across two or more of the State Action Plan strategy areas as demonstrated in the chart on the following page.

- **Finances & Funding**
 - Financial barriers faced by people who use substances when trying to access services
 - Funding needs and limitations for crucial programming in NH to address the needs of NH residents
 - Sustainable funding models needed
 - Abbreviated length of contracts and the administrative burden that this produces
- **Accessibility** & Barriers for people who use substances
 - Transportation
 - Cost of services
 - Eligibility
 - Capacity of existing programs
- **Support for Professionals** in the field to avoid burnout, access training/education, and maintain their mental health
- Increased **Collaboration** and integration of services is needed across the continuum of care
- **Unique Themes** included defining Harm Reduction and Data Needs in the Field



Cross-Cutting Themes

Themes Strategy Areas	Finances & Funding	Accessibility	Support for Professionals	Collaboration
Prevention	Programmatic Needs			Community
Harm Reduction	Lack of Program Funding	Limited Service Availability, Stigma as a Barrier		
Care Coordination & Behavioral Health Integration	Insurance Coverage	Limited Service Availability, System Navigation, Eligibility Requirements	Personnel Needs	Integration of Services
Treatment	Programmatic Needs, Financial Barriers	Limited Service Availability, Service Options, Medicaid		Integration, Mental Health & Co-occurring Disorders
Recovery	Access to Recovery Housing, Programmatic Needs	Stigma as a Barrier		Integration of Services
Family Supports and Services	Insurance Coverage	Waitlists, Limited Service Availability		Community
Data Monitoring and Dissemination		Transparency & Accessibility of Data Collected		
Workforce Capacity	Personnel Needs		Training and Education Needs	
Professional Development		Cost Barriers for Professional Development	Burnout, Mental Health Support	

Prevention

Key Themes

“Increase access to prevention programming, health promotion activities, and counseling throughout the NH K-12 school systems... We have many schools in our region struggling with staffing. We have a few schools that don't even have counselors, or nursing staff... ongoing staffing challenges limit the capacity and ability of our partners when executing prevention strategies. [Staffing challenges] seem to be the result of higher level issues that need to be addressed (IE: affordable housing, inflated cost of living, livable wages, affordable childcare, licensure requirements).”

“[There is] importance in preventing childhood trauma before it starts. Childhood trauma and toxic stress [play out] across adulthood - substance use issues are at the heart of it. Childhood trauma needs to be addressed early on. Childhood trauma connects to 9 out of 10 ACEs ... All pediatricians should be using ACEs [screening].”

PROGRAMMATIC NEEDS



Many respondents noted the need for more prevention programs in the state and increased funding as well as priority for prevention at the state level. Respondents mentioned specific program types where for which there is particular need, including:

- Youth and Family Programs
- Restorative Justice and Court Diversion Programs
- School-Based Prevention Programs
- Programs that focus on Early Prevention and Intervention
- Programs that address Adverse Childhood Experiences (ACEs) and trauma

COLLABORATION



Strengthening communities and support for NH residents is a key aspect of prevention. Specifically for professionals, this means the prevention must occur in partnership with all parts of the continuum of care.

“[We need to build] communities that help children and families thrive. Prevention is a result of what we do. Families having what they need when they need it. Prevention must happen in partnership and have communities families can rely on ... community wide, ecosystem wide, not individual services but strategies while being supported by policy.”



Harm Reduction

Key Themes

“We have made a lot of headway with the community understanding what harm reduction is. People, however, continue to die, and harm reduction is a great way to reduce these numbers.”

ACCESS & BARRIERS

Obstacles to delivering quality harm reduction services include:

- A lack of harm reduction programs (including Syringe Service Programs, Safe Disposal, Safe Consumption Sites, Harm Reduction Education Programming, Narcan/Naloxone Distribution, etc.) and professionals in the state
- Stigma in NH and society at large causes harm to people who use substances and prevents people from accessing and supporting harm reduction programs
- Public misunderstanding of what harm reduction means
- Lack of financial and material resources for harm reduction programs

“There is still significant stigma regarding harm reduction, so in addition to increased harm reduction opportunities, public awareness and education for the public are important as well.”

“Harm reduction programs struggle to provide life saving supplies to those in need. They need more unrestricted funding for those services. Also, harm reduction, like any other SUD program, does not need to be defined as to what services it should be allowed to provide.”

UNDERSTANDING HARM REDUCTION

There is a general need for professionals within the state and the general public to reach a shared understanding of what harm reduction means and entails. Clear communication about the goals and intent of harm reduction is needed.

“Harm reduction needs to be reframed in a way that people can understand it. Keep people in their communities and normalize their treatment like other illnesses. [We] need to put harm reduction in context (e.g., we wouldn’t take away someone’s insulin).”



Care Coordination & Behavioral Health Integration

Key Themes

“Need more resources and points of connection/care coordination for vulnerable populations...services are difficult to navigate, especially for those with challenges.”

ACCESS & BARRIERS



NH residents face overwhelming barriers to accessing care coordination and behavioral health services. Specific barriers mentioned include:

- Financial barriers such as lack of insurance and limited Medicaid coverage for care coordination and behavioral health services
- Lack of care coordination and behavioral health professionals means limited availability
- Difficulty navigating the complicated system of services in NH
- Eligibility for services such as abstinence requirements or services that only serve mental health or SUD but not co-occurring disorders

“Many care coordination and behavioral health require an abstinence model in order to participate and engage in services, leaving many NH community members at a loss for services.”

COLLABORATION



The system of care in NH needs improved collaboration and partnership among agencies, however, barriers such as privacy/confidentiality laws, funding limitations, and lack of knowledge and awareness of services prevent this.

“There needs to be better communication between agencies for care coordination and more access to Behavioral Health services as there is limited access at this time... [NH] needs better communication with the county/state prison system, rehab centers, and hospital systems to do better care coordination.”

“Lots of different agencies want to work together, but privacy laws and overlapping services/service regions make it very challenging for the greater public to navigate, [and] community members do not have a working knowledge of what is available or how to access.”



Treatment

Key Themes

“Cost of treatment and lack of insurance coverage through medicare and medicaid is often a stumbling block for a person seeking treatment. They are often in financial difficulties because of their addiction and finding a place that will work with what they have is difficult.”

ACCESS & BARRIERS

NH residents face challenges accessing treatment for many reasons, most notably financial barriers.

MENTAL HEALTH & CO-OCCURRING DISORDERS

Treatment programs in NH should recognize and address the mental health needs of people who use substances and expand options for treatment of co-occurring mental health conditions and SUD.

HEALTH INSURANCE & MEDICAID

Payment for SUD treatment remains a major barrier for patients, specifically the limitations of Medicaid coverage and the need for expanded treatment options that take Medicaid.

COLLABORATION

Services need improved integration, collaboration, and communication for continuity of care. Silos are a barrier to NH residents accessing services across the continuum of care.

“Separation of treatment and recovery is artificial and needs to allow people to go back and forth.”

PROGRAMMATIC NEEDS

NH residents need more treatment program options and more treatment programs that serve youth and families.

“It is near impossible to find treatment for adolescents. Addiction does not discriminate [by] age, so why does our treatment? Incentives should be put into place to entice facilities and professionals to provide treatment services to our at-risk youth.”



Recovery

Key Themes

ACCESS & BARRIERS

While NH residents struggle to access many types of recovery services due to financial barriers, transportation needs, and program capacity, respondents overwhelmingly cited the need for housing. NH residents are in dire need of recovery housing and transitional housing, and the state lacks the capacity to serve the individuals in need. Several respondents also mentioned the need for sober housing specifically for women.

“Recovery Housing is not supported enough in NH... The burden of housing should not fall on the home operators alone. The state should be held accountable to assist in this crisis.”

“There is practically no funding for people with alcohol use disorder towards sober living; it's all for opioid and/or stimulant use disorder.”

PROGRAMMATIC NEEDS

Similar to the treatment feedback, many respondents cited a general need for more recovery supports and programs. Respondents mentioned specific program types where for which there is particular need, including:

- Medical Detox services
- Recovery Community Organizations (RCOs)
- Step Down Programs
- Teen Recovery Programs
- Respite Programs

“We need more recovery options period! We still do not have an appropriate number of all ASAM levels of care.”

“There is definitely a need for more “transitional living” as opposed to sober living, especially for people who do not have the funds to pay for sober living.”

STIGMA

Stigma remains a major barrier to individuals receiving quality care during recovery. Respondents shared that education is needed for the general public to reframe SUD as a chronic illness and not a choice. This need extends also to professionals in the field who perpetuate stigma.

“There is still massive stigmatization of SUD. There are still countless people who do not think it is a disease and it's just a moral failing.”

“[We need to] connect with our partners to overcome our barriers. It is all about building relationships.”

COLLABORATION

Recovery programs in NH need to improve communication across the continuum and increase awareness in the community about the resources they offer.



Family Supports & Services

Key Themes

"[We] need to connect family supports in the community, work with people beyond schools with evidence-based interventions, [and have] longer-term funding so people can implement, grow, and sustain community improvement strategies."

ACCESS & BARRIERS

Long waiting lists, lack of insurance coverage, and limited service availability were primary factors impacting patient access to family supports and services. Program availability and waitlists were also factors mentioned from the provider perspective, with several respondents mentioning that the state lacks the necessary sustainable funding to support the needs of families.

"Insurance companies do not pay for the family member seeking support for a family member with an addiction. The treatment programs focus only on the patient and not on the families. There are no intensive treatment programs for families, so if loved ones overdose, the family doesn't know that further treatment is needed to avoid death. There are no true supports for families other than AlAnon."

COLLABORATION

Along with funding and sustainability needs mentioned above, many respondents cited that collaboration across the continuum and throughout the community were crucial elements of providing quality Family Supports and Services.

"Minimal supports available for family members with loved ones, especially youth, who offer with substance use disorder and/or mental health. Formulation of multi-state collaborative would greatly enhance the availability of necessary services."

"Currently ... a large chunk of funding is expiring with no known replacement. This could cause a steep decline in how FRCs [Family Resource Centers] may be able to support Kinship Families through the Kinship Navigation Program. This program has served almost 700 families since its inception..."



Data Monitoring & Dissemination

Key Themes

“It is hard to know what is being funded by the Commission and what is/may be working well. This information isn’t shared in any meaningful way that’s digestible by community members. The Commission should prioritize funding for additional data collecting and technical assistance so that information on gaps/needs and successes can be more real-time.”

DATA NEEDS



Participants expressed a desire for data collection to be a higher priority. In particular, it was noted that without collecting sufficient data, it is difficult to assess the effectiveness of the programs the Commission funds. Furthermore, participants shared that there is a need for more data regarding disparities resulting from geographic, infrastructural, or demographic factors.

“The challenge is having access to current data regarding the provider network, the percentage of people served, and how programs are reducing the rate of recidivism across the whole state. Having a standard of gathering and reporting will give providers an accurate picture of how their work is benefiting the community.”

“There is a lack of people sharing disparities in data.”

TRANSPARENCY & ACCESSIBILITY OF DATA COLLECTED



In addition to needing to collect more data, participants shared that there is a problem with limited access to the data that does exist, particularly about the effectiveness of programs. There is a need to share this data with the public more regularly, and in a way that is more easily accessible to the public than how data is currently shared.

“Evaluate 211, 988, and NH Doorway around how these programs are working. Share data more regularly.”

“We don’t know what is out there and no program is end all be all. We need to get past the silos.”



Workforce Capacity

Key Themes

PERSONNEL NEEDS



Many respondents simply stated that NH needs more professionals in the field. Overall, there is a shortage of qualified candidates who can fill the gap.

"We have posted job openings for six months with no candidates applying. The mental health and addiction treatment fields are highly stressed and under-paid, so fewer are entering the workforce. Those who are in it get burnt out and leave the profession."

"Organizations need training and support in creating workforce-supportive cultures and climates. There should be more certifications like the CRSW that certify individuals with lived experience and paraprofessionals to work with families and youth."

"[We] need space and support for the workforce, for trauma they experience working with others but also bring with them from their own experiences."

SUPPORT FOR PROFESSIONALS



Professionals across the continuum of care in NH need increased support in the form of training, education, mental health support to prevent burnout, and policies that support employee wellbeing, such as paid family and medical leave.

Many respondents expressed the desire to improve their capacity through education and training, however, cost and time remain major barriers, and licensure requirements are onerous and overly administrative.



Professional Development

Key Themes

“As a 37 yr professional in the field, I have to take a day off with no pay and drive to Concord to get Continuing Education Units (CEUs) to keep my license. It is very time consuming to try to find supervision locally. The supervision requirements for a seasoned professional are quite extensive ...”

SUPPORT FOR PROFESSIONALS

Despite their passion, many respondents still expressed that the lack of support for professionals is a major contributor to turnover.

“The field is seeing one of the highest turnover rates ever. This of course is due to a variety of factors, but I think direct service providers do this work because of their passion for helping others, and I do not think they are receiving that same support in return after losing clients to the disease of addiction. Grief support is not addressed in a professional setting to assist those supporting our most vulnerable populations and preventing their burnout of the work they love.”

ACCESS & BARRIERS

Respondents expressed the need for financial support and expanded opportunities for education and training in the field. Barriers to accessing education and training include:

- Cost of training
- Limited time to participate in training
- Certification and licensure requirements that are too onerous to keep up to date
- Limited supervision available

“[I] would like to see more free education/training opportunities for people working with SUD to attend when the agencies they work for do not have a budget for these things.”

Several respondents went into detail about the regulatory burdens of the certification and licensure systems in NH and how those burdens contribute to workforce shortages and personnel needs.

“There needs to be changes that allow someone who cannot afford to go to college to advance in their career based on the trainings they do and the level of experience they have. For example, if a Certified Recovery Support Worker (CRSW) is trained in ASAM criteria and has experience doing assessments under a licensed clinician, they should be allowed to do assessments as long as they are being supervised by a licensed clinician... This would free up the clinicians to do actual clinical work with the clients, allow more people access to assessments, develop the workforce, and provide better outcomes.”



NH Governor's Commission on Alcohol and Other Drugs

Public Input Data Brief October 2023



ACKNOWLEDGEMENTS



Many thanks to the task force members, state agency staff, survey respondents, and public session participants that ensured that this data brief would be well informed by experience in the field.

The Commission thanks the staff at the Center for Excellence on Addiction at the Community Health Institute/JSI for gathering data, conducting analyses, coordinating, drafting, and designing this data brief.

This data brief was made possible through funding from the New Hampshire Governor's Commission on Alcohol and Drugs in partnership and coordination with the New Hampshire Department of Health and Human Services.

