

State Plan and Opioid Abatement Synergies Crosswalk

Introduction

The State Plan and Opioid Abatement Commission Synergies table is presented on the following pages. This table utilizes the 50 strategies identified in the [Strengthening Our Response Together Action Plan](#)¹, the NH plan to address alcohol and drug use, the [Opioid Abatement Commission](#)'s² duties as outlined in RSA 126-A:86, and the investments that the NH Governor's Commission on Alcohol and Other Drugs voted to continue into state fiscal year 2024 at their February 2023 meeting.

This information may be used by the Opioid Abatement Commission and Commission on Alcohol and Other Drugs to identify and discuss:

- strategies and duties that align,
- opportunities for coordination and cooperation,
- synergies that may fill gaps and strengthen infrastructure, and
- the need for further information or recommendations.

Limitations

This table is intended to demonstrate potential synergies. It does not include the current progress on any of the strategies nor does it include the array of federal and state funding supporting many of the strategies. Information from NH DHHS and other sources will be required to create a more robust snapshot of the progress and funding gaps related to these strategies.

Key Takeaways

- The Opioid Abatement Commission's duties are in alignment with the state's Strengthening Our Response Together Action Plan.
- The Governor's Commission on Alcohol and Other Drugs invests ~10 million dollars per state fiscal year, through the NH DHHS/BDAS. Its funding is dependent on the state budget process.
- The Commission investment only partially funds strategies. Many strategies may require additional investment to sustain or expand their impact.

The Center for Excellence on Addiction/JSI has compiled the following table through funding provided by the NH Governor's Commission on Alcohol and Other Drugs.

¹ https://nhcenterforexcellence.org/wp-content/uploads/2022/07/Gov-Comm_2022_Final_Linked-1.pdf

² RSA 126-A:86 New Hampshire Opioid Abatement Advisory Commission; Duties.
<https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/nh-opioid-abatement-trust-fund-advisory-commission>

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| NH Action Plan to Address Alcohol and Other Drugs: Strategies | Opioid Abatement Commission Duties | Governor's Commission on Alcohol and other Drugs Investments |
|---|---|--|
| 1. PREVENTION | | |
| 1.1 coordinated statewide prevention plan | | |
| 1.2 implement new and innovative programs, policies and practices | | Partial funding of <ul style="list-style-type: none"> ● NH Service to Science Program (vets evidence and designates programs NH evidence-based) |
| 1.3 public awareness and education campaigns | (12) Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed programs or strategies. | Partial funding of <ul style="list-style-type: none"> ● drugreenh.org |
| 1.4 school-based prevention | (16) Support for public and non-public school programs and services for students with OUD and any co-occurring SUD/MH issues or who have been affected by OUD and any co-occurring SUD/MH issues within their family. | Partial funding of <ul style="list-style-type: none"> ● Evidence-Based Prevention Curricula, ● MTSS-B/NHDOE, ● Student Assistance Programs (30+) |
| 1.5 expand prevention programming for all ages | (15) Support evidence-based prevention programs and services, including efforts to promote healthy, drug-free lifestyles, reduce isolation, build skills and confidence, and facilitate community-based prevention efforts. | Partial funding of <ul style="list-style-type: none"> ● Prevention Certification Board, ● Substance Misuse Prevention Direct Service programs (5), ● Mitigation and Prevention of Adverse Childhood Experiences - Home Visiting and within Domestic Violence Crisis Centers, ● Activities to reduce youth access to tobacco and alcohol, ● coalition support services |
| 1.6 Support the behavioral health crisis response and service access system | (3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose; (9) Create or support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and an co-occurring SUD/MH issues. | Partial funding of <ul style="list-style-type: none"> ● Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and co-occurring SUD/MH issues |

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| 1.7 foster evidence-informed practices that support justice-involved individuals with substance use disorders (SUD). | | |
| 1.8 Strengthen referral and intervention systems for alternatives to incarceration. | | Partial funding of <ul style="list-style-type: none"> • Juvenile Court Diversion Services (10+) |
| 1.9 Strengthen integration of identification, referral and treatment in health care | | |
| 1.10 Increase access to communication services including interpreters | | |
| 2. HARM REDUCTION | | |
| 2.1 enhance capacity of harm reduction programs | (3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose. | |
| 2.2 opioid reversal education and kits | (5) Reimburse the state and any political subdivision within the state for any portion of the cost of administering naloxone. | |
| 2.3 access to drug checking services | (3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose. | |
| 2.4 expand street outreach, drop-in centers, peer support services, critical time interventions, and clinical supports | (3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose. | |
| 2.5 reduce stigma regarding harm reduction services | | |
| 2.6 harm reduction service availability in health systems | | |

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| 3. CARE COORDINATION AND BEHAVIORAL HEALTH INTEGRATION | | |
| 3.1 support 10 year mental health plan strategies | | |
| 3.2 expand integrated behavioral health services | | |
| 3.3 SBIRT across the lifespan in multiple settings | | |
| 3.4 telehealth | | |
| 3.5 care coordination best practices | | Partial funding of <ul style="list-style-type: none"> ● Family Support Coordinator Services |
| 3.6 evidence-informed care coordination | | |
| 3.7 identify opportunities related to reimbursement | (2) Reimburse the state and any political subdivision for emergency response services related to OUD and any co-occurring SUD/MH issues provided by law enforcement and first responders. | |
| 3.8 expand behavioral health services in health systems | | |
| 4. TREATMENT | | |
| 4.1 increase utilization of medications for addiction treatment (MAT) | (1) Reimburse the state and any political subdivision within the state for any portion of the cost related to outpatient and residential opioid use disorder (OUD) and any co-occurring substance use disorder or mental health (SUD/MH) treatment services, including, but not limited to, services provided to incarcerated individuals, Medication assisted treatment (MAT); abstinence-based treatment; treatment, recovery or other services provided by states, subdivisions, community health centers, or not-for-profit providers; (10) Improve oversight of opioid treatment programs (OTPs) to assure evidence-based, evidence-informed practices | Partial funding of <ul style="list-style-type: none"> ● Medication Assisted Services |

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| 4.2 increase specialized treatment services | | Partial funding of <ul style="list-style-type: none"> ● SUD Treatment and Recovery Support services (10+) |
| 4.3 increase utilization of treatment for stimulant use | | |
| 4.4 withdrawal management services - residential and ambulatory | (4) Support detoxification services for persons with OUD and any co-occurring SUD/MH issues, including medical detoxification, referral to treatment or connections to other services | |
| 4.4 withdrawal management services - residential and ambulatory | (4) Support detoxification services for persons with OUD and any co-occurring SUD/MH issues, including medical detoxification, referral to treatment or connections to other services | |
| 5. RECOVERY | | |
| 5.1 expand Recovery Community Organizations (RCO) capacity | (7) Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH issues. | Partial funding of <ul style="list-style-type: none"> ● Peer Recovery Community Organizations (20+), ● Peer Recovery Outreach to Homeless Shelters and Encampments |
| 5.2 enhance recovery housing | (6) Provide access to housing for people with OUD and any co-occurring SUD/MH issues, including supportive housing, recovery housing, or housing assistance programs. | Partial funding of <ul style="list-style-type: none"> ● Community Housing Services for Criminal Justice Involved Individuals, ● Recovery Housing Certification and Rental Assistance, ● Peer Recovery Outreach to Homeless Shelters and Encampments |
| 5.3 increase utilization of referral sources | | |
| 5.4 increase utilization of non-traditional supports | | |
| 5.5 support workplace initiatives | | Partial funding of <ul style="list-style-type: none"> ● Recovery Friendly Workplace Initiative |

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| 5.6 increase vocational training and workforce readiness | (8) Provide employment training or educational services for persons in treatment for or in recovery from OUD and any co-occurring SUD/MH. | |
| 5.7 routine monitoring of SUD as chronic health condition | | |
| 6. FAMILY SUPPORTS AND SERVICES | | |
| 6.1 support families impacted by substance use | | Partial funding of <ul style="list-style-type: none"> ● Family Support Coordinator Services |
| 6.2 support kinship caregivers | | |
| 6.3 implementation of Plans of Safe Care | | |
| 7. DATA MONITORING AND EVALUATION | | |
| 7.1 identify and collect shared performance measures across departments | | |
| 7.2 disseminate relevant data | | |
| 7.3 support evaluation of innovative strategies | | |
| 7.4 create report identifying capacity and gaps in the treatment system | | |
| 7.5 identify disparities by race/ethnicity in the implementation of strategies | | |
| | (13) Support enhancements or improvements consistent with state law to the prescription drug monitoring program. | |
| 8. WORKFORCE CAPACITY | | |
| 8.1 support Giving Care: Strategic Plan to Expand and Support NH's Health Care | | |

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| Workforce | | |
| 8.2 include SUD in undergraduate and graduate professional programs | | |
| 8.3 address compassion fatigue | | |
| 8.4 increase capacity to recruit and retain staff | | |
| 8.5 identify models of staff sharing across behavioral health | | |
| 9. PROFESSIONAL DEVELOPMENT | | |
| 9.1 increase access to training and technical assistance across all sectors | (11) Provide scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD and any co-occurring SUD/MH issues, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas of the state. | |
| 9.2 enhance trainings for all law enforcement professionals re: addiction and stigma | (14) Support the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs. | |