

1. Identify the needs and gaps of your state's SUD services continuum, related to developing a comprehensive prevention, intervention, treatment, and recovery support services continuum.

Although NH has continued to invest in a robust continuum of care resulting in steadily improving outcomes, including reduction in overdose fatalities, regional differences still exist in service capacity and resources to address the epidemic. NH has an additional need to invest in prevention, intervention, treatment and recovery services in resource limited areas and to expand outreach efforts to increase awareness of NH's crisis response system. Housing continues to be a critical gap, with the majority of NH's SUD access point system, the Doorways, participants reporting unstable housing or homelessness. Addressing substance misuse other than opioids has also been an ongoing challenge for existing substance use contracts funded under the State Opioid Response grant, with data showing that nearly 1/3 of clients coming to a Doorway for assistance have a problem with a substance other than opioids. The opioid epidemic continues to be one of the worst public health crises in NH's history and this is layered on top of a long history of very high rates of alcohol and binge drinking in the state. In 2018, NH was ranked as having the sixth highest overdose rate in the country at 35.8 per 100,000 population. The striking escalation of opioid and substance misuse is overwhelming community and state systems of care, from emergency departments and law enforcement to child protection and treatment services. In 2019, NH had 415 drug overdose deaths, 1,966 emergency naloxone administrations and 5,562 emergency department opioid related visits. Though opioids have been the main cause of the rapid rise in overdose fatalities in NH, in more recent years, drug deaths involving methamphetamines have increased dramatically. Between 2012 and 2015, NH saw less than 6 deaths per year involving methamphetamines, by 2019 that number was more than eight times higher at 50 fatalities. The total number of deaths involving cocaine has seen a similar rise, increasing from 20 fatalities in 2012 to 74 in 2019. The majority of stimulant deaths also involve opioids, further substantiating the complexity of poly-substance use in the state. In addition to the high rates of opioid use among the adult population, NH consistently ranks among the top in the nation for young adult binge drinking. Regular (past month) illicit drug use rates are significantly higher in NH than the nation (11.5 US, 15.5 NH) and in the 18-25 year old age group, rates of illicit use follow the same pattern (24 in US, 31.8 in NH). NH also experiences higher than national rates of cocaine use in the past year for the 18-25 year old age group (6.0 in the US, 10.7 in NH). As striking as these data are, the scope of the crisis has wide ranging impacts on NH's children and families, public resources (law enforcement, judicial, corrections), public and private healthcare costs, and economic productivity.

The Governor's Commission on Alcohol and Other Drugs [Action Plan](#) 2019-2022 and the NH State Opioid Response [Plan](#) have remained guiding documents for the work of BDAS and have identified areas where the continuum of care is falling short of meeting the needs of NH's residents. The Bureau of Mental Health Services utilizing the 10-year Mental Health Plan as the guiding document for their work.

Both the Bureau of Mental Health Services and The Bureau of Drug and Alcohol Services (BDAS) recognize that many of New Hampshire's residents experience mental illness with co-occurring substance use. To address this reality, both Bureaus have historically worked in tandem to develop systems and services that meet the needs of all such residents experiencing mental health and co-occurring substance use disorders. Consequently, the Bureaus are committed to continuing to work together to develop systems and services that best serve New Hampshire's citizens and address the needs and gaps previously identified.

In coordination with the Bureau of Mental Health Services, BDAS recognizes the need to develop a rural crisis response model for deployment and stabilization. BDAS along with BMHS seeks to develop a crisis

response model that is accessible to those in more rural and demographically secluded areas on New Hampshire.

As New Hampshire has put systems in place to develop services that meet the needs of its residents, we recognize that there has not been consistent marketing or advertising of such programs to aid residents in locating and accessing the services that they need. With the promising growth of the service array, a messaging campaign has yet to be designed that will serve to alert and inform the public as to what services are available, and how to access them on a consistent basis across mental health and substance use services. To this point, the two crisis response systems have remained largely operating in siloes and marketed to the community as separate.

As part of the effort to best support individuals in crisis the state recognizes that training law enforcement, first responders, service providers, and the peers and family members of those experiencing mental illness or substance use disorder is an imperative need. In tandem with educating the public on what services are available and how to access them, New Hampshire recognizes that it is working with a substance use workforce that is experiencing shortages nationally which can impact how quickly residents can access those services.

2. Describe how your state’s spending plan proposal will address the state’s substance use disorder services continuum, including a budget that addresses the needs and gaps related to this continuum.

The chart below shows the proposed projects and justification for New Hampshire. Items marked with an asterisk (*) are shared initiatives with the Bureau of Mental Health Services and equal amounts will be provided by that agency utilizing American Rescue Plan Act funding, pending approval by SAMHSA of both proposals.

Project Name & Justification	Estimated Project Cost
<p>9-8-8 crisis response infrastructure*</p> <p>As New Hampshire continues to work toward centralization of access to services, including crisis services, an expansion of the crisis continuum, including Mobile Crisis Response Teams (MCRT), and a renewed focus on suicide prevention. Expansion initiatives are underway to develop a centralized crisis operations center, statewide mobile crisis response system, and a State suicide prevention coordinator, these crisis services are inclusive of substance use disorder crises.</p> <p>The current mental health crisis delivery system is comprised of one national suicide prevention lifeline and ten regionally based community mental health centers (CMHCs) that each provide services in their designated community mental health region, each with unique crisis phone number(s). Additionally, NH operates the Doorway system that includes 9 regional access points for substance use disorder with messaging to call 211 to reach a Doorway. These mental health and substance use crisis systems have a siloed approach today and place additional strain on workforce capacity challenges in the state as well as on connectivity for those with co-occurring disorders. In sum, there are more than 20 crisis phone numbers statewide, which makes accessing crisis services for individuals and families extremely confusing. This identifies the need for a central call center that can be accessed anywhere in the state for those in a crisis and that central location can provide warm handoffs to and deployment of regionally based mobile teams. Additionally, there</p>	<p>\$1,250,000</p>

<p>exists a need to assess and develop a crisis model to meet New Hampshire’s unique geographical needs.</p> <p>Mobile Crisis Response Team (MCRT) services and apartments are only located in the three, more urban regions of Nashua, Manchester and Concord. However, New Hampshire is undergoing a system re-design to expand MCRTs and crisis stabilization services into all regions of the state. These efforts align with goals of the Plan and national roll-out of 9-8-8 and are inclusive of mental health and substance use crises. With a vast and highly rural Northern region of the State, services can be a challenging to access due to geographical distance to service agencies and reduced or slower access to technology. A response model would look to break down those barriers, allowing residents in all regions immediate and appropriate supports during crisis, in addition to establishing a chat and text function. While other New Hampshire Departments work on building infrastructure to develop more widespread access to technology in the Northern region of the state, the Bureaus of Mental Health and Drug and Alcohol Services expect to see widespread utilization of the chat and text functions. An assessment will need to be completed to determine the unique needs of the isolated Northern region of the state, and the development of Mobile Crisis Response Team (MCRT) delivery options in rural New Hampshire communities that include response to substance use crises. Funding will be used to work with a subject matter expert on this assessment and develop technical assistance to those in need of these supports. Additionally, NH is planning to explore producing a model for a centrally located behavioral health crisis treatment center that provides an intersection between criminal justice entities and MH/BH entities. Funds will be used to work with a subject matter expert to develop and implement this model.</p>	
<p><i>Public outreach and education procurement to create materials for three projects. (9-8-8, suicide prevention, access to care)*</i></p> <p>Through public, first responders, and natural support system education and training, we can expect to see that those in crisis or who are experiencing mental illness receive support and services that are best suited to their individual needs, and connecting them to service agencies that can support them in the most informed way possible. It also expands the natural supports systems knowledge throughout the state allowing for more educated responses to mental illness and substance use needs and knowledge of supports available for those close to them and in their communities. A more robust messaging campaign also needs to be developed and implemented to ensure the public awareness of the 9-8-8 implementation is broadly heard and utilized throughout the state.</p>	\$150,000
<p><i>Workforce Development*</i></p> <p>Peers are essential to our system of care but New Hampshire does not have a robust peer workforce infrastructure or enough trained peers to meet the staffing demands. NH’s goals are to integrate peers and natural supports throughout the continuum of care by expanding the availability of peers in practice settings through training and education.</p> <p>Both the Bureau of Mental Health Services (BMHS) and The Bureau of Drug and Alcohol Services (BDAS) recognize that many of New Hampshire’s residents experience mental illness with co-occurring substance use. To address this reality, both Bureaus have historically worked in tandem to develop systems and services that meet the needs of all such residents experiencing co-occurring mental health and substance use disorders. Gaps continue to exist in large part due to workforce shortages and consequently strategies to cross-train the mental health and substance</p>	\$200,000

<p>use workforce is needed. The Bureaus are committed to continuing this integrated work to develop systems and services that best serve the behavioral health needs of New Hampshire’s citizens.</p>	
<p><i>Co-Occurring Disorder Infrastructure Development*</i></p> <p>As New Hampshire assesses and redesigns our behavioral health system of care, it is clear that additional training is required for mental health professionals in the area of substance misuse and for substance misuse professionals in the area of mental health. This funding would support a full time trainer to address these needs across the behavioral health continuum of care.</p> <p>Approximately half of people with SMI/SPMI develop a co-occurring substance use disorder during their lifetime. Alcohol is the most common substance followed by cannabis, opioids and then stimulants. This rate is three times higher than general population rates of substance use disorder. People with co-occurring SMI/SPMI and substance use disorders have higher rates of treatment non-adherence, experience a worse course of illness, utilize emergency rooms and hospitals at higher rates, and experience premature mortality.</p> <p>Conversely, about a third people with substance use disorders have higher rates of co-occurring mental illnesses during their lifetime; among people in treatment settings, two-thirds have co-occurring mental illnesses with a substance use disorder. Mood disorders, post-traumatic stress disorder and anxiety disorders are common. People with these co-occurring disorders also experience worse outcomes.</p> <p>Due to the high rates of co-occurring disorders among people receiving treatment in New Hampshire, clinicians need the knowledge and skills to help service recipients manage both illnesses – the substance use disorder and the mental illness - in order to achieve recovery and return to community functioning. Our service providers have requested training and technical assistance in this area to help their existing employees gain the necessary knowledge and skills for evidence-based co-occurring disorders treatment.</p>	<p>\$250,000</p>
<p><i>Suicide Prevention</i></p> <p>Having a substance use disorder is a known risk factor for suicide (Risk and Protective Factors (cdc.gov)). Even when not in a life threatening crisis, it is very common for individuals with a substance use disorder to also have a co-occurring mental health disorder and addressing the co-occurring disorder (COD) during treatment for a substance use disorder can improve outcomes for clients (Substance Use Disorder Treatment for People With Co-Occurring Disorders TIP 42 (samhsa.gov)).</p> <p>As a step towards more comprehensive treatment of COD and support for individuals in recovery experiencing COD, this funding will be used to provide Mental Health First Aid and/or Zero Suicide trainings to all contracted SUD treatment providers as well as recovery community organizations under the umbrella of the Department’s contracted facilitating organization. Trainings may also be made available to other treatment and recovery providers outside of those contracted with the department upon review of the implementation design.</p>	<p>\$150,000</p>
<p><i>Crisis Respite Centers*</i></p>	<p>\$175,000</p>

<p>New Hampshire is in the midst of a system transformation for behavioral health which includes implementing a statewide mobile crisis response model, which will work in tandem with our existing infrastructure, such as the Doorways (https://www.thedoorway.nh.gov/), which provide 24/7 support to individuals seeking treatment for a substance use disorder, and our community mental health centers. An identified gap in this system is the lack of places for individuals to go who are in crisis but do not require an inpatient intervention.</p> <p>Several states, including Arizona, have stood up effective, non-residential respite center models that not only provide safety and stabilization for individuals in an acute behavioral health crisis, but also divert individuals from emergency departments, jails, and other institutional settings, which is healthier for the individuals and reduces unnecessary burden on the institutions. New Hampshire will use this funding to research the systems developed in other states and identify a solution for implementation in New Hampshire. Once identified, this funding will also be used to stand up one to two pilot programs in identified high need areas of the state.</p>	
<p><i>Crisis Respite and Withdrawal Management Services</i></p> <p>In addition to the need for non-residential crisis respite services, New Hampshire’s network of Doorways have also identified the need for non-clinical, safe housing for individuals who are waiting to access either residential treatment services or safe housing. Currently, three such programs are funded through State Opioid Response funds; however, it appears that a need still remains especially as it relates to individuals who use substances other than opioids or stimulants, such as alcohol. These funds would be utilized to stand up respite housing in areas of the state that are currently underserved in this area.</p> <p>A third area of need is for Medically Monitored Residential Withdrawal Management (ASAM Level 3.7-WM). These critical services are virtually nonexistent within New Hampshire with long waiting lists at the facilities where they are provided. A key component of this service development would be that the providers must be able to bill Medicaid and private insurance for services beyond the initial startup period for on-going service sustainability beyond the grant period.</p>	<p>\$1,015,000</p>
<p><i>Brain Injury and Substance Misuse</i></p> <p>A significant body of research supports the link between brain injury and substance use disorder. This funding will be utilized to support expanded awareness of and response to brain injuries related to substance use disorders in partnership with the Brain Injury Associate of NH (BIANH). Activities may include, but are not limited to:</p> <ul style="list-style-type: none"> • <u>Speakers Bureau</u>: The Brain Injury Association of NH (BIANH) has developed several presentations on the topic of SUD and Brain Injury and have identified several subject matter experts on the topic that can be used to raise awareness at targeted conferences and professional association meetings. • <u>Website</u>: Develop a “one stop shop” section of the BIANH website that would be devoted to the topic of SUD and Brain Injury. It would be set up to offer information tailored to each of the target audiences, and allow the ability for content to be shared with partner organizations. In order to keep the information in front of those most likely to benefit from it, contractors would develop informational blogs that would contain key words to elevate Search Engine Optimization (SEO) and that content can be repurposed for newsletters, direct email etc. 	<p>\$200,000</p>

<ul style="list-style-type: none"> • <u>Materials</u>: Currently, BIANH has a 2-sided rack card that has been used by several organizations and public health networks to get the word out about the connection between SUD and brain injury. With funding, BIANH could print a larger quantity of cards and distribute them via partners and make them available in strategic locations. In addition, BIANH could develop a <u>companion piece</u> that contains more information for families and caregivers. • <u>Evaluation of Campaign Materials and Key Messages</u>: Using qualitative and quantitative research methods, the SUD/BI and Mental Health task force would work with organizations like the NH Providers Association to evaluate the effectiveness of current campaign materials, including the website, for the purpose of making improvements and measuring knowledge and behavior changes based on training sessions, website use and comprehension of key messages in written materials. • <u>Statewide Research</u>: While the NH Dept. of Health and Human Services has statistics on the increase and decrease of opioid-related deaths in NH, they do not currently have any statistics on the number of brain injuries sustained as a result of opioid overdose. It would be prudent to get <u>baseline research</u> from hospitals, providers and other resources to identify the numbers before a public information campaign and pilot program with NH emergency programs and then repeat the research annually to track progress. • Working with Foundation for a Healthy Community On An Emergency Dept. Pilot Program to Improve Skills On Evaluating Brain Injury Related to SUD. 	
<p><i>Development and Coordination of Prevention Services</i> New Hampshire’s prevention efforts are largely driven by the state’s Regional Public Health Networks (RPHNs, New Hampshire Regional Public Health Networks (nhphn.org)) and Community Coalitions. These groups are already providing a good network of support and there is more work to be done in this space. This funding will be utilized to apply the Strategic Prevention Framework at both the state and local levels (work that has already begun) to support and expand existing initiatives, such as Student Assistance Programming and the I Care NH Initiative (I Care Mental Health & Wellness Initiative NH Department of Health and Human Services) as well as to develop new initiatives, including the rollout of 988. The goal of this work is to help regions and communities identify the evidenced based and/or promising practices that will be the most effective in their localities and assist them in standing up those programs as well as to better coordinate the efforts of these groups in providing population, targeted, and direct prevention services across New Hampshire.</p>	\$2,250,000
Total	\$5,640,000

3. Describe your state’s progress in addressing the rising drug overdose rate in many parts of the country, and what steps the state will be taking to improve access to SUD treatment, by improving identification of persons in need, reducing barriers to admission to treatment, and strengthening mechanisms to promote client engagement and retention in SUD treatment and recovery support services.

New Hampshire is one of the few states in the country that did not experience a rise in overdose deaths in 2020, while the decline was minimal (413 deaths in 2020 vs. 415 in 2019) it does indicate that we are on a good road in New Hampshire. When comparing year to date deaths for 2020 vs. 2021, we are still on a downward trend with some cases pending results from the Office of the Medical Examiner ([dmi-april-](#)

[2021.pdf \(nh.gov\)](#)). We believe that this is largely due to an aggressive naloxone distribution strategy through our network of Doorways, Regional Public Health Networks, and Recovery Community Organizations among other avenues. In addition, our prevention, treatment and recovery provider networks showed admirable flexibility in pivoting to telehealth and other remote services in the face of COVID-19, ensuring that as many individuals as possible remained (or became) engaged with critical substance misuse services.

As discussed previously, New Hampshire is in the midst of a crisis system redesign as well as developing more aggressive marketing around our substance misuse access points, the Doorways. In addition, we are working with the Doorways on an individual basis to help them to improve their processes to insure that individuals are engaged in treatment services in as timely and seamless a manner as possible. We have already seen success with this programming and believe that it will only continue to improve treatment access.

Improved engagement and retention in treatment and recovery services are being pursued in three major ways. First, we are transitioning our state and block grant funded treatment services from a fee for service model to a cost reimbursement model and believe that this will offer providers the ability to be more flexible in meeting the needs of clients, thereby increasing engagement in retention. Second, through supplemental block grant funding, we will be increasing the utilization of technology platforms that have shown promise in engaging and retaining clients in both treatment and recovery services. Finally, we are working with the Bureau of Program Quality within the Department of Health and Human Services on a vibrant quality monitoring and improvement effort, again with the end goal of engaging and retaining clients in treatment services. We also expect that the crisis, respite, and withdrawal management services described above will further our progress in this area.

4. Describe your state's progress in implementing the increased and widespread use of FDA approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder, in combination with other substance use disorder evidence-based treatments and practices.

New Hampshire's efforts to expand the use of medication assisted treatment (MAT) have been varied and vigorous over the past several years. This effort began with the publication and dissemination of a formal guidance document for MAT providers ([matguidancedoc.pdf \(nh.gov\)](#)) in 2016, which was updated in 2018. This document formed the basis for a series of provider trainings and ECHO model collaborations ([What is the ECHO Model? - ECHO \(uthscsa.edu\)](#)) over the ensuing years to improve providers' comfort and competency with MAT. In addition, both the state and many of our partners sponsored trainings for prescribers to become DATA waived. We have also entered into a number of contracts to expand MAT in the following areas:

- Practices serving pregnant and parenting women;
- Hospital associated physician practices;
- Hospital Emergency Departments; and
- Hospital systems as a whole.

Finally, many of our Doorways (which are all associated with hospitals) recognized an on-going need as we were working to develop a strong network of prescribers and launched MAT initiatives internally to serve their clients.

5. Explain how your state plans to collaborate with other departments or agencies to address the SUD services continuum.

The New Hampshire Governor's Commission on Alcohol and Other Drugs ([Governors Commission on Alcohol and Drug Abuse | Bureau of Alcohol and Drug Services | NH Department of Health and Human Services](#)) is comprised of Commissioners from a wide range of state agencies as well as members of the public representing various sectors on the continuum of care, including healthcare, prevention, treatment, intervention, and recovery ([gc-members-list.pdf \(nh.gov\)](#)). In addition to the Commission itself, there are a number of taskforces, which are tasked with making both funding and policy recommendations to the Commission. While these recommendations occur on an ad-hoc basis, the taskforces are also very actively involved in a strategic planning process, which occurs every three years. This strategic plan forms the backbone of the Commission's work during the plan period. The development of the plan is based on subject matter expertise and data driven decision making by the taskforces as well as consultation with those with lived experience with substance misuse ([FINAL-Gov-Comm-1 16 19rev.pdf \(netdna-ssl.com\)](#)). Statutorily, the Director of the Bureau of Drug and Alcohol Services serves as the Executive Director of the Commission and the Bureau is charged with carrying out the recommendations of the Commission as defined in the strategic plan.

In addition to the broader strategic planning work described above, the Bureau regularly works with other departments and agencies, including but not limited to the Bureaus of Mental Health Services and Children's Behavioral Health. Some of the partnering projects in this plan include:

- Collaboration with the Bureaus of Mental Health and Children's Behavioral Health, Community Mental Health Centers, substance misuse treatment and recovery providers, and other community level stakeholders in the
 - Development of a 9-8-8 based crisis response infrastructure; and
 - Development of a workforce, including peers, that is able to respond effectively to both substance misuse and mental health.
 - Consultation with other states in developing crisis respite services.
 - Partnering with both the Brain Injury Association of New Hampshire and the Department's Bureau of Developmental Services to address the co-occurrence of brain injury and substance misuse.
 - Working with the state's Regional Public Health Networks, the Department of Education and other stakeholders in the development and coordination of prevention services.
- 6. Describe how the state plans to use SABG ARPA funding to promote health equity among identified underserved populations, and how it plans to address health disparities in the planning, delivery, and evaluation of SUD prevention, intervention, treatment, and recovery support services.**

By expanding the crisis continuum of care, NH is providing assistance to the most vulnerable populations as they attempt to avoid hospital stays, incarceration or transition from community-based care to residential services. Additionally by lowering the Emergency Department utilization among individuals with co-occurring disorders and immediately connecting them with community based providers NH will address the ongoing high rates of MH and SUD concerns in NH. Studies show that the use of Peer Recovery Specialists and Certified Recovery Support Workers are very effective for this group and increase engagement and access to services in times of need. By further educating the peer workforce throughout our state and integrating them further into all care settings, there is a higher likelihood that individuals will reach out to and engage in established services.

By recognizing the need to establish a more interlocking system of care to address more comprehensively the current challenges experienced by patients, families and providers resulting from fragmented care

through multiple mental health and SUD service agencies, NH hopes to reduce the high rates of MH and SUD.

As a result of school and college closures due to the Covid-19 pandemic, many youth and young adults spent extensive periods of time at home and socially isolated. Consequently, New Hampshire is experiencing an increased demand for children's behavioral health services.

The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities. OHE provides coaching and TA to BDAS as well as external organizations to improve systems and practices for organizations to be able to serve all people with high quality care and services. These include effective strategies for communication access, cultural competence, data collection to identify disparities, community engagement, CLAS Standards implementation, gender identity 101, immigrant/refugee integration, and more. BDAS often partners with OHE on data collection standards, training of providers, and technical assistance needed to ensure programs and services are meeting the needs of all populations in our state. OHE has worked with NH's 9-8-8 planning coalition to provide an equity foundation across the work of all subcommittees and prioritized a resident centric approach to building a system that is community driven and community informed and inclusive of voice of underserved and unserved populations including those with lived experience, people who use drugs, immigrant and refugee communities, deaf and hard of hearing residents, and voices of youth being prioritized in the planning.

7. Describe the state's efforts and plans to promote an increased emphasis on the development, delivery, and support of widespread SUD recovery support services, systems, and mechanisms across the state.

In SFY17 when DHHS first began supporting RCOs, there was only one major provider in the state along with a number of very small, grass roots organizations which were attempting to get up and running. In response to this, DHHS procured a facilitating organization charged with providing support to these small RCOs to help them achieve national standards for the activities and operations of RCOs as well as to work towards sustainable operations. This model has been highly effective as evidenced by the rapid growth in healthy RCOs over the past 4 years. While the network of RCOs in NH has reached a point of near ideal robustness, sustainability of many of these programs relies heavily on continued funding through DHHS. All of these programs have plans to increase their sustainability through multiple efforts, including Medicaid and private insurance billing. Utilizing the previously released supplemental block grant funding, DHHS will engage with our state Medicaid program as well as programs in other states to further these efforts towards sustainability. Workforce proves to be an additional challenge for our RCOs and, as described above, ARPA funding will be utilized to develop the peer workforce for both substance misuse and co-occurring mental health disorders.

8. Describe other state priorities or activities that the state plans to fund during the performance period of September 1, 2021 through September 30, 2025 using ARPA funds.

See outline of activities in response to question 2.

**9. Describe your state plans for enhancing your state's prevention infrastructure which may include incorporating work around ACEs and improving substance misuse outcomes among young adults and older adults. (Primary Prevention set-aside) a. The impact of increased access to marijuana and the state's strategies to prevent misuse by the underage population.
b. Strategies to reduce the COVID-19 impact of increased alcohol accessibility and misuse.
c. How the state is using equitable strategies to reduce disparities in the state's prevention planning and approaches.**

NH is currently working on a strategic planning process for prevention to understand root cause and best practice response. The existing infrastructure for prevention in the state can be strengthened and built upon. Additionally, there is potential in NH for expansion of the services offered today in the prevention scope. NH is focused on upstream primary prevention addressing shared risk and protective factors across mental health and substance use prevention inclusive of suicidality. These prevention programs include but are not limited to healthcare systems, law enforcement, school based services and support for community coalitions to implement best practice programming across the state. While pockets of excellence in prevention exist in NH, like in many areas of the country, a need for comprehensive prevention blanketing the state is evident in all of the needs and gaps assessments. The long term vision for prevention is for every resident to receive upstream prevention information, education and resources long before a moment of crisis or a need for an intervention.

10. Describe how the state will use, or considered, health IT standards if using funds for health IT infrastructure or advancement. This includes a description of standards and, as applicable, conformance to Office of the National Coordinator certification criteria in health IT products used or that will be used to support SUD clinical priorities and interoperable data exchange. States must use standards identified by the Office of the National Coordinator for Health IT in 45 C.F.R. 170 where applicable and also should consider standards identified in the Interoperability Standards Advisory (<https://www.healthit.gov/isa/>), including but not limited to those standards described in the "Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data" section and the "Social Determinants of Health" section.

These funds will not be utilized for health IT infrastructure or advancement projects.

The Department of Health and Human Services leverages National Institute of Standards and Technology (NIST) standards, NIST is a supporting collaborator for the Office of the National Coordinator certification criteria in health IT products. These standards describe the security requirements surrounding the data and systems that are utilized by the department to include the data classification, data sharing, information risk management, disposition of data and incident management. As part of the implementation if the scope changes the department will update the scope for approval (as applicable) along with a comprehensive review and update of any standards in accordance with the Office of the National Coordinator certification criteria in 45 C.F.R 170 as well as consider standards identified in the Interoperability Standards Advisory.