

***The New Hampshire Governor's Commission on Alcohol
and Other Drug Abuse Prevention, Intervention and Treatment***

STATE FISCAL YEAR
2013 ANNUAL REPORT



~Implementing collective action for collective impact in reducing the
misuse of alcohol and other drugs and promoting recovery from substance use disorders~

Introduction

State Fiscal Year 2013 was a year of tremendous progress for the Commission and its mission. From a completed five-year strategic plan to the initiation of a new task force focused on prenatal exposure to substances, the Commission is proud of its progress in moving our state and communities forward in effectively addressing alcohol and other drug misuse.

This report summarizes the successes, challenges, priorities and recommendations of the Commission for SFY 2013 relative to its new five-year strategic plan.

Priorities and Recommendations for SFY 2014

Reflective of the challenges and priorities presented in this report and unmet needs shared by state agencies, the Commission recommends the following resource, legislative and other actions to support the Commission and the goals of the five-year state plan to reduce substance misuse and promote recovery to address priorities that emerged this year:

Commission Recommendation 1:

- ✓ Development of a bi-partisan plan to fully implement RSA Chapter 176-A, Alcohol Abuse Prevention and Treatment Fund. In light of the dramatic economic and law enforcement burden the state faces due to the lack of available substance use services, the Commission will be prioritizing work with leaders from the Governor's Office and General Court to ensure that the state substance use plan, Collective Action – Collective Impact, is effectively prioritized with requisite budget itemizations for inclusion of the full value of the Alcohol Fund in the proposed budget of the next biennium.

This recommendation will address the following Commission-identified priorities for SFY 2014:

- *Increased resourcing to effectively address substance misuse and substance use disorders across state systems, including but not limited to the following:*
 - **Expanded treatment and recovery support services**, particularly for under-served populations
 - Expanded capacity of the **Department of Safety's Drug Diversion Unit**
 - Continuation and expansion of the **Department of Corrections' Second Chance offender re-entry care coordination**
 - Expanded capacity of the state's **Drug and Mental Health Courts**
 - Expanded capacity of **Court Diversion programs**
 - Expanded capacity of the **Regional Public Health Network System**

- Well-resourced data analysis, professional development, services, communication, and provider oversight relative to *fetal exposure to alcohol, opioids and other drugs and relative to pregnant women seeking treatment for substance use disorders.*
- The successful launch and sustained activity of an *effective state-wide media campaign* to educate the public about the harm, scope, severity of and effective response to substance misuse and substance use disorders in the state.

Commission Recommendation 2:

- ✓ Increased access to substance use services by:
 - Supporting the expansion of populations served by Medicaid to increase the number of individuals with access to early intervention, treatment, and recovery support for substance misuse and substance use disorders. The population that would be newly covered under an expanded Medicaid population would include individuals in the 18 to 25 year old age range, and justice-involved individuals, populations identified by the State Epidemiological Outcome Workgroup to be of high risk for substance misuse and substance use disorders. In particular, increasing access to substance use services during early adulthood provides the opportunity for more successful outcomes associated with intervening in and treating an emerging substance use disorder before it progresses to more acute stages and treatment;
 - Turning on Medicaid codes for substance abuse screening, intervention and referral to treatment (SBIRT) as soon as possible; and
 - Immediately adding Master's Level Licensed Alcohol and Drug Abuse Counselors (MLADC's) to the psychotherapy benefit in Medicaid to ensure these qualified clinicians can begin to bill for their substance use treatment services.

This recommendation will address the following Commission-identified priorities for SFY 2014:

- *The inclusion of a comprehensive continuum of effective services for substance use disorders and co-occurring substance use and mental health disorders* within Medicaid, the state's insurance exchange, and within all state-licensed private insurers, including public health promotion, prevention education, universal screening, early and brief intervention, low acuity treatment, high acuity specialty treatment, coordinated and integrated care, recovery support, and long-term disease management *with services and reimbursement rates at parity with other chronic, progressive physical and behavioral health disorders.*

Commission Recommendation 3:

- ✓ Continued legislative support and leadership during the preparation and launch of the state's prescription drug monitoring program.

This recommendation will address the following Commission-identified priorities for SFY 2014:

- The effective launch of a prescription drug monitoring program that is used by all pharmacies and prescribers to use available information to prevent prescription drug abuse and diversion.

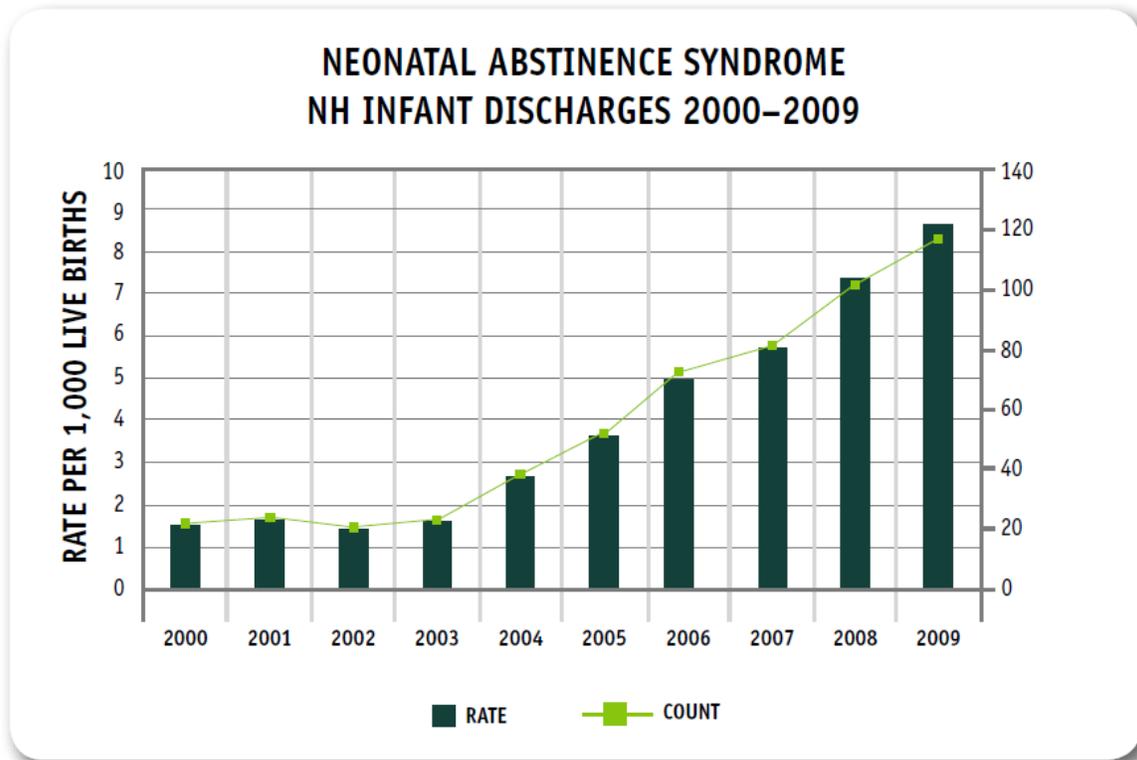
Background

New Hampshire's rates of alcohol and other drug misuse, particularly among adolescents, are some of the very highest in the country. According to the 2011 National Survey on Drug Use and Health (NSDUH), for regular substance misuse among 12 to 17 year olds (the percentage reporting having used a substance in the past 30 days), New Hampshire ranks 2nd for marijuana use (11.4%), 3rd for alcohol use (17.0%), and 4th for binge drinking (9.9%) when compared to the other 50 states and the District of Columbia. In a ranking of state NSDUH prevalence rates for 12 to 17 year olds with alcohol or drug abuse or dependence, New Hampshire's rate is 4th highest, with almost 1 in 10 children reporting indications of abuse or dependence (8.9%)ⁱ.

Rates of substance misuse among the state's young adult population are also some of the highest in the country. For example, half of New Hampshire's 18 to 25 year olds report binge drinking in the past month, a rate that places the state in the top five for high risk alcohol consumption. Regular marijuana use among the state's young adult population is also in the top five nationally.

NEW HAMPSHIRE'S RANKING AMONG THE 50 STATES AND TERRITORIES*					
According to 2011 NSDUH					
AGE RANGE	PAST MONTH ALCOHOL USE	PAST MONTH BINGE DRINKING	PAST MONTH MARIJUANA USE	PAST YEAR NON-MEDICAL USE OF PAIN RELIEVERS	PAST YEAR ALCOHOL OR DRUG DEPENDENCE
12-17	3 rd HIGHEST 17.04%	4 th HIGHEST 9.87%	2 nd HIGHEST 11.35%	28 th HIGHEST 6.11%	4 th HIGHEST 8.94%
18-25	3 rd HIGHEST 73.22%	5 th HIGHEST 49.32%	5 th HIGHEST 27.03%	10 th HIGHEST 12.31%	9 th HIGHEST 21.26%
12-20	1 st HIGHEST 33.52%	3 rd HIGHEST 21.56%			

In addition to alcohol and marijuana use, the continuing epidemic of prescription drug abuse is a public health priority for several state agencies and community sectors, including public safety, law enforcement, health care, and addiction treatment. Most recently, data on the rising prevalence of babies in the state born with symptoms of opioid withdrawal (Neonatal Abstinence Syndrome) has led to significant dialogue and activity to better understand the root cause and factors exacerbating this disheartening trend.



In response to emerging data on the scope and severity of substance misuse and substance use disorders in 1999, the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment (hereafter referred to as "the Commission") was established by the state legislature in 2000, with its membership and duties articulated in RSA 12-J:4. These duties include the following:

- Developing and revising as necessary a statewide plan for the effective prevention of alcohol and drug abuse, particularly among youth; and a comprehensive system of intervention and treatment for individuals and families affected by alcohol and drug abuse;
- In partnership with the NH Department of Health and Human Services, oversee disbursement of the Alcohol Abuse Prevention and Treatment Fund;
- Promoting collaboration between and among state government agencies and communities to foster the development of effective community-based alcohol and drug abuse prevention and treatment programs;
- Promoting the development of treatment services to meet the needs of citizens addicted to alcohol or other drugs; and
- Identifying unmet needs and identifying the resources required to reduce the incidence of alcohol and drug abuse in NH and to make recommendations to the Governor regarding legislation and funding to address such needs.

The Commission is also required per RSA 12-J:4 to develop and submit an annual report to the Governor of New Hampshire summarizing the successes, challenges, priorities and recommendations of the Commission relative to its collaborative leadership, policy, and monitoring functions. The information provided herein constitutes the annual report for state fiscal year 2013.

Commission Membership and Duties

The membership of the Commission established by statute underwent notable changes during SFY 2013 due to transitions in the legislature. Additionally, new legislation in the last session expanded the Commission's core membership and allowed member designees to participate and vote on matters of the Commission. Members, designees and expanded member representation are detailed below:

Statutory Membership	Current Representatives
State Agency Members	
NH Adjutant General	Major General William N. Reddel III (Designee Major Michael Terry)
NH Administrative Judge of the District Courts	Hon. Edwin W. Kelly (Designee Hon. Edward M. Gordon)
NH Attorney General	Attorney General Joseph Foster (Designee James Vara)
NH Department of Corrections	Commissioner William Wrenn (Designee William McGonagle)
NH Department of Education	Commissioner Virginia Barry (Designee Mary Bubnis)
NH Department of Health and Human Services	Commissioner Nicholas A. Toumpas
NH Department of Health and Human Services – Bureau of Drug and Alcohol Services	Director Joseph P. Harding (Executive Director)
NH Department of Health and Human Services – Division for Children, Youth and Families	Director Maggie Bishop
NH Department of Insurance*	Commissioner Roger A. Sevigny (Designee Barbara Richardson)
NH Department of Safety	Commissioner John J. Barthelmes (Designees Colonel Robert Quinn/ Major Russell Conte)
Chairperson of the NH Liquor Commission	Commissioner Joseph Mollica (Designee Scott Dunn)
Other Members	
Community College System of New Hampshire *	Ross Gittell (Designee Scott Kalicki)
NH Business and Industry Association*	Cheryl Ann Coletti
NH Medical Society*	Seddon Savage, MD
NH Nurses Association*	Donna M. Roe, DNP
NH House of Representatives	Representative June Frazer
NH House of Representatives	Representative William Hatch
NH Senate	Senator Jeanie Forrester*
NH Senate	Senator Molly Kelly
Public member: Alcohol and other drug prevention	Traci Fowler,* Lakes Region Partnership for Health
Public member: Alcohol and other drug prevention	Timothy Rourke (Chair), New Hampshire Charitable Foundation
Public member: Alcohol and other drug treatment	Amélie Gooding, Phoenix House
Public member: Alcohol and other drug treatment	Stephanie Savard, Families in Transition
Public member	Chris Placy
Public member	Rebecca Ewing, MD*
State Suicide Prevention Council*	Representative James MacKay

* Indicates a new member position and/or representative in SFY 2013

The duties of the Commission are carried out through bi-monthly meetings, through the individual efforts of members and member agencies, and through five task forces that engage a wide range of community and professional stakeholders.

Notable Achievements and Successes in SFY 2013

- **The public release of an updated five-year strategic plan to reduce alcohol and other drug misuse and promote recovery.**

The Commission led a 10-month strategic planning effort in 2012 to assess alcohol and other drug misuse and to prioritize state- and community-level action over the next five years to significantly reduce alcohol and other drug misuse and to increase the number of individuals with a substance use disorder or co-occurring mental health and substance use disorder who receive treatment and recovery support.

Measurable outcome: The plan, [*Collective Action – Collective Impact*](#), was officially released in February 2013 and has been widely disseminated to state and community partners and stakeholders. *Please see Appendix A: State Plan Executive Summary*

- **The implementation of a standard reporting structure to inform other Commission members and key stakeholders of progress toward state plan goals.**

Commission members, particularly those heading state agencies, felt strongly that a structure was needed to maintain focused attention on the strategies and activities articulated in the plan and to measure its own progress toward objectives. This priority resulted in a tri-annual reporting structure that was piloted in May and is now fully implemented. The reporting structure allows for divisions, bureaus and units within state agencies to share their efforts toward plan goals; encourages accountability within the Commission; drives meeting agendas and continuous quality improvement; and communicates its efforts to broader audiences.

Measurable outcome: A new tri-annual reporting system and the Commission's first internal report relative to shared goals and objectives (*Please see Appendix B: Quarterly Report*).

- **The initiation of a new task force to address fetal exposure to opioids, alcohol and other drugs.**

In keeping with the Commission's responsiveness to emerging threats to individual and population health, the state's Maternal and Child Health Section presented the Commission with compelling data on the steep rise in the incidence of babies born in the state with symptoms of Neonatal Abstinence Syndrome (NAS). Further dialogue led to consensus that the health impacts and costs of care for these infants required focused attention, and a new task force on prenatal exposure was formed and is meeting monthly to develop short- and long-term recommendations for Commission and stakeholder action. The new task force includes

obstetric, pediatric, and addiction treatment providers and is co-chaired by Commission member Rebecca Ewing, MD, and Public Health Administrator Patricia Tilley.

Measurable outcome: An established task force and progress toward recommendations for action to improve prevention and treatment services relative to women of child-bearing age, pregnant women, unborn babies, and newborns. (Please see Appendix C: Prenatal Task Force Report Executive Summary)

- **Federal funding awarded to establish an electronic prescription drug monitoring program.**

Initiated as Senate Bill 286, a new law signed in June of 2012 paved the way for the establishment of an electronic prescription drug monitoring program. Given that the legislation did not allow for state funds to be used to fund a system, securing federal funding was critical to the launch of this best practice that 48 other states are establishing to prevent unlawful diversion of prescription drugs for abuse or illicit sale. This program is also a key recommendation of the Commission's five-year plan. The Commission is happy to report that the Attorney General's office was awarded funding from the U.S. Department of Justice to support the development of the electronic system, and an advisory council has been meeting regularly since legislation passed to ensure the system will be effective in meeting required objectives. The advisory council is chaired by the NH Board of Pharmacy.

Measurable outcome: Federal funding has been awarded to the NH Attorney General's office, and an advisory council has been established and is meeting monthly to advise the development of the state's prescription drug monitoring program.

- **The new funding of prevention and early intervention programming for high risk youth in a limited number of schools and colleges.**

The NH Bureau of Drug and Alcohol Services released an RFP and awarded six organizations funding for school-based substance abuse services using funding from a competitive award from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) for \$1.2 million per year for three years for prevention and early intervention programming under the federal Partnership For Success program. The community level funding program targets youth in high need communities. A second RFP for prevention and early intervention among college students was released in the fall of this year.

Additionally, the NH Department of Education, a Commission member, was awarded competitive federal funding from the U.S. Department of Education's Safe School Health Student program. The Bureau of Drug and Alcohol Services, the Bureau of Behavioral Health, the University of New Hampshire and other state and community prevention partners helped developed the competitive proposal. The award of \$2M/year for four years is designed to develop and further state and community partnerships among educational, behavioral health, and criminal/juvenile justice systems to create safe and supportive schools and communities.

Measurable outcomes: Six community-based organizations and schools received funding awards for Partnership For Success evidence-based prevention and early intervention

programming; additional schools will be receiving Safe School Health Student grant awards to prevent violence and effectively serve the physical and behavioral health needs of children of all ages from pre-school age through young adults.

- **The launch of a newly integrated regional public health network system.**

The Bureau of Drug and Alcohol Services and the Division of Public Health Services launched a newly integrated regional public health network system that is now comprised of thirteen geographic regions that combined serve all communities in the state. Through shared contract agreements, a community-based organization or local or county government provides both emergency preparedness and substance misuse prevention activities for communities in their region. Each region has an emergency preparedness coordinator and a full-time substance misuse coordinator. The substance misuse prevention coordinator engages community partners in the implementation of a data-driven, locally developed strategic plan that leverages the resources within communities to carry out effective policies, practices and programs.

Measurable outcome: Thirteen regional public health networks are operational and serving the substance misuse prevention priorities of local communities. *Please see Appendix D: Regional Public Health Network system brochure.*

- **The preparation of a new state-wide media campaign targeting parents and communities.**

The Commission has worked with Partnership for a Drug Free New Hampshire to increase public awareness through expanded media messaging per the recommendations in the Commission's five-year plan. The Partnership serves the public education and awareness priorities of the Commission and has received public and private contributions to carry out its expanded mission.

Measurable outcome: A landmark, state-wide media campaign is under development and has been tested in focus groups in preparation for a January 2014 launch.

- **The adoption of Life of an Athlete by a large number of New Hampshire high schools.**

The Commission committed funding to support the wider adoption of Life of an Athlete by New Hampshire high schools. Facilitated by the New Hampshire Interscholastic Athletic Association, Life of an Athlete provides training for coaches and youth, educational programming for parents and youth, policy recommendations, and promotional materials underscoring the importance of alcohol- and drug-free choices to support the athletic and academic achievements of students.

- **On-going community Take-Back events and medication disposal sites to prevent and reduce prescription drug misuse.**

Communities across the state have been participating in prescription drug take back events since the U.S Drug Enforcement Agency sponsored the first Take Back event in September 2010. This one-day collection event provides residents the opportunity to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner.

Measurable outcome: In the last two years, public participation has continued to rise, from 50 participating sites in the fall of 2011 to 85 sites during the most recent collection on October 26, 2013. Since September 2011, seven Take Back events have been held in the state, and 29,556 pounds of medication have been collected. *Please see Appendix E: NH Take Back Initiative.*

- **The development of issue briefs for public dissemination.**

In continuance of the Commission's commitment to data-driven practice and public awareness, the State Epidemiological Outcome Workgroup (SEOW) for mental, emotional and behavioral health this year began developing and disseminating issue briefs for stakeholders and the public at large to communicate state level data relative to the scope and severity of substance abuse problems. These issue briefs are published every month and focus on substance abuse problems, special populations of focus, and best practice strategies prioritized by the Commission during its strategic planning. The Commission is grateful to the efforts to SEOW for its previous work in advising the Commission on data-driven priorities for its new strategic plan and for its issue brief initiative to build awareness in the general population.

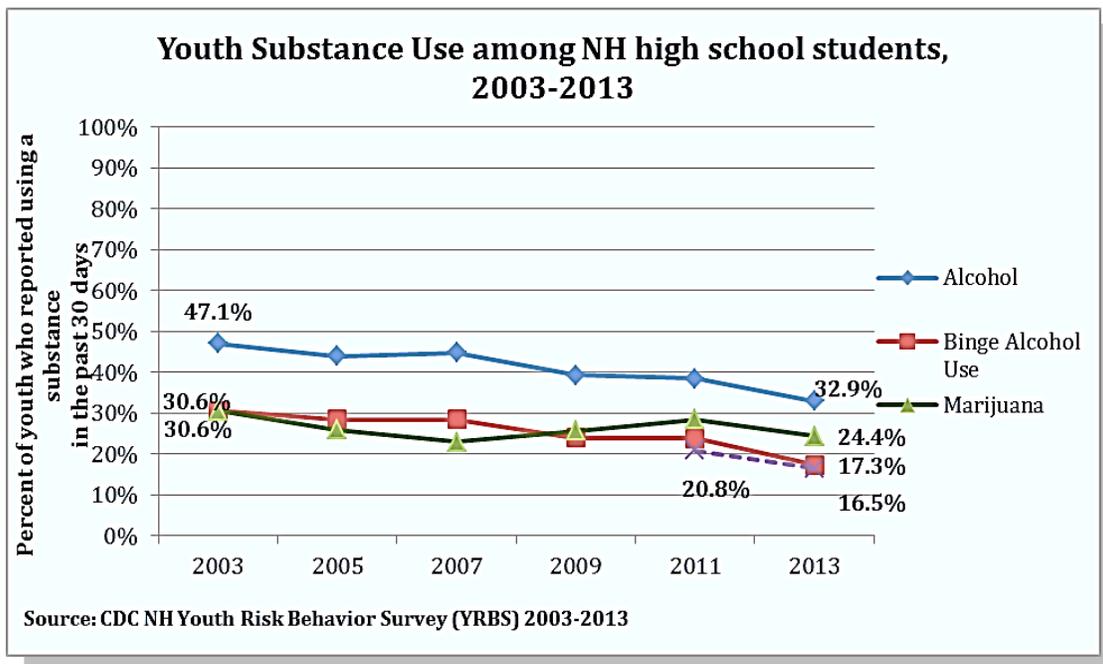
Measurable outcome: Three issue briefs were developed during SFY 2013 and released to the media this fall. Please see Appendix F: Prescription Drug Abuse Issue Brief.

- **Continuing decreases in youth alcohol and other drug misuse.**

The Commission reviews state-level prevalence data to carry out its statutory duty to monitor the effectiveness of coordinated efforts to reduce the misuse of alcohol and other drugs and to promote recovery. Although the Commission relies most heavily on data from the National Survey on Drug Use and Health for key indicators, the Commission also reviews data from the

CDC's biannual Youth Risk Behavior Surveillance System (YRBS) that surveys a random sample of youth enrolled in New Hampshire's public high schools. Results from the spring 2013 administration of the NH YRBS show continuing declines in past 30 day (regular) use of alcohol, binge drinking, marijuana, and non-medical use of prescription drugs. The Commission is hopeful that this downward trend in youth use is also reflected in the NSUDH report due in January 2014.

Measurable outcome: The following graph depicts changes between 2003 and 2013 in the percentage of New Hampshire students reporting past 30 day use of the most frequently abused substances (past year use for non-medical use of prescription drugs).



Challenges Experienced in SFY 2013

In addition to the many successes of the Commission and its members and stakeholders, challenges continue to constrain advances in evidence-based practice and improved outcomes. Member agencies expressed the following concerns during the last reporting period:

- An extremely limited service array for substance use disorder prevention, intervention, treatment and recovery continues to plague the state's best efforts to effectively address the progression of the disease in individuals and, consequently, its impact on families and communities. Challenged by on-going stigma and significant limitations in public financing, the disease of addiction continues to lack the prevention, screening, early treatment, long-term disease management, recovery support and other services that the health care profession provides as a standard practice for other chronic physical and behavioral health problems. This leads directly to significant financial burden on Commission member agencies, with a recent economic report concluding that the state loses approximately \$1.15 billion per year due to the overconsumption of alcohol alone.

- State agencies noted that time, expertise and other resources are not often available to seek and acquire federal funding that provide opportunities to improve systems and services.
- Conversely, although federal grants and other outside funding create effective programs, maintaining these programs is challenged by a funding environment in the state that does not encourage program improvement through upfront investments for long-term gains and returns.
- Resource limitations affect the ability to use data being collected to effectively and continuously improve programs and services, to demonstrate outcomes, and to articulate the need for continued or expanded services.
- Resource limitations also affect the ability of state agencies to effectively articulate the financial burden of substance misuse and substance use disorders as well as the financial savings that can be realized through more effective practices and programs.
- The workforce in substance misuse prevention, addiction treatment and recovery support is not sufficient to meet the needs of the service population.
- State-supported services for specialty addiction treatment and co-occurring mental health and substance use disorders are inadequate, particularly for special and high need populations including adolescents, pregnant women, and individuals re-entering communities from correctional facilities.
- Continuing, emerging substance misuse trends, such as synthetic drugs/cannabinoids and heroin, challenge limited resources, from legal expertise to get ahead of synthetic drug manufacturers to a continuum of care for individuals addicted to opioids, alcohol or other drugs.

Statutory Reporting Obligations SFY 2013

Pursuant to reporting requirements of RSA12: J-4, the following commission members that represent an executive branch department or entity reported the following:

- **The alcohol and drug abuse prevention, intervention, and treatment services and programs provided by state departments and agencies or funded in whole or in part by state or federal funds**

New Hampshire agencies and departments, not including the Administrative Office of the Courts nor the Division of Liquor Enforcement, expended an estimated \$13,710,753 during State Fiscal Year 2013 for prevention, intervention, treatment and recovery services. This amount does not include a percentage of the Department of Justice or the Department of Safety's operating budget for enforcement and prosecution that addresses alcohol and other drug abuse and related crime. Services range from enhanced enforcement of underage drinking laws to residential substance abuse treatment. Data from responding state agencies and departments translate to a per capita

expenditure of \$10.28¹. Programs supported by these expenditures are provided in greater detail in Appendix G: Annual Financial Report and summarized on the following page:

Agency	Program/Service	SFY 2013 Expenditure
DCYF	Counseling/LADC services	\$145,492
	Residential treatment facility	\$45,951
	Drug testing	\$46,475
	DCYF Total	\$237,918
BDAS	Treatment	\$8,888,179
	Prevention	\$1,472,816
	Access To Recovery (ends 9/30/14)	\$1,239,995
	BDAS Total	\$11,600,990
Dept of Justice	Enforcing underage drinking laws	\$60,000
	Residential treatment initiative	\$60,000
	Drug Court program support	\$350,000
	DOJ Total	\$470,000
Dept of Corrections	Counseling/LADC services	\$703,541
Dept of Education	Capacity/TA development	\$197,336
Dept of Safety	DARE Program support	\$164,089
	Marijuana Eradication	\$40,000
	Pharmacy/Diversion Investigation	\$99,497
	DOS Total	\$303,586
New Hampshire State Liquor Commission (NHSLC)	National Alcohol Beverage Control Association	\$10,000
	Alcohol Safety (Last Drink Survey)	\$21,262
	Enforcing Underage Drinking Laws	\$100,000
	Drug Recognition Expert	\$66,120
	NHSLC Total	\$197,382
Total Reporting Agencies	TOTAL REPORTED	\$13,710,753
	Amount of Total Awarded by Commission	\$1,408,222
	% of Expenditures awarded by Commission	9.7%

¹ Figure is based solely on data shared for the purposes of this report and is impacted by missing or misidentified data.

Progress toward SFY 2013 priorities

On the following page are highlights of responses from reporting departments and task forces of the Commission for late SFY 2013 and for the first quarter of SFY2014. This non-standard reporting period is due to the changeover to tri-annual reporting implemented for the new five-year plan. The next annual report will comply with standard fiscal year reporting parameters.

Strategy Area and Activities	Agencies/Members Reporting Progress																		
	Agencies											Task Forces							
<p>X indicates some or great progress P indicates promoted a best practice in its areas of influence</p> <p>A more detailed report of agency responses including successes and challenges is provided in Appendix D.</p>	Adj Gen/Nat'l Guard	Attorney General	Courts	Corrections	Education	DHHS-BBH	DHHS-BDAS	DHHS-DCYF	DHHS-DPHS-MCH	DHHS-NH Hospital	Safety	Liq Commission	Perinatal exposure	Prescription Drug	Prevention	Systems Change	Treatment	Commission Chair	
Cultivate expanded leadership																			
Educate lawmakers and policy makers about alcohol and other drug costs, impacts, savings from current efforts	X	X		X		X	X	X			X							X	X
Leverage existing relationships with Legislature and other state leaders to cultivate champions to address AOD impact				X				X											X
Ensure adequate, sustained financial resourcing for alcohol and other drug services																			
Continue to seek and secure federal, state and private funding for alcohol and drug services and systems reform				X		X	X	X			X								X
Increase cross-agency resourcing, collaboration, and coordination				X			X	X	X		X	X							X
Increase state funding to support services and activities recommended in the state plan							X												X
Support sub-state level funding proposals for community and regional activities and programs as appropriate							X		X										
Support efforts to expand third-party payer coverage for comprehensive treatment and recovery support services						X	X												
Increase public awareness relative to alcohol and other drug problems and effective services																			
Contribute resources, including but not limited to staff time, technical expertise, data, or funding for coordinated public education campaigns						X		X	X		X	X							
Assist in the dissemination of public education messages and materials as appropriate						X		X	X		X	X							
Increase training, technical assistance and professional development																			
Provide continued and/or enhanced training to professionals in state agencies and stakeholder groups relative alcohol and other drug impacts and services	X						X	X											
Ensure that on-going training and technical assistance is available to support effective policy, practice and programs				X			X	X				X							
Promote and support cross-training of mental health and substance abuse intervention and treatment practice							X	X		X									
Promote alcohol and drug-related training within higher education for a wide range of majors and areas of study																			
Improve data analysis and dissemination relative to alcohol and other drug problems and effective services																			

-Certain and Swift Sanctions for parole/probation					P														
Promote effective policies, practices, and programs in COMMUNITY/FAMILY SUPPORTS (P – promoted the policy, practice or program)																			
-Youth leadership efforts	P							P	P										
-Rx drug Take Back programs	P							P	P										

Conclusion

The state continues to make great strides in improving services for alcohol and other drug problems through data-driven practice, resource development, and collaboration. However, to change the paradigm substantially, the state must recognize the powerful role that traditional health care must play in preventing, intervening in, and supporting recovery from alcohol and other drug misuse, untreated or under-treated substance use disorders, and co-occurring mental health conditions.

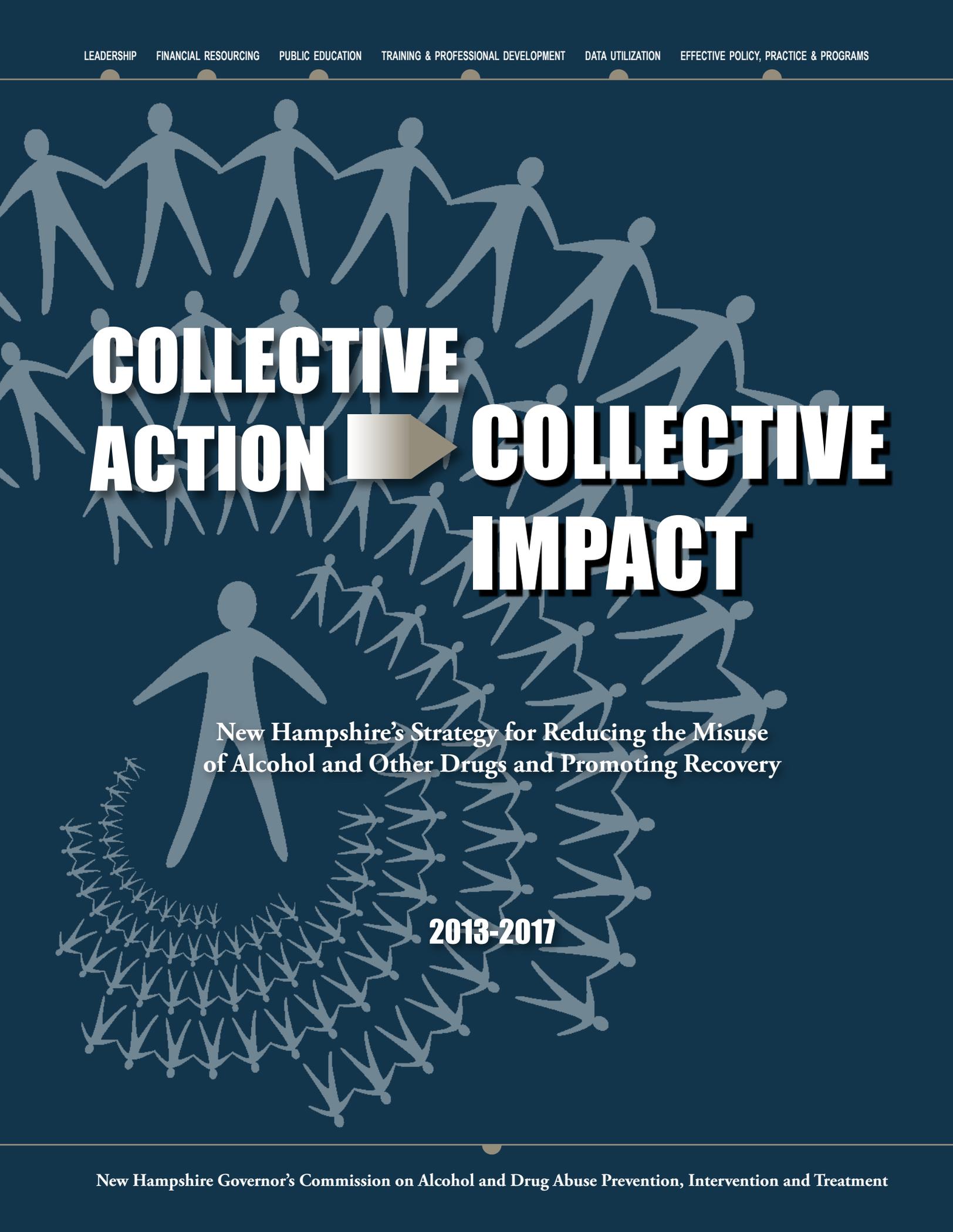
This recognition in the form of expanded leadership and advocacy and a robust, comprehensive service array within an integrated health care services and specialty addiction treatment system that is fully reimbursable by Medicaid, the health insurance exchange, and private insurers is the most transformational step our state can take in changing the paradigm; countering the stigma that inhibits both the health care professional and the afflicted individual from addressing addiction; and paving the way for the opportunity, understanding, skills, and services to help all New Hampshire residents.

As a collective body of government agencies, community providers, policy makers, and passionate leaders, we express our heartfelt gratitude for the efforts of so many to improve the lives of those being affected by alcohol and other drug problems, and we renew our commitment to continued action and service to our mission and to the safety and well-being of New Hampshire citizens.

Finally, the Commission expresses its gratitude for the Governor's support in preventing, intervening in, treating, and supporting recovery from alcohol and other drug abuse and disorders and reducing their negative impacts on individuals, families, and communities in New Hampshire.

APPENDIX A

State Plan Executive Summary



COLLECTIVE ACTION ➔ COLLECTIVE IMPACT

New Hampshire's Strategy for Reducing the Misuse
of Alcohol and Other Drugs and Promoting Recovery

2013-2017



Although New Hampshire is often ranked as one of the healthiest states in the nation, its rates of alcohol and other drug misuse by youth, young adults, and adults are some of the highest. According to the most recent National Survey on Drug Use and Health (2011 NSDUH), New Hampshire has some of the highest rates of alcohol use, marijuana use and non-medical use of pain relievers among youth, young adults, and adults. These high rates of misuse have a significant impact on the health, safety, and social and economic well-being of New Hampshire residents, families and communities.

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, established in 2000, recognizes the risk and harm that these impacts pose and initiated a strategic planning process early in 2012 to identify key priorities, strategy areas, and activities for the Commission's member agencies, other state level stakeholders, and community sectors to increase their efforts to address alcohol and other drug misuse.

"...New Hampshire has some of the highest rates of alcohol use, marijuana use and non-medical use of pain relievers among youth, young adults, and adults."



The Commission reviewed federal, state and local recommendations; considered state level data; gathered community input; and held a leadership summit to inform a strategy for the next five years to impact alcohol and other drug misuse more effectively.

These planning efforts led to two core goals, four problems of focus, six strategy areas, and a range of activities for the state and its communities to engage in to have a collective impact on this significant public health and safety problem. The two core goals over the next five years are 1) *to reduce the percentage of New Hampshire residents misusing alcohol and other drugs* and 2) *to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services*. These goals apply to four problems of focus: *alcohol misuse, marijuana use, prescription drug misuse, and the incidence of persons with substance use or co-occurring substance use and mental health disorders seeking and not receiving treatment or recovery support services*.

In recognition of the necessity of collective action to realize measurable impact, the following strategy areas are recommended for state and community level action: 1) *Leadership*; 2) *Financial Resourcing*; 3) *Public Education*; 4) *Training and Professional Development*; 5) *Data Utilization*; and 6) *Effective Policies, Practices and Programs*.

The Commission invites its members, stakeholders, and community counterparts to engage in a range of activities within these strategy areas and to serve as the foundation for collective action and collective impact.



State-Level Activity Summary



I LEADERSHIP

Cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug misuse in the state, to improve understanding of effective policies, programs and practices to address misuse, and to develop champions for such efforts

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
I a	<i>Make presentation(s) at least annually to key state leaders and leadership committees</i>	<i>Commission</i>
I b	<i>Regularly underscore the impact of alcohol and drug misuse on their agency or stakeholders in formal and informal communications with state leaders and lawmakers</i>	<i>Commission</i>
I c	<i>Support Commission and Stakeholders as requested for presentations to state leadership</i>	<i>All Task Forces</i>
I d	<i>Include leadership expansion as a standing agenda item</i>	<i>All Task Forces</i>
I e	<i>Lead annual activities to train and develop community leaders to serve as advocates in policy and legislative initiatives</i>	<i>New Futures</i>
I f	<i>Continue to cultivate champions among state policymakers and lawmakers through on-going outreach, education and collaboration</i>	<i>All Stakeholders</i>

II FINANCIAL RESOURCING

Ensure adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
II a	<i>Share resource opportunities to expand coordinated activities and collaborative planning to sustain programs and practices fostered by external funding sources</i>	<i>Commission</i>
II b	<i>Participate in shared resourcing to carry out coordinated activities and integrated services</i>	<i>Commission</i>

ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
<p>II c <i>Review current state funding contributions through state agencies and special budget line items, determine financial resource needs for adequate and effective services and activities, and develop an annual financial resource plan to meet needs</i></p>	Commission
<p>II d <i>Make available letters of support or other endorsements from the Commission for community and regional stakeholders to support their proposals to funders for local response to alcohol and other drug misuse</i></p>	Commission
<p>II e <i>Support the work of the Commission's System Reform Task Force working toward expanded coverage for substance abuse services within Medicaid and the state's managed care organizations. This work group is encouraged to work with DHHS, NH Medicaid, private insurers in the state, and the NH Department of Insurance as appropriate to determine and carry out a means to articulate costs and benefits to expanded coverage and to recommend and advocate for such coverage</i></p>	Commission
<p>II f <i>Convene a wide range of stakeholders, including insurers, the NH Medicaid office, NH-based managed care organizations, and other stakeholders</i></p>	Systems Reform Task Force
<p>II g <i>Determine comprehensive and effective services not currently covered by private, state, and federal insurance programs</i></p>	Systems Reform Task Force
<p>II h <i>Educate lawmakers and policy makers about financial resources needs for comprehensive, effective care</i></p>	Systems Reform Task Force
<p>II i <i>Advocate for expanded coverage and parity compliance for a comprehensive and effective array of services covered to support acute care as well as long-term chronic care and relapse prevention</i></p>	Systems Reform Task Force
<p>II j <i>Continue to seek and secure public and private funding for initiatives, including the Prescription Drug Monitoring Program and other on-going efforts</i></p>	Attorney General's Office All Stakeholders
<p>II k <i>Continue to advocate and mobilize advocates for increased state and other financial resourcing to support state plan goals and activities</i></p>	New Futures
<p>II l <i>Continue to seek and secure federal and private funding for alcohol and drug services and systems reform</i></p>	All Commission Member Agencies

III

PUBLIC EDUCATION

Increase public awareness relative to the harm and consequences of alcohol and other drug misuse, treatment and recovery supports available, and the success of recovery

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
III a	<i>Provide information to public education planning efforts as requested</i>	All Commission Member Agencies
III b	<i>Assist in the dissemination of public education messages and materials as appropriate</i>	All Commission Member Agencies
III c	<i>Contribute resources, including but not limited to technical expertise and funding, for coordinated public education campaigns</i>	All Commission Member Agencies
III d	<i>Support public education campaign development and dissemination to the extent possible</i>	All Task Forces
III e	<i>Continue to expand the capacity of the Partnership for a Drug Free New Hampshire (PDFNH) through private and public contributions</i>	Partnership for a Drug Free New Hampshire (PDFNH)

IV

TRAINING & PROFESSIONAL DEVELOPMENT

Increase training and professional development resources and availability to develop and expand knowledge and skills relative to addressing alcohol and other drug misuse

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
IV a	<i>Continue to provide training and professional development to military personnel on the impacts of alcohol and other drug use on military services, family relationships, mental health, and other topics</i>	Adjutant General
IV b	<i>In partnership with Policy Standards and Training Unit (PTSU) and other training organizations, support expanded training and professional development opportunities available to and accessed by law enforcement & other safety personnel relative to topics including enforcing modified DWI laws, investigating prescription drug diversion, and responding to new issues relative to synthetic drugs</i>	Attorney General's Office
IV c	<i>Promote and support cross-training of mental health and substance abuse treatment practitioners, incorporating information about alcohol and drug misuse and mental health correlations into existing training programs</i>	NH-DHHS

	ACTIVITIES	ANTICIPATED LEAD ENTITY(IES)
IV d	<i>Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for substance abuse service providers to support the delivery of high quality, effective programs recommended in this plan across prevention, intervention, treatment and recovery</i>	DHHS - Bureau of Drug and Alcohol Services
IV e	<i>Through its professional staff and subcontractors, expand capacity to deliver highly accessible (including web-accessible) training, professional development, and technical assistance for other sectors and professionals to support awareness, knowledge, policies and practices to improve responses to alcohol and other drug misuse and its consequences</i>	DHHS - Bureau of Drug and Alcohol Services
IV f	<i>Continue to provide training to corrections staff for evidence-based screening, assessment, treatment planning, and care coordination</i>	NH Department of Corrections
IV g	<i>Continue to provide access to professional development for corrections staff to increase their understanding of substance use disorders and co-occurring substance use and mental health disorders</i>	NH Department of Corrections
IV h	<i>Continue to encourage community agencies working with re-entry population to be trained in culturally competent and sensitive care for re-entry populations</i>	NH Department of Corrections
IV i	<i>Conduct an assessment of existing on-line training and professional development relative to alcohol and other drug misuse, impacts and effective responses</i>	Prevention Task Force
IV j	<i>Identify gaps in content and audience</i>	Prevention Task Force
IV k	<i>Develop and implement a means to meet training and professional development needs</i>	Prevention Task Force
IV l	<i>Work with BDAS and its contractors to ensure that RROSC training and technical assistance are available regularly for practitioners and administrators in specialty addiction services and related care systems, including primary care, mental health, and re-entry services</i>	Treatment Task Force
IV m	<i>Promote and support cross-training of mental health and substance abuse treatment practice</i>	NHTIAD NAMI-NH NH-DHHS
IV n	<i>Incorporate alcohol and drug misuse and mental health correlations into existing training programs</i>	NHTIAD NAMI-NH NH-DHHS Other Stakeholders

ACTIVITIES		ANTICIPATED LEAD ENTITY(IES)
IV o	<i>Continue to provide training and professional development relative to advocacy for improved or expanded alcohol and other drug programs and resources</i>	New Futures
IV p	<i>Align training, professional development, and technical assistance with state plan priorities and strategies</i>	All Stakeholders

V DATA UTILIZATION
Improve data analysis and dissemination to support strategic action

ACTIVITIES		ANTICIPATED LEAD ENTITY(IES)
V a	<i>Designate a task force or work group to develop and disseminate data products using consistent, straightforward data indicators and narrative for a range of audiences, including state lawmakers and policy makers, key constituencies, proposals and the general public</i>	Commission
V b	<i>Pursue or develop data sources relative to identify special populations</i>	All Task Forces
V c	<i>Identify the means by which the Commission will analyze and utilize data</i>	Designated Task Force TBD
V d	<i>Continue to conduct analyses and report on data relative to alcohol and other drug misuse, including but not limited to supporting the administration of the Youth Risk Behavior Survey</i>	NH Department of Education NH-DHHS
V e	<i>Continue to conduct performance reviews and report outcome data for state-funded prevention, intervention, treatment and recovery support programs</i>	DHHS – Bureau of Drug and Alcohol Services
V f	<i>Support data analysis and dissemination relative to the financial burden of alcohol and other drug misuse and savings realized from programs and activities</i>	All Member Agencies
V g	<i>Continue to conduct and report on recidivism rates for alcohol and drug-related parole violations</i>	NH Department of Corrections
V h	<i>Conduct program evaluation and report outcome data on community corrections program</i>	NH Department of Corrections

VI

EFFECTIVE POLICY, PRACTICE & PROGRAMS

Promote the implementation of effective policies, practices and programs across and within state systems

The Commission and its member agencies will support communities in their efforts toward the policies, practices and programs recommended in this plan.

**GOVERNMENT**

- Support local alcohol- and drug-free ordinances
- Support state-level legislation to address alcohol and other drug misuse
- Support relevant local and county data collection
- Support financial resourcing of local and county programs, policies and practices to address alcohol and other drug use

**EDUCATION**

- Model alcohol and drug policies
- Effective alcohol and drug prevention education over multiple years and transitions
- Increased, regular parent education
- Data collection and dissemination
- Student Assistance Programs (SAPs)
- Increased collaboration with community health and safety
- Model athletic and extra-curricular policies

**SAFETY & LAW ENFORCEMENT**

- Drugged Driving Law Enforcement
- Increased patrols and surveillance
- Court Diversion
- Alternative sentencing/graduated license suspension
- Standard implementation and evaluation of drug/mental health courts
- Certain and Swift sanctions for parole or probation violations

**HEALTH & MEDICAL**

- Prescription Drug Monitoring
- Reimbursable Screening Brief Intervention and Referral to Treatment (SBIRT)
- Integrate primary care, mental health care, and substance abuse prevention, treatment and recovery support, including integrated data collection, training, and services
- Improve access to treatment
- Improve data collection on fetal alcohol syndrome disorders

**COMMUNITY & FAMILY SUPPORTS**

- Youth Leadership Programs
- Rx Drug Take Back programs

**BUSINESS**

- Data collection and dissemination on alcohol and drug impacts in work place
- Model workplace policies
- Work place prevention education
- Screening, brief intervention, and referral to treatment or recovery support services

ALL SECTORS

Implement recommendations from the Commission's 2012 "Call to Action: Responding to NH's Prescription Drug Epidemic"

Please see Appendix C: Recommended Policies, Practices & Programs "At-A-Glance" for more information.

APPENDIX B

Quarterly Report



Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment

*Collective Action – Collective Impact State Plan Reporting:
July-October 2013²*

The information provided in this report was gathered from Commission members who responded to a request for information on activities, successes and challenges in supporting recommendations relevant to their agency or constituency that are included in the Commission's five-year state plan to reduce alcohol and other drug use and to promote recovery. Some additional activity information gathered during a pilot report in the spring of 2013 and from the task force implementing the state's prescription drug plan.

REPORTING MEMBERS & TASK FORCES

Agency	Completed?	Agency	Completed?
Adjutant General	Yes	Homeless Housing (DHHS)	Yes
Attorney General	No	Liquor Commission	Yes
BBH (DHHS)	Yes	MCH-DPHS (DHHS)	Yes
BEAS (DHHS)	No	Medical Society	New to Commission
BDAS (DHHS)	Yes	NH Hospital (DHHS)	Yes
Commission Chair	Yes	Nursing Association	New to Commission
Corrections	Yes	PDFNH	Yes
Courts	No	Perinatal Exposure Task Force	No
DCYF - DJJS (DHHS)	Yes	Prevention Task Force	No
Department of Education	No	Rx Drug Task Force	No
Department of Insurance	Yes	Systems Reform Task Force	Yes
Department of Safety	Yes	Treatment Task Force	Yes

The first pages provide a summary of progress ratings, key themes, and requests of the Commission. The remainder of the report provides the responses from each participating member in full.

PROGRESS RATINGS

² For this quarter, respondents were also encouraged to provide information from January 2013 to serve the function of informing the annual report to the Governor.

Respondents were asked to rate their agency, organization, or task force’s progress toward each state plan objective. The ratings are summarized in the grid on the following pages:

Cultivate expanded leadership relative to alcohol/other drug abuse		
Member	Educate lawmakers and policy makers about alcohol and other drug costs, impacts, savings from current efforts	Leverage existing relationships with Legislature and other state leaders to cultivate champions to address AOD impact
AdjGen	Some	--
Chair	Some	Great
DOC	Some	Some
DHHS-BBH	Some	No
DHHS-BDAS	Some	--
DHHS-DCYF	Some	Some
DOS	Some	--
LiqCom	No	--
Sytms Chng TF	No	--
Treatment TF	Some	--

Ensure adequate, sustained financial resourcing for alcohol and other drug services					
Member	Continue to seek and secure federal, state and private funding	Increase cross-agency resourcing, collaboration, and coordination	Increase state funding to support services and activities	Support sub-state level funding proposals	Support efforts to expand third-party payor coverage for comprehensive services
Chair	Great	Some	Some		
DOC	Some	Some			
DHHS-BBH	Some				Some
DHHS-BDAS	Great	Great	Great	Some	Some
DHHS-DCYF	Some	Some			
DHHS-MCH	Great	Great		Great	
DOS	Some	Some			
LiqCom		Great			

Increase public awareness relative to alcohol and other drug problems and effective services		
Member	Contribute resources for coordinated public education	Assist in the dissemination of public education messages and materials as appropriate
AdjGen		
DHHS-BBH	Some	Some
DHHS-BDAS	Great	Some
DHHS-DCYF		
DHHS-MCH	Great	Great
DOS	Some	Some
LiqCom	Great	Great

PDFNH	Some	Some
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Increase training, technical assistance and professional development				
Member	Provide continued and/or enhanced AOD training	Ensure that on-going training and technical assistance is available to support effective policy, practice and programs	Promote and support cross-training of mental health and substance abuse intervention and treatment practice	Promote alcohol and drug-related training within higher education for a wide range of majors and areas of study
AdjGen	Great			
DOC		Some		
DHHS-BBH				
DHHS-BDAS	Great	Great	Some	
DHHS-DCYF		Some	Some	
DHHS-HH	Some			
DHHS-MCH	Some			
DHHS-NH Hosp			Some	
DOS				
LiqCom		Some		

Improve data analysis and dissemination relative to alcohol and other drug problems and effective services				
Member	Support data analysis and dissemination relative to financial burden and savings realized from programs and activities	Leverage existing capacity to improve data collection, analysis and reporting	Utilize improved data products to support and inform state plan	Continue to collect and share data about the impact of alcohol and drug misuse and about successful efforts to reduce misuse and promote recovery
AdjGen				
Chair		Some		
DOC				Goal Complete
DHHS-BBH		Great		
DHHS-BDAS			Some	Some
DHHS-DCYF			Some	Some
DHHS-MCH		Great		Some
DOS				
LiqCom				Some

EVIDENCE BASED PRACTICE PROMOTION

The following grid provides an indication of which state plan recommended policies, practices and programs were promoted by which Commission agencies:

Promote effective policies, practices, and programs within sectors	
Members that did promote the practice during this reporting period	
EDUCATION SECTOR	
Model school alcohol/drug policies	BDAS, DCYF
Prevention education over multiple years and transitions	DCYF
Increased parent education	BDAS, DCYF
Continued/expanded data collection	BDAS
Student Assistance Programs	BDAS, DCYF
Community Collaboration	BDAS
Model athletic/extracurricular policies	BDAS
HEALTH SECTOR	
Rx Drug Monitoring	BDAS, DCYF, MCH
Reimbursable SBIRT	BDAS,
Integrated primary care, mental health, and substance misuse services	DCYF, MCH, Treatment TF,
Improve access to treatment	BDAS, DCYF, NH Hospital, Treatment TF
Improve data collection re FASD	--
Improve data collection re neonatal abstinence	--
BUSINESS SECTOR	
Data Collection and dissemination re AOD impacts on business	--
Model Workplace Policies	DCYF
Workplace Prevention Education	DCYF
Screening and Referral to Svcs	DCYF
SAFETY SECTOR	
Drugged Driving Enforcement	BDAS, DOS, LiqCom,
Increased patrols and surveillance	DOS, LiqCom
Court Diversion	DCYF
Alternative sentencing/ graduated license suspension	DCYF
Standardized and evaluated drug/mental health courts	BDAS
Certain & Swift Sanctions	DOC
COMMUNITY SECTOR	
Youth Leadership	AdjGen, BDAS, DCYF
Rx drug Take Back programs	AdjGen, BDAS, DCYF

RECURRING THEMES RE SUCCESSES, CHALLENGES & RESOURCE/TA NEEDS

SUCSESSES

- ✓ New funding
- ✓ Cross-training; AOD trainings
- ✓ Data utilization
- ✓ Effective enforcement of new drugged driving laws

CHALLENGES

- ✓ Resources to acquire federal funding
- ✓ Maintaining positions and services initiated with grants
- ✓ Using data collected effectively re quality improvement, articulating need for services
- ✓ Data systems to determine efficacy of programs
- ✓ Data relative to financial burden of AOD misuse and financial savings from effective practices and programs
- ✓ Alcohol/Drug specialists (LADCs) in juvenile justice programs
- ✓ Extremely limited treatment availability for co-occurring diagnoses

RESOURCE & TECHNICAL ASSISTANCE NEEDS

- ✓ New funding
- ✓ Treatment resources, co-occurring treatment
- ✓ Cross-training; AOD trainings
- ✓ Data analysis and utilization

MEMBER RESPONSES: OCTOBER 2013

The following information was contributed by Commission members or their designees via an on-line shared document. It has been compiled by the NH Center for Excellence at the request of the Commission Chair.

Goal1) Cultivate expanded leadership relative to alcohol/other drug abuse

a. Educate lawmakers and policy makers about alcohol and other drug costs, impacts, savings from current efforts

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Adjutant General	Some	As part of the NHNG Counterdrug Civil Operations Program and the NHNG Substance Abuse Prevention, Treatment and Outreach program, we provided training and support to the VETCORPS program, which in turn, works directly with New Futures, an advocacy group, and educates them as to the needs and resources for military members and their families regarding substance abuse.
		+ Too new to assess
		- None at this time.
Commission Chair	Some	Conversations with house and senate leaders
		+ Invitation to attend NCSL Session on Addiction and State Policy
		- Issues with members of Exec and legislative branch in Nov, 2013.
DOC	Some	Presented at several Legislative Committees on the benefits of Medicaid Expansion for re-entry of offenders into the community for access to treatment services with prevalence data to support it. We have worked with DHHS on data to demonstrate the impact to the Corrections population in support of Medicaid Expansion. We have connected with entities such as New Futures to receive and share information on this important issue. (HH)
(DHHS)BBH	Some	Integrating substance use and misuse topics into presentations.
		+ Strong interest in topic area.
(DHHS)BDAS	Some	Presentation to leg. Comm. on SB 71 Rx and Workman's Comp.
(DHHS) DCYF - DJJS	Some	Provided comprehensive understanding of the assessment of individuals with substance abuse disorders and the interventions designed to motivate and engage individuals to address concerns.
		+ Increase in knowledge and awareness of issues related to persons with s/a d/o's. Immediate feedback from users.
		- Increased case load volume challenging to maintain evidenced based individualized care to families.
DOS	Some	Highway Safety and Narcotics & Investigations Unit Commanders testify in front of the legislators on numerous occasions in reference to drug/alcohol related bills, and they also frequently submit position papers on various topics that are being discussed in the Legislature.
		+ The Highway Safety Unit Commander was successful in promoting legislative change to the State's DUI statute, which closed a loophole in the statute. The State's new DUI/DUID Statute is much more comprehensive, and encompasses all type of substances that impairs a person's ability to operate a motor vehicle.
		- The challenges for the Future appear to be centered around the legalization of medical marijuana and marijuana in general. There will be many more bills during this coming legislative session that will seek to legalize the drug.
Treatment TF	Some	Stephanie Savard, Co-chair of Tx Taskforce, presented on a panel to the Governor's Commission on Medicaid Expansion relative to reimbursement of substance use treatment.
		+ To date, the Governor Commission Medicaid Expansion Panel has recommended to the

a. Educate lawmakers and policy makers about alcohol and other drug costs, impacts, savings from current efforts

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
		legislature to pass the Medicaid expansion policy.

b. Leverage existing relationships with Legislature and other state leaders to cultivate champions to address AOD impact

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Commission Chair	Great	Strong connections with House and Senate leadership
Corrections	Some	I have participated on panels to present data and discuss its impacts on municipalities, state, and other partners, specifically through organization of these efforts by the Dupont Group (Legislative Roundtables) and being a presenter at the Local Government Centers Annual Meeting. (HH)
(DHHS)BBH	No	- Need for better coordination of presentations to integrate topic areas
(DHHS) DCYF - DJJS	Some	Partnership with New Futures. + Increased access to information regarding services and statewide data for children and families in need of services.

Goal 2) Ensure adequate, sustained financial resourcing for alcohol and other drug services

a. Continue to seek and secure federal, state and private funding for alcohol and drug services and systems reform		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Commission Chair	Great	Seeking Public and private financing.
		+ New potential private funder working with NH Charitable Foundation regarding new resources to NH.
		- Decisions around Medicaid Expansion and specifics about MH/SUD Parity still in development, uncertain parity will be achieved in public insurance by Jan 1
DOC	Some	Our focus has been on supporting Medicaid Expansion but other opportunities have not yet been identified. (HH)
		- Departmental resources necessary to support this inquiry would include grant writers, data analysts, and data tracking to identify these opportunities.
(DHHS)BBH	Some	Mental Health Parity and Education ACT support.
(DHHS)BDAS	Great	Secured state Prevention funds. Completed Block Grant Application.
(DHHS) DCYF - DJJS	Some	Able to secure SAMSHA reallocation to hire 20 hour/week LDAC for treatment services in the girls unit at SYSC.
		+ Increased access to services for committed youth.
		- Maintaining/sustaining funding for 20hr/week position.
(DHHS) MCH	Great	MCH received a 5 year SAMHSA grant for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) . Focus is promotion and prevention as related to early childhood mental health. Also, MCH received ECCS (HRSA) grant for Mitigation of Toxic Stress. Both require coordination with alcohol and other drug prevention and treatment providers.
DOS	Some	The Division of State Police continues to seek various Federal Grants to address the issues of Highway Safety, which includes the detection and apprehension of impaired drivers. The Narcotics & Investigations Unit Continues to receive Federal grants for the enforcement of drug related crimes within the state of NH.
		+ In the area of Highway Safety, the Division has received increased funding for the Apprehension of drugged drivers. Troopers that are certified as Drug Recognition Experts (DRE) are being utilized to patrol the State's roadways to help curb the rising incidences of drugged drivers.
		- The Division has received less funding from the Federal Government for the Enforcement of drug related crimes. Specifically, the Street Sweeper Grant, which the Division has relied on in the past is no longer going to be funded as of July 1, 2014. This represents a loss of hundreds of thousands of dollars in Federal grant money.
Liquor Commission	No	

b. Increase cross-agency resourcing, collaboration, and coordination		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Commission Chair	Some	Safe Schools/Health Students grant received by DOE, DHHS assisted.
DOC	Some	We participate on the Governors Commission Call to Action on Prescription Drug Abuse. We are reviewing our data to provide information to the task force to assist in this initiative and have shared data throughout our participation. (HH)

b. Increase cross-agency resourcing, collaboration, and coordination		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS)BDAS	Great	Additional mental health funds for REAP. Fed. grant to DOE with SUD Prevention + SAMHSA & US DOJ grant to Cheshire County for new Drug Court.
(DHHS) DCYF - DJJS	Some	Substance abuse screenings in 5 areas if the completed on youth entering Juvenile Justice systems. Partner with Harbor Homes and Project Recovering Lives. (Keystone Hall). Able to access to individualized services. Greater Nashua Mental Health Center has access to 4-5 LADACS for services for dual diagnosis and psychopharmacology.
		+ Referrals for families to have Immediate capacity for services without regard to income.
		- Additional financial resources Needed to meet the current needs of families including case management and monitoring of client behaviors that may interfere with ability to make progress.
(DHHS) MCH	Great	Maternal Infant Early Childhood Home Visiting (MIECHV) implementing agencies are required to participate in and provide some funds to local/regional planning councils to work toward sustainability and coordinated efforts. Project LAUNCH supports Young Child Wellness Councils at the state and local levels (Manchester).
DOS	Some	The Division is constantly seeking new partners to work with in order to prevent alcohol and drug abuse from negatively impacting the citizens of NH. We currently work very closely with the NH Police Standards & Training Council to provide training to new recruits in the area of alcohol/drug impaired driving, as well as, investigating and prosecuting drug related offenses. The Division also works closely with the NH Liquor Enforcement in providing training to veteran officers in the area of Drug Recognition Expert training.
		+ This past quarter, the Division has provided training to new recruits at the academy in the area of DUI/DUID detection and the enforcement of drug related offenses. The Division also assisted the NH Liquor Enforcement in providing DRE Instructors to the Fall DRE class, which recently graduated a class of over 15 new DRE's from agencies all over New England.
		- Challenges in this area always include finding the time for officer to train and update their education. Training officers can be taxing on their agencies, because now the agency has to staff that officer's empty spot on patrol while the officer is away training.
Liquor Commission	Great	Received a grant from NH Highway Safety to administer a DRE course in Coos County. This course should double the number of Drug Recognition Experts in Coos County to combat Drugged Driving.

c. Increase state funding to support services and activities recommended in this plan		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Commission Chair	Some	Meeting with legislators on alcohol fund formula.
(DHHS)BDAS	Great	Additional mental health funds for REAP. Fed. grant to DOE with SUD Prevention + SAMHSA & US DOJ grant to Cheshire County for new Drug Court.

d. Support sub-state level funding proposals for community and regional activities and programs as appropriate		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)

d. Support sub-state level funding proposals for community and regional activities and programs as appropriate		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS)BDAS	Some	Governor's Commission funding for Life of an Athlete and the CADY Coalition + Student Assistance Grants awarded through the Partnership for Success.
(DHHS) MCH	Great	Aligned contracts for Regional Public Health Network services between DPHS and BDAS. The Bureau of Infectious Disease Control, Infectious Disease Surveillance Section provided 3 reports to BDAS on September 17, 2013. Data included the last 4 years with an analysis of emergency department visits by chief complaint text and ICD-9 codes and a review of the NH death certificates.
		+ 13 agencies funded to provide public health emergency preparedness and substance misuse prevention services. All are required to convene Public Health Advisory Councils which, over time, will serve an advisory function over all public health activities in 1 of 13 regions.

e. Support efforts to expand third-party payor coverage for comprehensive treatment and recovery support services		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS)BBH	Some	Collaborative work in defining a substance abuse benefit for the Medicaid program
(DHHS) BDAS	Some	Planning to define and recommend benefits for Medicaid Expansion

Goal 3) Increase public awareness relative to alcohol and other drug problems and effective services

a. Contribute resources, including but not limited to staff time, technical expertise, data, or funding for coordinated public education campaigns						
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)				
(DHHS) BBH	Some	Staff actively participating across bureaus.				
(DHHS)BDAS	Great	Help in establishing partnership for a Drug Free New Hampshire - GEO Vision Web contract approved that includes web site development + Multiple postings on the DHHS/BDAS and Drug Free NH web sites + YRBS data collection and analysis.				
(DHHS) MCH	Great	MCH received SAMHSA grant for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health for 5 years. Focus is promotion and prevention as related to early childhood mental health. Also, MCH received ECCS (HRSA) grant for Mitigation of Toxic Stress. MCH also produced a Neonatal Abstinence Syndrome data brief.				
DOS	Some	The Division has conducted several sobriety checkpoints over this past period, which is a combination of detecting impaired driver and educating the public about the dangers of operating their vehicles while impaired. The Drug Diversion Section of the Narcotics & Investigations Unit also conducted several trainings in the area of prescription drug diversion and abuse to several area hospitals, continuing education conferences for Professionals, and for law enforcement agencies.				
		<table border="1"> <tr> <td style="text-align: center;">+</td> <td>As a result of various trainings, the Drug Diversion Section has seen an increase in the reporting of prescription drug related crimes in areas that historically did not report those crimes to law enforcement. The Sobriety checkpoints that were conducted by the Division this past summer were successful both in apprehending impaired drivers and in educating the public.</td> </tr> <tr> <td style="text-align: center;">-</td> <td>As always, resources and time are a challenge in this area. However, the Division will continue to strive to be an agency that provides training to the public and other law enforcement agencies.</td> </tr> </table>	+	As a result of various trainings, the Drug Diversion Section has seen an increase in the reporting of prescription drug related crimes in areas that historically did not report those crimes to law enforcement. The Sobriety checkpoints that were conducted by the Division this past summer were successful both in apprehending impaired drivers and in educating the public.	-	As always, resources and time are a challenge in this area. However, the Division will continue to strive to be an agency that provides training to the public and other law enforcement agencies.
		+	As a result of various trainings, the Drug Diversion Section has seen an increase in the reporting of prescription drug related crimes in areas that historically did not report those crimes to law enforcement. The Sobriety checkpoints that were conducted by the Division this past summer were successful both in apprehending impaired drivers and in educating the public.			
-	As always, resources and time are a challenge in this area. However, the Division will continue to strive to be an agency that provides training to the public and other law enforcement agencies.					
Liquor Commission	Great	Received a grant from NH Highway Safety to administer a DRE course in Coos County. This course should double the number of Drug Recognition Experts in Coos County to combat Drugged Driving.				
PDFNH	Some	Partnering with the NH Providers Association to engage those involved in treatment and recovery				

b. Assist in the dissemination of public education messages and materials as appropriate

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS) BBH	Some	Staff actively participating across Bureaus.
(DHHS)BDAS	Some	Media plan implementation of Young Adult Issue Brief and Fact Sheet on Molly and update the Synthetic Drug Fact Sheet - Dissemination of treatment services for pregnant women brochure in English and Spanish.
(DHHS) MCH	Great	Share emails from Drug/Alcohol Resource Library with all MCH contract agencies.
DOS	Some	The Division has conducted several sobriety checkpoints over this past period, which is a combination of detecting impaired driver and educating the public about the dangers of operating their vehicles while impaired. The Drug Diversion Section of the Narcotics & Investigations Unit also conducted several trainings in the area of prescription drug diversion and abuse to several area hospitals, continuing education conferences for professionals, and for law enforcement agencies.
Liquor Commission	Great	Continue public awareness programs with a focus on youth access to alcohol and over service.
PDFNH	Some	Testing of state-wide media campaign complete

4) Increase training, technical assistance and professional development

a. Provide continued and/or enhanced training to professionals in state agencies and stakeholder groups relative to alcohol and other drug impacts and effective services

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Adjutant General	Great	NHNG Substance Abuse Prevention Program continues to provide substance abuse prevention training to NH National Guard Members on the impact of AOD use. Additionally, the NHNG Director of Behavioral Health provided training on military culture and substance use to civilian treatment providers external to the NG.
		+ NHNG SAP provided training to 202 personnel over four NH National Guard Units over the last four months on the impacts of AOD use. Additionally, the program trained 31 personnel on how to manage unit-level substance abuse testing and prevention programs. Director of Behavioral Health provided training on military culture and substance use to over 60 providers at the Farnum Center and at the Volunteer NH conference during this reporting period.
(DHHS)BDAS	Great	Several BDAS initial trainings on Addiction, Recovery and Families + NH Training Institute (contractor) provided multiple trainings for professionals + Conducted a training for Project Success Student Assistance.
(DHHS) HH	Some	Promote training of MH and SA Tx practitioners in existing training programs
(DHHS) MCH	Some	Substance Abuse Conference, Pregnancy & Beyond, for Maternal, Infant and Early Childhood Home Visiting program services. Linda Parker, BDAS presented at the MCH Coordinator's meeting on the topic of drug and alcohol treatment for pregnant women.
		+ Positive items from evaluation with # attended.

b. Ensure that on-going training and technical assistance is available to support effective policy, practice and programs

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
DOC	Some	The Division of Medical & Forensic services conducted 8 Case Presentation amongst our multi-disciplinary teams inclusive of Secure Psychiatric Unit/Residential Treatment Unit officers participating to discuss treatment planning, care coordination, and the use of assessments to better develop interventions for behavioral health treatment. We facilitated two training opportunities locally at the NHSP-men inclusive of the behavioral health staff and invited the LADCs, who work for Community Corrections to attend. The training topics were on Suicide Prevention and Intervention and the DSM-V. A smaller orientation to DBT (Dialectical behavior therapy) occurred as well among a group of the behavioral health staff. Our Division conducts quarterly trainings on mental health issues to the Special Housing Unit, Closed Custody Unit, and Reception & Diagnostic Correctional Staff. (HH)
		- The training budget is not significant enough to afford the opportunity to all staff to attend trainings on substance use disorders and co-occurring substance use and mental health conditions. We are actively soliciting opportunities with outside agencies for donated spaces in trainings. Greater Manchester Mental Health Center has been the most supportive. (HH)
(DHHS)BDAS	Great	BDAS/DPHS and CHI contractor provided TA to Public Health Advisory Council's of the Reg Public Health Networks + Initiation of pilot Appreciative Inquiry Process for Regional Public Health Network development + TA provided for treatment providers on use of electronic health record + Completion of Clinical Supervision Learning Collaborative + TA on quality improvement of clinical services + On-site TA for implementation of Regional Public Health Networks.
(DHHS) DCYF - DJJS	Some	LADAC services available to child protection and juvenile justice staff in three district offices.

b. Ensure that on-going training and technical assistance is available to support effective policy, practice and programs

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Liquor Commission	Some	Continue to provide alcohol server training and best practice policies to liquor licensees.

c. Promote and support cross-training of mental health and substance abuse intervention and treatment practice

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS)BDAS	Some	Trainings supporting "Enhanced" REAP program
(DHHS) DCYF - DJJS	Some	Series of presentations to CASA and the Community mental health Center. Local community based agencies have provided several opportunities for cross training and areas of specialization.
		+ Positive feedback from organizational leadership regarding the quality of the training provided for the integration of substance abuse, mental health, juvenile justice and child welfare disciplines.
		- Maintenance of current level of collaboration and ongoing training to keep up with staff turnover.
(DHHS) NH Hosp	Some	Grand Rounds and Nursing Rounds focused on Substance Abuse issues.
		+ Consistently well attended by staff; Grand Rounds also open to public and well attended
Liquor Commission	Some	Continue to provide alcohol server training and best practice policies to liquor licensees.

d. Promote alcohol and drug-related training within higher education for a wide range of majors and areas of study

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)

5) Improve data analysis and dissemination relative to alcohol and other drug problems and effective services

a. Support data analysis and dissemination relative to the financial burden of alcohol and other drug misuse and savings realized from programs and activities

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Chair	Some	Utilized alcohol consumption cost analysis by New Futures in budget and broader public outreach and education.
		+ First briefing document, release of first state substance use plan that includes data metrics and monitoring.
(DHHS) DCYF- DJJS	No	Additional resources needed to develop and maintain a data base designed to calculate costs and benefits to individual, families and the community.
(DHHS) MCH	Great	MIECHV (home visiting) implementing agencies use the TWEAK screening for "at-risk drinking among pregnant women". MCH performance measure for prenatal contracts related to alcohol & substance use screening every trimester. MCH performance measure for Primary Care for the Homeless contracts related to annual alcohol & substance use screening.
Dept of Insurance	No	NHID is redesigning our current health costs claims database where we provide cost and delivery information about common medical services. As a part of joining this Commission, we intend to include claims data regarding drug and alcohol prevention services and treatments in our data request set to all insurance carriers providing reimbursement under their contracts. We are just in the beginning of the two year development process for the data set and will look to this Commission for helping us determine parameters and service characteristics for accurately gathering the underlying data so it can be used for research and educational purposes.

b. Leverage existing capacity to improve data collection, analysis and reporting relative to problems and effective responses to alcohol and other drug misuse

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
(DHHS) BDAS	Great	Completed the development of the electronic data collection system for prevention + BDAS development of revised AOD objectives for the Public Health Improvement plan.

c. Utilize improved data products to support and inform state plan goals

MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
DOC	No	Our LADC staff in the District Offices are primarily engaged in clinical case management and referrals to community programs using the ATR funds. Regrettably staffing shortages and changes have made it impossible for DOC to develop the database needed to address the analytical portion of this goal. (JD)
(DHHS) BDAS	Some	Media plan implementation of Young Adult Issue Brief and Fact Sheet on Molly and update the Synthetic Drug Fact Sheet - Dissemination of treatment services for pregnant women brochure in English and Spanish
(DHHS) DCYF- DJJS	Some	Use of the GAIN and CRAAFT to measure vulnerability for children in Child protection and juvenile justice system.
		+ Tools that can document vulnerability and easily transferable information to youth and families.
		- Several providers are using instruments that may or may not be of benefit to the families

c. Utilize improved data products to support and inform state plan goals		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
		and individuals being served.

d. Continue to collect and share data about the impact of alcohol and drug misuse and about successful efforts to reduce misuse and promote recovery		
MEMBER	Progress Rating	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
DOC	Goal Complete	Ongoing collection, cleaning and analysis of data on most recent recidivism cohort. (JKS)
		+ Improved data collection at the level of PPO data input.
		- Limited resources in cleaning data for analysis, prolonging the process. (JKS)
(DHHS) BDAS	Some	BDAS, DPHS and DOE collaborating with NH High Schools to Collect and analyze 2013 YRBS data.
(DHHS) DCYF	Some	+ Lack of centralized data repositories.
		- Due to the data not being collected, can't inform the professionals, judiciary, individuals and families regarding misuse and reduction.
(DHHS) MCH	Some	Poison data reported in annual injury data report and periodic briefings.
Liquor Commission	Some	We continue to collect, collate, and analyze data regarding compliance checks and violations of Title XII.

6) Promote effective policies, practices, and programs in SECTORS

EDUCATION SECTOR			
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)	
Model School Policies	(DHHS) BDAS	Required component of the Project Success Grant for Schools.	
	(DHHS) DCYF	Trauma and vulnerability assessments for completed for youth entering SYSC along with substance abuse evaluations completed at the time of assessment and classification. 3 LADC's oversee the treatment for youth who test positively for substance abuse.	
		+	Youth who enter SYSC have the opportunity have the mental health and substance abuse needs met during the time of their commitment in effort to assist them in their own awareness of alcohol and drug abuse issues. Transition services are also identified at the time of discharge from SYSC to assist youth in meeting their treatment goals and objectives.
Prevention education over multiple years and transitions	(DHHS) DCYF	Integration of Juvenile Justice Services and child welfare services has resulted in consultation with LADC's regarding youth, family's needs and appropriate interventions.	
		+	LADC's in each of the district offices and at SYSC in effort to assist JJ/CW workers and provide additional consultation services.
		-	Need additional LADC's in each of the district offices in effort to assist JJ/CW workers and provide additional consultation services.
Increased parent education	(DHHS) BDAS	Required component of the Project Success Grant for Schools.	
	(DHHS) DCYF	Ongoing outreach and consultations with individuals afflicted and families affected by s/a issues.	
		-	Need additional LADAC's in each of the district offices in effort to assist JJ/CW workers and provide additional consultation services.
Continued/ expanded data collection	(DHHS) BDAS	Required component of the Project Success Grant for Schools.	
Student Assistance Programs	(DHHS) BDAS	Required component of the Project Success Grant for Schools.	
	(DHHS) DCYF	Children discharged from DCYF/JJ and SYSC are given treatment plan recommendations for additional support through school based services.	
		+	School based programs to meet the needs of children and families in need of s/a information and support.
		-	Lack of school based programs to meet the needs of children and families in need of s/a information and support
Community Collaboration	(DHHS) BDAS	Required component of the Project Success Grant for Schools.	
Model athletic/ extracurricular policies	(DHHS) BDAS	BDAS participation with RPHNs and NHIAA in the implementation of the Life of an Athlete Program.	

HEALTH SECTOR		
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Prescription Drug Monitoring		Active participation with the PMDP development
	(DHHS) DCYF-DJJS	Through SAMHSA grant with Dartmouth College able to review and track prescription drug dispensation for children in out of home care.
		+ Reducing the overmedication for children involved with DCYF and SYSC.
	- Management of data regarding the project.	
(DHHS) MCH-DPHS	MCH's contract agency, the Northern New England Poison Center, was instrumental in helping to get the prescription drug monitoring bill passed (along with the 2013 bill rescinding the sunset clause). MCH's Injury Prevention Program wrote a legislative summary supporting the legislation. The Injury Prevention Program's Policy Advisory Committee held a workshop for the entire Injury Prevention Advisory Council which highlighted the prescription drug monitoring program. The Policy Advisory Committee continues to monitor movement through its members, the Pharmacy Board and the Northern New England Poison Center, both of whom are on the prescription drug monitoring program's advisory council.	
Reimbursable SBIRT	(DHHS) BDAS	BDAS is working with the Gov's Comm. Rx Task Force to promote and adopt SBIRT.
Integrated primary care, mental health, and substance misuse services	(DHHS) DCYF-DJJS	Promoted through collaborations with community based partners and vendors.
	(DHHS) MCH-DPHS	Project LAUNCH enables behavioral health to be integrated into primary care at the Manchester Community Health Center. In its primary care scope of services which is the basis for primary care contracts, the integration of mental health and substance abuse services is required. When feasible, MCH has provided additional grant funding specifically for the integration of mental health and primary care services.
	Treatment Task Force	1)Collaborating with NH NAMI to identify suicide prevention best practices on a systemic level within a treatment provider system. 2) Encouraging with Regional Public Health Networks to continue to outreach to medical systems to collaborate on the use of these best practices and assisting those patients presenting with both suicidality and substance use. 3) Reaching out to the Suicide Prevention Council for best practice recommendations at the clinician level.
		+ Initial meeting with NH NAMI supportive of decision to adopt best practices for suicide prevention across systems.
- Limited funding available for NH NAMI to provide training to treatment providers or the medical systems to improve suicide prevention on a system level.		
Improve access to treatment	(DHHS) BDAS	Yes, for pregnant women.
	(DHHS) DCYF	Through collaborations with community based partners and by providing free screening, assessment, evaluation and brief treatment services for families and individuals in need.
		+ Families and youth have access to community based services as well as access to services while committed to SYSC.
	(DHHS) NH Hospital	Approval for full-time NHH clinical staff position to focus specifically on patients with substance abuse issues to provide assessments, education and referrals. NHH SA committee focuses on improving hospital procedures for providing SA educational materials for all patient populations in the hospital. SA education group in existing programming on the Anna Philbrook Center for adolescents.
- Extremely limited treatment options in NH for persons with both mental illness		

HEALTH SECTOR		
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
		and substance abuse issues. Almost impossible to identify and/or access for our population.
	Treatment TF	Specific work around suicide prevention will increase the likelihood of treatment providers having the expertise to provide treatment to a person who has a significant history of suicidal attempts/thoughts, thereby increasing their ability to access treatment.
	+	Continue to work on this initiative.
	-	Additional funding to access treatment is needed, particularly insurance reimbursement for all systems of recovery. It is anticipated that the Medicaid expansion, if passed, could significantly improve access to treatment specifically for the population that it will benefit.
Improve data collection on neonatal abstinence syndrome	(DHHS) BDAS	DPHS distributed data on prevalence and cost of NAS.
	(DHHS) MCH	Produced data report.

BUSINESS SECTOR		
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)
Data collection and dissemination re impacts with business/workplace		
Model workplace policies	(DHHS) DCYF	Human Resources for the department promotes model workplace policies.
Work place prevention education		
Screening, brief intervention and referral to services	(DHHS) DCYF	Provided individualized substance abused screening for all children and families referred to DCYF for assessment.
		<table border="1"> <tr> <td>+</td> <td>Engagement of individuals and families referred and acceptance of the offer of LADC services.</td> </tr> </table>
+	Engagement of individuals and families referred and acceptance of the offer of LADC services.	

SAFETY SECTOR			
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)	
Drugged Driving Law Enforcement	(DHHS) BDAS	BDAS and DOS developing a plan to address the misuse of AOD among Opioid Treatment Program clients that results in drugged driving	
	DOS	The Division continues to increase its DUI/DUID patrols during targeted times in an effort to curb drugged driving.	
		+	An increase in DRE Reports from Drug Recognition Experts demonstrates that more drug impaired drivers are being apprehended and prosecuted.
		-	The main challenge in this area is training Division members to be DRE's. In order to become a certified DRE, a Trooper needs to attend a DRE

SAFETY SECTOR

EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)	
			course, pass all the course requirements, pass the practical portion of the course, and then pass a final examination. This is very time intensive, and only two DRE classes are offered each year with limited seating of only approximately 15 officers.
	Liquor Commission		Expanded the number of DRE's throughout the State of NH. Reduce the amount of cost and time to certify a DRE. Obtained funding to administer two DRE schools each year and provide travel to AZ to certify officers within 30 days of the initial school. Historically it has taken up to 12 months to certify an officer as a DRE.
Increased patrols and surveillance			
Court diversion programs	(DHHS) DCYF		Provided referrals to programs offering diversion programs for youth that would benefit.
		+	Resources of programs providing diversion services limit number of youth accepted for services.
		-	Lack of diversion programs deny children youth and families access to community based serviced to meet their needs.
Alternative sentencing/graduated license suspension	(DHHS) DCYF		Community restitution concepts and practice promoted for children and youth involved in the juvenile justice system.
Standardized and evaluated drug/mental health courts	(DHHS) BDAS		BDAS regular participation in Specialty Court Workgroups (includes MH and Drug Courts).
Certain and Swift Sanctions for parole/probation	DOC		Ingoing training and policy revision; ongoing collaboration with Court and Parole Board (mm).
		+	Increased use of alternative sanctions/swift and certain sanctions.
		-	Limited data.

COMMUNITY SECTOR			
EBPPP	Did Promote	ACTIVITIES - SUCCESSES (+) - CHALLENGES (-)	
Youth leadership efforts	Adjutant General	The Adjutant General supports implementation and institutionalization of the "Life of an Athlete" program within the state of NH.	
	(DHHS) BDAS	North Country Youth Leadership recommended for Science to Service.	
	(DHHS) DCYF	Youth conference held at UNH for 200 youth participants promoting health, self-advocacy and life management skills development.	
Rx drug Take Back programs	Adjutant General	The NHNG Counterdrug Task Force is in the process of providing operational planning and tactical support to the DEA's National Drug Take Back Initiative (Scheduled for 26 Oct 13).	
		+	We have provided direct support to this mission since its inception by providing consolidation, transportation and destruction support of all collected materials in the state of NH.
		-	Lack of an approved federal budget will limit the extent of direct support we can provide to this initiative.
	(DHHS) BDAS	Promoted Take Back Programs through RPHN and Web site.	
	(DHHS) DCYF	Youth conference held at UNH for 200 youth participants promoting health, self-advocacy and life management skills development.	

a. Report any unmet prevention, intervention, and treatment needs and recommend initiatives to address the unmet needs	
MEMBER	UNMET SERVICE NEEDS AND RECOMMENDED INITIATIVES
Adjutant General	No unmet needs at this time that we are aware of.
Commission Chair	Budget process yielded only a limited amount of funding for prevention services. While the Commission will have some impact given its strategic investment choice, we are not nearly at a level of financing to deliver a robust prevention system in the state. Our target metrics of reduction in use will be hampered by a lack of adequate funding support to deliver such progress - this point will be part of ongoing conversations with legislative decision-makers moving forward.
Corrections	Nothing to report (WW)
(DHHS) BDAS	Limited capacity in the public sector for AOD prevention direct services, for treatment services (relative to the need for services), for Medication assisted treatment and recovery support services. + Limited access to mental health co-occurring data
(DHHS) DCYF - DJJS	Need for intensified case management to assist families in following through with referral (due to mental health concerns, cognitive limitations and trauma histories). Additional resources are needed to ensure that youth and families have access to prevention, intervention and treatment services.
(DHHS) NH Hospital	Patients at NHH with substance abuse may present at the pre-contemplative stage to ready for engaging in treatment. Because NHH is an acute hospital, any work on SA is early intervention but it becomes part of their discharge plan regardless of their motivation and readiness to engage in SA treatment. It is important that the patient's community providers continue to work with the patient on this issue.

7) Meet Legislative Reporting Requirements of Commission

b. Specify the resources and any legislation necessary to support existing programs and to develop, implement, support, and evaluate initiatives recommended by the commission	
MEMBER	NEEDED RESOURCES AND LEGISLATION
Adjutant General	None that we are aware of.
Commission Chair	A revisiting of the Alcohol Fund formula is warranted, given that it's only been fully funded once in its 13 year history. Funding should be more substantial, more protected and more nimble in its ability to be deployed to support a wide array of strategies within the state plan
Corrections	Nothing to report (WW)
(DHHS) DCYF - DJJS	Availability and access to services designed to meet the needs of children and families in their local communities.
Treatment Task Force	The Treatment Taskforce discussed ways to begin to have the Governors Commission represented RROSC in a more systemic way. One recommendation that the Treatment Taskforce has is that the Governors Commission reserve a recovery public seat to serve n the Commission when the next opportunity to make this legislative change is possible.

c. Please share any detail not noted above relative to agency/org or task force efforts specific to prescription drug abuse	
MEMBER	ACTIVITIES SPECIFIC TO RX DRUGS (not noted above)
Adjutant General	Nothing else to share at this time
Corrections	We support the drug take back initiatives, our Chief Pharmacist is active in reviewing these events and opportunities for Corrections to participate and has begun to educate our offenders being released of their purposes. (HH) Membership on Governors Commission Call to Action on Prescription Drug Abuse. In addition, our Department conducts monthly meetings on Pharmaceutical and Therapeutics where we review concerns relative to prescribing patterns and use of controlled substances in a high population of individuals with substance use issues. (HH) All individual upon intake receive a mental health screen, medical screen, and case management assessment. These data sets all try to uncover elements as it relates to Rx drug misuse and substance misuse in general. These data sets assist in triaging treatment to the offenders as well as re-entry planning. (HH)
a. Other comments	
MEMBER	
(DHHS) DCYF - DJJS	Project Recovering Lives was a tremendous resource for families in needs of substance abuse services involved with the criminal justice and child welfare services.
Systems Reform TF	The Taskforce has been defunct this year - we will begin work again in 2014.

APPENDIX C

Prenatal Task Force Report Executive Summary

*New Hampshire Governor's Commission on Alcohol and Drug Abuse
Prevention, Intervention and Treatment*



**Statewide Partnership / Prenatal Exposure Task Force
Progress Summary - December 2013**

The Statewide Partnership / Prenatal Substance Exposure Task Force is a task force of the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment (the Commission). It was formed largely in response to concerns emerging from professionals in the fields of obstetrics and gynecology, pediatrics, maternal and child health, and other primary care and public health stakeholders at the state and community level. These concerns are primarily associated with the apparent rise in the number of opioid-addicted women in New Hampshire receiving obstetric care during pregnancy and during and after delivery as well as an apparent rise in the incidence of fetal exposure to opioids (including opioids prescribed to treat addiction) and/or other substances including alcohol.

Task force co-chairs, Dr. Rebecca Ewing and Patricia Tilley, invited key professionals and stakeholders to participate in the task force for approximately 12 months to assess the status of exposure to alcohol and/or opioids during pregnancy in New Hampshire, to determine critical gaps in capacity to effectively address and prevent prenatal exposure, and to make recommendations to the Commission to improve systems of care to prevent, reduce and respond to prenatal exposure to substances.

SUMMARY OF PRELIMINARY GAPS AND PRIORITIES IDENTIFIED BY THE TASK FORCE

DATA

1. Data on best practices such as early screening, brief intervention and care coordination
2. Data on the prevalence of prenatal exposure to alcohol and to opioids, including data collection and/or analysis to differentiate between fetal exposure to opioids of abuse versus medication prescribed for addiction treatment
3. Improved utilization of current insurance claims data to determine and better understand prevalence, health impacts, costs, and risk factors related to the use of alcohol and opioids during pregnancy
4. Increased uniformity and/or accuracy in ICD9 coding for mother and infant, including increased understanding of how fetal exposure is currently evaluated and coded
5. Increased access to timely hospital discharge data
6. Ability to track data over time to determine the effectiveness of interventions

KNOWLEDGE

1. Lack of knowledge within the community of medical providers regarding treatment resources and their availability and accessibility within the state
2. Lack of knowledge of barriers or challenges pregnant women experience in seeking or accessing treatment
3. Lack of clarity relative to preferred medication and optimal treatment length for Medication-Assisted Treatment (MAT) or other best practice information

4. Lacking effective means to counter misinformation in general media and within the medical community itself relative to safe levels of alcohol use during pregnancy
5. Lack of understanding of source of opioids (e.g. doctor-prescribed, diverted, or illicit) prescription, diverted prescription, other/heroin, etc.
6. Lack of knowledge within medical community of effective pain management protocols for people with a substance use disorder/in recovery

COMMUNICATION

1. Need for increased, effective communication between primary/OBGYN care providers and substance use disorder therapy providers, including MAT providers and substance use disorder counselors
2. Need for clear and effective oversight of treatment and MAT by state, including consideration of oversight by a state Medical Director
3. Need to establish means to develop communication among MAT providers and prescribers to improve field knowledge and best practices

SERVICES

1. Expanded coverage for substance abuse and mental health care services at parity with other health conditions in terms of service array and reimbursement levels
2. Expanded access to comprehensive, well-coordinated wrap around care that integrates addiction treatment for pregnant and post-partum women (including MAT and/or counseling) with appropriate mental health/trauma treatment when needed, obstetrical care, and social services
3. Services for families after child is born, including a multispecialty clinic for diagnosis and treatment of Fetal Alcohol Spectrum Disorders (FASDs) and follow-up of infants exposed to opioids (prescribed and non-prescribed) and other substances during pregnancy
4. Services to reduce barriers to long-term recovery (e.g. child care, transportation, health homes)

OTHER CRITICAL PRIORITIES

The task force articulated other topics that they felt important to keep in the forefront as efforts move forward, several of which are also listed above in a different or more limited context:

- **Ethical obligations** to women and unborn children are a top priority
- **Fetal exposure to alcohol**, often not overtly symptomatic at birth through early childhood development, should remain a priority even as the more overt symptomology of fetal exposure to opioids is being addressed, as women addicted to opioids often have a history of consuming or do consume alcohol
- The opportunity that **Medicaid Expansion and Managed Care/Exchange** provides to expand the service array and to improve capacity via **parity coverage and reimbursement rates** is critical to improving services for high risk, high need populations

- **Adequate oversight, monitoring and quality assurance and support** for treatment providers, including providers of medication-assisted treatment and providers treating pregnant women to ensure:
 - Pregnant women are prioritized for immediate treatment delivery as the Bureau of Drug and Alcohol Services (BDAS) promotes
- **Standard or best practice guidelines for dosage and duration of treatment for each level of care** (outpatient, intensive outpatient, residential, medication-assisted, etc.) are developed, disseminated, monitored and studied in the practice setting and measured against patient or client outcomes. *(The task force noted that DHHS monitors methadone treatment facilities but does not have (nor is required to have) a medical director).*
- **Public Education and Awareness** is needed to increase knowledge of risks and long-term implications of fetal exposure to alcohol, opioids, and other substances (e.g. nine months of use/no use = decades of outcomes for child and family – medical expenses, educational attainment, etc.)
 - Better signage at state liquor stores
 - Partner with other states' media efforts
- **Coordination of Services** is emerging as an overarching priority of the task force as it may prove to be a means by which several system gaps are addressed, such as improving communication between MAT providers/prescribers and residential treatment and/or primary care/OBGYN, addressing other barriers to treatment for high risk women, and the coordination of longer-term recovery supports (e.g. child care, transportation)
- **Diagnostic Center** for long-term effects of fetal exposure to substances is an interest of the task force; such a center could bring together the expertise of developmental pediatrics, occupational and physical therapy, and psychology/social work to improve diagnosing of FASD and Neonatal Abstinence Syndrome (NAS) and improve clinical response (short- and long-term) to needs of an infant and his/her family

To date, the task force has met monthly, on August 21, September 24, October 18, November 13 and December 11 of this year. Please see *Appendix A* for information about task force members and invited guests.

Monthly meetings, presentations, and information-gathering conducted by members of the task force have led to the identification of four (4) critical areas of assessment and gap analysis:

- ✓ **Data**
- ✓ **Knowledge**
- ✓ **Communication**
- ✓ **Services**

The following pages summarize information reviewed, areas of discussion, concerns raised, and interim gaps identified by the task force thus far. In the coming months, the task force will determine priority action items for each critical area to recommend to the Commission.

Critical Area: DATA

The task force first focused on gathering information on what data was available relative to fetal exposure to alcohol and opioids. Information from the hospital data set relative to diagnoses of NAS was reviewed. Specifically, David LaFlamme of UNH (contractor to NH DHHS Maternal Child Health section) shared data on the prevalence of NAS, showing a steep, steady rise in reports of NAS births since 2000. The task force also discussed the PRAMS survey that was just initiated in New Hampshire in April of 2013 that should have data to share in the coming year.

A summary of opportunities and/or gaps related to data is provided below:

Critical Area Summary: DATA		
Sub-Topic	Information Gathered, Reviewed and Discussed by Task Force	Gaps/Concerns
Prevalence of Neonatal Abstinence Syndrome	<ul style="list-style-type: none"> ❖ Data on increase in prevalence is alarming, yet data is only of a subset of possible cases; discussed data project proposal from several years ago involving testing a sampling of umbilical cords but money an issue (\$200/cord just for testing x 1,000 min births for sample size) ❖ Task Force noted that NH has a very robust and mature insurance claims data set that is underutilized as a data source; requires sophisticated analysis ❖ Discussed wanting to look at rates of alcohol/poly drug use in each trimester ❖ Discussed studying Medicaid and other claims data for prenatal Substance Use Disorder (SUD) x level of prenatal care x receiving medication assisted treatment (MAT such as subutex) ❖ Discussed studying claims data for history of prescriptions for subutex, etc. (would be an undercount but a count) x NAS births ❖ Discussed ICD 9 codes (e.g. history of maternal AOD use should be coded on baby but not always done (2nd or 3rd digit of ICD9 code)) 	<p><u>Possible priorities:</u></p> <ul style="list-style-type: none"> - Improve utilization of insurance claims data to determine and better understand prevalence, health impacts, costs, and risk factors related to the use of alcohol and opioids during pregnancy - Increased uniformity and/or accuracy in ICD9 coding for mother and infant - Data on best practices such as early screening, brief intervention and care coordination
PRAMS survey	NH joined 40 other states who have instituted the Pregnancy Risk Assessment Monitoring System (PRAMS); the PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. Each participating state samples between 1,300 and 3,400 women per year. Women from some groups are sampled at a higher rate to ensure adequate data are available in smaller but higher risk	

	populations (NH is oversampling low birth weight babies). Selected women are first contacted by mail. If there is no response to repeated mailings, women are contacted and interviewed by telephone. Data collection procedures and instruments are standardized to allow comparisons between states. New Hampshire data will not be available until 2015.	
Data on prevalence of prenatal exposure to alcohol	<ul style="list-style-type: none"> ❖ Keystone Hall ED responded to a task force question regarding the % of pregnant women being treated for opioid dependence who have also consumed alcohol during pregnancy with “nearly all of them”. ❖ Task force noted that with prenatal exposure to alcohol, there are no immediate signs or symptoms of exposure at time of birth except in severe cases. 	- Data on prenatal exposure to alcohol and long-term health and developmental impacts
Data on accessibility of treatment and barriers to access	The task force discussed a perception within the medical community that treatment access did not appear to be prioritized for pregnant women. The Bureau of Drug and Alcohol Services (BDAS) initiated a call log in response to task force concerns to encourage and track challenges experienced by the medical community and/or their patients in accessing treatment for this priority population.	

Critical Area: KNOWLEDGE

The task force became aware of significant knowledge gaps within primary care/OBGYN relative to referral options for pregnant women or women of child-bearing age who have a substance use disorder, and particularly who may be addicted to opioids.

Knowledge gaps were noted in the following areas:

Critical Area Summary: KNOWLEDGE		
Sub-Topic	Information Gathered, Reviewed and Discussed by Task Force	Gaps/Concerns
Knowledge of treatment service array available to women	The task force discussed that many if not most primary care and OBGYN doctors have very little knowledge of substance abuse treatment and recovery services available to refer patients. For its own knowledge, the task force requested copies of the Resource Guide from BDAS and used SAMHSA’s treatment locator to generate a list of 44 doctors and 11 treatment programs that provide buprenorphine (also noted under Communication).	<ul style="list-style-type: none"> - Very little knowledge within primary care / OBGYN of treatment service array, availability and how to access - Concerns related to wait lists for services and disconnect/lack of communication

		between primary care/OBGYN services and SUD treatment services
Knowledge of Medication-Assisted Treatment options, specifically	Task force reviewed SAMHSA on-line treatment locator lists, buprenorphine prescriber list, and BDAS Resource Guide.	- May prioritize the organization and marketing / dissemination of this information
Knowledge of strategies to increase/promote access to treatment services	What incentives women to seek and stay in treatment; to seek preventive care for infants and children.	- Focus groups may help define this
Misinformation being promoted in general media	Discussed NPR story regarding no evidence of harm to drink occasionally during pregnancy; even primary care OBGYN doctors believe this/communicate this.	- May prioritize public education needs to correct misinformation
Research on optimal outcomes for substance abuse treatment	<ul style="list-style-type: none"> ❖ Noted dearth of prior data in this area; there are opinions but not definitive research to inform practice relative to Medication-Assisted Treatment (MAT) in particular. No current support for superiority of subutex vs. methadone in recent research. Some say methadone overall safest/best but not definitive. Also, no standard recommendations for how long to be on it; what are optimal treatment outcomes – always abstinence? Post-pregnancy treatment goals? Are private methadone clinics prescribing at rates higher than others? ❖ There is little consensus in the field on subutex during pregnancy. ❖ Greater data on long-term effects of fetal exposure to alcohol, but little to no data on long-term effects of fetal exposure to opioids; typically there are confounding factors such as socioeconomic status, nutrition, etc. ❖ Dartmouth is piloting a wrap-around approach for pregnant women that may add to field knowledge regarding best practices – using support group of peers as a means to increase prenatal care, staying in treatment, etc. May reduce number of women who may stay on MAT but don't stay with OBGYN/prenatal appointments. 	- Research needed to support this knowledge base; not sure how to address without it

Critical Area: COMMUNICATION

Communication emerged as a theme in several discussions and presentations. For example, even in the context of communicating with methadone clinics to help inform the task force, initially only one of the three clinics in the state responded to the inquiry.

Critical Area Summary: COMMUNICATION		
Sub-Topic	Information Gathered, Reviewed and Discussed by Task Force	Gaps/Concerns
Communication among providers of Medication Assisted Treatment (MAT)	<ul style="list-style-type: none"> ❖ When Keystone/Cynthia Day presented, it was noted that there is a significant challenge/barrier when women move from their home area to a residential center because they are forced to change to a different methadone clinic that may change prescribing pattern and that there is little or no information/history that travels with the woman to the new clinic. ❖ Susan Latham, clinical director of a methadone clinic, noted that there is no communication network or information-sharing structure between or among methadone clinics (or other MAT prescribers) to support patients who move to different areas of the state, particularly for treatment but that she and BDAS had just initiated conversations to develop a means for better communication regarding patient care and industry standards/quality improvement. 	<ul style="list-style-type: none"> - Limited or no standard means or capacity to share patient information relative to Medication-Assisted Treatment to ensure quality, consistent care for a population that may change geographic locations for treatment or other reasons. - Prioritized TF support for BDAS in determining responsiveness of treatment providers to individuals indicating a desire to enroll in treatment and/or doctors contacting providers on behalf of their OBGYN patients.
Communication between primary care/OBGYN and MAT providers and prescribers	Several task force discussions noted a gap in communication between those who provide primary care/OBGYN care and those providing MAT to patients.	<ul style="list-style-type: none"> - Task force may prioritize the need to develop an approach to foster this communication to better meet needs of this high risk population and their children
Public Education	Several task force meetings highlighted a significant lack of communication with the general public relative to the risks and harm associated with fetal exposure to alcohol and other drugs. Discussion focused on the possibility of improved media and communications, particularly in state-run liquor stores.	

	<p>It was noted that in early January the NH Department of Public Health Services and the Bureau of Drug and Alcohol Services are developing messaging relative to FASD and will address limitations of current legislation that only mandates that town clerks provide FASD information to couples applying for marriage licenses.</p>	
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Critical Area: SERVICES

A clear theme emerged regarding the lack of a comprehensive, coordinated service array for pregnant women abusing or dependent on alcohol or other drugs. Service gaps and concerns ranged from extensive wait lists for those requesting treatment, particularly pregnant women, to long-term recovery support in concert with primary care/health homes.

Critical Area Summary: SERVICES		
Sub-Topic	Information Gathered, Reviewed and Discussed by Task Force	Gaps/Concerns
Availability of Specialty Treatment	<p>Keystone Hall noted wait lists of 3-4 months for residential treatment and about two months for treatment specifically for pregnant women (however, as required by BDAS, Keystone does accept pregnant women within 48 hours but houses them in another treatment provider's facility until space is available in the specialized Cynthia Day program).</p>	<p>- Length of wait lists, limited and challenging coordination with OBGYN</p>
Accessibility of treatment	<ul style="list-style-type: none"> ❖ Task force interested in surveying treatment providers to ask about wait lists; working on focus group of pregnant women to understand better barriers to treatment (client, provider, other) ❖ BDAS provided the task force with a brochure listing state-funded treatment providers and discussed referral processes. ❖ Concern was raised regarding accessibility promoted (e.g. pregnant women required to be accepted in state-funded treatment programs within 48 hours) vs. reality (e.g. doctors reporting working with women to gain access to treatment with little or no response nor availability). ❖ It was determined that the state mandate relates to substance abuse counseling only not MAT. ❖ The task force expressed interest in the process (or developing a process) by which the state could monitor the number of pregnant women who were unable to get MAT in their community. For a short-term means to address this, Victoria Flanagan offered to email all OBGYN doctors and ask them to inform BDAS when patients experienced difficulty with access to care. 	<p>- May prioritize assessing and analyzing treatment accessibility (promoted vs. perceived v actual)</p>

<p>Medicaid coverage and reimbursement of treatment providers</p>	<p>Several discussions noted potential opportunity in Medicaid and state managed care plans to broader service array and to increase rates of reimbursement for screening, early intervention, treatment and recovery support services</p>	
<p>Standard/best practices of medication-assisted treatment (MAT)</p>	<p>Several task force discussions focused on how substance abuse treatment, particularly MAT, is planned, conducted, etc. Questions that were raised included: what is the goal of treatment? Is it always lifelong abstinence? Is it harm reduction? Is MAT typically a lifelong treatment protocol? If taper to no medication, when? Are 12 step and counseling required of patients attending methadone clinics? If so, how often? How is that determined? Should 12 step and counseling be required of patients receiving buprenorphine treatment?</p>	
<p>Oversight of MAT, including methadone clinics and buprenorphine prescribers</p>	<ul style="list-style-type: none"> ❖ Task force expressed concern that NH DHHS is one of the government entities that provides oversight to the methadone clinics in the state yet does not have and is not required to have a medical director on staff. BDAS reported that they are one of three gov't agencies monitoring methadone clinics and that the federal Drug Enforcement Agency (DEA) and NH Board of Pharmacy, the latter who may have a medical director. BDAS offered to provide more information to the task force relative to the different roles and responsibilities of the three oversight bodies (BDAS/DEA/BoPh). ❖ Patients have reported providers not accepting Medicaid; questions exist relative to fee-for-service. 	<p>- Prioritized gap: Medical expertise oversight over MAT clinics and prescribers; communicating means by which concerns can be shared; counseling requirements in combination with medication.</p>
<p>Early intervention services for families after child is born</p>	<p>A theme emerged in conversations about services available through state Developmental Disabilities and other organizations to support families after child is born who may experience long-term challenges due to prenatal exposure to alcohol, prescribed opiates, and illicit substances (including non-prescribed opiates).</p>	

APPENDIX A: PRENATAL TASK FORCE MEMBERS AND GUESTS

Prenatal Exposure Task Force Members			
Name	Organization	Name	Organization
Rebecca Ewing	Governor's Commission	Tricia Tilley	NH DHHS (DPHS)
Victoria Flanagan	DHMC	Joanna Celenza	DHMC
Jill Fournier	NH DHHS (MCH)	William Edwards	DHMC
Linda Graham	NH DHHS (Developmental Disabilities)	Daisy Goodman	DHMC
Jeff Johnson	DHMC	Bonny Whalen	DHMC
David LaFlamme	UNH/ DPHS Contractor	Eileen Mullen	NH DHHS (DCYF)
Abby Rogers	NH March of Dimes	Lisa Muré	CHI/Center for Excellence
Ben Nordstrom	DHMC	Michelle Russell	DHMC
Joyce Jorgenson	NOFAS NH	Gary Kaufman	Elliot Hospital
Jessica Blais	NH DHHS (BDAS)	Linda Parker	NH DHHS (BDAS)
Open Seats	Medical Society, Community Health Centers, Developmental Pediatrician		

Invited guests who have attended and provided information to the Task Force include:

- *Katja Fox*, Dartmouth College, Master of Health Care Delivery Science Program
 Provided information on an internship project through Dartmouth that is developing a landscape analysis of mothers in Medicaid populations for DHHS

Follow Up: Katja will stay connected to task force activities, and her team will share landscape analysis upon its completion.

- *Annette Escalante*, Executive Director, Keystone Hall/Cynthia Day Program
 Provided information on the residential treatment program available to pregnant women who are opioid (or other drug) dependent

Follow Up: Keystone will help task force members assemble focus groups with pregnant women in the Cynthia Day program to understand better their experiences with accessing services, retention in treatment, recovery support, etc. (CHI/Center for Excellence conducted these in late fall 2013).

Keystone is also applying for federal funding to receive special training in treatment delivery with women who may have FASD.

- *Linda Parker and Jaime Powers*, Treatment Administrators, NH Bureau of Drug and Alcohol Services
 Provided information on state-funded treatment centers, prioritize treatment for pregnant women, and Bureau oversight of Methadone clinics.

- *Susan Latham*, Clinical Director, Merrimack River Medical Services
Provided information on methadone clinics and their medication-assisted treatment services, regulations, and reimbursements

Follow Up: Bureau of Drug and Alcohol Services just began working with Susan to develop a communication/professional network among methadone and other MAT providers (e.g. buprenorphine/subutex) and will keep task force in the loop.

- *Albert LaChance* and *Russell Beede*, Faith-Based Alcohol and Drug Counseling
Provided information on faith-based services available and being communicated through outreach to churches and church organizations

APPENDIX D

Regional Public Health Network System Brochure



New Hampshire's System for Substance Abuse Prevention Efforts and Services

“Alcohol flows through my courtroom like a river.”

– District Court Judge

“By not asking questions about alcohol and other drug use, we had become part of the problem.”

– Community Health Center Staff

The prevention of alcohol and other drug misuse is a high priority in New Hampshire, with many partners, stakeholders, and investors supporting community-based efforts to prevent substance misuse. The New Hampshire Bureau of Drug and Alcohol Services is the state’s leader in many of these efforts and manages funding from the federal Substance Abuse and Mental Health Block Grant to support prevention, early intervention, treatment and recovery support services.

NH GOVERNOR’S COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION, INTERVENTION AND TREATMENT

In New Hampshire, a Governor’s Commission on Alcohol and Drug Abuse was established by legislation in 2000. The Commission oversees the distribution of funds from a set-aside of state funds generated by the state’s sale of alcohol; advises the Governor on policy and resources to improve prevention, intervention, treatment and recovery support efforts; and develops and oversees a state-wide strategy to prevent substance misuse and promote recovery. The Commission meets bi-monthly, and its membership includes representation from the Bureau of Drug and Alcohol Services, eight other state agencies and divisions, the Attorney General’s office, the Adjutant General, the Liquor Commission, the Legislature and Senate, and representatives from primary care, business, prevention, treatment and the general public.

PRIORITIES AND POPULATIONS

The Governor’s Commission’s most recent state strategy, **Collective Action – Collective Impact**¹ was formally endorsed and disseminated in March of 2013. The following problem areas and populations are the current priorities of the Commission and of state efforts to prevent substance misuse.

PRIORITY PROBLEM AREAS

ALCOHOL MISUSE

MARIJUANA USE

PRESCRIPTION DRUG MISUSE

PRIORITY POPULATIONS

YOUTH

YOUNG ADULTS

PREGNANT AND PARENTING WOMEN

MILITARY PERSONNEL AND THEIR FAMILIES

JUSTICE-INVOLVED YOUTH AND ADULTS

INDIVIDUALS NEEDING BUT NOT RECEIVING TREATMENT

INDIVIDUALS WITH CO-OCCURRING DISORDERS

GOALS AND OBJECTIVES

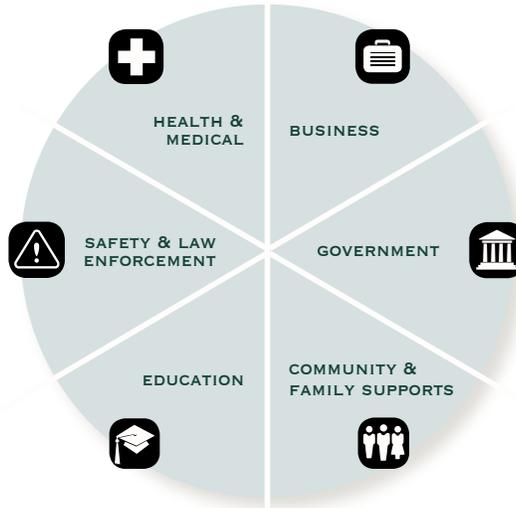
The current state system goals are to reduce the percentage of residents misusing of alcohol or other drugs and to increase the number of residents with substance use disorders receiving treatment and recovery support.

These goals are being met through a collective effort across multiple state agencies and community sectors to increase leadership; financial resourcing; public education; training and professional development; data utilization; and effective policies, practices and programs in multiple sectors.

¹ <http://www.dhhs.state.nh.us/dcbcs/bdas/documents/collectiveaction.PDF>

THE SIX SECTORS

The Bureau of Drug and Alcohol Services developed a six-sector model for state and community application that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner.



NEW HAMPSHIRE REGIONAL PUBLIC HEALTH NETWORK



THE REGIONAL NETWORK SYSTEM

The state's substance misuse prevention strategies rely on the Regional Public Health Network System as its primary prevention delivery system. This system aligns the Bureau's regional network system for substance misuse prevention with the state's Division of Public Health Services' regional public health emergency preparedness system. The two functions of the system (substance misuse prevention and emergency preparedness) are linked through shared contracts with the state and shared public health advisory council in each of the system's 13 geographies. Regional Public Health Advisory Councils represent the communities, cultures and sectors of a defined region, including key organizations involved in public health activities that assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

For alcohol and other drug prevention efforts, the regional networks each have a full-time substance misuse prevention coordinator and content expert panel at the community level that carries out a regional strategic plan developed using the evidence-based federal Strategic Prevention Framework for assessment, capacity building, planning, implementation and evaluation. Regional strategic plans align with the state-wide strategy and are designed to leverage resources and promote best practices with partners and stakeholders from the six sectors.

For regional information and coordinator contact information, visit <http://www.dhhs.nh.gov/dcbcs/bdas/documents/rphncontactlist.pdf>

SUPPORTING THE PREVENTION SYSTEM

There are many core pillars that provide the infrastructure to support the regional network system for substance misuse prevention.



New Hampshire Charitable Foundation – The foundation oversees a sizable substance abuse portfolio that is currently funding several state-wide prevention initiatives. In addition to investments in New Futures and the New Hampshire Center for Excellence (see below), the Foundation also supports several best practices in prevention in the state, including Life of an Athlete, Screening Brief Intervention and Referral to Treatment, and Partnership for a Drug Free New Hampshire. www.nhcf.org



New Hampshire Prevention Certification Board – Regional prevention coordinators must be Certified Prevention Specialists as articulated by the IC & RC credentialing organization. The required credentialing ensures a common knowledge and skill base within the regional system. www.nhpreventcert.org



New Futures – This alcohol and drug policy organization provides critical advocacy training, leadership opportunities, and legislative efforts that drive public policy priorities and that empower community leaders to influence state level policy. www.new-futures.org



New Hampshire Center for Excellence – The Center is the main hub for the technical assistance needs of substance misuse prevention efforts. In addition to regular meetings and learning collaboratives with those in the network system, the Center responds to a wide range of technical assistance needs from the field, including implementation science, assessment, strategic planning, evaluation, fidelity support, reporting, communications and other prevention activities. The Center also serves as the evaluator for the regional networks and specific best practices. www.nhcenterforexcellence.org



New Hampshire Training Institute on Addictive Disorders – the Training Institute offers low cost training to support prevention specialist programming and other training and professional development for priority programs and practices. www.nhadaca.org/NHTIAD.html



Drug Free Community Coalitions – Several federally funded coalitions exist across the state that provide more local support for substance misuse prevention. These coalitions receive federal funding directly from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to carry out locally developed, data-driven action plans. www.dhhs.nh.gov/dcbcs/bdas/documents/dfc.pdf



Partnership for a Drug Free NH – This non-profit organization works with prevention professionals and media partners to develop and disseminate effective media messages in support of state plan and regional network goals. www.drugfreenh.org



Prevention Task Force of the Governor's Commission on Alcohol and Drug Abuse – This task force meets bi-monthly, serving as an intermediary between the Commission and state and local prevention initiatives. The task force takes direction from the Commission and informs the Commission of prevention needs in the state. Their efforts have led to school alcohol and drug policy assessments and recommendations and assessments of training capacity to support prevention professionals. www.dhhs.nh.gov/dcbcs/bdas/commission.htm



New Hampshire Alcohol and Other Drug Service Providers Association – The state's association of service providers, including prevention providers, advocates, facilitates and enhances communication with funders, policy makers and the public to support the efforts of members to provide high quality substance abuse prevention, treatment, intervention, and recovery support services for the citizens of New Hampshire. <http://www.nhproviders.org/>



New Hampshire National Guard Counter Drug Task Force – The New Hampshire National Guard Counterdrug Task Force works to reduce the supply and demand for illegal drugs through partnerships with local, state, and federal law enforcement as well as to provide technical support to community-based organizations in an effort to prevent substance abuse statewide. The Task Force also provides direct support to their own National Guard members to prevent, identify, and treat substance abuse through its Joint Substance Abuse program.

<https://www.nh.ngb.army.mil/community/counterdrug>



Service to Science Process and Expert Panel – Facilitated by the NH Center for Excellence, the NH Service to Science process allows locally developed programs and practices to be reviewed by an expert panel for endorsement as evidence-based. Typically, NH Service to Science applicants receive technical assistance in evaluation design and implementation fidelity for a year or more before expert panel endorsement. www.nhcenterforexcellence.org/prevention/nh-service-to-science



State Epidemiological Outcome Workgroup – This work group is comprised of state level data analysts from a cross-section of state agencies who collect or manage large data sets, including arrest data, hospital data, risk behavior surveillance systems, service delivery, and other data. The work group provided the data analyses for the state-wide strategic plan and for the substance abuse module for the state’s new data portal, WISDOM. www.dhhs.state.nh.us/dcbcs/bdas/documents/seowcharter.pdf



Effective Policies, Programs and Practices – There are several effective policies, practices or programs that are promoted by the Governor’s Commission, the Bureau and Drug and Alcohol Services, and the Regional Public Health Network. They include but are not limited to:

BEST PRACTICE PREVENTION PROGRAMS IN NEW HAMPSHIRE

-  **SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)** ADOLESCENTS AND ADULTS
-  **LIFE OF AN ATHLETE** MIDDLE AND HIGH SCHOOLS
-  **PROJECT SUCCESS** MIDDLE AND HIGH SCHOOLS
-  **3 – IN – 1** HIGHER EDUCATION
-  **REAP** OLDER ADULTS
-  **DRUG AND MENTAL HEALTH COURTS** ADOLESCENTS AND ADULTS
-  **PRESCRIPTION DRUG MONITORING** ALL POPULATIONS



Federal, State, Local and Private Resources – Substance Misuse Prevention in New Hampshire is supported by several sources, including the Governor’s Commission Alcohol Fund, SAMHSA’s Substance Abuse and Mental Health Block Grant, the New Hampshire Charitable Foundation, SAMHSA’s Partnership For Success II grant program, local United Ways, and other local contributions.

PREVENTION OUTCOMES

New Hampshire and its many partners in prevention, including local communities, work together day in and day out to have a collective impact on substance misuse prevention in the state. The public-private partnerships inherent in the design of the prevention system leverage resources and promote best practices across the broadest of landscapes. These collective contributions are producing measurable changes in substance misuse indicators that will lead to increased safety and well being for our residents, children, families, and communities.



NEW HAMPSHIRE BUREAU OF DRUG AND ALCOHOL SERVICES

Valerie Morgan, Prevention Administrator • Valerie.Morgan@dhhs.state.nh.us
105 Pleasant Street • Concord NH 03301 • 603-271-6819 • <http://www.dhhs.nh.gov/dcbcs/bdas/>

APPENDIX E

NH Take Back Initiative

New Hampshire's Participation in the National Prescription Drug Take Back Initiative

Seven prescription drug take back events have been held nationally since its inception in September 2010. This one-day collection event provides residents the opportunity to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children. National data for 2011 indicate that 1.9 million persons aged 12 or older were new users of nonmedical pain relievers¹. In 2011, 12.3% of 18-25 year olds in NH misused a prescription drug, which was the 10th highest among the fifty states and territories². In NH, deaths due to overdoses have increased by 500 percent over the last 15 years with 200 deaths recorded in 2011 primarily caused by prescription drugs³.

In the last three years the number of participating communities has remained consistent with an average of 78 collection sites across NH. In the last year, public participation has increased as evidenced by more medications being collected both in NH and nationally and may be linked to an increase in awareness. The amount of prescription medications collected has more than doubled since the first collection event. Nationally a combined total of 1,712.5 tons of medications were collected. For New Hampshire, more medications were collected in 2013 (April and October events) compared to previous collection years, with an average of 1,800 more pounds of medications collected.

Collection Data³

Collection Date	Number of Collection Sites in NH	Amount of Medication Collected in NH	Amount of Medication Collected Nationally
September 25, 2010	50 sites	2,480 pounds	242,000 pounds (121 tons)
April 30, 2011	91 sites	4,020 pounds	376,593 pounds (188 tons)
October 29, 2011	80 sites	2,797 pounds	377,086 pounds (188.5 tons)
April 28, 2012	89 sites	4,706 pounds	552,161 pounds (276 tons)
September 29, 2012	76 sites	4,528 pounds	488,395 pounds (244 tons)
April 27, 2013	78 sites	5,682 pounds	742,497 pounds (371 tons)
October 26, 2013	85 sites	5,343 pounds	647,211 pounds (324 tons)

¹National Survey on Drug Use and Health - <https://nsduhweb.rti.org/>

²New Hampshire Department of Health and Human Services: <http://www.dhhs.state.nh.us/media/pr/2013/10-oct/10252013rxdrugdata.htm>

³Overdose deaths reach record level in NH: 200 in 2011. Union Leader. July 1, 2012.

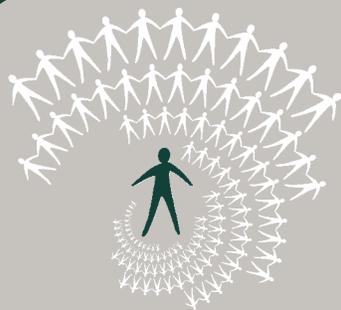
³Drug Enforcement Administration (DEA), Boston Office, Kelly Robertson – 617.557.2195

⁴Drug Enforcement Administration - <http://www.justice.gov/dea/index.shtml>



APPENDIX F

Prescription Drug Abuse Issue Brief



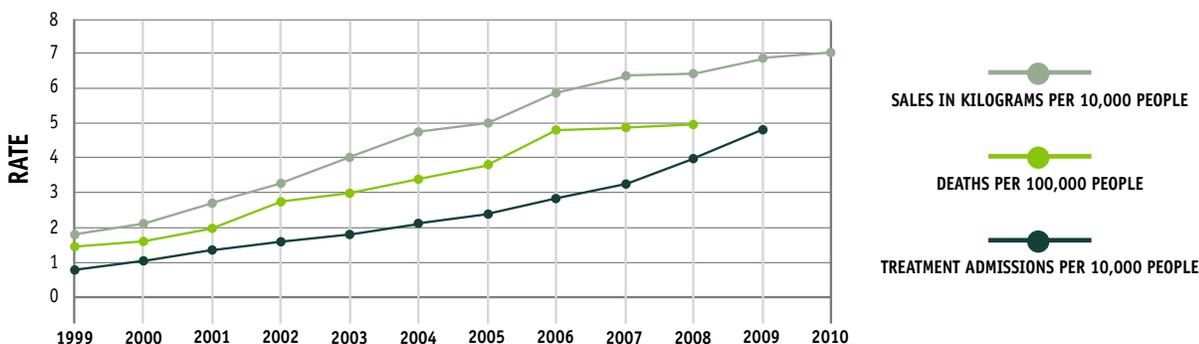
Collective Action Issue Brief #2: PRESCRIPTION PAIN MEDICATION MISUSE

WHAT WE KNOW

The misuse and abuse of prescription drugs has become a leading cause of harm among New Hampshire adults, resulting in more deaths each year than those caused by car crashes. The rise in prescription drug abuse has been linked to the accessibility of powerful medications, either through prescriptions or theft, the misperception that prescribed medication is less risky than illegal drugs, and a lack of knowledge about how powerful, addictive, and deadly prescriptions, particularly pain medications, can be.

As the number and quantity of medications prescribed rises in part due to changes in prescribing practices, states have seen mirroring escalations of abuse requiring addiction treatment and of prescription drug-related deaths. In 2009, U.S. retail pharmacies dispensed 48% more prescriptions for opioid pain relievers than in 2000¹ and opiates represent 75% of all prescription drugs being abused².

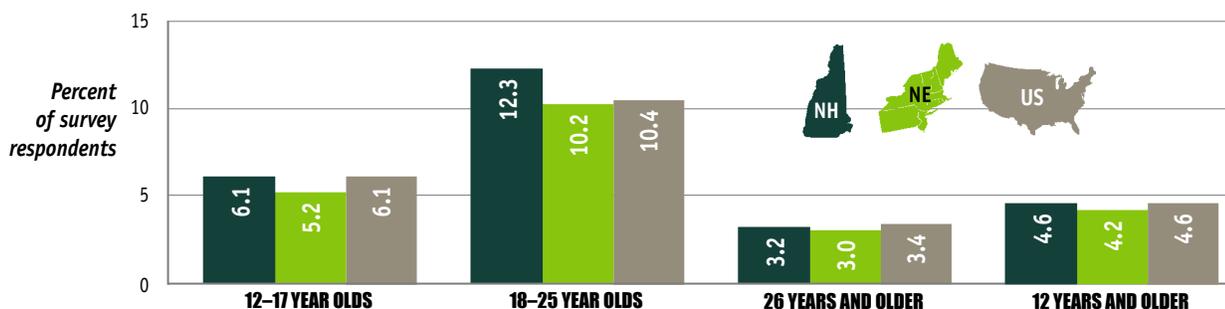
RATE OF PRESCRIPTION PAINKILLER SALES, DEATH AND SUBSTANCE ABUSE TREATMENT ADMISSIONS (1999-2010)



Sources: National Vital Statistics System, 1999–2008; Automation of Reports and Consolidated Orders System (ARCOS) of Drug Enforcement Administration, 1999–2010; Treatment Episode Data Set, 1999–2009

New Hampshire has not been immune to this epidemic – according to the 2009–2010 National Survey on Drug Use and Health (NSDUH), the rate of New Hampshire’s young adults (ages 18 to 25) who reported non-medical use of pain relievers was the highest of all states, with 14.9% reporting abuse in the past year. New Hampshire’s rates were lower in the 2010–2011 NSDUH, but access to medications may still be connected to youth and young adult exposure to prescription drug abuse.

NONMEDICAL USE OF PAIN RELIEVERS IN PAST YEAR: NH - NORTHEAST - US



Source: 2010–2011 National Survey on Drug Use and Health



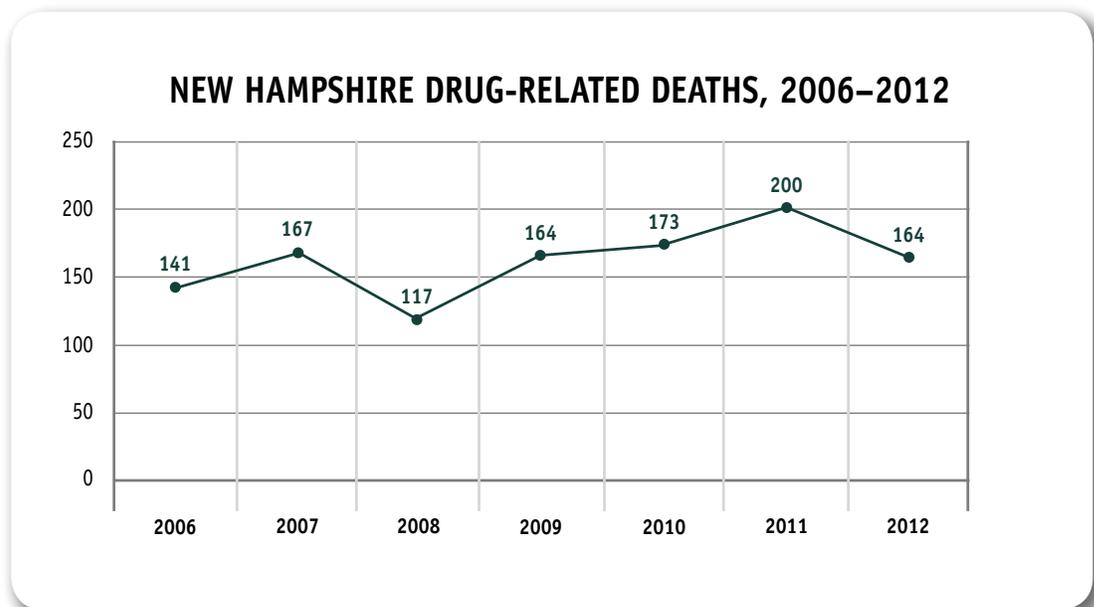
WHY IT MATTERS

With wide access and availability to powerful prescription medication, either from valid injuries or conditions or from illicit access (e.g., through theft or doctor-shopping), people are becoming addicted and involved in crime to feed their addictions.

- In New Hampshire, between 2008 and 2010, the percentage of individuals entering state-funded substance abuse treatment for oxycodone increased by over 60%, from 11.6% of patients in 2008 to 18.7% of patients in 2010, while admissions for alcohol, cocaine, marijuana, and heroin either decreased or stayed the same.
- In 2010, oxycodone also became the second most prevalent drug of abuse after alcohol among those entering state-funded substance abuse treatment³.
- In 2011, drug-related deaths peaked at 200, more than ever before and four times as many deaths as in 2000, with 80% of drug deaths involving prescription medication, primarily opioid pain relievers.

“Imagine how it feels for a doctor when he sees a patient of his in the emergency room because of a prescription drug overdose, knowing that he [the doctor] was the one who had inadvertently been part of the cause of the overdose.”

– New Hampshire
Emergency Room
Doctor



Source: NH Medical Examiner's Office

In 2010, oxycodone became the second most prevalent drug of abuse after alcohol among those entering state-funded substance abuse treatment.

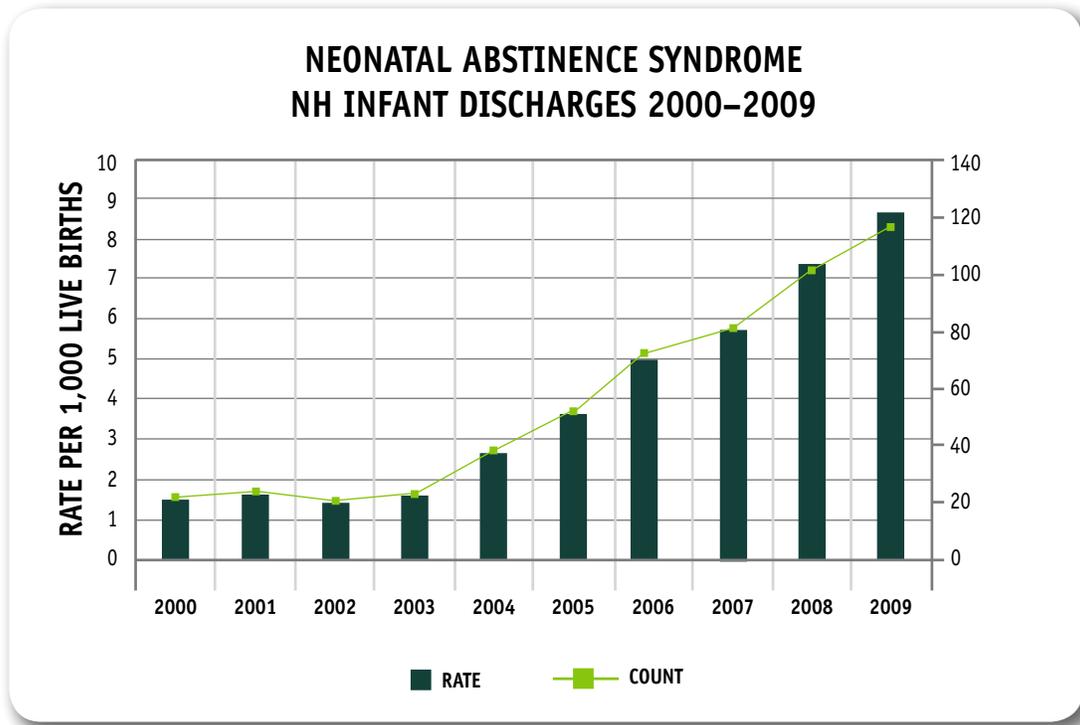


¹ Based on data from SDI, Vector One: National. Years 2000-2009. Extracted June 2010. Accessed at: <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndLifeSupportDrugsAdvisoryCommittee/UCM217510.pdf>

² Epidemic: Responding to America's Prescription Drug Abuse Crisis, U.S. Office of National Drug Control Policy, 2011.

³ Client Event Data Set (CEDS) 2008-2010. NH Bureau of Drug & Alcohol Services.

Less widely known and discussed has been the impact of opioid abuse and dependence during pregnancy. The New Hampshire Division of Public Health Services’ Maternal and Child Health Section has been monitoring and developing responses to a significant rise in the rates of babies born in New Hampshire hospitals being diagnosed with Neonatal Abstinence Syndrome (NAS). Just after birth, these babies exhibit symptoms of irritability, feeding difficulty, respiratory problems, and seizures and require intensive and costly care for several weeks after birth. The average hospital stay for an NAS baby is 16 days, compared to three days for all other births.



The average hospital stay for a Neonatal Abstinence Syndrome baby is 16 days, compared to three days for all other births.



As people abuse and become addicted to prescription opioid pain relievers, if access to the prescription is reduced, the compulsion or craving may lead individuals to seek heroin as an alternative as it is often cheaper and may be more available. This compulsion or craving also may lead to criminal behavior such as theft of medications or theft of goods that can be sold to pay for street or prescribed drugs. New Hampshire law enforcement agencies have reported widespread increases of theft and burglary that they have been able to link to drug-seeking.

RECOVERY IS POSSIBLE

In spite of the challenges of prescription drug addiction, recovery is possible. There are several private and state-funded agencies and organizations who provide inpatient and out-patient treatment for substance use disorders and who can connect people with recovery coaches and support groups in their area. Information on treatment and recovery resources is available at <http://www.dhhs.nh.gov/dcbcs/bdas/treatment.htm>, including medication-assisted treatment.

People can and do recover from opioid addiction with appropriate treatment and recovery supports.



WHAT WE CAN DO

As this epidemic has progressed, states and the federal government and its research institutes have been quick to respond with calls to action across a range of stakeholders. Following the lead of the U.S. Office of National Drug Control Policy's 2011 strategy recommendations, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment released Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic. Key strategies for each community and state agency sector included:



HEALTH & MEDICAL

What To Do

- Promote improved prescribing practices that effectively manage pain or other symptoms while deterring abuse and addiction.
- Increase training opportunities for prescribers and dispensers relative to safe prescribing practices, abuse deterrence, and steps to prevent and/or report drug diversion and doctor-shopping.
- Increase professional collaboration between primary care, addiction treatment, substance abuse prevention, and alternative therapies.
- Support patient and public education about the dangers and risks of prescription drug abuse.
- Institute patient contracts, patient education protocols, monitoring of adherence to medication use as prescribed, screening for abuse or dependence for patients being prescribed opioid pain relievers, and checking a patient's medication history before prescribing medication.
- Support community efforts to collect and safely dispose of unneeded medications.

Where To Learn More

The **NH Medical Society** released new protocols for the prescribing of opioids, available at <https://www.nhms.org/node/113>

The **National Institute on Drug Abuse (NIDA) Centers of Excellence for Physician Information** provides science-based resources to help physicians identify patient drug use early and to prevent it from escalating to abuse or addiction as well as identify and refer patients in need of specialized addiction treatment. Information is available at <http://www.drugabuse.gov/coe>

For cross-training of medical staff and law enforcement, the **NH Drug Diversion Unit** provides trainings to prevent unlawful diversion of prescription medications. Visit <http://www.nh.gov/safety/divisions/nhsp/isb/narcotics/index.html>

The **American Society of Addiction Medicine** introduced the Physician Clinical Support System for Primary Care (PCSS-P), a free, nationwide service to help primary care providers seeking to identify and advise their patients regarding alcohol and drug abuse before they evolve into life-threatening conditions. Information available at <http://www.nida.nih.gov/nidamed/pcss.php>

“I told the nurse three times that I didn’t feel I needed oxycodone after my minor surgery, but she sent me home with two bottles full anyway. The next morning I didn’t even need ibuprofen.”

– New Hampshire resident





SAFETY & LAW ENFORCEMENT

What To Do

- Increase trainings relative to prescription drug abuse, diversion, doctor-shopping, enforcement and prosecution.
- Develop and disseminate legal bulletins to medical offices and within communities about prescription drug abuse and diversion.
- Support community efforts to collect and safely dispose of unneeded medications.
- Expand investigation and prosecution of prescription drug diversion.
- Encourage law enforcement to designate an officer as a prescription drug diversion specialist for targeted trainings, cross-training with local medical professionals and pharmacies, and other coordinated efforts.

Where To Learn More

The **NH Drug Diversion Unit** trainings to prevent unlawful diversion of prescription medications
<http://www.nh.gov/safety/divisions/nhsp/isb/narcotics/index.html>

New Hampshire Police Standards and Training Council training opportunities for law enforcement
<http://www.pstc.nh.gov/TrainingCalendar.pdf>

National Guard Northeast Counterdrug Training Center <http://www.counterdrug.org/NCTC/index.html>

New England High Intensity Drug Trafficking Area (HIDTA) training opportunities <http://www.nehidta.org/>

The **NH Division of Liquor Enforcement** drug recognition expert training program and alcohol/drug training for alcohol licensees <http://www.nh.gov/liquor/enforcement.shtml>



EDUCATION

What To Do

- Increase training for school personnel relative to prescription drug abuse trends, proper storage and disposal of prescription medications being dispensed in schools, screening for prescription drug problems and referral to services, and related topics.
- Support effective health curricula that addresses prescription drug risks across multiple ages and developmental stages.
- Continue school-based surveys that gather information from youth about prescription drug abuse.
- Provide screening and referral to services for youth who may be misusing prescription drugs.
- Help educate parents about the dangers of prescription drug abuse for children and communities.

Where To Learn More

U.S. Department of Education's Higher Education Center for Alcohol, Drug and Violence Prevention provides recommendations for college campus responses to Rx drug abuse.
 Visit http://www.edc.org/projects/higher_education_center_alcohol_drug_abuse_and_violence_prevention

The **White House Office of National Drug Control Policy** oversees "Parents – the Anti-Drug" and other education and awareness campaigns, providing web links, print materials and other resources to support school- and community-based awareness and outreach.
 Visit <http://www.whitehouse.gov/ondcp>

NIDA for Teens: PeeRx, an engaging website for youth, teachers, and parents to learn about prescription drug abuse. Visit <http://teens.drugabuse.gov/peerx/>



BUSINESS

What To Do

- Increase awareness of prescription drug abuse and its impact on workplace safety and employee wellness.
- Ensure work site policies and practices articulate safe storage and use of medications to deter abuse or theft.
- Establish, communicate and enforce drug-free workplace policies to prevent prescription drug misuse and abuse.
- Provide problem identification and referral services for employees who may be experiencing problems.

Where To Learn More

The U.S. Department of Labor “Policy Builder” provides guidance in developing and maintaining an effective workplace policy with samples included. Visit <http://www.dol.gov/elaws/asp/drugfree/drugs/screen2.asp>

The U.S. Department of Labor Employee Education curriculum provides employee education modules on drugs and alcohol in the workplace, including business impact and safety. Download educational programs for use in the workplace at https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9770

“Prescription Drug Abuse in the Workplace” is a publication of the U.S. Substance Abuse and Mental Health Services Administration available at <http://workplace.samhsa.gov/pdf/Prescription%20Drug%20Abuse%20Fact%20Sheet.pdf>



GOVERNMENT

What To Do

- Support licensing boards in addressing prescription drug abuse and diversion.
- Support public education campaigns.
- Pass legislation allowing for an electronic Prescription Drug Monitoring System for prescribers and dispensers to prevent abuse and diversion.
- Expand availability and access to substance abuse treatment services for individuals who are abusing or dependent on prescription drugs.



COMMUNITY & FAMILY

What To Do

- If you have medications in your home, store them in a safe, locked place.
- Talk with your doctor or medical professional about alternatives to opioids or narcotics.
- Talk within your family and community about the risks associated with prescription drug misuse.
- Participate in local events to collect and safely dispose of unused prescription medications.
- Help someone you know who may be struggling with a prescription drug abuse problem to talk with their doctor or a treatment professional about what they are experiencing.

Other Resources To Learn More

- **New Hampshire Bureau of Drug and Alcohol Services:** <http://www.dhhs.state.nh.us/dcbcs/bdas/> • (603) 271-6738
- **New Hampshire Center for Excellence:** Technical Assistance for organizations, schools and businesses interested in prevention and early intervention best practices: <http://www.nhcenterforexcellence.org> • (603) 573-3346
- **DrugFreeNH:** NH substance abuse information and educational materials: <http://www.drugfreenh.org>
- **New Futures:** Substance abuse policy and advocacy resources and training: <http://www.new-futures.org>

This issue brief is one of a series produced and disseminated by the New Hampshire Center for Excellence, a public-private initiative of the New Hampshire Bureau of Drug and Alcohol Services and the New Hampshire Charitable Foundation. Issue briefs share information from the state plan, Collective Action - Collective Impact: NH's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery, is available at <http://www.dhhs.state.nh.us/dcbcs/bdas/documents/collectiveaction.PDF>.

APPENDIX G

Annual Financial Reporting



GOVERNOR'S COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION, INTERVENTION AND TREATMENT

Expenditure Reporting for Alcohol and Other Drug Related Services and Initiatives
State Fiscal Year 2013 Responses

The following information was provided in response to an emailed form to support annual reporting to the Governor. It should not be considered an exhaustive list due to a lack of response from three Commission agencies* and due to the nature of some alcohol and drug expenditures being embedded within programs that are not specific to alcohol and other drug programs or initiatives.

Please list alcohol and drug abuse prevention, intervention, treatment and/or recovery services provided by or funded by your agency, bureau or division during SFY 2013 in whole or in part by state or federal funds.

Responding Agency	Name of Program or Service	Service Category	Address prescription drug abuse?	SFY 2013 Funds allocated to this program or service	Estimated or actual?	Notes/Comments
Division for Children, Youth and Families (DCYF)	Individual Outpatient Counseling	Intervention/ Treatment/ Recovery	Yes	\$17,663.76	Actual	
	Group Outpatient Counseling	Intervention/ Treatment/ Recovery	Yes	\$124.00	Actual	
	Residential Treatment Facilities	Intervention/ Treatment/ Recovery	Yes	\$46,474.72	Actual	
	Drug Testing	Intervention/ Treatment/ Recovery	Yes	\$45,951.00	Actual	
	Licensed Alcohol & Drug Abuse Counselor	Intervention/ Treatment/ Recovery	Yes	\$127,704.51	Actual	
NH Department of Justice (DOJ)	Enforcing Underage Drinking Laws	Prevention/ Law enforcement/ Prosecution	No	\$60,000	Actual	Specifically outreach, enforcement of underage drinking laws
	Residential Substance Abuse Treatment	Treatment	Yes	\$60,000	Actual	Jail-based substance abuse treatment at 5 county jails
	Drug Court	Intervention/ Treatment/ Recovery	Yes	\$350,000	Actual	Rockingham County Drug Court Program
NH Department of Corrections (DOC)	Licensed Alcohol Drug Counselors	Treatment	Yes	\$703,541	Actual	This represents the costs of LADCs at NHDOC recently reassigned to the Division of Medical & Forensic Services of their salaries and benefits.
Department of Education	Title IV Part A, Safe and	Prevention	-	\$197,336.48	Actual	Building State Capacity for Preventing Youth Substance

Please list alcohol and drug abuse prevention, intervention, treatment and/or recovery services provided by or funded by your agency, bureau or division during SFY 2013 in whole or in part by state or federal funds.

Responding Agency	Name of Program or Service	Service Category	Address prescription drug abuse?	SFY 2013 Funds allocated to this program or service	Estimated or actual?	Notes/Comments
(DOE)	Drug-Free Schools and Communities -School District Federal Grants					Use and Violence to enhance the capacity of State agencies to support local educational agencies in their efforts to create and sustain a safe and drug-free school environment
DHHS Bureau of Drug and Alcohol Services (BDAS)	Treatment Services	Treatment	Yes	\$8,888,179	Actual	Outpatient, intensive outpatient and residential: \$4,686,878 federal block grant; \$2,906,666 state general funds; \$1,294,635 Gov Comm funds
	Prevention Services	Prevention /Intervention	Yes	\$1,472,816	Actual	Block grant \$895,625 Gov Comm funds \$113,587 Federal SEOW funds \$144,558 Federal PFS funds \$319,046
	ATR services	Recovery	Yes	\$1,239,995	Actual	Grant period ends in 2015
Department of Safety, Division of State Police (DOS)	DARE Program	Prevention	-	-	Actual	\$164,089.25 for Program Dare Officer - \$113,585.81 - position 10790 (81% Highway/19% Turnpike)
	Marijuana Eradication Grant	Prevention/ Intervention	-	\$40,000.00	Actual	100% Federal Grant
	Pharmacist Bd Compliance Inv./Insp.	Prevention/ Intervention	-	\$99,497.24	-	100% Federal
			TOTAL	\$13,513,371		Per capita expenditure rate = +/- \$10.28

- Indicates no response

*Commission member agencies not included above: Administrative Office of the Courts, the NH National Guard, and the NH Liquor Commission