

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

Mid-Year Report

March 1, 2017

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

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The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery Members

Mission: To significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.

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Opioid Task Force

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Department of Safety
Lorraine Bartlett - Director, NH Division for Children,
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Association
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Justice
Todd S. Gardner - NH Nurses Association
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of Corrections

Dedication

The Commission dedicates this report to the hundreds of individuals who have lost their lives to substance misuse and addictive disorders and to the families and communities who – in their grief – are making their voices heard and playing an active, positive role in advancing our collective goals to address the epidemic.

Executive Summary

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (the Commission) presents this mid-year report as required in RSA Chapter 12-J:4, to update progress achieved in the first half of state fiscal year 2017, July – December 2016. The Commission has a legislated mission to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated alcohol and drug misuse prevention, treatment and recovery services throughout the state.

This update outlines funding, provides an updated data dashboard and briefly highlights significant progress since last year's report, [*The NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery State Fiscal Year 2016 Annual Report*](#)¹.

Resources allocated to the Commission for SFY17 are on track to be encumbered pursuant to the spending strategy set by the Commission. This document includes resources at the Commission's disposal, the spending priorities set by the Commission, and the status of all procurement and contracting processes. As a non-lapsing fund, the Commission is currently working with its members and the Governor in addressing new opportunities available due to liquidated contracts from SFY16.

As the Dashboard suggests, overdose deaths and the number of Emergency Medical Service cases involving administration of naloxone (Narcan) did increase in 2016, but at a slower rate than in recent years. While it is difficult to demonstrate that the decline in these numbers are the result of any particular intervention or even set of initiatives underway, the Commission and its partners believe that the legislative, systemic and community responses to the opioid epidemic contributed to this change and demonstrate that collective efforts are yielding results. An epidemic of this magnitude and complexity took years to materialize and therefore additional time is needed to ascertain if these measures, and others, demonstrate a permanent retreat of the epidemic, or an episodic decline. The Commission and its task forces recommend patience before drawing conclusions on securing long-term progress in addressing the state's high rates of substance use disorders.

Additionally – the dashboard contains metrics requested by the legislature in SB533, signed into law in SFY16. Where necessary and as noted in the statute, we offer guidance on areas of data where the original metric is challenging to access, along with guidance as to whether the data set is an appropriate metric for tracking purposes, and if so, what resources would be required to secure it in the future.

The Commission thanks the members of the Data and Evaluation Task Force, and the NH Center for Excellence in conducting the data analysis for this report.

The Commission also thanks the Office of the Governor, as well as members of the General Court, for their ongoing attention and support of these important issues.

¹ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-final-september-2016.pdf>

I. Governor's Commission Fiscal Spending Update for SFY 2017

In SFY17 the Governor's Commission has two distinct funding sources at its disposal. The first is the Alcohol Fund, which was set at 1.7% gross profits from liquor sales during the SFY16/17 budget-making process. The second is \$2.5m from SB533, a special appropriation of general funds granted to the Commission as a part of the suite of bills developed during the Special Session of the legislature in response to the opioid epidemic.

The table below is the budget for Governor's Commission funds for state fiscal year 2017 by priority area.

SFY17 SPENDING STRATEGY

Service Type	SFY17 Alcohol Fund	SFY 17 SB533 Funds	Total Funds
Clinical Treatment Services	\$1,419,697	0	\$1,419,697
Recovery Supports/Family Peer Supports	\$500,000	\$221,000	\$721,000
Prevention Services	\$250,000	\$819,327	\$1,069,327
Ambulatory Medication Assisted treatment/Withdrawal management	\$200,000	\$356,000	\$556,000
Juvenile Court Diversion	\$49,500	\$258,424	\$307,924
Alternative Sentencing/Housing	\$0	\$500,000	\$500,000
Public Awareness and Education	\$100,000	\$200,000	\$300,000
Regional Access Point Services	\$183,500	\$0	\$183,500
MLADC @ DCYF	\$31,590	\$0	\$31,590
Dept of Corrections	\$25,000	\$0	\$25,000
Communities for Alcohol and Drug Free Youth (CADY, Inc)	\$20,000	\$0	\$20,000
Gov Policy Advisor	\$123,136	\$0	\$123,136
Technical Assistance	\$504,103	\$145,249	\$649,352
Total	\$3,406,526	\$2,500,000	\$5,906,526

All strategies are tied to priorities noted in the state substance use strategic plan, [Collective Action – Collective Impact²](#). On the following pages, each priority area is broken out by description of the service(s); target population(s); and status of funding. Strategies specific to the opioid epidemic are noted.

² <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

Clinical Treatment Services

Description: NH Department of Health and Human Services (NH DHHS), Bureau of Drug and Alcohol Services (BDAS) currently contracts with fifteen substance use disorder treatment providers across the state to provide a comprehensive array of services, including ambulatory withdrawal management, medically monitored inpatient withdrawal management, outpatient, intensive outpatient, partial hospitalization, low-intensity residential, high-intensity residential, high-intensity residential for pregnant and postpartum women, transitional living, recovery support services, enhanced services such as transportation and child care, and medication assisted treatment (MAT).

Target Population: Services are available for individuals with diagnosable alcohol and drug use disorders with treatment services for opioid use disorders enhanced and expanded.

Status of Funding: Contracted³

Recovery Supports/ Family Peer Supports

Peer Recovery Support Services

Description: A Facilitating Organization (FO) has been contracted to oversee the development and implementation of peer recovery support services (PRSS) available through recovery community organizations (RCOs). The FO has now contracted with 6 RCOs which will receive support to achieve national accreditation, train and certify recovery support workers, open recovery centers, and provide PRSS. The FO also offers an optional suite of “back-office functions”, including human resources, financial management, billing, and data collection. The goal of the FO is to provide streamlined contracting, increased efficiency in public finance deployment, and consistent, uniform monitoring and evaluation of PRSS that meet the national standards of evidence and quality. All six of the contracted recovery community organizations have operating Recovery Centers.

In addition, NH DHHS contracted directly with two recovery community organizations able to operate independently from the Facilitating organization (FO). One of them has 3 sites and has achieved national accreditation. All four sites have operating Recovery Centers.

Status of Funding: Contracted

Family Peer Support Services

Description: Parent support groups in more than 15 communities throughout the state.

Target Population: Parents of youth and young people harmfully involved with alcohol and other drugs, primarily utilized by families impacted by the opioid epidemic.

Status of Funding: Currently contracted and request for proposals for next contracting period currently posted.

Prevention Services

Description Funding to support prevention strategy priorities included in the 13 Regional Public Health Network Substance Misuse Prevention plans such as youth development activities, and Student Assistance Programs. Regions must target the reduction in opioid misuse..

Target Populations: Youth and young adults

Status of Funding: Funds contracted for public awareness and implementation, as well as implementation of Life of an Athlete. Contracting process underway for funds for other Prevention Direct Services.

Ambulatory Medication Assisted treatment/Withdrawal management

Description: There is increasing medical research to suggest that individuals with opioid use disorder (OUD) have better

³ *The Alcohol Fund is a non-lapsing fund. Routinely – especially during periods of contract transition – lapsed funds not drawn down by contractors are liquidated back into the fund when the contracts conclude. Such activity took place at the end of SFY2016, where liquidated funds totaled approximately \$2m, largely due to financing changes in the treatment system with increased insurance coverage. The Commission is currently consulting with the Governor and HHS to determine opportunity to rapidly redeploy those funds to emerging priorities.*

outcomes when provided Medication Assisted Treatment (MAT). MAT involves the administration of suboxone, vivitrol or methadone to counteract the symptoms of opioid withdrawal, while the patient is participating in psychotherapeutic treatment and/or recovery supports services.

NH DHHS is providing infrastructure support for the implementation of MAT in primary care practices. DHHS has contracted with an organization to recruit hospitals and help them to develop the capacity of medical practices within their networks to provide MAT. This work is underway as one hospital network has already been sub-contracted to provide MAT in multiple primary care practices. In addition, NH DHHS has also contracted with an organization to help federally qualified health centers (FQHCs) develop their capacity to provide MAT and has been awarded a Substance Abuse and Mental Health Services discretionary grant to target increased access to MAT in the high need areas of Manchester and Nashua, to begin implementation in 2017.

Target populations : Strategy targets patients with a diagnosed opioid use disorder. In addition, there is increasing attention to pregnant and parenting women high priority population for MAT services and support.

Status of funding: contracted.

Juvenile Court Diversion

Description: Juvenile Diversion programs utilize evidence informed strategies targeting youth who are in early contact with the justice system. The Juvenile Diversion Network is contracted to support Juvenile Diversion services in 16 communities.

Target population: high risk youth.

Status of Funding: Contracted.

Alternative Sentencing/Housing

Description: Original proposal was to expand New Hope, an adult diversion program in implementation in Manchester. However, new outcome data published nationally called into question efficacy of this program when compared to traditional probation. Upon consultation with the courts and the Department of Corrections, these funds were repurposed to pilot a bridge subsidy program that will provide care coordination and housing assistance funding for individuals who are returning to the community from incarceration and are enrolled in substance use treatment and/or recovery support services in the community.

Target population Corrections re-entry.

Status of funding: Contracting in process.

Public Awareness and Education

Description: Broad, uniform public awareness campaigns are an evidence-based strategy to prevent youth substance use and to drive at risk populations into services and support. Funds would be utilized to expand reach of two existing broad awareness campaigns; *AnyoneAnytimeNH*[™] and “Check the Stats”

Target populations: *AnyoneAnytimeNH*[™] targets the general population and is specific to addressing the opioid epidemic, through decreasing stigma around treatment and recovery, and encouraging the general public around use of naloxone and prevention. “Check the Stats” targets parents of 12-18 year olds in recognizing signs and symptoms of youth substance misuse, and ways parents can prevent it. “Speak UP NH” targets the general public to reduce stigma associated with substance use disorders.

Status of funding: Contracted.

Regional Access Point Services

Description: Screening, Assessment, referral and care coordination for individuals and families seeking substance use disorders treatment and recovery services. The initiative focuses on streamlining access to assistance for those who reach out to 211, the NH Addiction Crisis Line or other referral pathways, in order to reduce wait times and increase individuals accessing the appropriate clinical level of care.

Target Population: individuals with substance use disorders that are in crisis.

Status of funding: Contracted.

MLADC Capacity at DCYF

Description: Recognizing limitations in DCYF capacity to address increasing caseloads relative to the opioid epidemic, the Commission directed funds to support hiring additional clinical staff in the Manchester DCYF office.

Target Population: families impacted by alcohol and other drugs, especially opioid use.

Status of funding: Funds transferred to DCYF, staff hired SFY16.

Department of Corrections

Description: The Department utilizes funding to support the implementation of Seeking Safety, an evidence-based psychoeducational program designed for high risk populations with a history of substance use disorder and trauma. Resources for this project were an earmark added to the Commission's budget in the SFY16/17 budget process.

Status of funding: Funds transferred to DOC pursuant to legislative direction.

Communities for Alcohol and Drug Free Youth (CADY, Inc)

Description of the services to be delivered: CADY, Inc provides substance misuse prevention and juvenile justice services in the Greater Plymouth region. Resources to support their efforts were an earmark added to the Commission's budget in the SFY16/17 budget process.

Status of funding: Funds contracted pursuant to legislative directive.

Governor's Policy Advisor

Description of the services to be delivered: During the SFY16/17 budget process, the legislature added resources to the Commission budget with an expressed invitation for the Commission to consider targeting those resources to sustain the Senior Policy Advisor on Addiction and Behavioral Health in the Office of the Governor.

Status of funding: Commission voted unanimously to support the position, funds transferred to the Office of the Governor.

Training and Technical Assistance

Description: The Governor's Commission and the Bureau of Drug And Alcohol Services are committed to providing training, technical and data/evaluation assistance to ensure that contractors can appropriately track and monitor the effectiveness of their programs, and report those outcomes to the state. These resources enhance existing technical assistance and evaluation capacity to ensure the technical assistance provider is appropriately resourced to address implementation and monitoring of these newly implemented strategies. Additionally, funds support ongoing training of the substance use disorders workforce in New Hampshire.

Status of funding: Contracted.

II. Data Dashboard

The following section presents a set of indicators intended to illustrate the current impact of drug and alcohol use in New Hampshire, as well as the scope of efforts to address these issues through prevention, intervention, enforcement, treatment and recovery. The set of indicators includes those specified by RSA 12-J:4, III and provides a mid-year update to information included in the 2016 Annual Report.

The information for the following indicators comes from a variety of sources and years, which are identified for each indicator. In some cases, multiple years of information are available enabling examination of trends. In other cases, indicators are developmental. Recommendations for improving data collection and reporting in these and other areas are also included in this section of the report.

A. SELECTED MORBIDITY AND MORTALITY INDICATORS

1. Drug Overdose Incidence

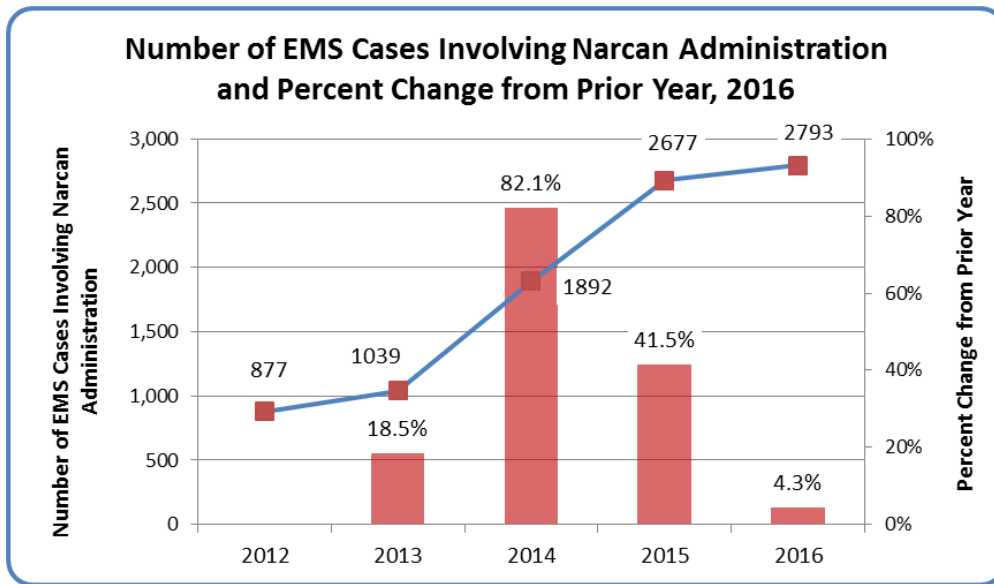
An important source of information describing the number of drug overdose incidents in New Hampshire is the NH Trauma and Emergency Medical Services Information System (TEMSIS). The table below displays the total number of emergency medical response cases in 2016 where the Provider's Primary Impression (the EMS provider's working diagnosis) included 'Drug Overdose / Misuse of Medications'. The chart also displays the number of cases that involved a provider impression of 'Alcohol Abuse and Effects'. (See important data note below the table).

EMERGENCY MEDICAL SERVICE (EMS) CASES WITH PROVIDER IMPRESSION/ WORKING DIAGNOSIS* OF DRUG OVERDOSE/MISUSE OF MEDICATIONS OR ALCOHOL ABUSE AND EFFECTS	<i>EMS Cases</i>
<i>January 1 to December 31, 2016</i>	
Drug Overdose / Abuse: Heroin (Known or Suspected) (T40.1X1A)	1,161
Drug Overdose / Abuse: Opiates/Narcotics (Non-Heroin / Unknown) (T40.2X1A)	314
Poisoning: Overdose of Medication (Intentional Self-Harm / Suicidal) (T50.992)	303
Drug Overdose / Abuse: Other Illicit Drug (Not Otherwise Specified) (F19.129)	286
Drug Overdose / Abuse: Psychoactive Drug (Meth, MDMA, XTC, etc.) (T43.601)	74
Drug Overdose / Abuse: Marijuana / Spice or Other Synthetic Cannabis (T40.7X1A)	69
Drug Overdose / Abuse: Hallucinogens, LSD and Mushrooms (T40.9)	62
Drug Overdose / Abuse: Cocaine (T40.5X1A)	42
*Drug Overdose / Misuse of Medications (Intentional)	3206
Total EMS Cases With Provider Impression/Working Diagnosis of Drug Overdose/Misuse of Medications	5517
Total EMS Cases With Provider Impression/Working Diagnosis of Alcohol Abuse and Effects	4351

Data Sources: NH Bureau of Emergency Medical Services; NH Trauma and Emergency Medical Services Information System.

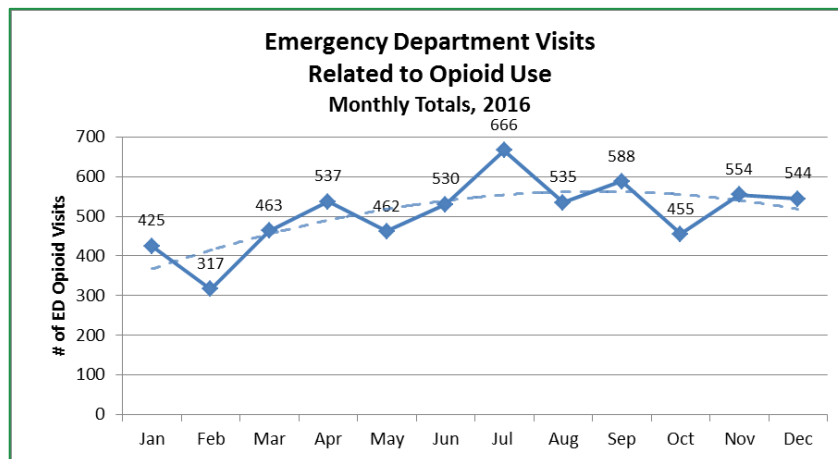
*The Bureau of EMS implemented a new software system midway through 2016 that facilitates improved data entry and coding accuracy including incorporation of ICD-10 codes. Data reported here is a combination of information from the old and new software systems. Comparisons to data from prior years should be made with caution.

The chart below displays the total number of emergency medical response cases that involved administration of Narcan. The chart also displays the percent change in the number of these cases from the prior. The increase in such cases in 2016 compared to 2015 is the lowest increase over the reporting period beginning in 2012. This observation may reflect a decrease in the growth rate of the epidemic of opioid misuse. However, it should also be noted that there was expanded public access of Narcan during this time period through pharmacies and public distribution events to any NH resident.



Data Sources: NH Bureau of EMS, 2016; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, December 2016

Information is also available describing the total number of emergency department visits related to opioid use through the Automated Hospital Emergency Department Data surveillance system maintained by the NH Division of Public Health Services. The chart below displays a total of 6,076 emergency department visits related to opioid use from January to December 2016. It is important to note that only a subset of these visits related to opioid use may have involved an overdose from opioid use.



Data Sources: NH Division of Public Health Services, Automated Hospital Emergency Department Data; New Hampshire Drug Monitoring Initiative, New Hampshire Information & Analysis Center, December 2016

2. Drug Overdose Deaths

The table below displays the number of drug overdose deaths in 2016 as determined by the Office of the Chief Medical Examiner through February 2, 2017. Approximately 89% of all known drug overdose deaths are related to opiates/opioid overdoses and about 74% of all overdose deaths in 2016 have involved Fentanyl.

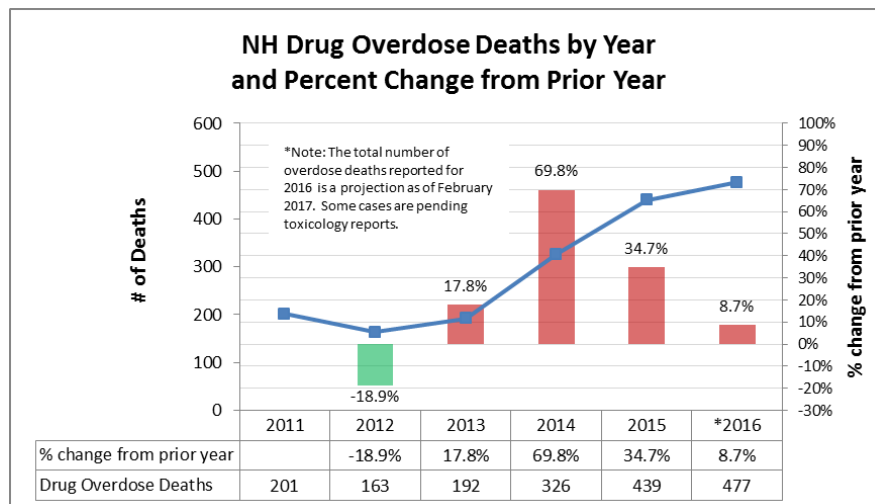
The chart at the bottom of the page displays the trend in drug overdose deaths since the year 2011. The percentage increase in the number of drug overdose deaths from 2015 to 2016 is projected to be the lowest increase since 2012. Similar to the observation described previously for the rate of increase in EMS cases involving Narcan administration, these data may reflect a decrease in the growth rate of the epidemic of opioid misuse in New Hampshire, although the trend continues to be toward increasing morbidity and mortality.

NH DRUG OVERDOSE DEATHS Calendar Year 2016 (Confirmed cases as of February 2017*)

Drug Category	# of Deaths – Total	# of Deaths - Subtotals	% of Total Deaths
TOTAL OPIATES / OPIOIDS	385		88.7%
<i>Fentanyl (no other drugs)</i>		116	
<i>Fentanyl and Other Drugs (excluding heroin)</i>		116	
<i>Heroin and Fentanyl</i>		21	
Subtotal involving Fentanyl		164	73.7%
Heroin (no other drugs)		3	
Heroin and Other Drugs (excluding fentanyl)		4	
Other Opiates / Opioids		58	
OTHER DRUGS	49		11.3%
TOTAL DRUG DEATHS	434		

Data Source: Office of the Chief Medical Examiner, 2016 Current Drug Data as of 2/2/2017.

*NOTE: 43 additional cases are pending toxicology results.



Data Source: Office of the Chief Medical Examiner, 2016 Current Drug Data as of 9/6/2016

Note: The value for 2016 is projected based on cases determined or pending through February 2, 2017

B. SELECTED CRIMINAL JUSTICE AND SOCIAL CONSEQUENCE INDICATORS

1. Convictions for Drug and Alcohol Related Offenses

From July 1, 2016 to December 31, 2016 (the first two quarters of State Fiscal Year 2017), there were 4,073 distinct and separate charges brought against adults and juveniles for criminal acts involving drugs or alcohol which resulted in convictions for the charged offense. (Note: In State Fiscal Year 2016, there were a total of 10,198 such charges.) The table below displays the count and proportions of total charges by RSA for the most common charges resulting in convictions during this 6-month time period.

Convictions for Drug and Alcohol Related Offenses July 1, 2016 to December 31, 2016			
Statute	Charge Description	Count	Percent of total (n=4,073)
318-B:2,l	Controlled Drug: Acts Prohibited	1,055	25.9%
318-B:2	Acts Prohibited; Controlled Drug Act	1,043	25.6%
265-A:2	DUI Driving While Intoxicated	1,012	24.8%
265-A:43	Transport Drugs in Motor Vehicle	213	5.2%
265-A:2,l(a)	DUI - impairment	199	4.9%
265-A:45	Transport Alcohol by Minor	129	3.2%
265-A:44	Open Container	92	2.3%
265-A:3	DUI Aggravated	67	1.6%
318-B	Controlled Drug Act	46	1.1%
Other RSAs	27 other RSAs cited	217	5.3%

Data Source: Administrative Office of the Courts, SFY 2016. Data includes all charges for the associated statutes for which the disposition was: Appealed to Superior Court - Finding of Guilty, Appealed to Supreme Court - Finding of Guilty, Finding of Guilty, Administrative Guilty, Finding of True at Disposition, Guilty by Court, or Jury Verdict of Guilty.

Important Data Note: These statistics do not indicate how many convictions for individual charges were associated with criminal cases pending against a single individual. These statistics also do not take into account the number of drug-related criminal acts that resulted in convictions but were not specifically drug offenses. For example, an individual convicted of robbery would not show up as a drug-related conviction, although the robbery may have been motivated by drug use activity. It is difficult to estimate the proportion of assaults, burglaries, thefts and other crimes that were drug-related unless research on each individual criminal case was conducted.

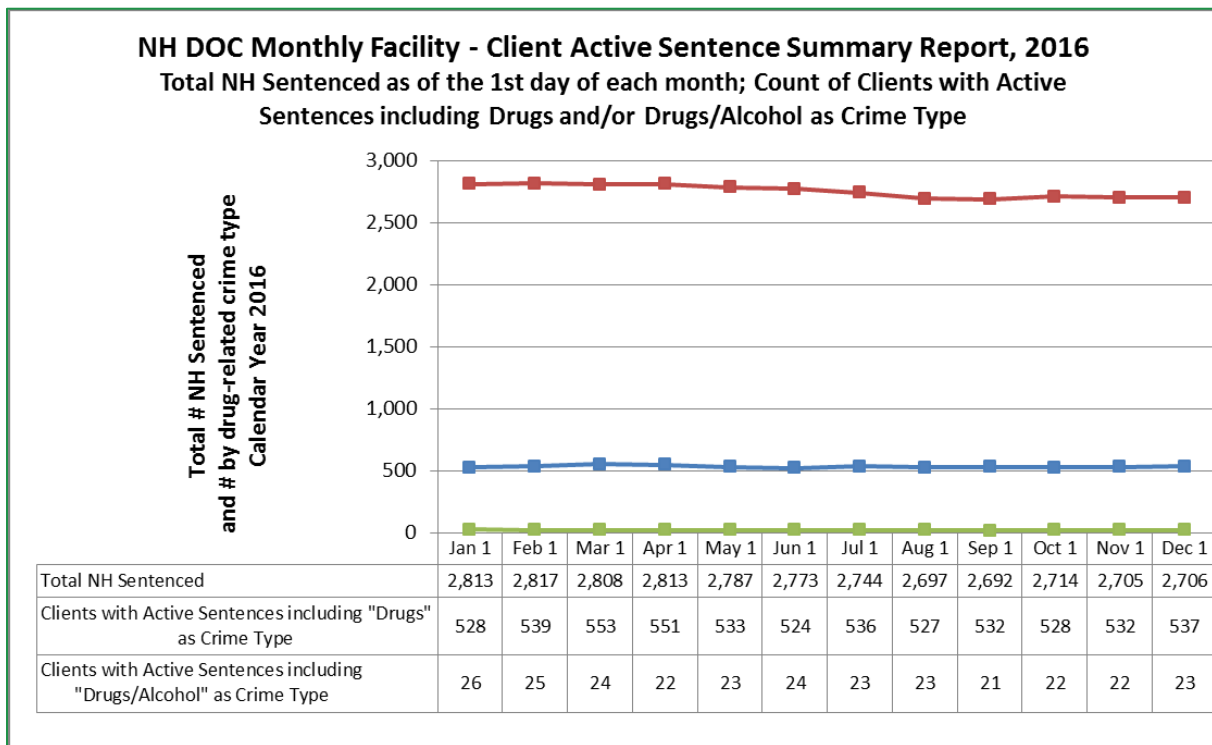
2. Individuals Incarcerated for Drug Related Offenses

The table below displays the total number of individuals incarcerated in a NH Department of Corrections facility as of December 1, 2016, and the proportion with active sentences including a drug offense and / or drug/alcohol offense. Approximately 21% of incarcerated individuals (18.9% of males; 40.4% of females) had active sentences that included drug-related offenses.

NH DOC Monthly Facility - Client Active Sentence Summary as of December 1, 2016					
	NH Sentenced	Clients with Active Sentences including 'Drugs' as Crime Type	% of Total	Clients with Active Sentences including 'Drugs/Alcohol' as Crime Type	% of Total
Total	2,706	537	19.8%	23	0.8%
Male	2,478	450	18.2%	18	0.7%
Female	228	87	38.2%	5	2.2%

Total NH Sentenced represents all incarcerated inmates sentenced in a NH Court regardless of their current physical location.

Data Source (table and chart): NH Department of Corrections, Monthly Facility - Client Active Sentence Summary Report, 2016.



Important Data Notes: Each client is counted once for each Crime Type for active sentence(s) they are serving in the Total NH Sentenced count. If a client is serving multiple sentences that fall under different Crime Types or RSA's, they will be counted multiple times.

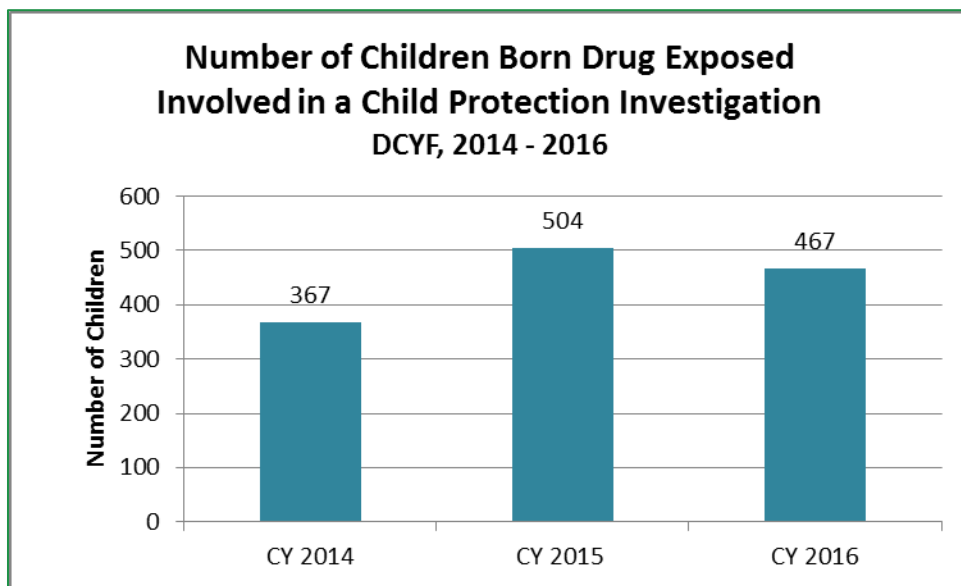
Data is included for those who have been adjudicated on RSA's that are explicitly drug offenses. The NH DOC offender management system as well as the Mittimus and Indictments received by the Court do not have a mechanism that tracks if the crime, outside of those reported in these data are "drug related" offenses. For example, if a person is incarcerated for a sexual offense, there is no current means to track if the offense occurred while under the influence of drugs or alcohol.

3. Child Abuse and Neglect Reports including Alcohol or Substance Abuse as a Risk Factor

The New Hampshire Division for Children, Youth & Families (DCYF) tracks risk factors or indicators when child abuse/neglect reports are made including alcohol or substance abuse. For Calendar Year 2015, 44.5% of accepted reports had alcohol or substance abuse as a risk factor. In Calendar Year 2016, 51.1% of accepted reports had alcohol or substance abuse as a risk factor.

In October 2014, DCYF began tracking reports where the specific indicator or risk factor was heroin. In calendar year 2015, there were 21,598 total reports to DCYF, and 1609 or 7.4% of those reports had heroin as a risk factor. In calendar year 2016, there were 22,008 total reports to DCYF, and 1823 or 8.3% of those reports had heroin as a risk factor.

The following chart displays information regarding children in accepted DCYF reports that were indicated to be “Child Born Drug Exposed” - a total of 1,338 children over the three year time period from 2014 to 2016.



The following table shows the total number of child protection cases that were opened during the calendar year. It also indicates, prior to the case opening, the number of cases where the family had an assessment with a risk factor of substance abuse, although the case did not necessarily open specifically due to those concerns.

	Total cases opened	Number of cases with substance abuse risk factor	% of cases with substance abuse risk factor
CY 2014	293	145	49.5%
CY 2015	376	210	55.9%
CY 2016	457	275	60.2%

Data Sources include: Result Oriented Management, NH Bridges (Statewide Automated Child Welfare Information System) and Central Intake hand count

4. Individuals in Drug Court Programs

Treatment drug courts are problem-solving courts that take a public health approach using a rigorously studied model in which the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment/recovery communities work together to help felony offenders with substance use disorders into long-term recovery and reintegration. There are currently seven (7) adult treatment drug courts operating in New Hampshire. In the first half of SFY 2017, a total of 252 adults participated in a one of these treatment drug courts (see table on the next page). This partial year total indicates substantial growth of adult treatment drug courts compared to SFY 2016, in which a total of 266 adults participated in a treatment drug court, and SFY 2015, which had 244 participants in the full calendar year. This increase can be attributed in part to the expansion of drug courts in Hillsborough County with the newest drug court opening in Manchester in 2016. In addition, a statewide drug court coordinator was hired to: 1) support the expansion of drug courts in underserved areas of the state; 2) ensure compliance to the evidence-based model; and 3) develop a common data tool to be used by all state-funded drug courts.

NH Treatment Drug Court Participants July 1, 2016 – December 31, 2016		
County/Location	Drug Court population	Participants in 1 st 6-months of SFY 2017 (7/1/16 – 12/31/16)
Belknap	Adult	12
Cheshire		28
Grafton		11
Manchester		7
Nashua		58
Rockingham		40
Strafford		96
TOTAL		

Data Source: Local drug court data reported to the state Drug Court Coordinator, NH Department of Justice; SFY 2017.

5. Individuals in Diversion Programs

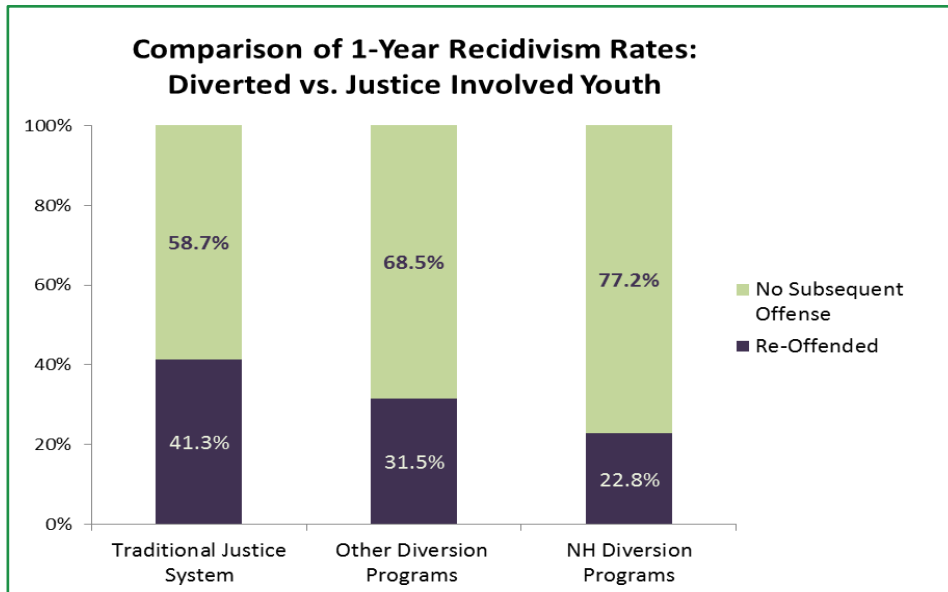
New Hampshire is home to **16 accredited Juvenile Court Diversion Programs** that hold youth accountable for disruptive behavior while ensuring they benefit from education and support services to reduce the youth's involvement in the police and judicial systems. New Hampshire RSA169 Delinquent Children-B:10 Juvenile Diversion includes provisions for Police and Courts to refer first-time offenders for accredited diversion services.

Whether housed in police departments, governmental systems or community-based organizations, New Hampshire's programs share common goals, core values and evidence-base for strategies and practices being implemented across the state. In the first half of SFY17, NHs diversion programs served 494 youth between the ages of 12-18 and had an 81% successful completion rate state-wide. Each of the 16 accredited programs saw, on average, 31 participants during the 6 month reporting period.

One of the most effective measures of the impact diversion programs have is to calculate recidivism rates. In the case of the juvenile justice system "recidivism refers to re-offending by a youth or repeated delinquent behavior subsequent to the original offense" (*Juvenile Diversion Guidebook. Models for Change, 2011.*

<http://www.modelsforchange.net/publications/301>). A recent recidivism study of the New Hampshire Juvenile Court Diversion Programs included a total of 807 participants who had successfully completed an accredited diversion program in 2012 or 2014. The study found that 78% were arrest-free one year after program completion and 58.3%

were arrest-free three years after program completion. In a review of 73 juvenile diversion programs conducted in 2013 by H.A. Wilson and R.D. Hoge (*Criminal Justice And Behavior*, Vol. 40, No. 5, May 2013, 497-518), it was found that the one-year the recidivism rate of diverted youth was significantly lower (31.5%) than that of youth processed by the traditional justice system (41.3%). The one-year recidivism rate of NH's diversion programs is even lower at 22.8% (see chart on the next page).



Data Sources: HA Wilson, *The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review. Criminal Justice And Behavior*, Vol. 40, No. 5, May 2013, 497-518.
 New Hampshire Juvenile Court Diversion 1 & 3-Year Recidivism Study, JSI Research & Training Institute, Inc. / NH Community Health Institute, 2015.

Criminal Justice and Social Consequence Data Collection and Reporting Improvement Opportunities:

- The NH Department of Corrections (DOC) is exploring means in which to try to track additional data on offenses where there is drug involvement within the offender management system based on the several booking and intake screenings the Department conducts with the men and women who are incarcerated. Continued barriers include the information is self-reported and would then need to be validated against police reports and court records. The DOC does not consistently receive police reports and all court records in cases, which presents a challenge to consistency of data availability beyond those cases adjudicated on RSA's that are explicitly drug offenses.
- As the state expands the number of treatment drug courts in other counties there is interest in developing a common core dataset to be collected from each drug court in a centralized data system. There is currently a statewide evaluation of drug courts being conducted by a nationally recognized vendor which will provide additional information about the implementation and impact of drug courts in NH. This evaluation is anticipated to be completed by Fall 2017.
- According to the *Juvenile Offenders and Victims: 2014 National Report*, NH is one of 11 states that does not publicly report recidivism data. Aggregate data describing participation in adult court diversion programs is not currently available.

C. SELECTED PREVENTION, TREATMENT AND RECOVERY INDICATORS

1. Programs and Strategies

A coordinated set of strategies, programs and services to address substance misuse prevention, early intervention, treatment and recovery are administered by the New Hampshire Department of Health Human Services through the Bureau of Drug and Alcohol Services. These strategies, programs and services include the following:

Substance Misuse Prevention

- **Prevention Direct Services**

- *Life of an Athlete*; a comprehensive middle and high school-based prevention program (2,249 individuals served in calendar year 2016; 1,777 served in 2015)
- *Student Assistance Program (SAP) counselors* (10, 146 individuals served in calendar year 2016; 8,365 served in 2015)
- *REAP prevention program for older adults* (2,376 individuals served in calendar year 2016; 3,561 served in 2015)

- **Environmental Approaches and Community Capacity Building**

- *Substance Misuse Prevention coordinators* and *Continuum of Care facilitators* located in each of the 13 Public Health Network Regions covering the entire state. With resources and support made available by the Department of Health and Human Services, these positions work collaboratively to assist each region to:
 - Identify information demonstrating the impact that substance misuse is having on individuals and families as well as various organizations and institutions within the region;
 - Assess the current capacity of the region across the continuum of substance misuse prevention, treatment (including medication assisted treatment and withdrawal management) and recovery support services;
 - Identify gaps in needed services, programs and resources and identify individuals, organizations and institutions within the region that could help to address those gaps; and potentially develop needed programming and services?
 - Facilitate development of new resources, in both the public and private sectors, for needed programs and services.
- The state's 13 Regional Public Health Networks (RPHN) comprise a system designed to mobilize communities to reduce substance misuse, through a coordinated system made up of regional substance misuse coordinators and key stakeholders in core community sectors who lead, plan, support, monitor, and carry out prevention efforts within each region. RPHNs implement environmental prevention efforts and support best practice adoption known to impact substance misuse and its negative impacts on individuals, families and communities.
- The RPHN system organizes engagement efforts across six core community sectors that are impacted by substance misuse and also play a valuable role in community-based prevention efforts. The sectors are identified as: Business, Education, Health/Medical, Safety/Enforcement, Government and Community Based Supports. The chart below demonstrates the number of key stakeholders by core community sector who worked with the RPHNs in 2016 to plan and implement community-based prevention strategies.

Community Core Sectors	Number of Key Stakeholders
Community and Family Support	273
Safety and Enforcement	218
Government	173
Business	166
Education	206
Health and Medical	216

- In addition, RPHNs implement key strategies that are targeted toward as subset of the population that are at higher risk for developing a substance use disorder due to specific risk factors. The chart below displays a set of high risk / vulnerable populations that were reached by prevention strategies implemented by RPHNs in 2016.

Subset - High Risk Populations	Number of High Risk Individuals Engaged
Currently using substances	331
Children of substance abuse	287
Economically disadvantaged	207
Homeless and/or runaway youth	98
LGBTQ	107
Mental Health challenges	193
Military	76
Physically/Emotionally disabled	84
Pregnant women and teens	47
Violent behaviors	41
School dropout	24
Suicidal Ideation	28
Survivors of abuse	24

- Each region has a three- year substance misuse prevention plan with identified strategies and programs aimed to reduce substance misuse. Plans are posted on the following link:
<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>

Substance Misuse Early Intervention, Treatment and Recovery

- **Information and Referral / Crisis Intervention Services**

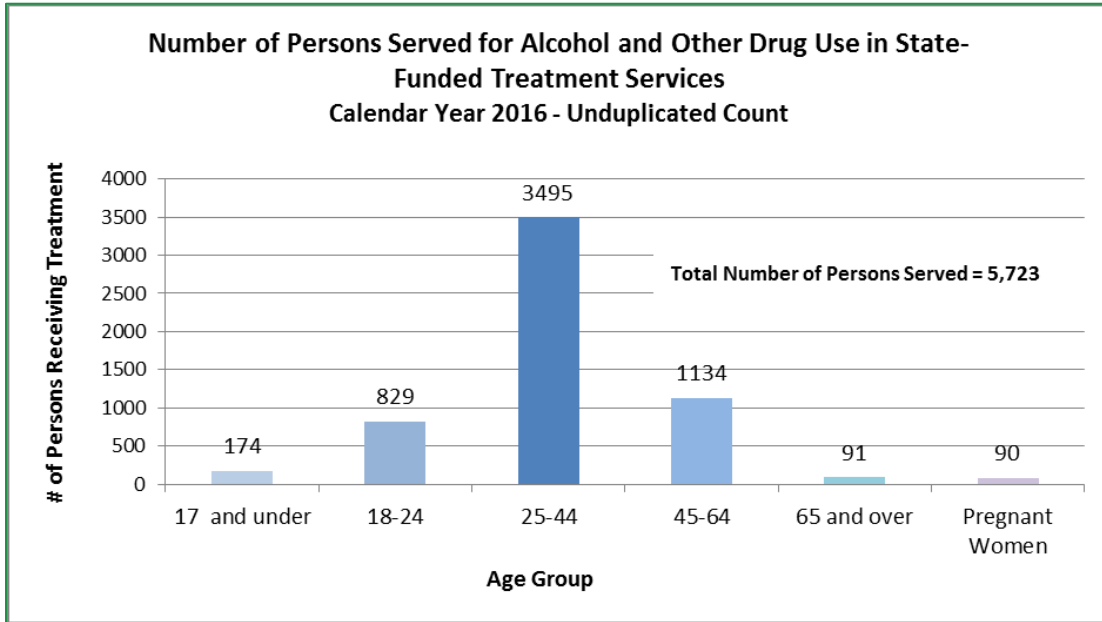
- NH Alcohol and Drug Treatment locator - <http://nhtreatment.org/>
- Statewide Addiction Crisis Line 1-844-711-HELP (4357)
- Regional Access Point Services within each of the 13 Public Health Networks Regions
- Statewide Naloxone Distribution and training Program. This program is jointly administered by a number of program areas with the New Hampshire Department of Health and Human Services, including the Bureau of Drug and Alcohol Services (BDAS), the Division of Public Health Services (DPHS) and the Emergency Services Unit, and the Bureau of Emergency Medical Services (EMS) in the Department of Safety. This program makes Naloxone (Narcan) Kits and related instructions available to individuals at risk for opioid overdose, their families and friends, directly from agencies that come in frequent contact with them, or at community events targeting these individuals, held by each of the 13 Regional Public Health Networks. Kits are provided free of charge for individuals that cannot afford to purchase one. The table below displays the distribution of kits.

Number of Naloxone Kits Distributed September 2015 through January 2017	
Community Events:	
Number of events	161
Distributed	3655
Agency Distribution:	
Community Health Centers	1476
Treatment Centers	1427
Hospitals	412
Schools	155
Other	465
TOTAL (AGENCY):	3935
TOTAL Naloxone Kits Distributed:	7590

- **Substance Use Disorders Treatment** - Contracts for specialty substance use disorders services, including medication assisted treatment services (5,723 individuals served, see next section on the following page for more detail)
- **Capacity Development for Early Intervention, Treatment and Recovery Services**
 - Screening, Brief Intervention, Referral to Treatment (SBIRT)
 - New capacity for specialty substance use disorders treatment services
 - Capacity for Medication Assisted Treatment Services
 - Hospital Based Primary Care Networks
 - *Community Health Centers (new activity this reporting period)
 - Targeted funding of Community Health Centers in Manchester and Nashua for Medication Assisted Treatment for Prescription Drug and Opioid Addiction (SAMHSA Grant awarded, pending acceptance)
 - Juvenile Justice Services
 - Peer Recovery Support Services

2. Number of People in Treatment and Recovery Programs

A total of 5,723 people received alcohol and other drug use treatment services through state-funded programs from January 1, 2016 to December 31, 2016.



Data Source: NH Bureau of Drug and Alcohol Services, Web Information Treatment System. January 2017

3. Accessibility and Availability of Treatment Programs

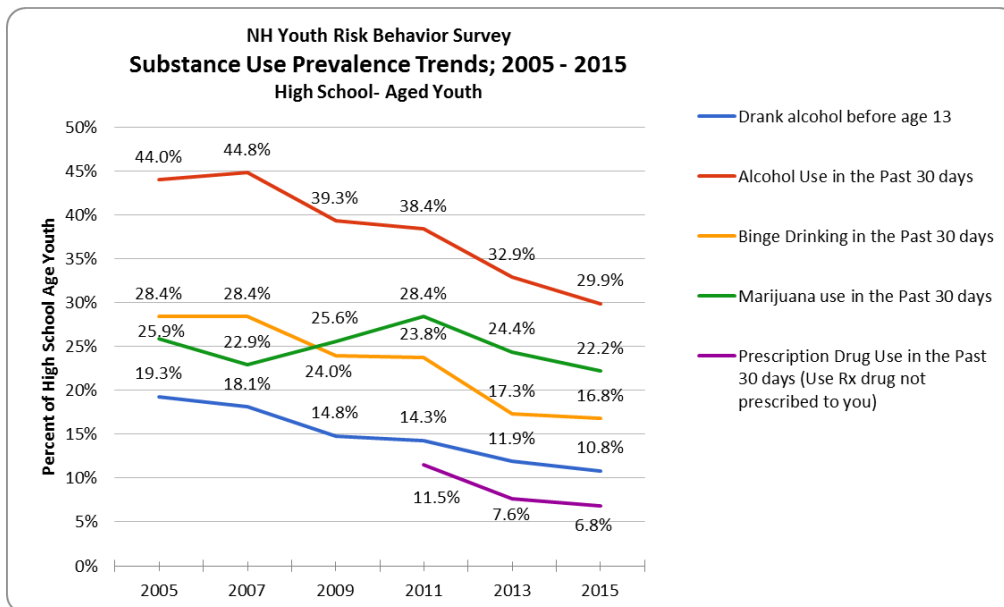
The NH Department of Health and Human Services maintains contracts with treatment providers across the State, administered by the Bureau of Drug and Alcohol Services, to facilitate financial and geographic access to services for NH residents. The table below displays information on geographic location and services provided for each of the treatment providers currently under contract to the State of NH.

Provider	Primary Service Area	Services (Recovery Support Services are also available from all providers)	
		Outpatient	Residential
Concord Hospital	Capital Area	Outpatient Intensive Outpatient	
Families First	Seacoast	Outpatient Integrated MAT	
Families in Transition	Greater Manchester	Outpatient Intensive Outpatient	
Grafton County	North Country, Central NH	Outpatient	
Greater Nashua Council on Alcoholism: Keystone Hall	Greater Nashua	Outpatient Intensive Outpatient Partial Hospitalization Integrated MAT	Transitional Living Low Intensity High Intensity Specialty Pregnant & Parenting Women Integrated MAT
Goodwin Community Health	Seacoast	Outpatient Intensive Outpatient Integrated MAT	
HALO Educational Systems	Upper Valley	Outpatient	
Headrest	Upper Valley	Outpatient Intensive Outpatient	Low Intensity
Horizons	Winnepesaukee Area	Outpatient Intensive Outpatient Integrated MAT	
Farnum Center	Winnepesaukee Area Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization (Franklin)	Transitional Living (Franklin) Low Intensity (Franklin) High Intensity Withdrawal Management (Manchester)
Phoenix House	Greater Monadnock	Outpatient (Keene) Intensive Outpatient	Transitional Living (Dublin) High Intensity (Dublin) Integrated MAT (Dublin)
Riverbend Community Mental Health	Capital Area	Intensive Outpatient MAT	

Provider	Primary Service Area	Services (Recovery Support Services are also)	Provider
Seacoast Mental Health Center	Seacoast	Outpatient MAT (Co-occurring disorders)	
Serenity Place	Greater Manchester	Outpatient Intensive Outpatient Partial Hospitalization	Transitional Living Low Intensity High Intensity
Southeastern NH Alcohol and Drug Abuse Services	Strafford County Area	Outpatient Intensive Outpatient Partial Hospitalization	Transitional Living Low Intensity High Intensity
Tri-County CAP	North Country	Outpatient Intensive Outpatient Integrated MAT	Low Intensity High Intensity Integrated MAT
Youth Council	Greater Nashua	Outpatient	

4. National Outcomes Measurement Standards for Prevention and Treatment

Prevention: A key data source for New Hampshire to assess outcomes of prevention strategies is the Youth Risk Behavior Survey (YRBS) administered in public high schools in the spring of every other year (odd years). Consistent administration of the YRBS over time has enabled New Hampshire to monitor substance use trends at an important, formative stage of development. The chart below displays positive trends (decreased prevalence) for use of alcohol and prescription drugs over a 10 year period, while the trend for marijuana use is essentially flat (no statistically significant change over time). The next statewide administration of the Youth Risk Behavior is scheduled to occur in the spring of 2017.



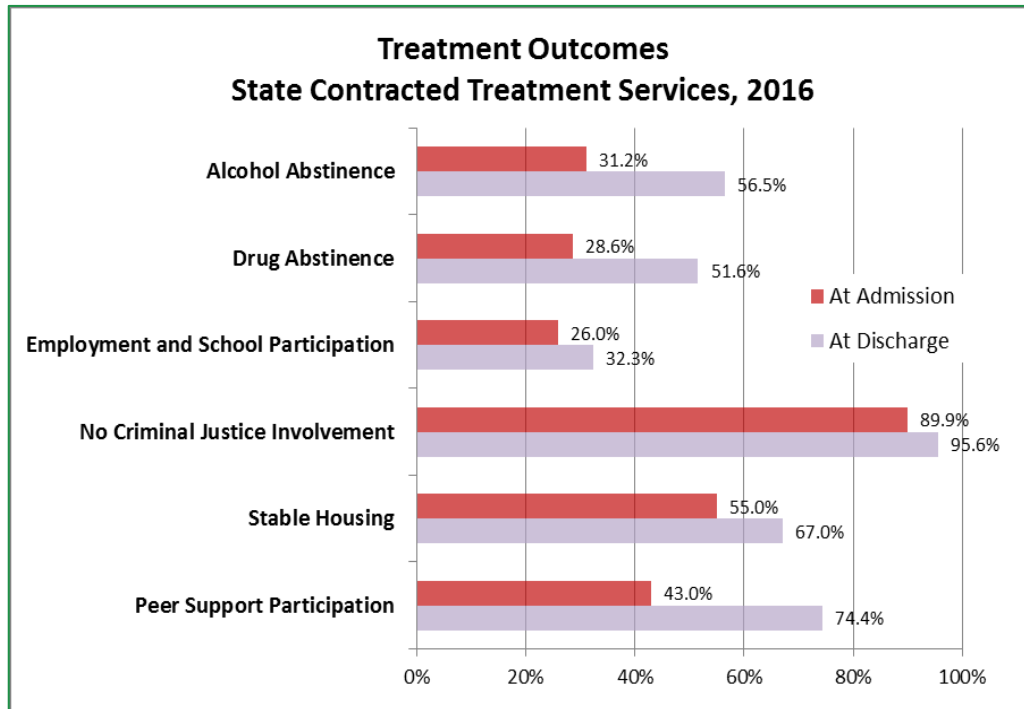
Data Source: NH Department of Health and Human Services; NH Department of Education
 Note: Data on Prescription Drug Use in Past Month was not collected prior to 2011.

Treatment: The NH Bureau of Drug and Alcohol Services tracks a variety of indicators for outcome measurement and reporting associated with the National Outcomes Measurement Standards established by the federal Substance Abuse and Mental Health Services Administration. Client-level outcome domains that are tracked include: alcohol and drug abstinence, employment/school participation, stable housing, criminal justice involvement, and social connectedness as measured by participation in peer support groups. Historically, these measures have been tracked from admission to discharge. The table and chart below contains aggregate statistics for treatment clients in Calendar Year 2016 showing the proportion of change on these outcome domains from the point of treatment admission to treatment discharge.

Calendar Year 2016 Treatment Outcomes – State Contracted Treatment Services

Domain	Indicator	2016 Admission	2016 Discharge	% Change from treatment admission to discharge
Alcohol Abstinence	Percent of treatment clients abstinent from Alcohol (prior 30 days)	31.2%	56.5%	+ 25.3%
Drug Abstinence	Percent of treatment clients abstinent from Drugs (prior 30 days)	28.6%	51.6%	+ 23.0%
Employment and School Participation	Percent of treatment clients employed or students (full or part-time, prior 30 days)	26.0%	32.3%	+ 6.3%
No Criminal Justice Involvement	Percent of treatment clients without arrests (any charge, prior 30 days)	89.9%	95.6%	+ 5.7%
Stable Housing	Percent of treatment clients reporting being in a stable living situation (prior 30 days)	55.01%	67.01%	+ 12.0%
Peer Support Participation	Percent of treatment clients participating in self-help groups, support groups at discharge (e.g., AA, NA, etc., prior 30 days)	43.0%	74.4%	+ 31.4%

Data Source: NH Bureau of Drug and Alcohol Services; January 2017



5. Prevention, Treatment and Recovery Data Collection and Reporting Improvement Opportunities:

- The capability to generate waitlist information reports for treatment providers contracted by the State of New Hampshire is currently under development in the State's electronic client management system, Web Information Treatment System (WITS). In the interim, the Bureau of Drug and Alcohol Services has implemented a monthly reporting survey process for reporting contractual and administrative information including waitlist data. Information or capability for gathering information on capacity and waitlists from private sector treatment providers does not currently exist.
- The DHHS and the Governor's Commission allocated \$1.5 M for the development of peer recovery support services programs in SFY16. This funding went into contract on June 1st. An additional \$500,000 was allocated in SB 533. Procedures for data collection and reporting are in place and the Department will report on the number of individuals receiving peer recovery services support by public funds as the contracted programs become operational and able to report data.
- Potential opportunities for improving assessment of treatment outcome information include comparison of outcome information by level or type of treatment, longer term follow-up with treatment clients post-discharge, and improved capability for data sharing and analysis across different state agencies and programs providing services and supports to the same individuals and families with substance use disorders.

III. New Hampshire Agency Updates

This section contains brief updates from agencies designated to participate on the Governor's Commission regarding progress toward Commission goals in the first half of state fiscal year 2017 (July – December 2016) in complement to the information previously provided in the [NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery State Fiscal year 2016 Annual Report](#)⁴ and [The Opiate/Opioid Public Health Crisis: Update on the State of New Hampshire's Comprehensive Response](#)⁵. These entries are not intended to reflect the full scope of work related to the epidemic and other substance misuse or substance use disorders that is currently underway throughout the state.

Department of Corrections

- ✓ **Decrease Drug Use in Facilities.** The introduction of illegal drugs into our facilities and the increase illegal use of drugs by many of the people under our supervision is continuing to pose serious safety and security concerns within our correctional facilities. It has been determined that a large amount of drugs are entering our facilities through our visiting rooms. As a result we no longer are permitting a kiss at the beginning and end of a visit instead we have allowed a short hug at the beginning and end of the visit. In addition, we have implemented a confidential e-mail address: drugreporting@doc.nh.gov to create a direct line of communication for friends, family and others to pass along information about illegal drug use in our Correctional System that will assist in ensuring safe facilities. We are also in the process of setting up a telephone number to be used as a hotline for the reporting of information pertaining to illegal drug use in the facilities.

In December 2016, the New Hampshire Department of Corrections deployed our two trained drug dogs into our facilities to begin the process of detecting illegal drugs. Our dog handlers are in the preliminary phases of making a positive impact on our facilities by detecting, removing and intervening in the access to illegal drugs by individuals under our care and custody or supervision.

The Department of Corrections is seeking a legislative change to amend RSA 622:6-a in order to effectively use body scanners in our facilities in detecting the presence of drugs that are concealed on or within a person's body, and in preventing the introduction of those drugs into the facility. As a result of researching and collecting information by meeting with vendors of this technology, we have learned that it is not recommended to be used on children, pregnant women, individuals undergoing specific medical treatments and other populations of people. The technology also requires you to retain imagery in order to use them for investigative purposes. The current law requires the Department to scan everyone entering our facilities and not to retain images for more than 24 hours. In order to use the technology effectively, we are seeking to restrict its use on individuals entering our secure perimeters and permit use to user discretion on who is scanned and retain imagery necessary to detect contraband and pursue prosecution. We are actively drafting a request for proposal and have started drafting policies for the implementation of body scanners.

The Department of Corrections continues to stock naloxone in each of its facilities in the event of an overdose.

- ✓ **Increase Access to Medication Assisted Treatment.** The New Hampshire Department of Corrections continues to provide medication-assisted-treatment, which makes oral naltrexone (Revia) and extended-release injectable naltrexone (Vivitrol) available to medically appropriate inmates before they return to the community. By focusing on treatment and long-term recovery strategies, the Department of Corrections is working to help inmates reintegrate successfully into society and reduce their chances of re-offending.
- ✓ **Increase Access to Treatment.** The Department of Corrections ensures that all inmates leaving the

⁴ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-final-september-2016.pdf>

⁵ <http://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf>

correctional facility have health insurance, and thus access to treatment, by helping them enroll in the New Hampshire Health Protection Program upon release.

The Department has a mutual aid agreement with Keystone Hall to augment our existing substance use services for men and women nearing return to the community. Keystone Hall counselors are providing group therapy and referral resources to our clients to help establish a bridge to community treatment upon release into the community.

The Field Services Department continues to support the existing drug courts in the State and look forward to an opportunity to increase our Probation and Parole Officer positions to support additional drug courts as they are implemented and funding for these positions is granted to the Department. The drug courts combine community-based treatment programs with strict court supervision and progressive incentives and sanctions. Officers participation aligns our State's drug court practices with the National Drug Court Institute's core competencies by having a diversified team dedicated to managing those diverted into drug courts.

Department of Education

- ✓ Develop resources to address behavioral health needs of students.
 - Awarded \$12 million grant from SAMHSA for System of Care Expansion. This grant will help school districts to develop a comprehensive behavioral health system with a special focus on at-risk kids and families.
 - \$300,000 to address substance misuse and prevention was awarded to an institute of higher education to assist schools and communities with conducting a needs assessment, environmental scan and gap analysis as it pertains to behavioral health and then to write and implement a work plan with measure goals to address the gaps in the system.
 - Awarded a \$400,000 grant to assist with developing a trauma-informed care school project
 - Awarded a grant to provide professional development to Occupation Therapist on mental health promotion
- ✓ Held two NH Educator's Summits on the Opioid Crisis
- ✓ Released 8 Media Power Youth modules (one module is on substance misuse)
- ✓ Certified over 1,000 adults in Youth Mental Health First Aid
- ✓ Provided naloxone guidance and training to school nurses

State Liquor Commission Division of Enforcement

- ✓ Administered one 3-week Drug Recognition Expert (DRE) school certifying nine more DRE's for the State of NH. DRE program currently has 108 DRE's throughout police departments in NH. In 2016 there were 159 drug evaluations completed by these DRE's.
- ✓ Administered eight standard field sobriety classes with 288 participants.
- ✓ Participated in nine field sobriety checkpoints and collected 44 Last Drink Surveys from drivers suspected of operating under the influence.

NH National Guard Counterdrug Task Force

- ✓ Mission – Criminal Analysis. Working with the NH Drug Enforcement Administration, NH State Police Narcotics Unit, NH Attorney General's Drug Task Force, NH Information and Analysis Center, Manchester Police Department Narcotics Unit, and Concord Police Department Narcotics Unit, since the beginning of the federal fiscal year 2017 (October 1, 2016), Counterdrug Analysts have supported 50 drug related criminal cases resulting in 155 arrests and over \$394,000 in currency, property, weapons, and illicit drug seizures.

- ✓ Mission – Civil Operations (Community Development). Since the beginning of the federal fiscal year 2017 (October 1, 2016), the Counterdrug Civil Operator supported the Bureau of Drug and Alcohol Services in a full-time capacity, providing 114 hours of support during 25 separate Coalition development events to 7 communities.
- ✓ Mission – Transportation Support. The Counterdrug Task Force supported the DEA and communities statewide in the biannual National Drug Take Back Initiative on October 24, 2016, collecting and disposing of over 8033 pounds of unwanted, unneeded, and/or expired prescription and over-the-counter drugs from NH households.

Department of Safety

- ✓ Law Enforcement Narcan Licensure. The Bureau of Emergency Management Services has 17 law enforcement agencies and 164 officers licensed for “law enforcement narcan” with 15 additional agency inquiries in the first weeks of 2017.
- ✓ Implement Operation Granite Hammer. The Division of State Police Investigative Services Bureau, in conjunction with the Department of Safety Grants Management Unit, was tasked in overseeing the Substance Abuse Enforcement Program as authorized by RSA 21-P:66. This resulted in the establishment of an Operation Granite Hammer grant program which was designed to support the implementation of drug enforcement operations/initiatives to combat the misuse and abuse of opioids and fentanyl throughout the state.

The grant program provides local law enforcement, county law enforcement agencies or regionalized agency coalitions specifically developed for this project, to identify, investigate, and apprehend individuals and/or organizations that are involved in opioid/fentanyl related drug use and trafficking. The grant program requires increased information sharing. The protocols and conditions are based on the principles of intelligence-driven, problem-oriented policing, using statistics and information to place additional police patrol and investigative presence at the locations, times, and places where there have been a significant convergence of motor vehicle crashes, crimes, and drug use or in corridors known to be used by drug dealers for shipments of illegal drugs in to the State.

It also supports joint/regional operations between both uniformed patrol officers working to support covert drug unit operations on specific targets and locations throughout the state. The protocols shall insure that the officers assigned to such patrol unit for this program have been trained in the concept of data-driven policing and have appropriate knowledge of the requirement of the state and federal constitutions.

- ✓ Staff the Mobile Enforcement Team. The Division of State Police State Police Special Services Unit continues to staff a **Mobile Enforcement Team**, currently consisting of four full time Troopers, which focuses on all crimes including drug transportation and DUI-D. The members of this team work in problem areas around the state with local police partners, drug units, and the Drug Enforcement Administration. For the six month period ending December 2016, the MET produced 65 felony drug arrests.

The Special Services Unit has also continued to certify Drug Recognition Experts (DRE) currently totaling 36 Troopers or more than 14% of the Division. These DREs conducted more than 50 evaluations for prosecution in the 2nd half of 2016. The State Liquor Commission also continues to certify DREs throughout the state; certifying approximately 40 new DRE’s in 2016.

NH DHHS Division for Children, Youth and Families

- ✓ Increase access to care. DCYF is coordinating with the Division of Behavioral Health to streamline resources for DCYF families impacted by substance use disorders:
 - Connecting DCYF licensed behavioral health practitioners with Regional Access Point service providers, to assist DCYF parents/guardians in accessing substance use disorders (SUD) treatment services when needed.
 - Parents/guardians involved with DCYF and with an identified history of substance misuse, will have priority for obtaining services.
 - Development of targeted prevention services for the minor children of parents/guardians with an identified history of substance misuse.

NH DHHS Division of Behavioral Health - Bureau of Drug and Alcohol Services

- ✓ NH Department of Health and Human Services (NH DHHS), Bureau of Drug and Alcohol Services has continued to support the unprecedented progress in building a substance misuse and substance use disorder delivery system across the continuum necessary to facilitate change at the individual, family, community and statewide levels. In calendar year 2016, DHHS contracted more than \$30 million with organizations across the state to develop the capacity for and availability of a comprehensive array of services as visualized in the infographic on the following page, and previously described in the *NH Governor's Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery Brief Summary of Comprehensive Approach and Progress*⁶. The *2016 New Hampshire's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results*⁷ report disseminated in the fall of 2016, highlights this progress while also articulating that the challenges to the system continue to be the organizational capacity to expand services and the availability of a skilled workforce throughout the state.

⁶ <http://www.dhhs.nh.gov/dcbcs/bdas>

⁷ <http://www.dhhs.nh.gov/dcbcs/bdas/continuum-of-care.htm>

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



Source: NH Bureau of Drug and Alcohol Services; December 2016

IV. Priorities and Recommendations

The Commission, its Task Forces and their many volunteers are proud of their collective efforts to address the state's problems related to substance use disorders. Recognizing that this progress must be sustained and grown in order to achieve maximum impact, we offer priorities and recommendations from the annual report. Current progress is indicative of our continued attention to these areas, and we recommend that the Governor and Legislature continue their attention and support to these priorities.

- ✓ Public health messaging to educate the public and key systems about the biology/physiology of addictive disorders and the impact that stigma has on individuals, families, communities and the healthcare system as a whole, in effectively addressing these health conditions
- ✓ Expand support for prevention, early identification, treatment and recovery services especially for high risk/high need populations (i.e.: youth, young adults, pregnant women) to ensure accessible, integrated services that meet demand throughout the state.
- ✓ Continue support for expansion medication assisted treatment and withdrawal management services that are critically needed to effectively address opioid use disorders.
- ✓ Continue and expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders.
- ✓ Support access to syringe exchange programs, a cost-effective, evidenced-based prevention strategy that curtails the spread of blood-borne pathogens (diseases such HIV, Hepatitis B and C) among populations with high rates of intravenous drug use, which includes opioid users. Additionally, syringe access programs provide a point of contact that increases the rate of individuals opting to seek treatment for substance use disorders.
- ✓ Develop funding and regulatory frameworks to support increased access to safe, supportive recovery housing.

Additionally, the current Commission State Plan, *Collective Action – Collective Impact*, expires in 2017. An overarching priority for the Commission this year is to revise the State Plan, taking into account existing progress, ongoing needs and conditions on the ground to lay the groundwork for the next 3-year strategy. The Commission has begun this effort, and is on track to deliver the updated State Plan alongside its annual report on October 1, 2017.

Acknowledgments

The Commission extends its deepest gratitude to Governor Sununu and the New Hampshire Legislature for the leadership and commitment exhibited relative to the state's opioid public health epidemic and the on-going challenges of providing adequate substance use disorder services across the continuum of care. The Commission also extends its heartfelt gratitude to its members, task forces, stakeholders, state agency staff, advocates, people in recovery, family members of those with substance use disorders, and so many individuals who have provided input informing the Commission of the challenges faced by our citizens and the opportunities we all have to make a difference in preventing substance use disorders and promoting recovery. The Commission also thanks the NH Center for Excellence staff at the Community Health Institute/JSI for data gathering, coordinating, and drafting of this report.