



DATA AND EVALUATION TASK FORCE

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

Task Force Chairs: Joseph Ebert and Marty Boldin

February 21, 2018

In Person: Annette Escalante, Lt. Joe Ebert, Marty Boldin, Dave Mara, Jonathan Stewart, Joe Harding, Jill Burke, Amy Pepin, Amy Costello, Rachel Kohn, Joanne Lahaie, Allison Parent, and Sandra Kiplagat

On Phone: Maria Pilakos, Andrew Chalsma

I. Review Task Force/SEOW Purpose- Annette Escalante, Group Discussion

- Thank you for your contributions to the Data Work Group. This effort is vital to the Data Task Force of the Governor's Commission on Alcohol and Substance Abuse Prevention, Treatment and Recovery.
- At our last meeting in August 2017, the committee discussed key indicators to best describe substance use disorder from various departments including DHHS, DOS, DOC, DOE, DOI, and DOJ.
 - Based on this discussion, M. Bolding reported that a core group of members was formed to further discuss key indicators from the DOS, DOE and Insurance Department to best describe the scope of the problem and the impact of efforts to address it.
 - So far, the group focused on aggregating trend data from DOE
- There was discussion of HB1626 - a bill that would require the governor's commission to report on the cost effectiveness of funded programs.
 - Stay tuned for more information

II. SEOW Data Sources- Group Discussion

- A. Escalante inquired if the data sources that we use currently inform if we are making any progress in our substance-use related work and initiatives.
 - Legislators are interested in the most effective programs that produce the best outcomes; however, it has remained a challenge to prove effectiveness. With limited resources for research and evaluation, we tend to rely on selecting programs that are already evidence-based.
- SAMHSA has provided training and technical assistance on certain metrics; quality and outcome metrics.
- D. Mara reported on recent discussions with Mitre Corporation which has been contracted to conduct research on a variety of projects for Massachusetts through its Chapter 55 piece of legislation.
 - Using de-identified client data, the company has been able to identify prescriber patterns and predictive modeling in Massachusetts
 - Mitre determined through data analysis that the majority of all persons who died of an overdose had accessed prescription medication 6 months prior to their death.
 - The team is interested in working in NH utilizing the All Payers Claims Database
- There was discussion that our data on SUD is not really descriptive and informative.
 - Suggestions to include additional datasets to reinforce the mid-year and annual reports that can be incorporated in the next 6 months.
 - The Data Task Force can propose to the Governor's Commission to add key indicators to the report.

- It is worth noting that in MA, legislation has enabled integration of datasets that is limited in NH due to privacy concerns.
- Andrew Chalsma indicated that there are ongoing initiatives to better integrate state health department data including Medicaid claims data.
- *The next steps are:*
 - *Research on how other states are doing this.*
 - *At the next meeting, discuss what better measures we need and what data sources are required.*

III. Overview of Partnership for Success- Current Status, Role of the SEOW- Jill Burke

- Partnership for Success (PFS) project aims to prevent substance misuse among youth in the State. The project includes the Student Assistant Program and Young Adult Funding.
- PFS also provides administrative support for the SEOW. The grant is expected to end in 2020 with flexibility in continued funding.
 - SEOW was created in an effort to bring diverse data stewards to inform the prevention, treatment and recovery program
 - SEOW has been implemented in several states. Most states review the data and implement either policies or programs to create a change etc. We have the SO WHAT question? What changed and why?
- During the Governor's Commission retreat in March- we will delve deeper into:
 - How are we defining the problem?
 - What are the goals and objectives of the task force?
- Most task forces have regular meeting schedules but the data task force has been somewhat inconsistent.
 - M. Boldin reported that the core group met 4 times between August and December.
 - The discussion focused on 8-10 indicators on how to define the problem.
 - M. Boldin suggested that we should hold regular meetings i.e. start with monthly for the next few months then decide on every month etc.
 - *Sandra will send out a doodle poll by the end of the week of February 21, 2018.*
 - What are our goals beyond writing the semi-annual reports?

IV. 2017 Youth Risk Behavior Survey (YRBS), Selected Statewide Results - Rachel Kohn

- Nearly 72% of schools in New Hampshire participated in the CDC YRBS statewide representative sample.
- The NH YRBS results are currently posted on the Department of Education website.
- The substance use prevalence trends show that a lower proportion of New Hampshire youth are using substances in 2017 as compared to 2005.
 - Significant decline in initiation of alcohol use before the age of 13
 - Binge drinking rates are lower from 2005-2011 and significant change is observed in 2011-2017
 - Overall, there were significant percentage decreases of youth engaging in all substances with the exception of marijuana.
- In addition, a higher proportion of New Hampshire youth have reported increased perception of risk in cigarettes and binge alcohol use
 - However, a lower percentage of New Hampshire youth perceive peer or parent disapproval in regards to smoking marijuana.

- An alarming concern for the youth is electronic vaping among MS and HS students.
- Generally there is a strong association with increased perception of risk and decreased substance use. These are referred to protective factors
- Rachel Kohn has been working with a JBS consultant to examine if we can overlay prevention activities with the datasets
 - There is an examination of community based activities in relationship with substance use prevention.
 - New Hampshire is data rich: we just need to figure how to use our data.
 - How do we use information from the PWITS dataset?
- Other concerning trends included: proportion of youth who “felt sad or hopeless” and “seriously considered suicide” had an increased linear change throughout the years.
- **The next steps are:**
 - *Dissemination of 2017 results*
 - *Planning for 2019 YRBS administration.*
 - *Young Adult Survey will be disseminated in Summer 2018.*
 - *The NSDUH 2015-2016 data is currently available by state.*

V. Data Dashboard - Jonathan Stewart

- Jonathan presented a brief overview of the data dashboard that will be included in the February Mid-Year report.
 - **Medicaid**
 - Medicaid: The SFY 2017 annual report indicated that nearly 4 times as many people received substance use disorder services through New Hampshire Medicaid (NHHPP)
 - *Andrew Chalsma is working to update the mid-year report with the most up to date data.*
 - **State Funded Treatment Programs**
 - There were 6,112 people who received alcohol and other drug treatment services through BDAS funding: an increase of nearly 7% from CY 2016.
 - Heroin is the primary substance for nearly half (45%) of people admitted to state-funded treatment services. Alcohol is the second most commonly reported substance (31%).
 - It was mentioned that the procedures for recording this information may be missing data on poly-drug use or people with co-occurring substance use disorders.
 - **EMS Cases with Impression/Working Diagnosis of Drug Overdose**
 - Approximately 6,000 individuals had a working diagnosis of drug overdose and 4,360 for alcohol use.
 - It was noted that these data likely understate the true number for cases. For example, a person who had a fall as a result of alcohol or drug overdose might have a working diagnosis or chief impression related to a physical injury.
 - **EMS Cases involving Naloxone Administration**
 - In 2017, there has been a decline of EMS cases involving naloxone administration.
 - **Drug Overdose Deaths**
 - In 2017, approximately 88% of drug overdose deaths were related to opiates/opioids.
 - Of all overdose deaths, about 75% cases have involved fentanyl.

- **Corrections System**
 - Nearly 21% individuals in 2016 had active sentences related to drugs/and alcohol compared to 17.0% in 2017.
 - Females (34.7%) were more likely to have active sentences including drugs /and alcohol compared to males (15.4%)
 - It is important to note that these statistics also understate the true scope of substance use involvement as the corrections system reports the highest level charge, which can often be something other than substance use (e.g. assault, burglary).
- **DCYF Data**
 - In 2013, there were 9,248 assessments related to substance use. This number has increased to 12,331 assessments in 2017.
 - The number of infants born exposed to drugs has been on the rise since 2012. In CY 2016- there were 467 cases which remained relatively stable; 508 cases in 2017.
- **DOJ- NH Diversion**
 - Individuals who have been enrolled in the NH diversion programs have a 20.6% one-year recidivism rate compared to those enrolled in other diversion programs (31.5%) and traditional justice systems (41.3%).
- **NH Prescription Drug Monitoring Program**
 - Opioid agonist Rx per capita seems to be declining and Benzodiazepine seems to be flat.
- **NH Crisis Line**
 - There were approximately 430 calls a month in 2017 and the most common referral source was RAPS.
- **Data Dashboard**
 - There has been discussion to have an online data dashboard that is in real time.
 - Some indicators to be added included: wait time, and residential services etc.
 - We can include links for the regional prevention networks to bring awareness to the local coalition work.

Next Meeting: April 20
Community Health Institute
501 South Street, Bow, NH