

2017-2020 Governor's Commission Plan

OPIOID Task Force State Plan Recommendations

WHAT: The current 5-year state plan is due to expire at the end of 2017. A new 3-year plan, with an anticipated release date of October 2017 will be developed, soliciting recommendations from all eight task forces, an enforcement ad hoc group and Commission members. These recommendations, once vetted and approved by the Governor's Commission, will essentially be the workplans for task forces.

WHO: Task Forces, enforcement representatives, commission members and other stakeholders as identified by the task forces.

WHEN: Completed templates are due by **April 25, 2017**.

HOW: Use the following template to record observations based on available data and identify, at a minimum, two priority areas and corresponding strategies to address identified areas of focus and specifically indicate the role your task force will play. Please indicate if certain strategies involve other task forces and stakeholders. Additionally, please include any recommendations identified for other task forces and/or measures that would be important to monitor over the next three years. Task forces may solicit recommendations through regularly scheduled meetings, additional in-person and/or phone meetings, key informant interviews, focus groups, and other methods.

OVERARCHING THEMES: Task Forces are encouraged to submit recommendations to enhance the following mission statement.

The mission of the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.

We envision a society in which alcohol and drug problems are recognized as a public health issue that is both preventable and treatable.

We envision a society in which high-quality services for prevention and treatment of alcohol and drug problems are widely available and where prevention and treatment are recognized as specialized fields of expertise.

We envision a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, prejudice, discrimination, and other barriers to prevention and recovery are eliminated.

For additional guidance see DHHS, Division of Behavioral Health, Bureau of Drug and Alcohol Services Conceptual Framework - <http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>.

STEP 1: *Identify and review guidance relative to the specific areas of focus of the task force as well as state resources such as the following:*

- ✓ SFY 2016 Annual Report - <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/10/GC-FINAL-September-2016-1.pdf>
- ✓ Collective Action, Collective Impact Five-Year State Plan - <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/collectiveaction.pdf>
- ✓ National Survey on Drug Use and Health (NSDUH) Talking Points - http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/TalkingPoints_SubstanceMisuseAmongYouth-YoungAdults.pdf
- ✓ NH Drug Monitoring Initiative Report - <http://www.dhhs.nh.gov/dcbcs/bdas/data.htm>
- ✓ The Voice of NH’s Young Adults: Results of the 2015 Young Adult Needs Assessment - <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/11/FINAL-Voice-of-NH-Young-Adults-Final.pdf>
- ✓ Any other data sources that are relevant to the focus of the task force

STEP 2: *Based on data reviewed in the previous step, complete the following table to record your observations of the data as they relate to the specific areas of focus of the task force.*

OBSERVATIONS	SUPPORTING DATA SOURCES
Overdose drug deaths are projected to increase by 7% from 2015 to 2016.	Drug Monitoring Initiative 2016 Overview Report
Fentanyl deaths have leveled out from 2015 to 2016.	Drug Monitoring Initiative 2016 Overview Report
2016 opioid related emergency room visits are highest in Strafford County at 76.67.	Drug Monitoring Initiative 2016 Overview Report
2016 overdose deaths are highest in Strafford County at 3.83 deaths per 10,000.	Drug Monitoring Initiative 2016 Overview Report
In comparing overdose deaths by gender from 2012 to 2015, rates for males increased while rates for females remained relatively consistent.	Drug Monitoring Initiative 2016 Overview Report

The age group with the largest number of drug overdose deaths is 30-39 which represents 31% of all overdose deaths for 2016.	Drug Monitoring Initiative 2016 Overview Report
Heroin and prescription opioid treatment admissions increased by 28% from 2015 to 2016. Of the 2,793 heroin and prescription opiate treatment admissions in 2016, 816 were reported as “not provided”.	Drug Monitoring Initiative 2016 Overview Report

STEP 3: Use your observations of the data (Step 2) to identify at a minimum two priority areas and corresponding strategies to address identified areas of focus and specifically indicate the role your task force will play. Please indicate if certain strategies involve other task forces and stakeholders. The current active task forces include:

- Opioid Task Force
- Healthcare Task Force
- Military Task Force
- Perinatal Task Force
- Prevention Task Force
- Treatment Task Force
- Recovery Task Force
- Data and Evaluation Task Force

PRIORITY AREA 1: Support plans/guidelines and reduce stigma in order to facilitate implementation of harm reduction strategies.			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>1. Develop and implement needle exchange programs</i>	<i>a. Provide statement of support to Governor’s Commission for inclusion in the State Plan</i> <i>b. Educate professional constituents regarding the personal and public health value of needle exchange programs and encourage and support their development as</i>	-Healthcare	-HIV Planning Group

	<p><i>possible especially within healthcare and community settings</i></p> <p><i>c. Emphasize the community health benefits to reduce misconceptions and stigma related to harm reduction.</i></p>		
<p><i>2. Integrate harm reduction into education and outreach initiatives to current opioid users</i></p>	<p><i>a. Collaborate with ongoing campaigns to develop and/or adopt clear, consistent and effective harm reduction messaging</i></p> <p><i>b. Support messaging to users that helps cultivate self-worth</i></p>	<p>-Recovery -Healthcare</p>	<p>-DHHS -Partnership for Drugfree NH -Regional public health networks -HIV Planning Group -NH Hospital Association -Medical Society -NH Public Health Association -Nurses Association -Media outlets</p>
<p><i>3. Expand take back and disposal initiatives</i></p>	<p><i>a. Encourage development of pharmacy systems to operationalize take back of controlled substances including legislative initiatives as needed</i></p> <p><i>b. Support expanded availability of permanent prescription drug drop boxes</i></p> <p><i>c. Support and disseminate</i></p>	<p>-Prevention -Healthcare -Recovery</p>	<p>-Substance Misuse Prevention Coordinators -DOJ -DHHS -Boards of Pharmacy and Medicine -Hospital Association</p>

	<p><i>information about DEA and other take back events</i></p> <p><i>d. Educate the public on safe disposal options for controlled substances</i></p>		
<p><i>4. Determine appropriateness and feasibility of supervised injection practices in NH</i></p>	<p><i>a. Gather and share information on current practices and outcomes data</i></p> <p><i>b. Work with stakeholders to develop clear positions</i></p> <p><i>c. Proceed as indicated based on a and b.</i></p>	<p>-Healthcare</p> <p>-Data & Evaluation</p> <p>-Recovery</p>	<p>-Law enforcement</p>

PRIORITY AREA 2: Create a seamless system of care that includes both psychosocial and indicated medication assisted treatment (MAT) for all persons at all points in the justice system (jails and prisons, drug courts and alternative sentencing, pretrial services, probation/parole) in order to engage persons with opioid use disorders in meaningful recovery and reduce criminal recidivism.

RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<p><i>1. Encourage implementation of appropriately tailored models of SBIRT across the justice system</i></p>	<p><i>a. Strategically identify and engage with critical state partners</i></p> <p><i>b. Engage representatives from the County Corrections Affiliate and the State Department of Corrections to serve on the task force</i></p> <p><i>c. Review best practice models used by other states (and other countries) and invite presenters as appropriate</i></p>	<p>-Healthcare</p> <p>-Treatment</p> <p>-Recovery</p>	<p>-Healthcare stakeholders</p> <p>-Justice system stakeholders</p>
<p><i>2. Engage persons with substance use disorders with indicated levels of psychosocial treatment</i></p>			
<p><i>3. Ensure that all persons at all points in the justice system have access to clinically indicated types of MAT</i></p>			
<p><i>4. Engage persons with active and effective supports to sustain recovery</i></p>			

	<p><i>related to developing seamless systems of management of SUDs across correction systems</i></p> <p><i>d. Ensure that home-based SUD treatment programs continue during incarceration (e.g. Anthem Aware Recovery)</i></p> <p><i>e. Promote state legislation that facilitates continuation of insurance during incarceration.</i></p> <p><i>f. Optimize engagement of the recovery community</i></p> <p><i>g. Consider a statewide conference/summit</i></p>		
<p><i>5. Develop a case coordination system that assures opioid use disorder is effectively and consistently addressed as an individual moves through the justice system and into the community.</i></p>	<p><i>a. As identified above (strategies 1-4) and...</i></p> <p><i>b. Examine case coordination models used by other states such as:</i></p> <ul style="list-style-type: none"> <i>-Individual case managers</i> <i>-Improved handoffs</i> <i>-Electronic records</i> 		

PRIORITY AREA 3: Enhance education offered to professionals (healthcare, first responders, educators, human resource personnel) in addressing substance misuse and use disorders.

RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<p><i>1. Require that core professional education of relevant health professionals (e.g. MD, RN, ARNP,</i></p>	<p><i>a. Encourage and monitor healthcare task force strategies</i></p>	<p>-Healthcare</p>	<p>-A variety of stakeholders</p>

<p><i>pharmacists) include training on:</i></p> <ul style="list-style-type: none"> <i>a. Substance misuse and addiction, including MAT</i> <i>b. Pain and pain management options (beyond opioids),</i> <i>c. Best practices in opioid management</i> <i>d. Instruction on naloxone</i> <i>e. Destigmatization of substance use disorders</i> <p><i>2. Ensure CE opportunities are made widely available for all healthcare professionals on the above topics</i></p>			
<p><i>2. Require that all safety personnel including law enforcement, fire, and EMS receive education on</i></p> <ul style="list-style-type: none"> <i>a. Basics of substance use and addiction and on common co-occurring mental health disorders</i> <i>b. Naloxone -including at NH Police standards & training and to carry naloxone</i> 	<ul style="list-style-type: none"> <i>a. Engage municipal insurers and accrediting safety agencies (e.g. Primex and CALEA)</i> <i>b. Engage public and private safety professional associations</i> 		
<p><i>3. Require that all school nurses and/or health offices at both public and private schools receive training and engagement on:</i></p> <ul style="list-style-type: none"> <i>a. Screening, brief intervention and referral to treatment</i> <i>b. Naloxone administration and have naloxone immediately available</i> 	<ul style="list-style-type: none"> <i>a. Engage insurers and accrediting agencies</i> <i>b. Engage public and private professional associations</i> 	-Healthcare	
<p><i>4. Support military personnel to receive appropriate training</i></p>	--	-Military	

STEP 4: Include any recommendations identified for other task forces that would be important to monitor over the next three years.

ADDITIONAL RECOMMENDATIONS FOR OTHER TASK FORCES
<i>Ensure for a community-based facilitated process for accessing safe care – Healthcare TF</i>
<i>Increase transitional/recovery housing for special populations including the re-entry population, pregnant women and their children and individuals leaving treatment - Recovery TF</i>
<i>Encourage all task forces to integrate strategies to reduce stigma across all identified priority areas – All Task Forces</i>

STEP 5: Identify additional measures and data sets, not mentioned above, that would be important to monitor over the next three years.

ADDITIONAL MEASURES	
MEASURES/DATASETS	DATA SOURCE
1.	
2.	
3.	
4.	

STEP 6: Please list additional stakeholders who were engaged with this process outside of task force members.

ADDITIONAL STAKEHOLDERS	
1.	
2.	
3.	
4.	

STEP 7: Submit completed template to NH Center for Excellence staff by **April 25, 2017** and present recommendations at the Governor’s Commission Retreat on **May 5, 2017**.