

2017-2020 Governor's Commission Plan

TREATMENT 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
<i>“The percentage of individuals in the United States with past year illicit drug dependence or abuse was highest among young adults 18–25. Young adults in New Hampshire have higher rates of alcohol and drug misuse when compared with young adults nationally.”</i>	Young Adult Assessment
<i>“They desire to be connected with their communities, and many stated that they want to be engaged in their community but have trouble with availability or affordability of activities.”</i>	Young Adult Assessment
<i>“...binge drinking is very common and generally accepted on college campuses while, comparatively, it was less socially acceptable in the general community.”</i>	Young Adult Assessment
<i>Higher rates of overdose, treatment admission and Narcan administration seen in males between the</i>	Drug Monitoring Initiative Report

<i>ages of 21-30 compared to females</i>	
<i>Total vacancies and total clinical vacancies across all ten community mental health centers (CMHC) are trending upward in last ten months.</i>	NH Behavioral Health Summit Workforce Presentation
<i>CMHC master licensed/licensable therapist pay grades are lower compared to state mean.</i>	NH Behavioral Health Summit Workforce Presentation
<i>The average number of days to fill all postings across all CMHCs ranges from 106-113 days.</i>	NH Behavioral Health Summit Workforce Presentation
<i>Average turnover rate across all CMHCs is 23%.</i>	NH Behavioral Health Summit Workforce Presentation
<i>Early intervention has demonstrated a decrease in use.</i>	Surgeon General's Report – Chapter 4
<i>Technology-based interventions offer many potential advantages for patients and providers.</i>	Surgeon General's Report – Chapter 4, pg 32
<i>"Rates of opioid overdose deaths are particularly high among individuals with an opioid use disorder who have recently stopped their use as a result of detoxification or incarceration."</i>	Surgeon General's Report – Chapter 4, pg 11
<i>"...20 percent of substance use disorder treatment programs have adopted electronic health record (EHR) systems.</i>	Surgeon General's Report – Chapter 4, pg 32
<i>"...incorporating tobacco cessation programs into substance use disorder treatment...is associated with a 25 percent increase in the likelihood of maintaining long-term abstinence from alcohol and drug misuse."</i>	Surgeon General's Report – Chapter 4, pg 31
<i>91% of patients are prescribed opioids</i>	Surgeon General's Report
<i>"...accounting for these [cultural] factors when tailoring a substance use disorder intervention is critical to meeting the needs of the community it is aiming to serve."</i>	Surgeon General's Report – Chapter 4, pg 36
<i>"...the average effect of adult drug court participation is analogous to a drop in recidivism from 50 percent to 38 percent, and that this effect lasts up to 3 years."</i>	Surgeon General's Report – Chapter 4, pg 39
<i>There is a fear and bias among physicians and other healthcare provider regarding 42 CFR.</i>	Antioch data
<i>Activities encouraging community involvement such as parks & recreation departments and community centers are assets for providing opportunities for youth, young adults, and adults to engage in pro-social activities.</i>	Continuum of Care Assessment, pg 4
<i>Child care and transportation are viewed as assets where present, but both are massive gaps that</i>	Continuum of Care Assessment, pg 7 & 12

<i>interfere with both treatment access and aftercare including work.</i>	
<i>Access to insurance remains a barrier to seeking and receiving SUD services across the state. Populations with significant challenges to accessing insurance include low-income individuals who are not eligible for Medicaid, 19-25 year olds and previously incarcerated individuals.</i>	Continuum of Care Assessment, pg 20

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: Increase access to treatment and recovery support services			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>1. Increase access to specialized treatment services for specific populations (e.g. veterans, youth, pregnant women, co-occurring)</i>	<i>a. Work with organizations to review existing data sources to identify gaps and current resources</i> <i>b. Identify and recommend best practice services for priority populations</i>	-Joint Military -Perinatal -Data and Evaluation -Prevention	-Individual practitioners -CMHCs -Primary care -FQHCs -CBHC -DCYF -LGBT youth -State agencies
<i>2. Educate professionals and the public on how to navigate the treatment system and available resources</i>	<i>a. Identify and recommend content and strategies for healthcare providers, behavioral health providers and the general public on how to access clinically-</i>	ALL TFs	-DHHS -Treatment organizations -Recovery community organizations

	<p><i>appropriate services based on individual needs to the Governor's Commission</i></p> <p><i>b. Collaborate with DHHS and other agencies to identify strategies/mechanisms to increase awareness of current initiatives and available resources (e.g. Addiction Crisis Line, RAPS, recovery centers)</i></p>		<ul style="list-style-type: none"> -Public awareness organizations -Regional public health networks -IDNs -Other agencies
<p><i>3. Develop mechanism for obtaining real-time treatment vacancy data</i></p>	<p><i>a. Work with insurance carriers to assess feasibility of a centralized waitlist tracking system via provider contracts (similar to mental health system)</i></p> <p><i>b. Identify appropriate implementation process</i></p>	--	<ul style="list-style-type: none"> -Insurance carriers -Treatment providers -NH Insurance Department Parity Task Force
<p><i>4. Assess insurance barriers to allow for easier access into treatment</i></p>	<p><i>a. Support policy changes to allow for easier access into treatment</i></p>	--	<ul style="list-style-type: none"> -NH Insurance Department Parity Task Force -Treatment providers
<p><i>5. Continue to strengthen SUD integration with MH and primary care services</i></p>	<p><i>a. Encourage treatment providers to continue engaging with IDNs</i></p> <p><i>b. Support education/training provided to health professionals and other providers to help facilitate integration (e.g. new 42 CFR, Part 2 changes)</i></p>	-Healthcare	<ul style="list-style-type: none"> -NHTIAD -Providers Association -IDNs -Continuum of Care Facilitators -Medical Society -Hospital Association
<p><i>6. Increase recovery support and ancillary services including transportation, childcare, housing and pro-social activities</i></p>	<p><i>a. Support existing and new initiatives and programs</i></p> <p><i>b. Explore expansion of</i></p>	<ul style="list-style-type: none"> -Recovery -Prevention -Perinatal 	<ul style="list-style-type: none"> -Insurance carriers/managed care organizations

	<i>transportation and other wellness benefits available through insurance carriers</i>		-Recovery Community Organizations -SPARK NH -Treatment providers
<i>7. Support case management positions to assist with service coordination</i>	<i>a. Research and report efficacy and value of case management to the Governor's Commission</i> <i>b. Explore expansion of case management through insurance carriers</i>		-Insurance carriers/managed care organizations -NH Insurance Department Parity Task Force
<i>8. Utilize technology to improve access to treatment in limited-resource areas</i>	<i>a. Research innovative strategies and means to utilize technology</i>	--	--

PRIORITY AREA 2: Enhance culturally competent care provided across the state			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>1. Provide culturally competent training opportunities</i>	<i>a. Identify and prioritize high risk populations and recommend culturally competent training topics for professionals and organizations</i> <i>b. Support ongoing and increased funding to decrease barriers to provide and access culturally competent trainings (e.g. lost productivity, travel, technology-based training)</i>	-Joint Military -Healthcare	-NHTIAD -Professional Associations -Training organizations

PRIORITY AREA 3: Increase workforce capacity			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS

<p>1. Create reimbursement mechanism for interns and unlicensed and entry-level clinicians</p>	<p>a. Support policy recommendations related to reimbursement and workforce</p> <p><i>[Is this a better way to say the above?]</i> Support policy recommendations to aid organizations with the ability to employ interns and entry-level clinicians without financial burden</p>		<ul style="list-style-type: none"> -Insurance carriers -DHHS -Universities -Treatment providers
<p>2. Improve licensure/certification process</p>	<p>a. Support and recommend process improvements to refine and clarify the professional licensure process (e.g. communication, technology, staffing)</p>	<p>--</p>	<ul style="list-style-type: none"> -Office of Professional Licensure and Certification -Licensing Board -NHADACA -Providers Association
<p>3. Utilize telehealth to improve access to licensed supervision</p>	<p>a. Examine an infrastructure for the creation of a virtual supervision learning academy to convene licensed professionals who can supervise</p> <p>b. Inform policy and incentives to support the design and implementation of the academy</p>	<p>--</p>	<ul style="list-style-type: none"> -Office of Professional Licensure and Certification -Licensing Board -NHADACA -Providers Association -Treatment providers

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
<p>1. Identify systematic approach for collecting treatment data to demonstrate effectiveness – <i>Data and Evaluation Task Force</i></p>
<p>2. Educate healthcare providers on available treatment providers and recovery support services –</p>

<i>Healthcare Task Force</i>
3. Enhance access to specialized treatment for pregnant/parenting women – <i>Perinatal Substance Exposure Task Force</i>

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

ADDITIONAL MEASURES	
MEASURES/DATASETS	DATA SOURCE
1. Methamphetamine data	--
2.	
3.	
4.	

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

ADDITIONAL STAKEHOLDERS	
1. Families in Transition	5. Drug Courts (Grafton, Rockingham, Strafford, Manchester, Nashua, Belknap, Hills North)
2. Phoenix House - Keene	6. Goodwin Community Health
3. White Horse Addiction Treatment Center	
4. Veteran’s Administration	

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**.