



NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301

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

NHNA Representative: Todd Gardner

Bimonthly Meeting Report to the NHNA Board of Directors (Feb 24, 2017)

The session began with a brief Commission/Mid-Year Report and housekeeping discussion followed by the Dept. of Insurance – market conduct update.

The bulk of the meeting was spent on a budget discussion. This session was to have been attended by Governor Sununu but he did not attend. This included a HHS current funding/contracts update, a CURES act proposal, Governor's Budget and Alcohol Fund priorities discussions.

In my opinion, it was hard to have a meaningful discuss about anything budget related, especially going forward, without the new Governor's presence. I expressed my concern for our ability to move forward with our work with a conservative administration, as a whole, that has VERY different ideas about substance use, prevention, treatment, and recovery. I also expressed my interest in hearing the Governor's ideas for the Commission moving forward and my hope to continue the vital work of the Commission, particularly in the areas of harm reduction and trauma informed treatment, for which we will need expanded funding and support. There will be an extra session scheduled with the Governor in late March or early April.

The various Commission Task Forces were ready with their Commission priorities and budget recommendations including:

Prevention Task Force

There are four areas of focus that the Prevention Task Force is recommending receive Alcohol Fund allocations:

- 1) Prevention Strategies Across the Lifespan
- 2) Public Awareness & Education (Partnership for Drug-Free NH)
- 3) Juvenile Diversion Network
- 4) Innovative Programs Addressing Children and Families who are "Secondary Victims" of the Opioid Crisis

1) PREVENTION Strategies Across the Lifespan:

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Target population: Early Childhood (0-8) *

- Early Childhood & Family Mental Health Credentialing
- Funding is needed to support regional cohorts of trainings
- Behavioral Health Training/Coaching, including trauma-informed care, for early childhood & childcare program staff
- Behavioral Health Training/Coaching, including trauma-informed care, for educators at the elementary school level.
- Evidence-based home visiting programs for families at risk.
- Community-based programs that target the sources of toxic stress. ^[1]

*The Prevention Task Force is requesting that the SEOW/Data Task Force expand their range of data indicators to include early childhood risk factors.

Target population: Middle School-aged students (grades 6-7-8)

- Expand YRBS data collection to include Middle School grades 6, 7 and 8.
 - There is an identified need to track statewide trends in this population in order to best assess risk factors and efficacy of strategies targeted at the Middle School level. Many communities would like to track Middle School data, but are deterred by the cost associated with data collection.
- Behavioral Health Training/Coaching, including trauma-informed care, for educators at the middle school level.

Target population: High School-aged students

- Life of an Athlete
- Prevention Direct Services targeting at-risk students and parents.
- Behavioral Health Training/Coaching, including trauma-informed care, for educators at the high school level.
- Student Assistance Programs (SAPs)
 - There is an identified need to develop an infrastructure to ensure fidelity to the Project Success model that can provide on-site consultation for the SAP counselor as well as the school administration, intensive orientation and training for SAPs and clinical supervision to the SAP counselor. With approval, BDAS will use Partnership for Success (PFS) 2015 funding to support this infrastructure but continued funding through the alcohol fund will be crucial for sustainability.



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Target Population: Young Adults

* At this time, the Prevention Task Force does not have any funding recommendations for this population. However, we are keeping an eye on work being done with this population to gain a better understanding of the efficacy of projected strategies. For example, after the Partnership for Success (PFS) ends in 2020- continuation funding for the Young Adult Leadership program based on NAMI's evidence-informed CONNECT program will be needed, should this strategy prove successful. There also will be strategies PFS will fund for this age group starting in SFY '18 and should some of those prove promising their continuation will need to be explored.

Target Population: Older Adults

- Referral, Education and Assistance Program (REAP) expansion/enhancement
 - In New Hampshire, the Referral, Education and Assistance Program (REAP) has been an effective program to assist older adults and/or their caregivers understand the effects of substance misuse and abuse, increase resiliency, reduce isolation and link individuals to resources and supports they may need. This program operates on a relatively small budget but served 3600 clients in SFY '15. REAP counselors are reporting more complex cases due to the addiction crisis, including more older adults caring for children because of an absent parent (incarceration, hospitalization, death due to overdose).

2) PUBLIC AWARENESS & EDUCATION (Partnership for Drug-Free NH)

3) JUVENILE DIVERSION NETWORK

4) INNOVATIVE PROGRAMS ADDRESSING CHILDREN AND FAMILIES WHO ARE "SECONDARY VICTIMS" OF THE OPIOID CRISIS

There are many innovative approaches that are being implemented across the state to help mitigate the negative consequences of the opioid crisis. The Prevention Task Force would like to see a mechanism in place by which an innovative program that has had positive initial results, could apply for funds to help expand and/or enhance program implementation. Data collection and evaluation would be required with these funds.

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Perinatal Task Force funding recommendations:

Prevention:

- PUBLIC EDUCATION RE: HARMS OF OPIOID USE / POTENTIAL FOR DEPENDENCY AND RISKS DURING PREGNANCY FOR MOM, FETUS/NEWBORN
- PUBLIC EDUCATION RE: HARMS OF CIGARETTE AND MARIJUANA SMOKING, AND ALCOHOL MISUSE IN PREGNANCY / PARENTING AND POTENTIAL HARMS TO FETUS/NEWBORN INCLUDING GROWTH RESTRICTION, DEVELOPMENTAL DELAY AND SIDS;
- With the inclusion of education included in relation to marijuana on safe storage of marijuana products in the home to avoid accidental poisonings of children –
- Universal SBIRT screening

Intervention:

- Federal/state funds could be spent in training providers to screen and deploying behavioral health clinicians to OB practices who could provide brief intervention and also address behavioral health needs in the area of co-occurring psychiatric/substance use disorders. The most powerful combination (and lacking in the majority of OB practices statewide) would be that of a behavioral health clinician and case manager. One deterrent to screening which we hear frequently is the feeling of the OB provider that he/she has not resources or referral targets once a patient is identified.
- Housing- not only for the mother, baby but also children.
- Transportation that includes coverage for transport beyond medical apt.
- Child care- childcare beyond medical apt.

Treatment:

- RESIDENTIAL TREATMENT FOR PREGNANT AND NEWLY PARENTING WOMEN WITH SUBSTANCE USE DISORDERS
- Evidence based treatment interventions: trauma-informed programs which provide services specifically focused on the needs of pregnant and newly parenting women.
- Providing treatment prior to release for incarcerated women.

Regional concerns: Northern:

- Services for treatment that specializes in parenting and pregnant women
- Lack of mental health services up here in the North is appalling; funds/fellowship for a professional who can prescribe- psychiatrist or mental health ARNP?



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Joint Military Task Force Recommended State Plan Strategies

1. Introduce, strengthen, and support the "Ask the Question" Campaign among Substance Use Treatment Providers.
 2. Promote and advocate for Military Culture Trainings for Substance Use Treatment Providers.
 3. Coordinate technical assistance supports to Substance Use Treatment Providers on becoming Tricare Providers and Veterans Choice providers.
 4. Participate and support the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery - and the Task Force (subcommittees) - on programs and issues that support and strengthen the mission of the Joint Military Task Force.
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Treatment Taskforce Governor's Commission Funding Recommendations

1. Continuation of existing work in prevention, treatment and recovery supports (i.e. sustain current capacity)
2. Safe & Affordable Recovery Supportive Housing
 - a. Brick and mortar as well as programmatic and affordability (subsidies, etc.)
 - b. Enhanced services to complement housing (childcare, transportation, pre-employment services, recovery supports, etc.)
3. Detoxification supports
4. Special populations
 - a. Pregnant and parenting women
 - i. Increase enhanced services i.e. childcare, rental subsidies, etc.
 - b. Criminal justice population
 - c. Youth and young adult
 - d. Therapeutic and recovery supports for children of parents with SUD
5. Additional funds to increase Infrastructure development with agencies that the state has identified with proven track record and smaller agencies that may have the potential to grow their treatment services with supports.
6. Workforce Development –
 - a. Training
 - b. Rates/compensation
 - c. Recruitment and retention – student loan reimbursement
 - d. Funding for compensation of interns
 - e. Infrastructure development salaries (administrative and clinical)
7. Continue to increase MAT providers in primary care settings and enhance the collaboration with specialty SUD providers to be able to access this resource
8. Development of Treatment Capacity Tracking System - identifies what current residential services are available.

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Hopefully we will be able to discuss these priorities, as well as the Governor's, at our next session. Stay tuned.

The session concluded with brief public comments.

Respectfully submitted,

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