



New Hampshire's Comprehensive

Approach to Addressing the Misuse of Alcohol and Drugs within the Larger Healthcare

System that's Coordinated with Other

Systems at the State and Local Level

The marriage between population level environmental strategies & direct services; a complementary public/private approach to behavioral healthcare.

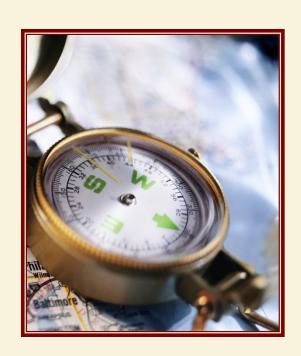
#### **SAMHSA's Direction**

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→ Mission: To reduce the impact of substance abuse and mental illness on America's communities.

#### → Roles:

- Voice and Leadership
- Funding-Service Capacity Development
- Information and Communications
- Regulation and Standard Setting
- Improve Practice



→ 6 Strategic Initiatives



## **SAMHSA's Strategic Initiatives**

3 **Prevention of** Workforce **Substance Abuse Development** and Mental Illness Health Trauma and **Information Justice Technology Health Care and** Recovery **Health Systems Support** 

Integration



# **SAMHSA Strategic Initiatives**

- Increase awareness and understanding of mental and substance use disorders
- Promote emotional health and wellness
- Address the prevention of substance abuse and mental illness
- Increase access to effective treatment
- Support recovery
- Build public awareness of the importance of behavioral health
- Help states build and improve system capacity by
- 4 encouraging innovation



# What is the Community's Perspective on the Misuse of Alcohol and Drugs?

- Youth / Young Adults at Home?
- Youth / Young Adults in School / College?
- Across the life span?
- In the Work Setting (all ages)?
- When at a medical appointment?
- What perspective does the criminal justice system (Law Enforcement / Prosecutors/ Courts) have about this issue?



# The Optimum: What would an effective Approach Look Like?

- Individuals and families are well informed and actively addressing these issues
- Systems and institutions have a good understanding of alcohol and drug problems and how they impact their work and their community
- Community Involvement in planning and implementing an effective approach to address the misuse of alcohol/drugs
- A full continuum of integrated/collaborative services coordinated across systems (RROSC)
- Optimization and leveraging of all available resources



## **Guiding Principles – RROSC**

**Resiliency & Recovery Oriented Systems of Care** 

Resiliency is an "innate capacity... 'a self-righting tendency', that operates best when people have resiliency-building conditions in their lives."

- Individuals, families and communities should have resiliency building conditions in their lives
- Communities support these conditions by reducing risk factors and improving protective factors
- Resiliency and Recovery-oriented systems of care are networks of organizations, agencies, and community members that coordinate a wide spectrum of strategies and services to prevent, intervene in, and treat substance use problems and disorders



## **Guiding Principles – RROSC**

Resiliency & Recovery Oriented Systems of Care -cont.

#### Resiliency and Recovery-oriented Systems of Care:

- Support person/family-centered, self-directed approaches to healthcare that build on the strengths and resources of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery
- Expand the community's ability to be responsive to the healthcare needs of the people that live there, including individuals who are in or seeking recovery
- Offer a comprehensive array of services and opportunities that can be combined and adjusted to meet an individual's needs and chosen pathway to recovery





# **Key Tenets**

- The RROSC model will be incorporated into all aspects of alcohol and other drug policies and services
- A continuum of substance misuse strategies and services will be available on a regional basis
- Individuals working in the prevention field will be certified prevention specialists
- Practitioners providing treatment services shall meet core competencies for treating SUD / COD
- Behavioral health workforce development efforts should focus on competency for treating SUD / COD



## **Key Tenets - continued**

- ASAM will be universally applied and reapplied
- Only practices based on evidence of effectiveness will be supported
- Providers encouraged to participate in regional public health networks continuum of care capacity building
- State and regions optimize public / private resources
- State / regions build epi and data analytics capacity
- Universal screening /SBIRT/withdrawal management/ medication assisted treatment (MAT) should be made broadly available in healthcare settings

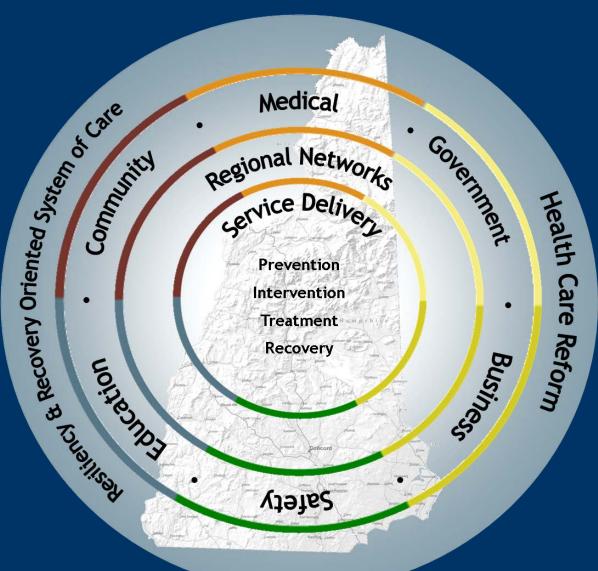


# **Key Tenets: Interface within and Across Other Systems**

- Nominal SUD Services that focus on evaluation and lower levels of acuity are available in health & social service setting and across other systems that interface with specialty SUD/COD services for higher acuity
- Withdrawal Management & MAT services provided in integrated or collaborative models, including options for establishing health homes
- The SUD Specialty System should be a part of the behavioral healthcare system, which in turn should be an integral part of the larger healthcare system



# THE NH SYSTEM MODEL







# Interface Between Public Health Strategies, Direct Services and Other Systems, Why?

- What are the cultural influences / views on the misuse of alcohol and drugs, individual, families, institutions (across the sector)? Can they change?
- Why should I be at the continuum of care table?
- Do individuals, families and institutions address the misuse of alcohol and drugs as a community?
- What's in it for me and the people I come in contact with personally and professionally?



# Utilizing a Public Health Approach Strategic Planning Framework to Develop a Regional Continuum of Care

- Assessment
- Capacity Building
- Planning
- Implementation
- Evaluation
- Outcomes / Quality Improvement



## Capacity: Continuum of Services

- Population Strategies
- Targeted Prevention Services
- Early Intervention & Diversion Services
- Integrated SUD/COD Treatment Services
- Specialty SUD/COD Treatment Services
- Care Management
- Recovery Support Services



#### **Regional Public Health Networks**

- Regional Public Health Networks as Implementation Vehicle
  - 10 Essential Health Services (reference addendum)
- Public Health Advisory Councils (PHAC)
- Targeting Six Sectors
- Substance Misuse Prevention Coordinators\*
- Full Continuum of Care (CoC) Facilitators\*

#### New Hampshire's Continuum of Care Webinar





# **Optimizing Resources**

What resources are available to support particular elements of the continuum of substance misuse strategies and services?

- Which elements of the continuum may be supported by public / private health insurance?
- Block Grant, discretionary grants and other resources to support other elements of the continuum?
- Charitable Foundations and other Private Sector resources
- Optimizing and leveraging public and private sector resources at the state and local level



# Fiscal Benefits of a Comprehensive Approach

 NH DHHS' fiscal strategy is based on the premise that the better the outcome in each of the earlier (less expensive) elements that target the greatest number of people, the fewer people progressing to misuse and addiction that require more costly services and that perpetuate most of the cross systems costs.

#### "an ounce of prevention is worth a pound of cure"

• The collective costs of all elements of a comprehensive approach are a fraction of the cross systems costs to the State of New Hampshire associated with the misuse of alcohol and drugs, estimated to be \$1.8 billion annually.

#### **CROSS SYSTEM COSTS**<sup>1\*</sup>

**Lost Productivity** = \$1,152,000,000

Other = \$135,000,000

**Medical Care** = \$266,000,000

**Crime**= \$284,000,000

\*Cross-system cost amounts do not include child welfare costs or lost worker productivity due to morbidity

=\$1.84 B



POPULATION LEVEL
ENVIRONMENTAL STRATEGIES
Population of New Hampshire - 1.3 million

1 Poorer by the Glass and Weaker by the Gram: The Cost of Substance Abuse to the New Hampshire Economy in 2012, PolECon Research, October 2014

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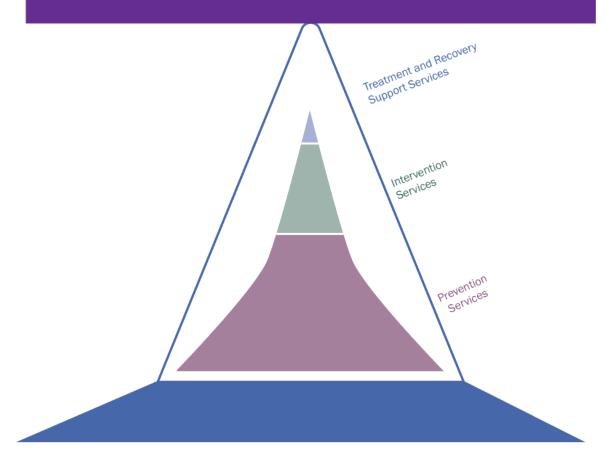
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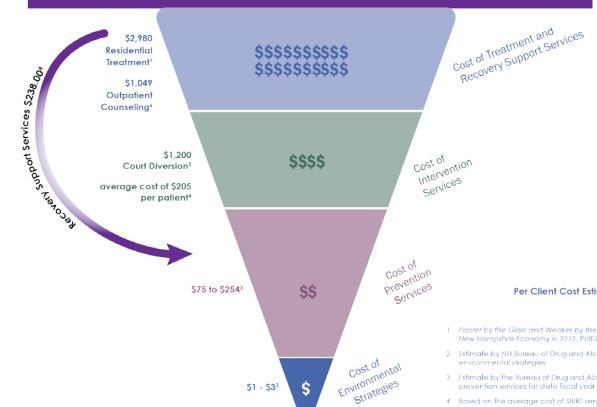
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#### Per Client Cost Estimates and/or Averages 2-8

- Poorer by the Glass and Weaker by the Gram: The Cost of Substance Abuse to the New Hampshire Economy in 2012, PolECon Research, October 2014
- 2 Estimate by NH Bureau of Drug and Alcohol Services based on current funding of
- 3 Estimate by the Bureau of Drug and Alcohol Services for projected range of cost for prevention services for state fiscal year 2015
- Based on the average cost of SBIRT services in Wisconsin as reported by the SASSI
- 5 Per client cost estimate provided by NH Juvenile Court Diversion Network
- 6 NH Bureau of Drug and Alcohol Services, WITS data system, 2013 aggregate per client expenditure data for outpatient services
- NH Bureau of Drug and Alcohol Services, WITS data system, 2013 average per client expenditure data for residential treatment services
- 8 NH Bureau of Drug and Alcohol Services, WITS data system, 2013 average per client expenditure data for recovery support services under the Access To Recovery program



#### Addendum:

#### 10 Essential Public Health Services

- 1. Monitor health status to identify and solve community health problems.
- 2. <u>Diagnose and investigate</u> health problems and health hazards in the community.
- 3. <u>Inform, educate</u>, and empower people about health issues.
- 4. <u>Mobilize</u> community partnerships and action to identify and solve health problems.
- 5. <u>Develop policies and plans</u> that support individual and community health efforts.
- 6. <u>Enforce</u> laws and regulations that protect health and ensure safety.
- 7. <u>Link</u> people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8. <u>Assure</u> competent public and personal health care workforce.
- 9. <u>Evaluate</u> effectiveness, accessibility, and quality of personal and population-based health services.
- 10. Research for new insights and innovative solutions to health problems.



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