

New Hampshire SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



Single State Agency (SSA): State of New Hampshire Department of Health and Human Services, Division for Behavioral Health (DHHS)



New Hampshire's DHHS has received \$142,738,961 in SOR funding from FY18 through FY23. For FY23–FY24, it received \$29,482,574. The state makes investments across the full continuum of prevention, treatment, and recovery and has established the following goals and objectives for services that receive SOR funds.

New Hampshire strives to make system access simple and client-focused, increase and standardize services, strengthen existing prevention, treatment, and recovery programs, and ensure access to critical services to decrease the number of opioid-related deaths and promote engagement in the recovery process. Additionally:

- Individuals will receive prevention and harm reduction services to reduce fatal and non-fatal overdoses
- Individuals seeking services for substance use disorder (SUD) will have timely and clinically appropriate access to screening, assessment, and referral
- Individuals seeking access to services for opioid use disorder (OUD) will receive access to MOUD and other clinically appropriate services



A continued focus is placed on access to recovery for people with OUD and StUD. Services are made available to anyone seeking assistance in New Hampshire; however, special populations continue to be a service priority. These special populations include children and young adults, pregnant and parenting women, individuals with or at-risk of HIV/AIDS, the LGBTQA+ community, and incarcerated individuals or those re-entering the community post-incarceration.

Preventing Opioid and Stimulant Misuse Before It Starts

New Hampshire has used SOR to support telephonic services, trauma-informed response trainings, and collaboration efforts with hospital networks to provide evidence-based prevention programs.

Access and Delivery Hub for OUD Services

DHHS partners with nine hospitals strategically located throughout the state to provide same-day assessment, referral to treatment, housing, respite, harm reduction, community education, case management, care coordination services, and transportation.

Call Center (2-1-1 New Hampshire)

2-1-1 New Hampshire is an initiative of Granite United Way that offers telephonic services providing confidential information about SUD support services and referrals for individuals and their families. The number is advertised throughout New Hampshire, allowing individuals or family members to connect with the New Hampshire Doorway Program—a hub-and-spoke model aimed at enhancing the accessibility and delivery of services for OUD and StUD.

Adverse Childhood Experiences (ACEs) Crisis Team Project

ACEs response teams were designed to provide evidence-based prevention services to children exposed to trauma because of substance use-related events. Based on unmet needs in the state, New Hampshire shifted the project to trauma-informed response trainings for law enforcement. Due to the trainings' popularity, the state piloted a concept developed by the Manchester Police Department and Amoskeag Health—the Adverse Childhood Experience Response Team (ACERT)—to educate police about ACEs, and in partnership with social services staff, guide families with children to available resources following a domestic police intervention.

Overdose Reversal Efforts: Saving Lives

New Hampshire uses several mechanisms to provide overdose reversal agent distribution and education. The state's efforts using SOR and other funding sources have resulted in the distribution of **700 NaloxBoxes**.

NaloxBoxes

New Hampshire works with community partners to distribute NaloxBoxes throughout the state. NaloxBoxes are durable, transparent, polycarbonate, surface-mounted enclosures that provide community partners with a solution to protect and provide access to lifesaving naloxone in an easy-to-recognize cabinet mounted in a central location, similar to the use of automated external defibrillators (AEDs) and fire extinguishers. Units are gasketed and open with the turn of a thumb-lock for ease of access. NaloxBox use aims to increase access to publicly available overdose response tools; improve the capacity of bystander rescuers; reduce stigma associated with SUD; and reduce morbidity and mortality from opioid overdose.



The installation of NaloxBoxes in New Hampshire is intended to encourage community members to act in the event of an overdose emergency. The SOR team is partnering with 911 and the Department of Safety to map the location of each NaloxBox, which will allow 911 to direct a bystander to the closest NaloxBox. About 700 have been purchased and distributed to community partners working to prevent overdose. These agencies are identifying and working with the community to determine box locations and installation.

Naloxone Distribution

New Hampshire is actively expanding access to naloxone, a recognized lifesaving tool, through collaborations with community partners. Key distribution points for naloxone have been established within the state through Doorways. This allows New Hampshire to provide naloxone to people using substances, their families, treatment providers, recovery community organizations, and other community partners. The Doorways affiliation with New Hampshire hospitals uniquely positions them to ensure that people being discharged from emergency departments post-opioid overdose have access to naloxone. New Hampshire also has a standing order to get naloxone from a pharmacy without a prescription to allow individuals who use drugs, as well as their loved ones, access to the medication. Doorways also continues to partner with regional public health networks (RPHNs) and the New Hampshire Harm Reduction Coalition's syringe services programs to ensure naloxone gets into the hands of those most likely to witness an overdose and in the locations where overdoses are most likely to occur.

DHHS is also continuing to improve coordination with the New Hampshire Department of Corrections (DOC) through an established memorandum of understanding to ensure individuals re-entering the community post-incarceration have access to naloxone.

No-cost extension funds were added to the established RPHN contracts for distribution of overdose prevention kits that include naloxone, fentanyl test strips, CPR face shields, gloves, and information about accessing care. These kits continue to be distributed to Doorways and at DHHS-hosted events.

Drug Overdose Fatality Review Commission Support and Report

The state contracts with a vendor to work with DHHS and the Drug Overdose Fatality Review Commission to study the adequacy of statutes, rules, training, and services related to drug overdose fatalities in New Hampshire to determine changes needed to decrease the incidence of preventable overdose fatalities.

Naloxone Saturation Plan

DHHS collaborates with the Department of Public Health and Public Safety to implement a comprehensive plan to expand access to naloxone. The plan includes the following goals:

1. Increase access to naloxone statewide
2. Educate and train healthcare professionals, first responders, and community members on naloxone administration and overdose response
3. Reduce stigma and increase public awareness of naloxone and overdose prevention
4. Establish a robust data monitoring and evaluation system to measure the strategy's impact
5. Foster collaboration among stakeholders and continuously improve the naloxone distribution and saturation strategy
6. Identify and decrease inequities in New Hampshire overdose prevention

This plan focused on new initiatives, such as collaboration with the Board of Pharmacy, expanded implementation of ODMAP software, increased distribution to rural communities through Narcan by mail,

increased use of recovery support for distribution of harm reduction supplies and education around safer use, and identification of inequities within the New Hampshire overdose prevention system. The SOR team also continues to implement ongoing strategies, including stigma reduction, training on naloxone administration, and working with first responders on naloxone leave-behind program proliferation.

Implementing Harm Reduction Strategies

New Hampshire has also used SOR to support allowable harm reduction strategies.

Supply Purchasing

Several different harm reduction supplies were purchased and distributed to RPHNs, Doorways, and other community partners with SOR funds. These supplies included wound care kits, xylazine test strips, CPR facemasks, medication disposal bags, and socks.

Crisis Respite Shelter Services

Safe and secure housing is provided to individuals in crisis who are seeking treatment. Crisis Respite Shelter Services keeps individuals safe and supported after seeking care that is not yet available. These services have reduced overdose risk, as well as the number of individuals who currently use other community services due to a lack of service availability, which may include hospital emergency rooms and emergency medical services.

Increasing Access to Treatment

New Hampshire used SOR to expand access to OUD treatment, including MOUD.

Room and Board for Medicaid Clients

The Centers for Medicare and Medicaid Services prohibits the use of Medicaid funding to cover room and board; however, room and board are integral parts of residential treatment services. Consequently, the New Hampshire Medicaid rates for residential services are not sufficient to cover the full cost of care. This agreement will continue to help fill the gap by providing \$100 per bed night, per eligible individual, for the cost of room and board.

SUD Treatment-Related Services

While insurance payments, including Medicaid, cover some of the costs of treating individuals, they do not cover the overall cost of providing treatment services. Through a cost reimbursement model, providers are reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administration. These funds also fill the gaps for when individuals are uninsured or underinsured.



Supporting Long-Term Recovery

New Hampshire has used SOR to assist individuals in active recovery by providing vocational training, recovery housing services, and peer recovery support services.

Workforce Readiness and Vocational Training Programs

SOR funds workforce and vocational readiness trainings for individuals with a OUD and/or StUD. Individuals receiving this support are in treatment or recovery settings and are seeking to join or rejoin the workforce. Direct supports include coordinating training stipends and other resources while linking individuals to appropriate vocational trainings and opportunities, such resume writing, job application completion, and interviewing skills, as well as creating vocational profiles to assess skill levels, strengths, and readiness to gain employment.

Recovery Housing Services and Supports

The state funds recovery housing services and supports for women with OUD and/or StUD who need safe, stable, and substance-free housing to pursue recovery and transition to independent living. The average length of time that residents use vital recovery housing is between 10 and 18 months.

Peer Recovery Support Services Facilitating Organization

New Hampshire funds a facilitating organization to provide program support to 20 recovery community organizations and recovery community centers providing peer recovery support services across New Hampshire. Peer recovery support activities included coaching, telephone support, and in-center activities.



Doorway Flexible Needs Funds (FNF)

New Hampshire uses SOR for flexible, needs-based services not covered by other sources. This funding aims to eliminate barriers to care that frequently hinder individuals from accessing necessary services and support. The provided services encompass transportation to and from recovery-related appointments and programs, childcare to facilitate attendance at such appointments and programs, expenses essential for overcoming financial obstacles to obtaining and maintaining safe housing, and other authorized services and supports

Reaching & Serving Populations of Focus

New Hampshire has identified several subpopulations for targeted initiatives: children and young adults, pregnant and parenting women, individuals with or at-risk of HIV/AIDS, the LGBTQA+ community, and incarcerated individuals or those re-entering the community post-incarceration.

Integrated Maternal Substance Use (MSU) for Pregnant and Parenting People

The state funds a facilitating organization to support a minimum of three subcontracted federally qualified health centers to increase their capacity to provide and deliver comprehensive integrated MSU services and supports, including SUD medications for pregnant, postpartum, and parenting individuals. Additionally, the initiative aims to integrate other necessary supports and services, such as obstetrical/gynecological care;



Neonatal Abstinence Syndrome care; childbirth and parenting education; employment support; assistance with applying for and obtaining benefits suitable for pregnant, postpartum, and parenting individuals (e.g., enrolling in Medicaid); food and housing services; transportation; and childcare.

SOR Partnership With New Hampshire DOC

DOC is contracted to provide continuous case management to DOC residents with OUD or StUD; administer MOUD to residents, as appropriate; distribute naloxone and provide instructions on administration to residents re-entering the community; and provide recovery coaching and certification to and for residents.

State Youth Treatment Implementation (SYT-I) Grant

The SYT-I grant, funded by the state, is designed to enhance workforce development, implement evidence-based practices, and provide direct services for youth and young adults. Creating Connections New Hampshire, the grant recipient, is the sole program in the state offering treatment for 12–25-year-olds with SUD and co-occurring mental disorders. It implements evidence-based practices, specifically the Seven Challenges, across 12 treatment sites, including six community mental health centers, alternative peer groups, and ongoing coaching and technical assistance. The Seven Challenges is a counseling program designed for adolescents and young adults struggling with substance use issues, focusing on addressing both substance use and related behavioral problems.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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