

NEW HAMPSHIRE

State SSA Director

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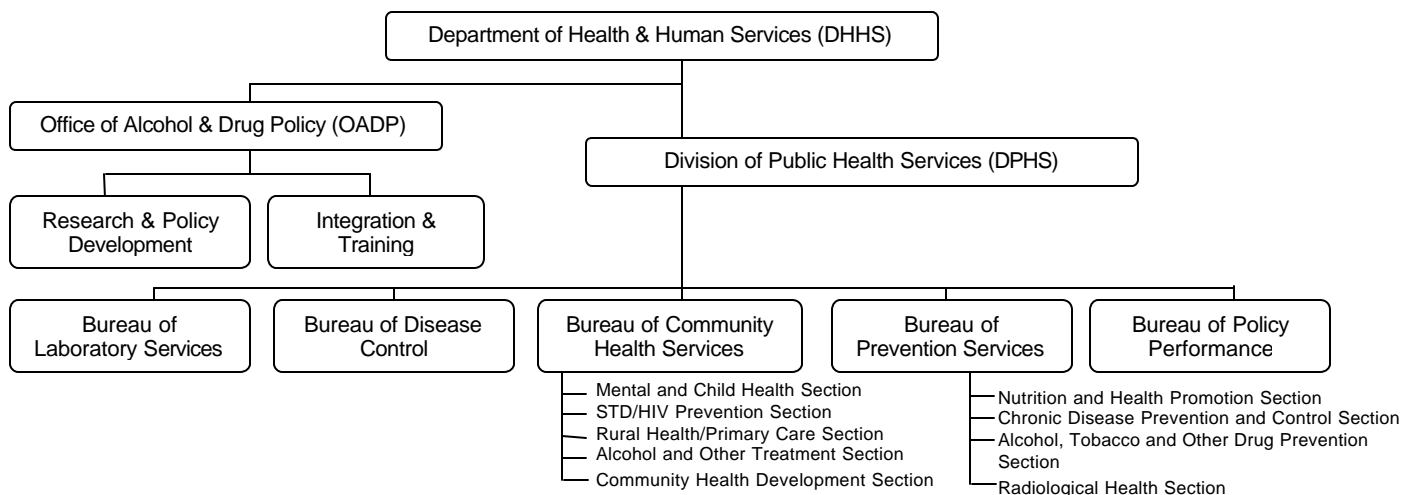
Structure and Function



The Office of Alcohol and Drug Policy (OADP) is located within the Department of Health and Human Services (DHHS), Office of the Commissioner and serves as the Single State Agency (SSA) for New Hampshire. The SSA is a Federal designation that is responsible for the oversight of the SAPT Block Grant, serves as the State Methadone Authority (SMA) and is the key contact on other Federal alcohol and other drug-related initiatives. The primary function of the Office of Alcohol and Drug Policy to develop and implement policy and to provide leadership, visibility, and advocacy for issues related to alcohol and other drug abuse prevention, intervention, treatment, and recovery. The director also serves as the executive director of the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment.

OADP works closely with the Alcohol and Drug Abuse Prevention Section and the Alcohol and Drug Abuse Treatment Section at the Division of Public Health Services (DPHS) at DHHS. DPHS has administrative responsibility including contract monitoring for all publicly funded prevention and treatment programs supported by the DHHS. DPHS provides prevention and treatment services, via a competitive bid process, through a network of community based non-profit providers. The mission of DHHS, relating to substance abuse is “to significantly reduce alcohol and drug abuse and its social, health, and behavioral consequences for the citizens of New Hampshire through public policy and resource development, education, and supporting initiatives that ensure the delivery of effective and coordinated prevention and treatment services.”

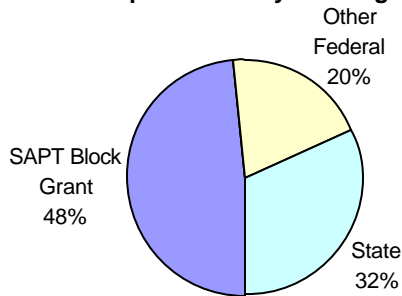
Single State Agency Structure



Single State Agency Funding Overview

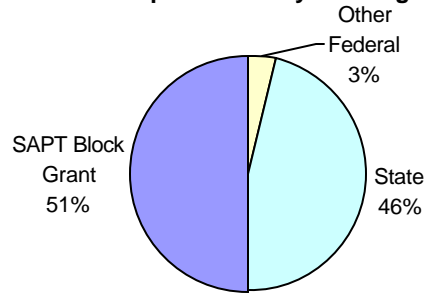
Total SSA funding in New Hampshire remained relatively stable between FYs 2000 and 2003 (ranging from \$12.3 in FY 2000 to \$13.6 million in FY 2002). The Block Grant supported about half of total funding during this time period. The State's proportion of total funding, however, rose substantially between FYs 2000 and 2003 (from 32 to 46 percent), while other Federal sources as a proportion fell (from 20 to only 3 percent).

FY 2000 Expenditures by Funding Source

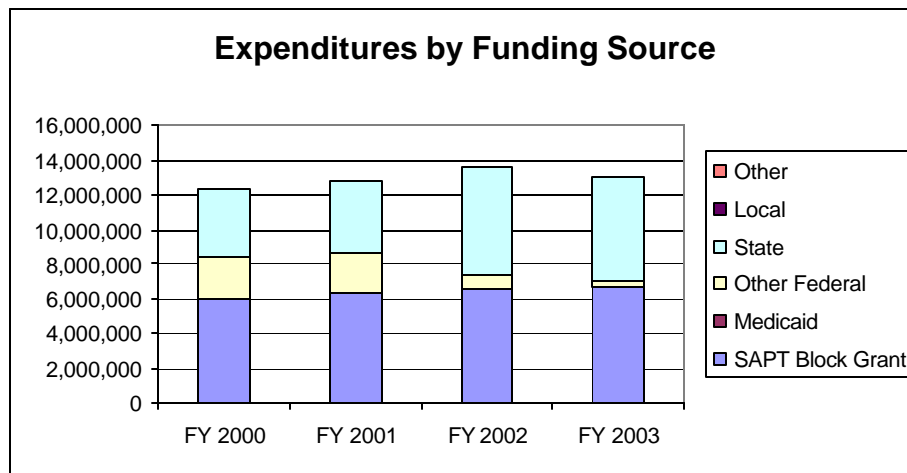


N=\$12,327,660

FY 2003 Expenditures by Funding Source



N=\$13,056,720



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	5,943,750	48	6,243,750	49	6,468,750	48	6,577,245	50
Medicaid	0	0	0	0	0	0	0	0
Other Federal	2,474,505	20	2,401,544	19	851,174	6	440,972	3
State	3,909,405	32	4,154,731	32	6,275,502	46	6,038,503	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	12,327,660	100	12,800,025	100	13,595,426	100	13,056,720	100

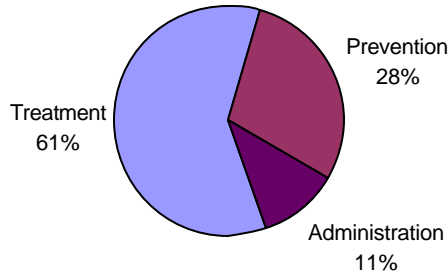
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

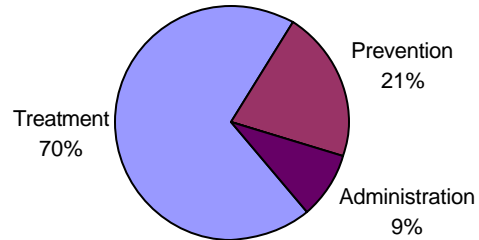
The distribution of funds changed slightly in New Hampshire between FYs 2000 and 2003. Treatment, as a proportion of total funds, increased from 61 percent in FY 2000 to 70 percent in FY 2003, while funding for prevention decreased as a proportion (and in dollar amount) from 28 percent in FY 2000 to 21 percent in FY 2003.

FY 2000 Expenditures by Activity

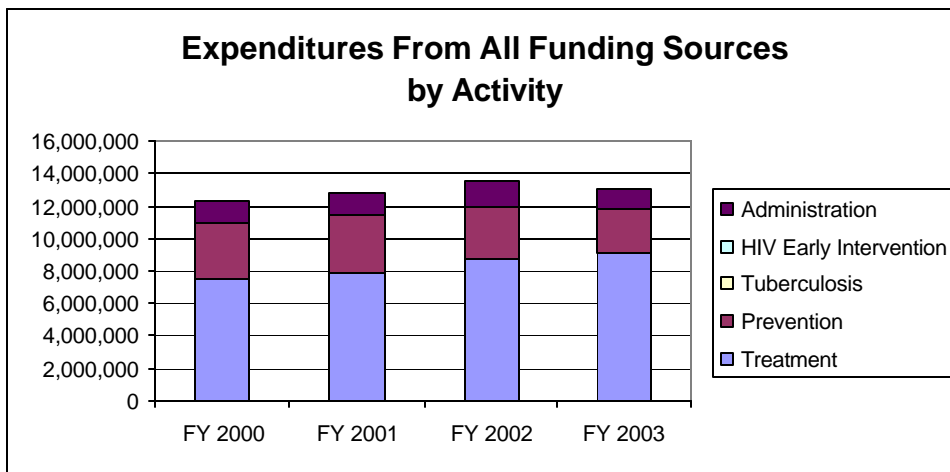


N=\$12,327,660

FY 2003 Expenditures by Activity



N=\$13,056,720



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	2,999,510	24	7,771,383	61	8,679,452	64	9,145,582	70
Alcohol Treatment	2,223,908	18	0	0				
Drug Treatment	2,223,908	18	0	0				
Prevention	3,509,736	28	3,672,547	29	3,272,322	24	2,729,283	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,370,598	11	1,356,095	11	1,643,652	12	1,181,855	9
Total*	12,327,660	100	12,800,025	100	13,595,426	100	13,056,720	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

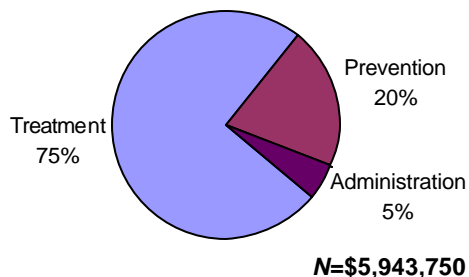
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

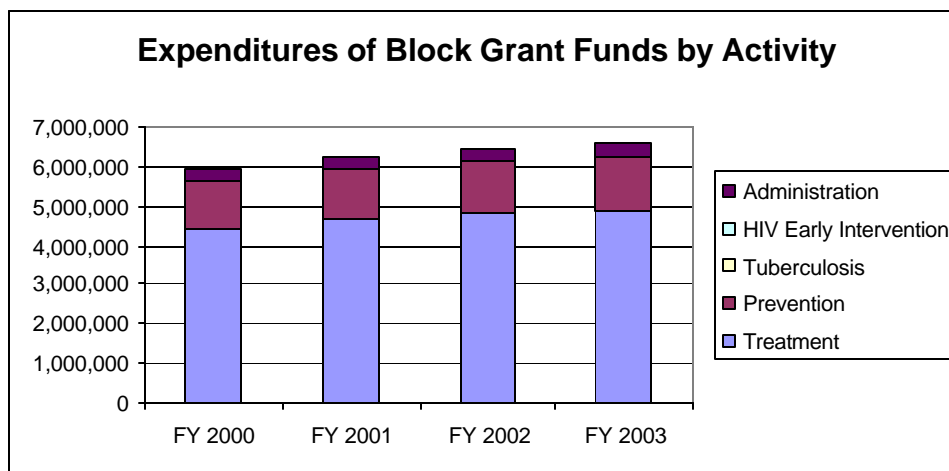
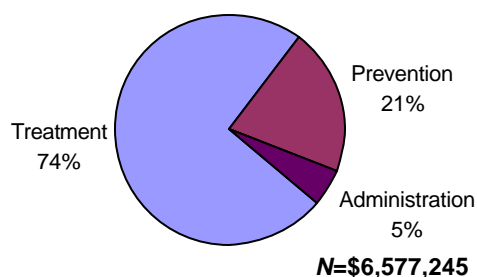
Expenditures of Block Grant Funds

Block Grant funding in New Hampshire rose from \$5.9 to \$6.6 million between FYs 2000 and 2003. The distribution of funds remained relatively stable during this time period, with treatment services receiving the bulk of funds (about three fourths), prevention activities receiving about 20 percent of the total, and administration costs receiving about 5 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	4,698,932	75	4,849,283	75	4,895,715	74
Alcohol Treatment	2,223,908	37	0	0				
Drug Treatment	2,223,908	37	0	0				
Prevention	1,198,747	20	1,248,750	20	1,296,030	20	1,352,668	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	297,187	5	296,068	5	323,437	5	328,862	5
Total*	5,943,750	100	6,243,750	100	6,468,750	100	6,577,245	100

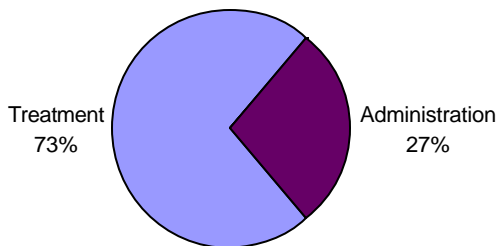
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

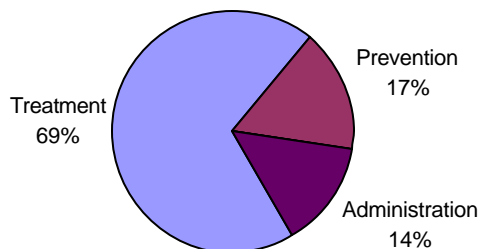
State expenditures on alcohol and drug abuse services increased substantially between FYs 2000 and 2003 (from \$3.9 to \$6 million). Funding for both treatment and prevention activities increased during this period, while funding for administrative costs decreased. In FY 2003, treatment services received 69 percent of State funds, prevention received 17 percent, and administration costs totaled 14 percent.

FY 2000 State Expenditures by Activity

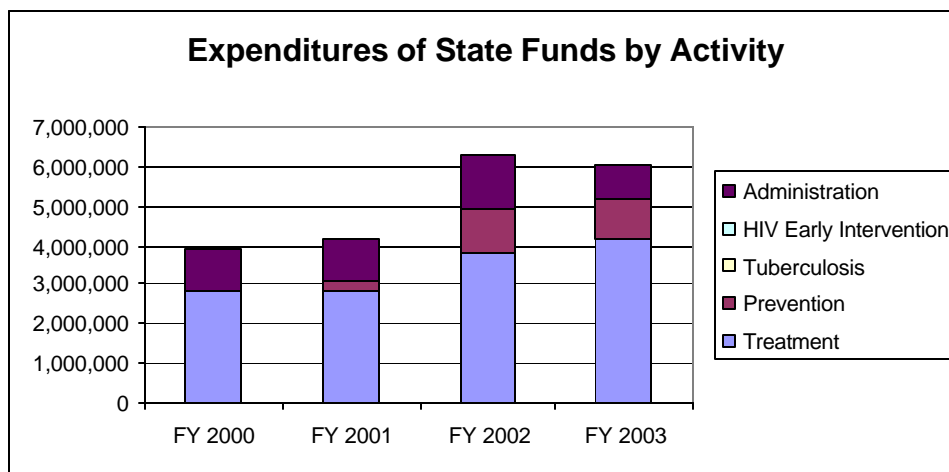


N=\$3,909,405

FY 2003 State Expenditures by Activity



N=\$6,038,503



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	2,835,994	73	2,835,869	68	3,805,756	61	4,186,535	69
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	258,835	6	1,149,531	18	998,975	17
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,073,411	27	1,060,027	26	1,320,215	21	852,993	14
Total*	3,909,405	100	4,154,731	100	6,275,502	100	6,038,503	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Prevention activities and services in New Hampshire are procured through a competitive contracting process to community-based providers and coalitions throughout New Hampshire’s 10 counties. The core functions for DPHS’s prevention unit are prevention systems advocacy; contracts management; workforce development; information dissemination; guidance for prevention policy development; and technical assistance for coalition development, program implementation, and performance outcomes.

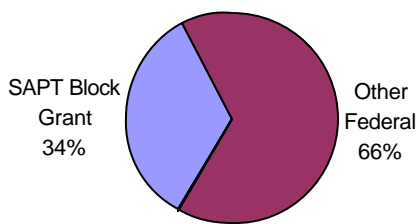
The New Hampshire’s Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment was legislatively established and serves in an advisory capacity to the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, intervention, and treatment services. The commission develops a statewide plan for the effective prevention of alcohol and drug abuse, particularly among youth. The Governor’s Commission is also responsible for allocating prevention funding from State liquor sale profits.

Prevention Funding and Expenditures

In New Hampshire, prevention funding declined between FYs 2000 and 2003 (from \$3.5 to \$2.7 million). This decline was largely due to a substantial decrease in funding from Federal sources other than the Block Grant. As a result, the proportion of expenditures from the different funding sources also shifted during this time period. The Block Grant’s proportion of prevention funds rose from 34 to 49 percent, the State’s proportion rose dramatically from 0 to 37 percent, and other Federal funds as a proportion declined from 66 to 14 percent.

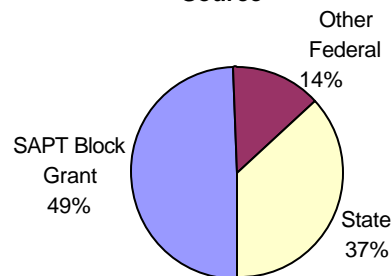
Block Grant funding for prevention per capita in New Hampshire remained stable over time, ranging from \$0.97 in FY 2000 to \$1.05 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

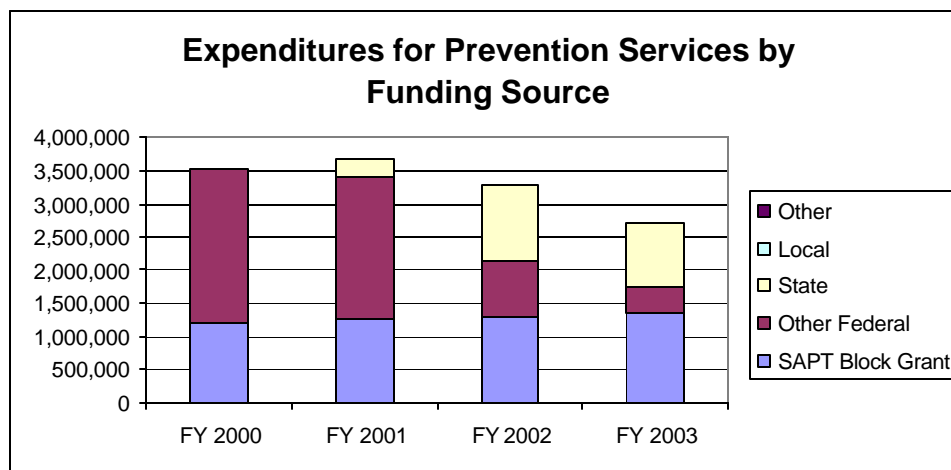


N=\$3,509,736

FY 2003 Prevention Expenditures by Funding Source



N=\$2,729,283



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	1,198,747	34	1,248,750	34	1,296,030	40	1,352,668	49
Other Federal	2,310,989	66	2,164,962	59	826,761	25	377,640	14
State	0	0	258,835	7	1,149,531	35	998,975	37
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,509,736	100	3,672,547	100	3,272,322	100	2,729,283	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

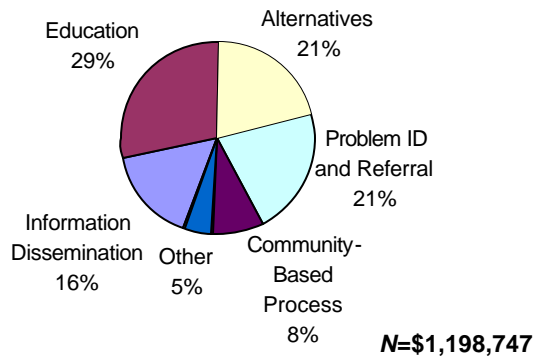
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include providing support to communities by offering information and other resources, promoting awareness of cultural diversity and changing demographics in New Hampshire, and increasing DPHS's marketing and telecommunication efforts of prevention programs.
Education	Strategies include providing education on issues regarding substance abuse prevention strategies and initiatives using a 6-hour curriculum "Initial Training on Substance Abuse" and collaborating with State agencies, task forces and other related groups, including Friends of Recovery NH (FOR NH), DHHS Children's Care Management Collaborative, the CARE NH Grant Team, and the Task Force on Women's Issues and Substance Abuse.
Alternatives	Strategies include tracking the number of youth in alternative programs and increasing the number of high school students involved in teen leadership trainings, which included Peer Leader/Peer Helper programs and the NH Teen Institute Summer Program.
Community-Based Processes	Strategies include the development and support of community-based coalitions and county/regional substance abuse groups and increasing the inclusion of minority-related issues in prevention initiatives throughout the State.
Environmental	Strategies include supporting enforcement of alcohol, tobacco, and other drug (ATOD) laws and policies, including Synar compliance.
Problem Identification and Referral	Strategies include the provision of training on identification of substance abuse problems in adolescents and elders to prevention providers, funding Student Assistance Programs (SAP), and developing the Challenge Course as a prevention and early intervention program.

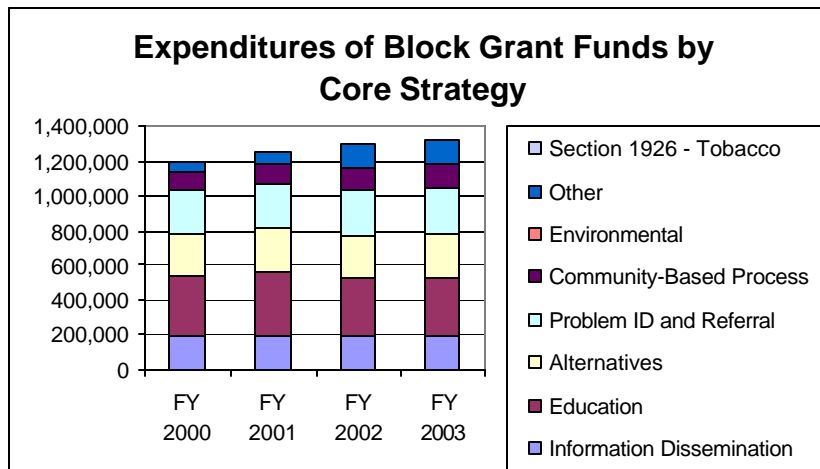
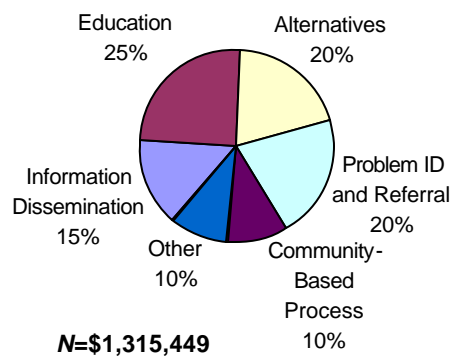
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in New Hampshire remained relatively stable between FYs 2000 and 2003, ranging from \$1.2 to \$1.3 million. The distribution of these funds was also stable over time. In FY 2003, one quarter of funds were spent on education activities, 20 percent were spent each on alternatives and problem identification and referral, and 15 percent was spent on information dissemination activities.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	188,750	16	197,115	16	194,405	15	198,289	15
Education	350,000	29	358,365	29	324,007	25	327,891	25
Alternatives	250,000	21	258,365	21	259,206	20	263,090	20
Problem ID and Referral	250,000	21	258,365	21	259,206	20	263,090	20
Community-Based Process	100,000	8	108,365	9	129,603	10	133,486	10
Environmental	0	0	0	0	0	0	0	0
Other	59,997	5	68,175	5	129,603	10	129,603	10
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	1,198,747	100	1,248,750	100	1,296,030	100	1,315,449	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

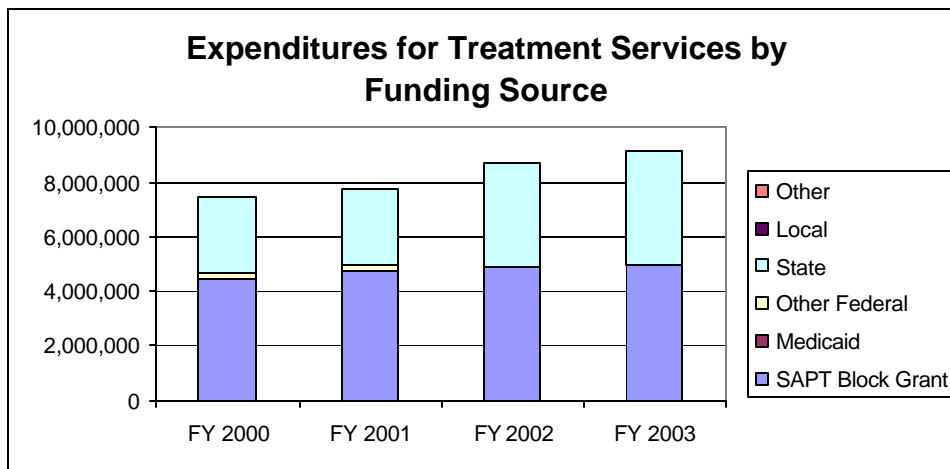
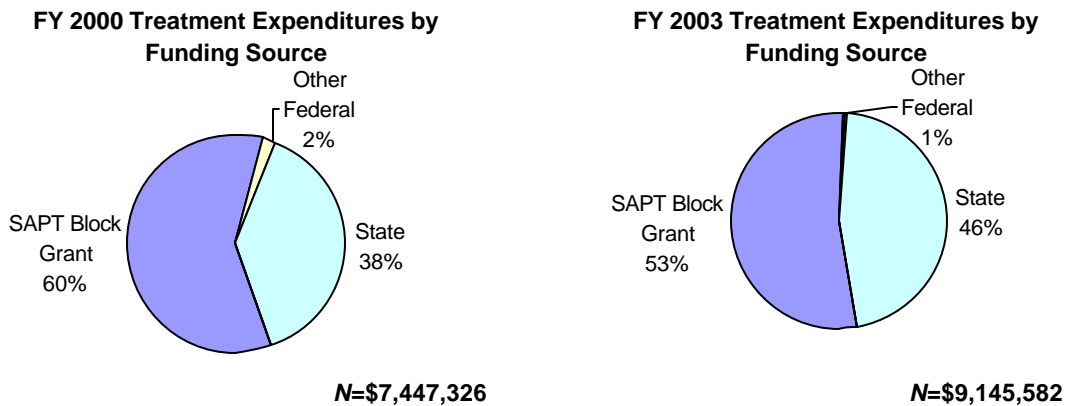
Treatment services are provided through a competitive bid contracts with community-based non-profit service providers. Treatment services provided by DPHS include social detoxification, outpatient, intensive outpatient, short- and long-term residential treatment services, specialized services for women and children, as well as outpatient and residential services for adolescents. DPHS also provides outpatient methadone maintenance services.

A workgroup has been established to develop a plan to create a co-occurring disorders treatment program for individuals with serious behavioral health and substance abuse problems that do not rise to the level of severe and persistently mentally ill (SPMI), as current treatment facilities do not specifically accommodate these persons.

Treatment Funding and Expenditures

Treatment funding increased between FYs 2000 and 2003 from \$7.4 to \$9.1 million. During that time period, the Block Grant's proportion of treatment funding declined from 60 to 53 percent, while the State's proportion increased from 38 to 46 percent.

Between FYs 2000 and 2002 Block Grant treatment funding per capita increased from \$3.59 to \$3.80. In FY 2003, treatment funding per capita remained stable at \$3.80.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,447,816	60	4,698,932	60	4,849,283	56	4,895,715	53
Medicaid	0	0	0	0	0	0	0	0
Other Federal	163,516	2	236,582	3	24,413	0	63,332	1
State	2,835,994	38	2,835,869	36	3,805,756	44	4,186,535	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,447,326	100	7,771,383	100	8,679,452	100	9,145,582	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

New Hampshire's SAPT Block Grant application indicates that nearly 6,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=5,961)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	1,049
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	698
Long-term residential	0	0	239
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	0	0	3,693
Intensive outpatient	0	0	282
Detoxification (outpatient)	0	0	0
Total	0	0	5,961

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 5,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 11 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,616	10.5
Alcohol in combination with other drugs	3,126	11.5
Total	4,742	11.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 93,000 persons aged 12 and older (8.7 percent of New Hampshire's population) needed, but did not receive, treatment for alcohol use and 32,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in New Hampshire.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.64	7.33	22.30	6.69
Needing but not receiving treatment for illicit drug use	3.01	6.54	10.57	1.35

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DPHS relies on a variety of external agencies and community-based initiatives to assist in assessing the need for services. These resources include the Suicide Prevention Coalition, Prenatal and Women's Services Task Force, Juvenile Justice State Advisory Group, Child Welfare Advisory Council, Health Care Transition Fund Advisory Group, Interbranch and Juvenile Justice Committee, as well as Drug Abuse Warning Network (DAWN), Youth Risk Behavior Survey, DWI arrests, Juvenile Justice Drug Related Arrests, and Regional United Way Needs Assessments. A formal treatment needs assessment was funded by CSAT in 2000 and is utilized for treatment planning. For prevention planning, technical assistance is being provided to assess prevention needs assessment capabilities and to develop a plan for improving the system.

New Hampshire uses a variety of resources for planning substance abuse treatment and prevention services. The DHHS develops a substance abuse treatment plan based on needs assessment findings through the ongoing State Health Planning Process. In conjunction with this effort, the Governor's Commission on Alcohol and Other Drug Abuse is engaged in a statewide needs assessment and planning initiative, which will result in recommendations and actions to further enhance treatment and prevention services in the State.

Evaluation

DPHS monitors its contracted providers through ongoing annual site visits, case record reviews, and periodic technical assistance visits by DPHS's central office staff. In addition, DPHS has two staff specialists to directly oversee HIV and TB issues with contracted treatment providers.

New Hampshire monitors its prevention contractors through monthly prevention tracking forms (based on the six Center for Substance Abuse Prevention strategies), annual site reviews, and quarterly work plan/reports. The work plans include meeting the projected target audience, progress towards proposed outcomes, levels of collaboration with other resources, and quality improvement.

Training and Assistance

DPHS offers a variety of training and technical assistance opportunities to its prevention and treatment workforce including a contract with the NH Training Institute for prevention and treatment related trainings. DPHS staff provides technical assistance to providers that focus on evidence-based strategies. DPHS also offers the Prevention Seminar Series five times a year and sponsors the New Hampshire Substance Abuse Conference, which deals with both treatment and prevention topics and draws over 300 participants. Other agencies also offer training and assistance, including the Northeast CAPT, which offers training and assistance consistent with the prevention core competencies and performance domains; the Training Institute; and the New England School of Prevention Studies (for which DPHS provides scholarships).

Expenditures of Block Grant Funds for Resource Development Activities

New Hampshire did not report spending any funds on resource development activities during FYs 2000 through 2003.

New Hampshire did not report any expenditures for resource development activities from FY 2000 through FY 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	N/R**	-	N/R	-	N/R	-	N/R	-
Quality Assurance	N/R	-	N/R	-	N/R	-	N/R	-
Training	N/R	-	N/R	-	N/R	-	N/R	-
Education	N/R	-	N/R	-	N/R	-	N/R	-
Program Development	N/R	-	N/R	-	N/R	-	N/R	-
Research and Evaluation	N/R	-	N/R	-	N/R	-	N/R	-
Information Systems	N/R	-	N/R	-	N/R	-	N/R	-
Total*	N/R	-	N/R	-	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded over \$3.2 million in discretionary funding to New Hampshire in FY 2004. The greatest number of awards was for Drug Free Communities (10 of 11 awards), while the largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	10	886,336
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	11	3,237,301

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded one discretionary grant to New Hampshire which totaled nearly \$300,000.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Targeted Capacity Expansion	1	294,350
Total	1	294,350

SOURCE: www.samhsa.gov