

**The Partnership @drugfreeNH
Partnership Convening
Friday, January 6, 2023
10:00 – 11:30 AM ET**

The State of Prevention – Meeting Minutes

This convening provides an update on the State of Prevention NH and includes presentations on 211-NH, The Doorway NH, and YRBS data.

Attendees: Jennifer Sabin (NH DHHS), Chris Scott (Deputy State Director, Office of Senator Shaheen), Heather Inyart (Media Power Youth), Michelle Jonas (Nashua Prevention Coalition), Andrea Smith (Upper Valley PHN), Thomas Wainwright (BDAS), Maria Reyes (Seacoast PHN), Alexis Blowey, Pamela Baker (Raymond Coalition for Youth), Amanda Huyler, Sarah Desaulniers (Reality Check), Ann Crawford (BDAS), Charlotte Scott (SoRock Coalition for Healthy Youth), Chelsea Lemke, Ciera Hunter (Partnership for Public Health), Cora Long (Strafford County Public Health), Eric Adams (Laconia Police Department), Heather Morris (CAST BGCSV), Janet Hunt (New Futures), Janet Valuk (Nashua Prevention Coalition), Jennifer Doris (NHED Office of Social Emotional Wellness), Joseph Mitchell, Kaitlin Jones, Kandyce Tucket, Kristy McDONALS, Kate MacDonald, Karyn Wolivar, Sue Centner, Vicki Harris, Kristen Dohery (Raymond High School), Marissa Carlson (NH Teen Institute), Karen Morton-Clark (NH Recovery Friendly Workplace Initiative), Kimbly Wade (NH DHHS), Kaitlin Jones (Dover Police Department), Tracy Bachery (Makin It Happen), Melissa Allen, Tricia Zahn, Stephanie Bean, Peter Ames, Monica Gallant (CAST BGCSV), Laruen Chambers, Maghan Marcucci (Monadnock Youth Coalition), Chiahui Chawla (NH DHHS)

JSI: Julie Yerkes, Emma Kane, Nikki Chute

Presenters: Jennifer Sabin, New Hampshire State Opioid Response Director at NH DHHS, Chiahui Chawla, Chief of Bureau of Public Health Statistics and Informatics

[Please complete our meeting evaluation!](#)

[Watch the recording here.](#)

1. [211, NH Doorways](#), Public Health Approach to Opioid Prevention (Jennifer Sabin, New Hampshire State Opioid Response Director at NH DHHS)

- The main way we talk about the State Opioid Response (SOR) is through the NH Doorways. The Doorways are 9 central locations throughout the State where people can access Substance Use Disorder (SUD) services.
- NH SOR is funded through SAMHSA. Currently in 5th year of funding. During the last round of funding, NH was in the top 15% of states with overdose fatalities. This qualified NH for enhanced funding (\$28 million per year).
- The main goal is to decrease overdose fatalities by increasing the continuum of care and increasing access to medications for SUD treatment.
- NH SOR is in the third iteration. Every 12 months, SAMHSA releases a notice of funding. NH has received all. Current funds (\$28 million) end on September 29, 2023. These funds are allocated towards:
 - Doorways
 - 211
 - Respite housing
 - Room and board for Medicaid Clients at SUD Treatment Facilities
 - Funding 2 programs at Nashua and Manchester Mental Health Centers to respond to overdose events when children are present – similar to ACERT
 - Distribution of naloxone (24/7 access to naloxone is a goal)
 - NH needs to work on bystander intervention. Half of overdoses in NH occurred when people were using alone.
 - NH is interested in naloxone lock boxes (State is in the process of purchasing 700 boxes for distribution in community locations throughout NH).
 - Lock boxes can also help decrease stigma. State is partnering with PHNs, NHHRC.
- The continuum of care is hard to access – people don't know where to go, how to start, and have insurance questions. The Doorways started with the goal to make that first step as easy as possible. One-third of the SOR funding is attributed to the Doorways.
 - All Doorways are embedded in hospital programs.
 - Doorway is working on improving follow-up services.
 - Doorways open Monday – Friday, 8 AM – 5 PM. During after hours, triage occurs (including weekends/holidays). This is with a separate vendor. Follow-up still occurs between vendors and Doorways.
- The State wanted to use SOR funding to strengthen already existing systems, therefore they chose to use 211 as an entry point to get into the Doorways.
 - Flow: 211 → NH Doorway → Community Provider Network

- 211 offers information and referral, identifying need for services and providing a warm transfer to services. 211's goal is to meet the social determinants of health.
- Doorways Services:
 - Screening and crisis stabilization
 - Evaluation and care planning
 - Benefits and programs
 - Facilitated referral
 - Continuous recovery monitoring
 - Doorways also have access to respite housing
- The State's hope was that people would use the Doorway closest to them in location. Once the Doorway started, they found that people are using multiple doorways, and the state is adjusting to this.
- SOR funding is up for reapplying – Due in February (non competitive). NH is no longer eligible for enhanced funding, this will give us less funding next round (\$4 million per year). There is a provision to look at previous years funding.
 - Partners can think about how this funding cut will affect their work and communities.
 - NH is monitoring national reauthorization of SOR. There are two versions in the House and one in the Senate. Reauthorization is all set, including Senator Shaheen's language in the Omnibus.
- State is currently working on sustainability through behavioral health integration, including Rapid Response.
- [Opioid Abatement Trust Fund](#)
 - 2 recent settlements
 - Last lawsuit was July 2022
 - NH Opioid Abatement Trust Fund & Advisory Commission (22 member Commission tasked with how this funding is distributed)
- State has a current RFP for a 'Closed Loop Referral'. This will allow 211 to know whether or not people used the referrals they made.
- Questions
 - Are they releasing a new round of Opioid Abatement Funds? There has only been one so far. The first set of settlements is in smaller amounts released over 18 years.. Anytime the balance at the treasury is over \$500,000, they must release a solicitation. The Commission is trying to get the money to the continuum without flooding them with a lump sum of funding. Suggestion is to keep an eye out on when the solicitations are happening.

- Data from the Prescription Drug Monitoring Program is lumped and now useless to communities, how can communities get this important data? Data needs to be on a community level, not a county level. National data can be used in the sense that we have no reason to believe NH is any different.
- Is there data on the Doorway showing 211 initiations vs walk-ins? Yes, it's on [DHHS's website labeled as activity reports](#). DHHS is currently working on building a public facing Doorway Data Dashboard.
- Some rotaries have interest in funding work around naloxone lockboxes, kits, and training. Is this needed? The State already has the money. Help is needed from community organizations in regards to time, talent, buy-in, advocacy, and power. There is also a need for talking points on the lock boxes for bystanders. The State is partnering with the NHHRC for training. While the training is quick, it often ends up becoming more of a stigma training.
- How can we further the conversation about training young people (specifically students) in NH? Seems there are no best practices yet. This conversation is needed. School nurses have access to naloxone, we can start with them.
- How can people become Naloxone trainers? Is there a standardized training? If not, can we create one? What are the rules? State is not aware of any specialized qualifications. NHHRC is used often for training, suggested to go through them for a train-the-trainer. State Troopers in NH do not carry naloxone, should look into liability risk for them to carry. Another idea is to include naloxone training during CPR training.
- Does 211 work with Unite Us? Yes. Unite Us is no longer under state contract.

2. [Youth Risk Behavior Survey](#) (Chiahui Chawla, Chief of Bureau of Public Health Statistics and Informatics)

- The Youth Risk Behavior Survey (YRBS) is the only data set to understand youth risk factors.
- YRBS is bi-annual. Data is valid and reliable. Administered only in schools. Completely anonymous.
- YRBS monitors 6 major topics: behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (including HIV infection), alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity.

- YRBS report goes to the superintendent. YRBS report is only released publicly if the school allows it.
- RSA 186 says that school districts must make questions available on their website at least 10 days prior to administering the YRBS.
- Voluntary survey. Students may choose at any time to opt out of the survey or reconsider their survey participation. Students are not required to provide an opt out form from a guardian.
- 2021 YRBS Data Update:
 - Dates:
 - Preliminary community/school report: released in Oct 2022
 - State and regional weighted dataset from CDC: received end of Dec 2022
 - Final community/school report: estimated release in Feb 2023
 - DHHS Data Portal update: estimated April 2023
 - Some findings:
 - 44.2% of high school students who felt sad or hopeless (up from 33.6% in 2019)
 - 24.7% of high school students who seriously considered attempting suicide (up from 18.4% in 2019)
 - Use of e-cigarettes is decreasing
 - Alcohol use is decreasing
- 2023 YRBS Administration: between January to April 2023 (69 participating high schools, 4 refusing, 9 pending)
 - Work with your local schools to encourage them to participate!
 - State hopes to deliver community data reports in April 2024
- [CDC YRBS Web Portal](#)
- Questions or comments? Email: DHHS.NH.Youth.Risk@dhhs.nh.gov
- Questions
 - Has the State coordinated the YRBS at the middle school level?
Currently, communities can do that at a cost. The State does not currently have a plan. It's two different questionnaires and data sets. State plans to keep it on the radar and look at options.
 - Looking for notes on changes made to YRBS data collection year to year (including opt in vs opt on). Opt in approach did not work well, schools who used that in 2019 switched back to opt out. Would love a data trend that includes significant legislation occurrences and any changes made to data collection.

3. Partnership Updates

- **NEW [Co-Branding Tutorial](#)**: Follow along and learn how to co-brand our toolkit content in Canva!
- [Dry January Partner Social Media Toolkit](#). Partners can save photos, add logos, and share on social media. Use hashtag #DryJanuary and make sure to tag The Partnership and share our content as well to spread awareness.

4. Partner Updates

- Ran out of time – sorry!

5. Complete the Partnership Convening Evaluation!

<https://forms.gle/GhEz1Wh6bWvQBPnj6>