Substance Use Disorder Treatment and Other Service Capacity in New Hampshire

Substance Use Disorder Treatment and Other Service Capacity in New Hampshire

Findings from a 2014 assessment of New Hampshire's substance use disorder service system

2014 Substance Use Disorder Treatment Capacity Assessment Findings
Table of Contents

Executive Summary

Understanding the capacity of practitioners and service delivery systems in New Hampshire to identify, treat and support recovery from substance use disorders is an important objective for state and community stakeholders to ensure that its residents and citizens have access to care in an effort to limit the progression of a disease that is widespread, progressive, costly and fatal. This objective has become even more important over the course of the last six months due to the newly formed Health Protection Program (HPP). HPP will be available to an estimated 50,000 low-income young adults and adults, and services will include a new substance use disorder benefit for the first time in the state's Medicaid program.

An assessment of substance use disorder (SUD) services was conducted between May and July of 2014 and included the surveying of licensed substance use and mental health professionals and representatives from organizations within major service delivery systems relative to current and anticipated capacity to identify, treat, and support recovery from substance use disorders. The assessment also obtained information from state-contracted treatment programs relative to past year and current wait lists and geographical and per capita distribution of potential treatment capacity based on data from licensing boards and service systems. These assessment activities revealed that capacities varied by provider type, service delivery system, and geography.

According to analyses of survey respondents and other data collected:

- Residential services, opioid treatment programs, and intensive outpatient counseling are service areas in which demand for services appears greater than capacity;
- The geographic distribution and disparity of SUD services varies by service type revealing that outpatient counseling services has the highest per capita capacity. The lowest per capita services appear in the categories of withdrawal management services and residential services;
- For medication assisted treatment, there were no reported providers in the Winnipesaukee region and only one in the central (Plymouth area) region and one in Sullivan County. For residential treatment, four of the thirteen public health regions reported no residential programs. These regions include Central NH (Plymouth area), Carroll County, Sullivan County and the Capital Region (greater Concord);
- A low number of licensed and Master's level licensed alcohol and drug counselors were reported in the central (Plymouth area) region and greater Derry;
- The majority of Opioid Treatment Programs (Methadone Clinics) are located in the southern tier of the state;

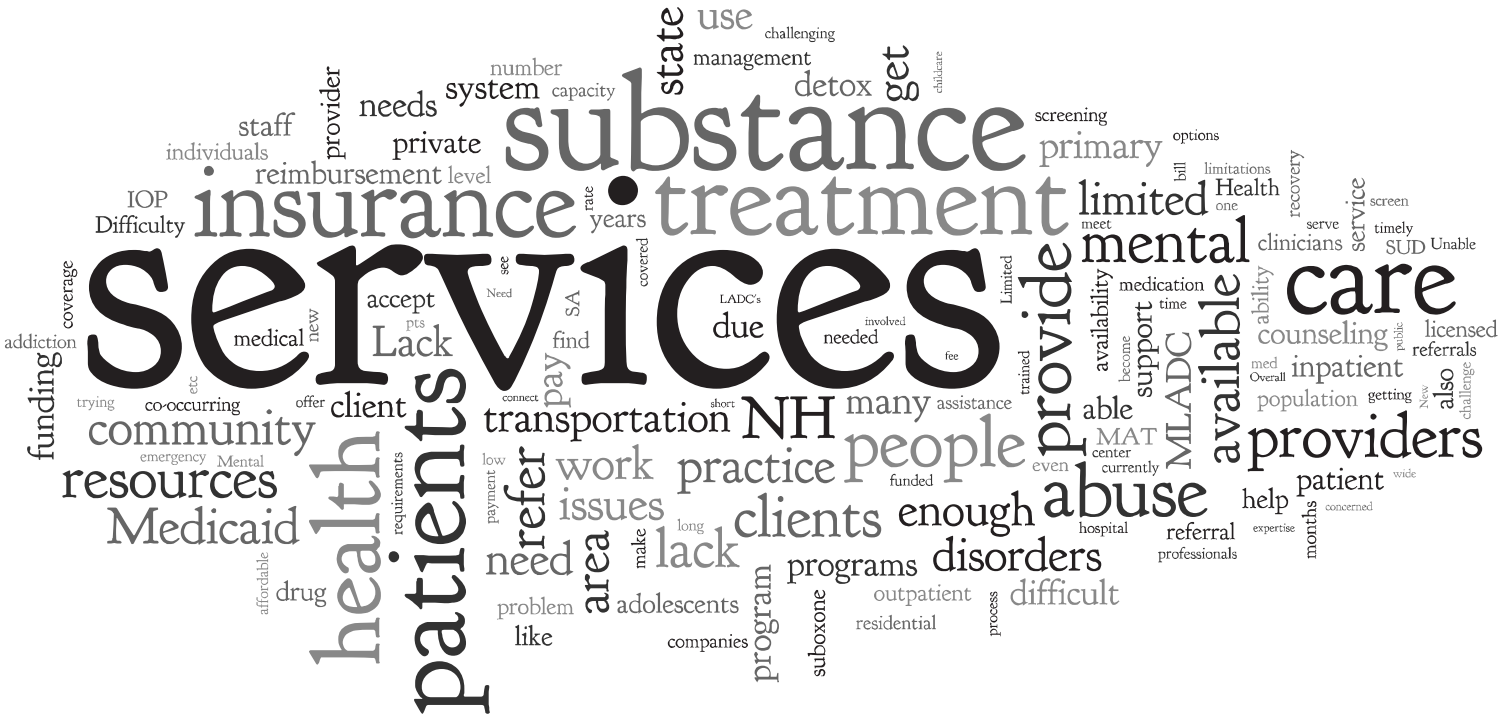
- Wait lists are reported in the majority of state-funded residential treatment programs and transitional living programs;
- Recovery support services are an underdeveloped service area with only 26 recovery support workers certified by the state;
- Provider systems are eager to expand capacity in spite of challenges; and
- Challenges to deliver expanded treatment services include inconsistent or nonexistent means for reimbursment for treatment services and difficulty recruiting and maintaining the necessary work force.

This assessment report provides important context for the state and stakeholders to use in developing and directing leadership, resources, and activities such as technical assistance and training to expand the service capacity of licensed professionals and service delivery systems. However, it is important to note that the context provided by this assessment is not easily comparable to other states due to a lack of industry or governmental standards relative to recommended per capita service and practitioner availability.

Introduction

The New Hampshire Center for Excellence (Center) is a technical assistance resource serving providers, coalitions, public health networks, community organizations, state agencies, and others working to prevent, reduce, treat, and support recovery from alcohol and other drug disorders. The Center is a public-private initiative funded by the New Hampshire Bureau of Drug and Alcohol Services and the New Hampshire Charitable Foundation and is staffed by the Community Health Institute in Bow, NH. On behalf of its funders, the Center conducted an assessment between May 14, 2014 and July 21, 2014 to identify existing and anticipated substance use disorder capacity in the state.

The assessment was designed to assist the New Hampshire Department of Health and Human Services in understanding the existing substance use disorder (SUD) service capacity in New Hampshire and to support the eventual development of a web-accessible directory of services available in the state by service type and geography. A brief assessment of wait lists for services was also conducted in July 2014 to provide further context relative to treatment service availability.



Terms and Definitions

This report will refer to a number of terms and acronyms commonly used in the substance use disorder field. To improve the readability of this report, a list of definitions or explanations of commonly used terms and acronyms is provided below.

Term or Acronym	Definition or Explanation
SAMHSA	The U.S. Substance Use and Mental Health Administration is the federal agency that oversees funding to states and community-based organizations and other infrastructure supports.
CSAT	The Center for Substance Abuse Treatment is a center within SAMHSA that provides resources and other support for workforce development and evidence-based practice. Physicians and other prescribers who intend to prescribe controlled drugs such as buprenorphine as a component of opiate addiction therapy must register their intent with CSAT and receive a waiver from the U.S. Drug Enforcement Agency to prescribe these controlled drugs.
Suboxone (buprenorphine)	Suboxone is a medication approved for the treatment of opiate dependence according to the U.S. Food & Drug Administration. The generic name of the medication is buprenorphine, which refers to its active ingredient, buprenorphine hydrochloride, which works to reduce the symptoms of opiate dependence.[1]
Medication-Assisted Treatment (MAT)	Known as an opiate addiction therapy, this treatment includes prescribing opioid replacement medications such as Suboxone as a component of treatment. MAT is strongly encouraged to be paired with counseling or other treatment services. The typical course of MAT varies widely.
Term or Acronym	**Definition or Explanation**
Opioid Treatment Programs (OTP)	Also known as Methadone Clinics, OTPs must be federally licensed, adhere to strict federal regulations, and be approved by the state substance use agency. Methadone Clinics administer methadone and provide the opportunity for counseling. Some may also administer Suboxone.
Licensed Professionals	This term is used to represent professionals licensed by state authorized boards or federal agencies to practice in a field that may include SUD services.
Independent Practitioners/ Private Practice Group	This term refers to those licensed professionals who responded to the survey and indicated delivering SUD services in independent practices.
Service Delivery Systems	Relatively discrete systems of care that include provider agencies or organizations who may deliver SUD services.
Provider Organizations	This term refers to organizations or agencies providing SUD services.
Substance Use Disorder (SUD) Services	This term refers to an array of services delivered for the identification and treatment of SUDs as determined by the Diagnostic and Statistical Manual of Mental Disorders. This term also includes services involved in supporting individuals with long-term recovery from a SUD disorder.

[1] http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm191523.htm

Methodology

The treatment capacity assessment was comprised of three elements: a) an inventory of licensed practitioners and provider systems; b) a survey of practitioners and provider organizations; and c) an assessment of wait lists among SUD treatment agencies under contract with the NH Bureau of Drug and Alcohol Services.

Inventory of licensed professionals and service delivery systems	Survey of practitioners and provider organizations	Assessment of wait lists among SUD treatment agencies

A. Inventory of Licensed Professionals and Service Delivery Systems

For *licensed professionals*, this inventory involved accessing lists of actively, licensed practitioners maintained by the state's mental health board and the state's alcohol and other drug counseling board to understand the number of practitioners theoretically available in the state and where these professionals are located geographically. Contact information gathered was also used to administer an assessment survey detailed in the next section.

For *service delivery systems*, the assessment focused on understanding systems of providers that may be delivering SUD services and included web searches of provider systems and associations as well as email and/or telephone correspondence with state associations and/or state agency personnel who work with and/or contract with provider systems. This assessment provided a count of providers within systems such as the geographic location and number of hospitals and community mental health centers in the state as well as contact information to be used to administer an assessment survey.

B. Survey of Practitioners and Provider Organizations

For the *survey of practitioners and provider organizations*, an ad-hoc group of advisors[2] working in the field of substance use disorder treatment was convened to design an assessment instrument that would solicit information from known and potential providers of SUD services across the continuum of care, including screening, assessment, withdrawal management, individual and group counseling, residential treatment, and recovery support services. Questions were developed by the ad-hoc group relative to, location of services, licensure of staff, reimbursement for services, number of clients served in the past year, limitations of services, and willingness to expand services and service capacity. A web-based survey was developed and tested by all advisors as well as by treatment providers[3] not part of the ad-hoc group. Please see **Appendix A: SUD Treatment Capacity Assessment Survey** to view the assessment instrument used.

[2]Monica Edgar & Stephanie Savard (Treatment Providers), Lori Magoon (Independent Practitioner), Ken Norton (Mental Health Provider), Abby Shockley (NH Providers Association), Lindy Keller & Jaime Powers (Bureau of Drug and Alcohol Services), Lisa Mure & Rekha Sreedhara (NH Center for Excellence)
[3]Ron Sayres, William Manseau, David Parisi

Additionally, several treatment locator websites were reviewed including Maryland's Community Services Locator (MDCSL) and the SAMHSA Treatment Locator in an effort to identify and ensure that the survey would capture appropriate information required to create an online directory. Further details were also elicited from the project director of the MDCSL to better understand the process for creating this resource and the challenges and lessons learned.

Based on consensus of the advisory group, the survey was designed to be administered to independent practitioners as well as to agencies known to be or likely to be delivering one or more SUD services including screening, treatment and recovery support. Contact lists were obtained or disseminated through twelve sources in an effort to capture a variety of practitioners who may provide SUD services. Please see **Appendix B: Contact List Sources & Targeted Provider Systems**.

Several reminder emails were sent to providers, and information about the survey was shared at various meetings to encourage survey participation. It was anticipated that the survey would stay open for one month; however, due to a low response rate, the survey deadline was extended. Follow-up calls were made with core provider systems including community mental health centers (CMHCs), community health centers (CHCs), hospitals, Suboxone providers, and private treatment programs to encourage participation. Providers were also given the option to complete the survey over the phone to reduce barriers to participation.

Additionally, the survey data were cleaned to reduce the likelihood of duplicate entries, misidentified provider classification, inconsistent responses, and other data entry discrepancies.

C. Assessment of Wait Lists Among SUD Treatment Agencies

A brief assessment of wait lists maintained at SUD treatment agencies under contract with the NH Bureau of Drug and Alcohol Services was also conducted to provide information on services available that are not meeting current demand. This was conducted separate from the assessment survey and was in the form of a brief questionnaire emailed to the main point of contact for the agency or organization.

Key Findings

"It is difficult finding licensed clinicians who also are substance abuse counseling trained."

A. Inventory of Licensed Professionals and Service Delivery Systems

This section will provide the number and geographic distribution of licensed practitioners as well as the number and geographic distribution of provider organizations within core service delivery systems in the state.

Information from state licensing boards and from the SAMHSA treatment locator website for prescribers of Suboxone were analyzed to determine the number and geographic distribution of licensed practitioners and organizations within core service delivery systems.

A.1. Licensed Professionals

"We have a new outpatient counseling program. Finding clinicians to provide the services was a challenge."

Data in this section provides information for several licensure categories determined to comprise the majority of professionals who may deliver SUD treatment as part of their scope of practice. Specifically, Licensed Alcohol and Drug Counselors (LADCs), Master's level Licensed Alcohol and Drug Counselors (MLADCs), and Certified Recovery Support Workers (CRSWs) licensed by the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals (NH LADC), psychologists licensed by the Board of Psychology, as well as Licensed Independent Clinical Social Workers (LICSWs) and Licensed Clinical Mental Health Counselors (LCMHCs) licensed by the New Hampshire Board of Mental Health and Suboxone prescribers (as identified by SAMHSA) certified to deliver specific treatment and recovery support services in NH were included in the assessment.

For each licensure category, the following table provides the number of providers licensed by the state and/or a federal agency and are actively practicing in New Hampshire.

Table 1: Number of Licensed Professionals in New Hampshire

	LADC	MLADC	CRSW	LCMHC	LICSW	Psychologist	Prescriber of Suboxone
# of active providers practicing in NH	115	226	26	702	931	513	49

A.2. Licensed Professionals by Geography

"As CMHCs it has been hard to keep up with adequate staffing due to high case loads, no shows, etc. and funding issues.

Using the zip code provided by the licensing boards for each licensed professional, analyses were made relative to the geographic and per capita distribution of licensed professionals in the state who may be delivering SUD services. For LICSWs and LCMHCs, the locations are based on mailing addresses which most likely are home addresses compared to where the provider practices. For LADCs and MLADCs, the locations represent the area in which the provider practices.

For geographic representations, the geographies of the state's Regional Public Health Network System were used. See **Appendix C: NH Regional Public Health Network Map** for the geographical areas used for organizing data in this report. For per capita calculations, town population estimates from the 2010 U.S. Census were used.

The following table shows the number of licensed professionals within each of the Regional Public Health Network geographies for each licensure category. In addition to the table of licensed professionals by region, please see **Appendix D: Per Capita Map of Licensed Professionals** for a map of the geographic and per capita distribution of each licensure type.

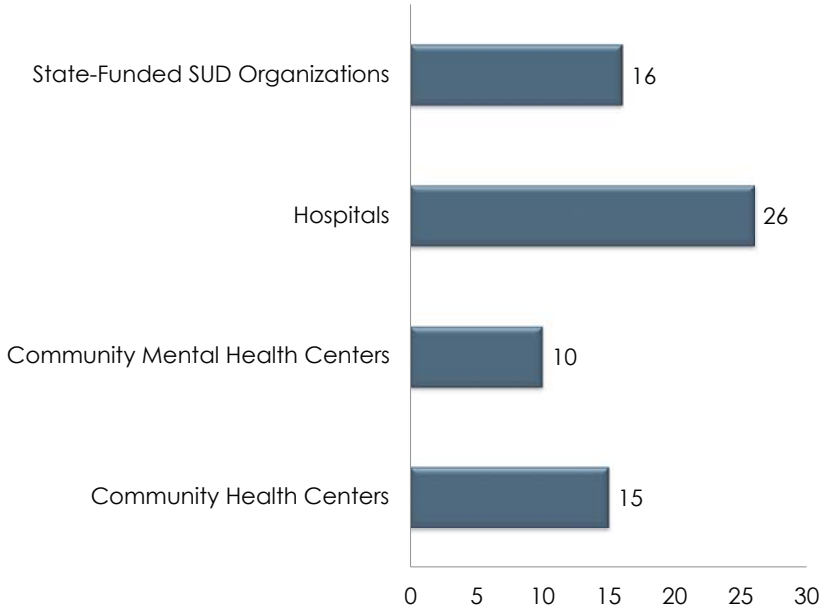
Table 2: Number of Licensed Professionals by Region

	LADC	MLADC	CRSW	LCMHC	LICSW	Psychologist
Capital Area	14	27	3	85	152	66
Carroll County	1	7	0	36	28	7
Central NH	0	2	0	24	13	7
Greater Derry	5	15	0	60	76	20
Greater Manchester	17	52	4	110	124	49
Greater Monadnock	10	21	3	63	65	55
Greater Nashua	11	26	6	93	92	84
Greater Sullivan	6	6	0	20	19	9
North Country	14	14	6	25	34	14
Seacoast	8	23	0	86	152	74
Strafford County	12	14	3	43	95	45
Upper Valley	4	8	0	24	45	73
Winnipesaukee	13	11	1	33	36	10
Total	115	226	26	702	931	513

A.3. Service Delivery Systems

To better understand the various systems of providers that may be delivering SUD services, contact and site location information was collected for service delivery systems who were determined by the assessment ad-hoc advisory group to be either currently delivering SUD services or who may have interest and capacity to deliver SUD services in the near future. Therefore, data from organizations within these particular systems were examined in addition to organizations as a whole. The graph below indicates the number of known provider organizations that exist for each selected service delivery system. **Appendix E** provides a map of the geographic distribution of CHCs, CMHCs and Hospitals.

Graph 1: Number of Provider Organizations by Service Delivery System



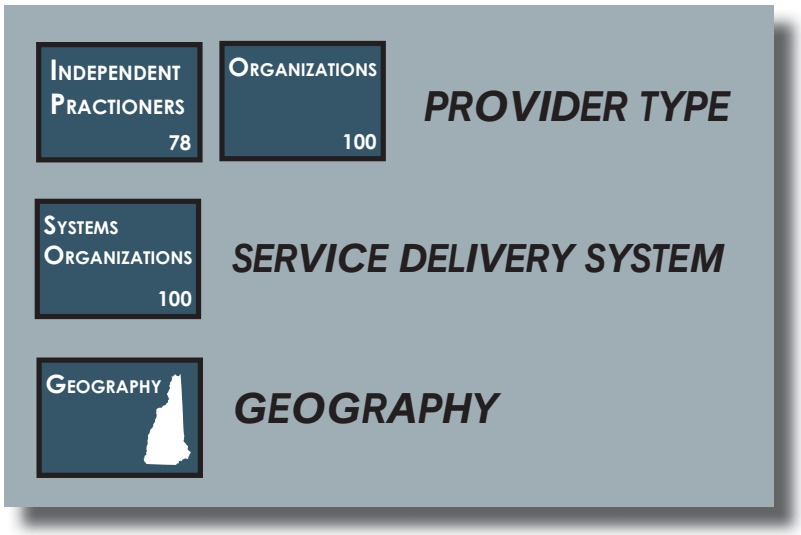
SYSTEMS ORGANIZATIONS 100

B. Survey of Practitioners and Provider Organizations

As explained in the methodology section, independent practitioners and organizations within targeted service delivery systems were surveyed to assess staffing levels, service reimbursement, services delivered, and populations served as well as interest in expanding SUD service capacity.

Data collected through the assessment survey provide a point-in-time view of current SUD service capacity by those providers participating in the assessment and is limited to the knowledge and/or perception of the individual respondents. All data shared can be considered specific to New Hampshire residents in that survey participants were asked to provide information relative to services delivered to residents of the state.

Data for each of these categories will be presented through the following three perspectives:



The symbols above will be used to indicate the specific category of data presented within each of the following graphs and tables.

INDEPENDENT PRACTIONERS 78 | ORGANIZATIONS 100

Provider Type

As noted earlier, the assessment survey was disseminated to two main provider types: a) independent practitioners delivering services in private practice; and b) organizations or agencies delivering services. Associations or groups of independent practitioners, referred to as "private practice groups" are included under organizations. These provider types are described in detail below.

INDEPENDENT PRACTITIONER

This provider type refers to data provided by survey respondents who indicated providing SUD services as an independent practitioner in a private practice. If a practitioner delivered services in private practice and for an agency or organization, they were asked to only provide information on their work in private practice.

Licensing/Certification Board	Practitioner Types
NH Board of Licensing for Alcohol and Other Drug Use Professionals	LADC - Licensed Alcohol and Drug Counselor
	MLADC - Master Licensed Alcohol and Drug Counselor
	CRSW - Certified Recovery Support Worker
NH Board of Mental Health Practice	LCMHC - Licensed Clinical Mental Health Counselor
	LICSW - Licensed Independent Clinical Social Worker
	LMFT - Licensed Marriage and Family Therapist
	LPP - Licensed Pastoral Psychotherapist
NH Board of Psychologists	Psychologist
NH Board of Medicine	RN - Registered Nurse
	ARNP - Advanced Registered Nurse Practitioner
	PA - Physician Assistant
	MD - Doctor of Medicine
	DO - Doctor of Osteopathic Medicine
	Psychiatrist
Substance Abuse and Mental Health Services Administration	Practitioner certified to prescribe Buprenorphine/ Suboxone
	Other Practitioner Types

ORGANIZATION

This provider type refers to data provided by survey respondents who indicated that they were responding on behalf of an agency or organization that provides SUD services. The survey noted that the respondent should have adequate knowledge of the service levels and capacities of the agency or organization as a whole in order to respond accordingly. Thus, survey responses may include data for multiple programs or organization locations.

Organization Types
Community Health Centers (CHCs)
Community Mental Health Centers (CMHCs)
Primary Care Clinics
Hospitals
Medication Assisted Treatment (MAT) Providers/Opioid Treatment Programs (OTPs)
Substance Use Disorder (SUD) Treatment Programs
Community Social Service Agencies
Recovery Organizations
Transitional Living/Sober Housing
Private Practice Groups

Service Delivery System

In addition to data provided by provider type, this report also presents data by respondents within five core service delivery systems; 1) CHC, 2) CMHC, 3) Primary Care Clinic, 4) Hospital, 5) Medication-Assisted Treatment Provider, 6) SUD Treatment Organization, 7) Recovery Organization, 8) Transitional Living/Sober Housing, and 9) Private Practice Group.

Data are reported for these selected systems because these systems deliver the majority of SUD services currently and/or are anticipated to have the greatest capacity to deliver expanded SUD services over time.

Geography

Data presented by geography is organized using the thirteen public health network regions noted earlier in this report. Services offered and number of people served is based on the zip code of the practitioners or an organization's central office. Therefore, data presented may not necessarily reflect where services were actually delivered if a practitioner or provider organization offers services within multiple locations.

B.1. Survey Respondents and Response Rates

A total of 211 surveys were received which included 209 completed surveys and two incomplete surveys. The incomplete surveys were included in the analysis. Of the 211 surveys, thirty-three indicated not providing SUD services while 178 reported being current SUD providers. The data provided in the following sections will reference only those who reported providing SUD services (n=178).

211 surveys submitted,

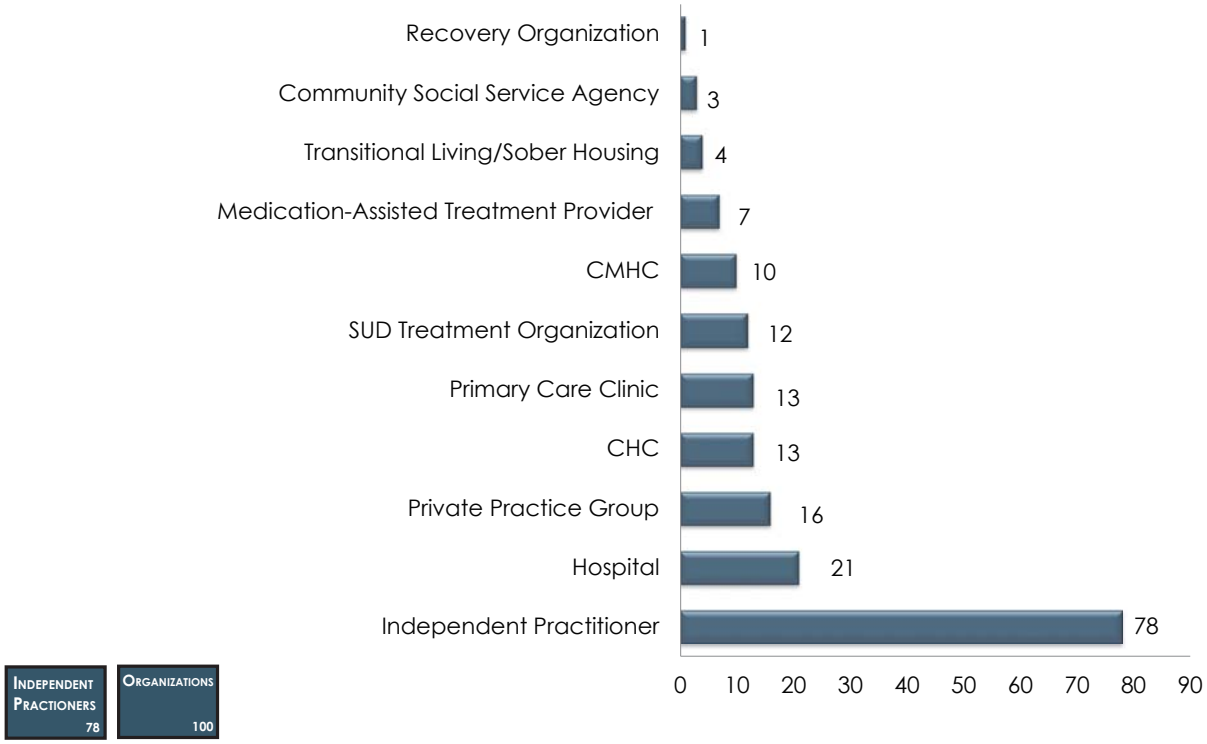
of these **178** are current SUD providers

and **33** do not provide SUD services.

B.1.a. Survey Respondents by Provider Type

Seventy-eight (78) independent practitioners and 100 organizations responded to the survey. The following graph depicts the number of respondents for the two provider categories by service delivery system. The data presented are based on the service setting with which the respondent indicated being most closely associated with. Graph 2 reflects the number of surveys collected by provider type. As a reminder, these data reflect only those providers that reported delivering SUD services.

Graph 2: Number of Survey Respondents by Provider Service Setting



B.1.b. Survey Respondents by Service Delivery System

Although it is more challenging to determine a response rate for specific provider systems such as private practice groups or by broad-based, social service organizations, a response rate was calculated for those organizations within discrete systems of care where there were a known number of total organizations within the system. As the following table reflects, 86.6% of community health centers, 100% of community mental health centers, 100% of state-funded SUD contracted treatment providers and 96.2% of hospitals in the state responded to the survey. The numbers provided in Table 3 reflect all survey respondents. However, only those who indicated they deliver SUD services are reflected in the remainder of this report.

Table 3: Response Rate by Service Delivery System 

Service Setting	# of Known Providers	# of Provider Agencies Completing Survey	Response Rate (%)
Community Health Centers	15	13	86.6%
Community Mental Health Centers	10	10	100.0%
Hospitals	26	25	96.2%
State-Funded SUD Organizations	16	16	100.0%

It is important to note that 32 hospitals exist in NH. Out of these hospitals, the 26 acute care hospitals that are members of the hospital association were the primary target of this assessment. One psychiatric hospital out of the remaining six hospitals not associated with the hospital association did participate in the survey.

Additionally, the number of licensed professionals who currently deliver SUD services either as independent practitioners or within an organization was identified. The following table provides the number of full-time equivalent staff reported in the assessment. Individuals who have more than one license are counted as one within each licensure category for which they hold a current license. Therefore, the total number across all categories will include duplicate responses.

Table 4: Number of Licensed Professionals Reported as Delivering SUD Services

INDEPENDENT PRACTIONERS 78 | ORGANIZATIONS 100

	LADC	MLADC	CRSW	LCMHC	LICSW	Prescriber of Suboxone	Psychologist
Independent Practitioner (n=78)	27	46	1	27	17	2	2
Organization (n=100)	99	88	43	132	136	41	79
Total	126	132	44	159	153	43	81

**Estimates were rounded up to the nearest whole number*

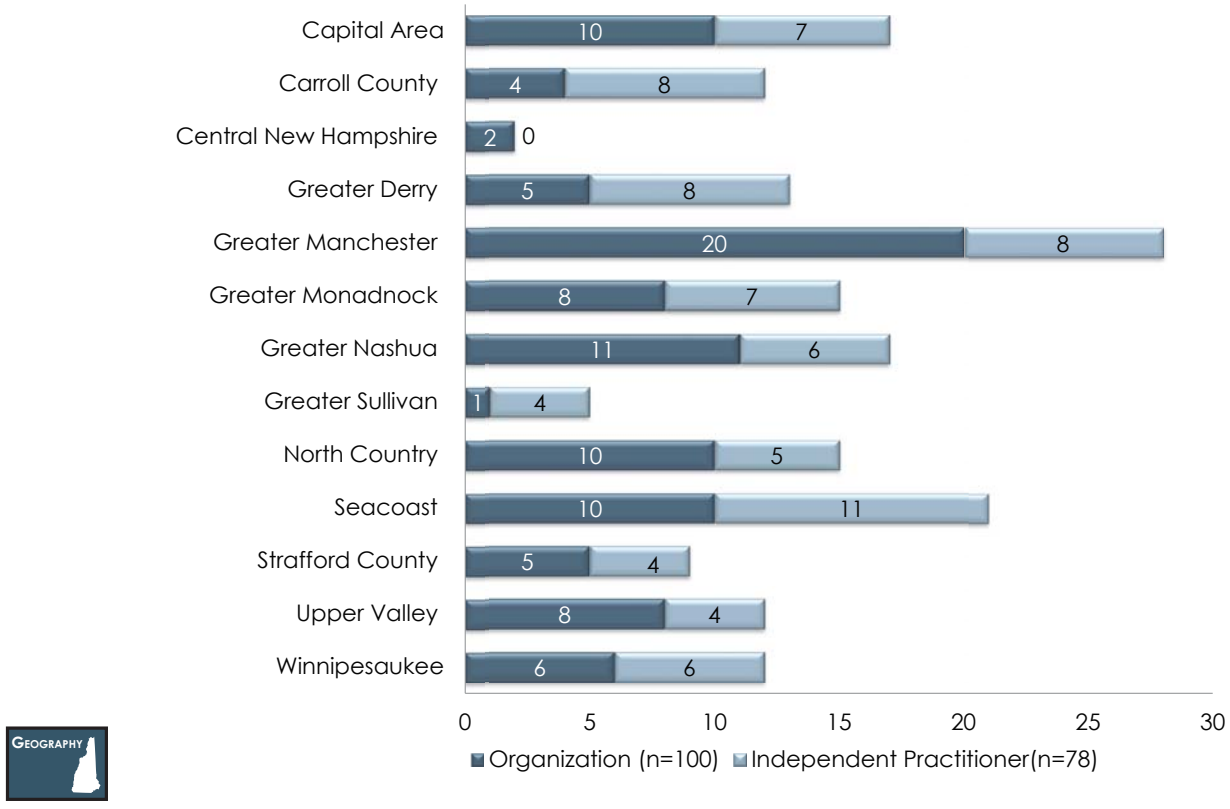
As expected, the number of LADCs and MLADCs reported is much higher in comparison to other license types in that these practitioners are specifically licensed to deliver SUD services. For LCMHCs and LICSWs, a lower number of these practitioners were expected for two reasons. One, these license types can serve a variety of disorders other than SUDs. Second, the contact lists obtained from the New Hampshire Board of Mental Health did not include email addresses. Thus, the survey had to be conducted via phone, making it difficult to reach all providers.

B.1.c. Survey Respondents by Geography

The following graph depicts the number of providers by the geography of the state's regional public health network system. As expected, the Greater Manchester region, one of the most densely populated areas of the state, had the highest number of respondents, with thirty-two practitioners and organizations responding to the survey. The Central NH Public Health Region had the lowest number of respondents.

Please see **Appendix F: Survey Respondents by Region** for the number of providers within each region who responded for each service delivery system.

Graph 3: Number of Practitioner and Organization Survey Respondents by Region



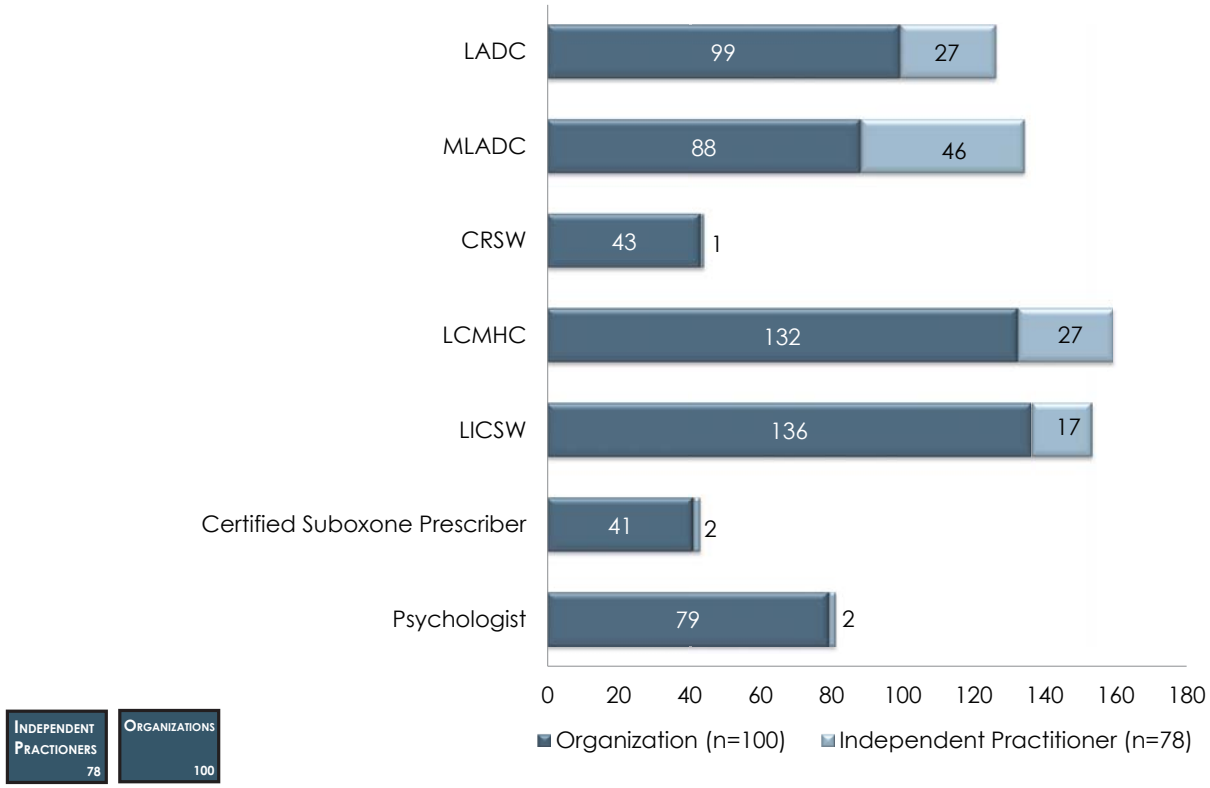
B.2. Current Staffing Levels

Survey respondents were asked to estimate the number of full-time equivalent staff by license or certification type. Respondents were provided a list of all licensure and certification types within primary care, mental health, and SUD treatment in an effort to capture a wide range of health professionals.

B.2.a. Staffing Level by Provider Type

In the graph below staffing levels estimated by survey respondents are presented by provider type.

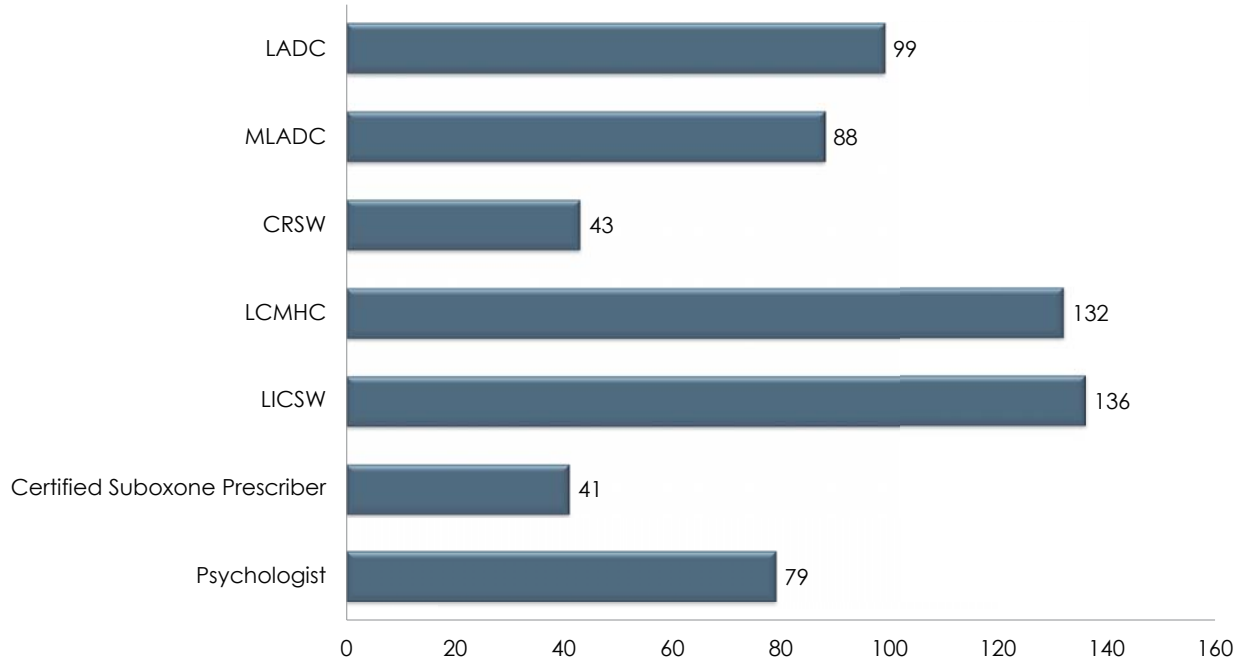
Graph 4: Staffing Levels by Provider Type



The graph below presents staffing level by service delivery system to demonstrate current capacity of licensed staff within specific systems of care. As expected, a higher number of LADCs and MLADCs were reported among SUD Treatment Organizations and CMHCs indicated staffing more LICSWs and LCMHCs compared to other service delivery systems.

Graph 5: Staffing Levels by Service Delivery System

Systems Organizations 100



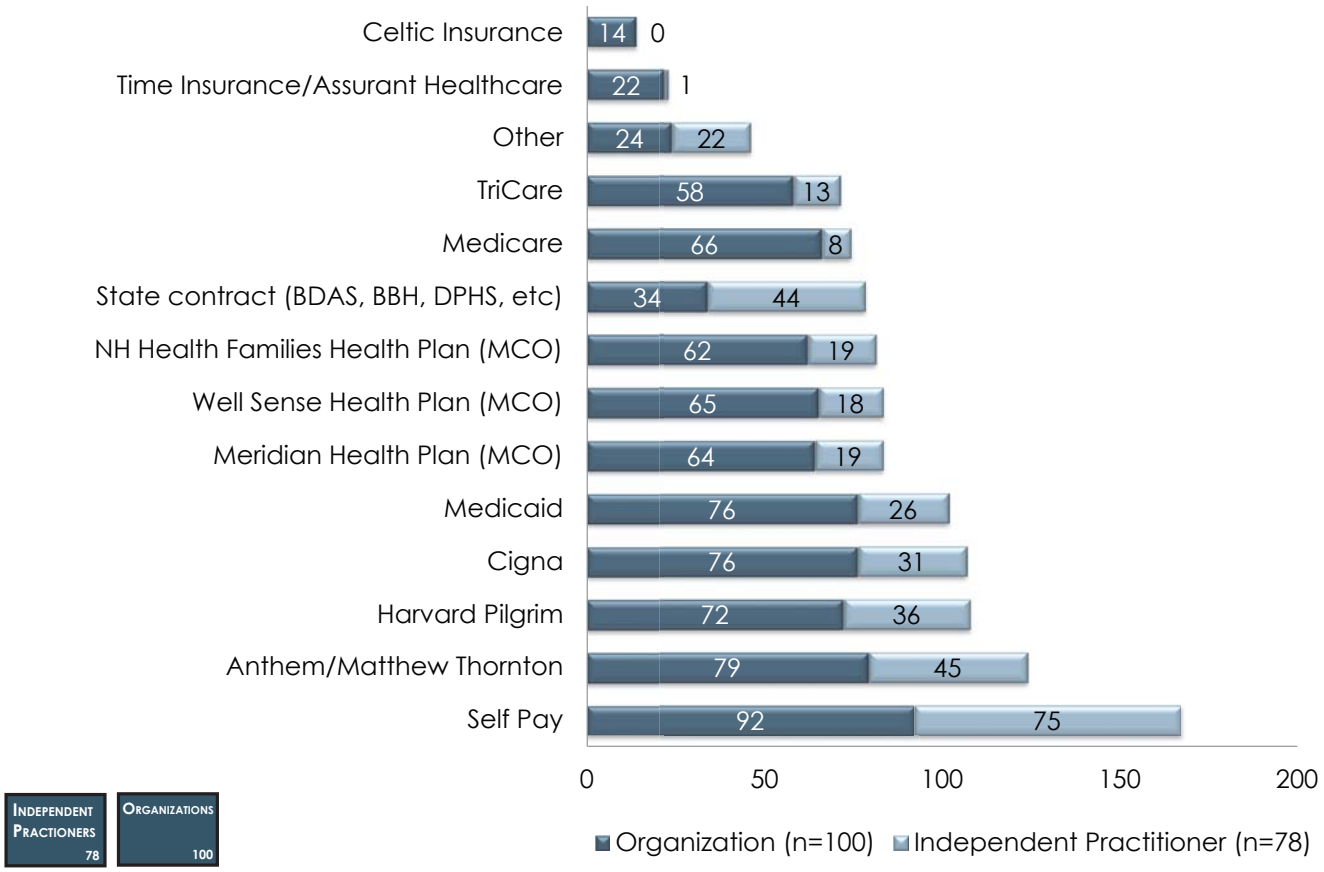
	LADC	MLADC	CRSW	LCMHC	LICSW	Certified Suboxone Prescriber	Psychologist
CHC	0	3	0	5	11	3	4
CMHC	17	22	0	66	47	2	3
Primary Care Clinic	0	1	0	0	4	2	0
Hospital	12	7	0	12	25	7	15
Medication-Assisted Treatment Provider	4	5	1	2	5	17	0
SUD Treatment Organization	54	32	40	22	21	8	1
Community Social Service Agency	1	6	0	4	3	0	0
Recovery Organization	0	0	0	0	0	0	0
Transitional Living/Sober Housing	3	0	0	1	1	0	0
Private Practice Group	8	12	2	20	19	2	56
Total	99	88	43	132	136	41	79

B.3. Billing & Third-Party Reimbursement

Providers of SUD services were asked what types of payment they were able to receive and which third-party insurers had approved them for reimbursement. Anthem, followed by Cigna and Harvard Pilgrim, are the most commonly accepted commercial payment types for both provider types (see Graph 6). **Appendix G: Insurance Status by Provider Type,** indicates current insurance status by provider type.

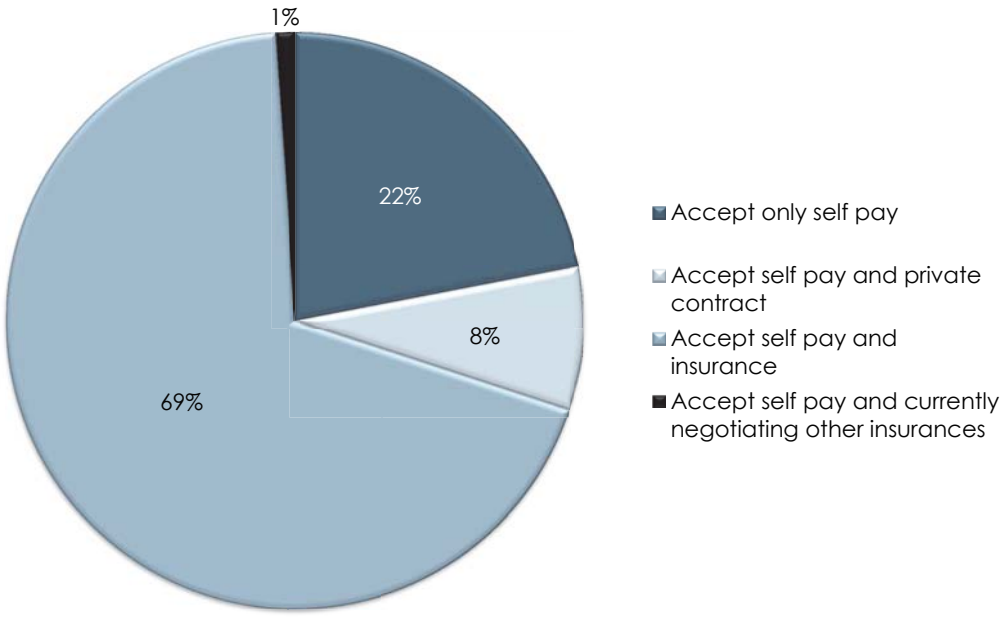
"The absence of reimbursement for intensive outpatient counseling services under Medicaid has been a barrier to providing affordable services to individuals with limited resources who require that level of care in a timely manner."

Graph 6: Third-Party Insurers Accepted by Provider Type

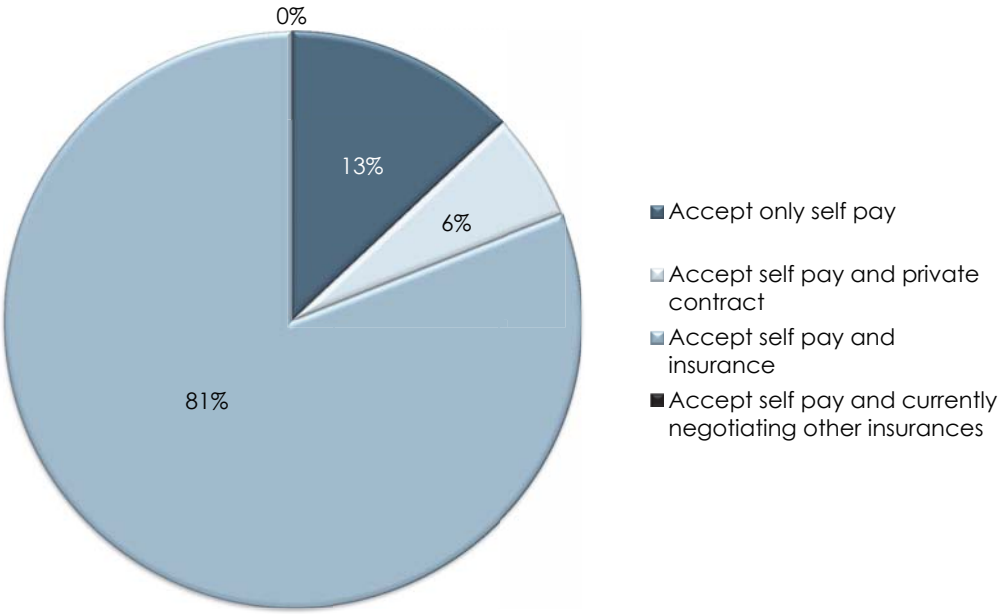


A clear distinction between the two provider types was revealed by this assessment. Most organizations are approved providers of third-party insurers compared to a few independent practitioners who are. As suggested by the following graphs, thirty-one percent (31%) of independent practitioners and nineteen percent (19%) of private practice groups either only accept self-pay or self-pay combined with other forms of reimbursement.

Graph 7: Accepted Payment Types by Independent Practitioners



Graph 8: Accepted Payment Types by Private Practice Groups

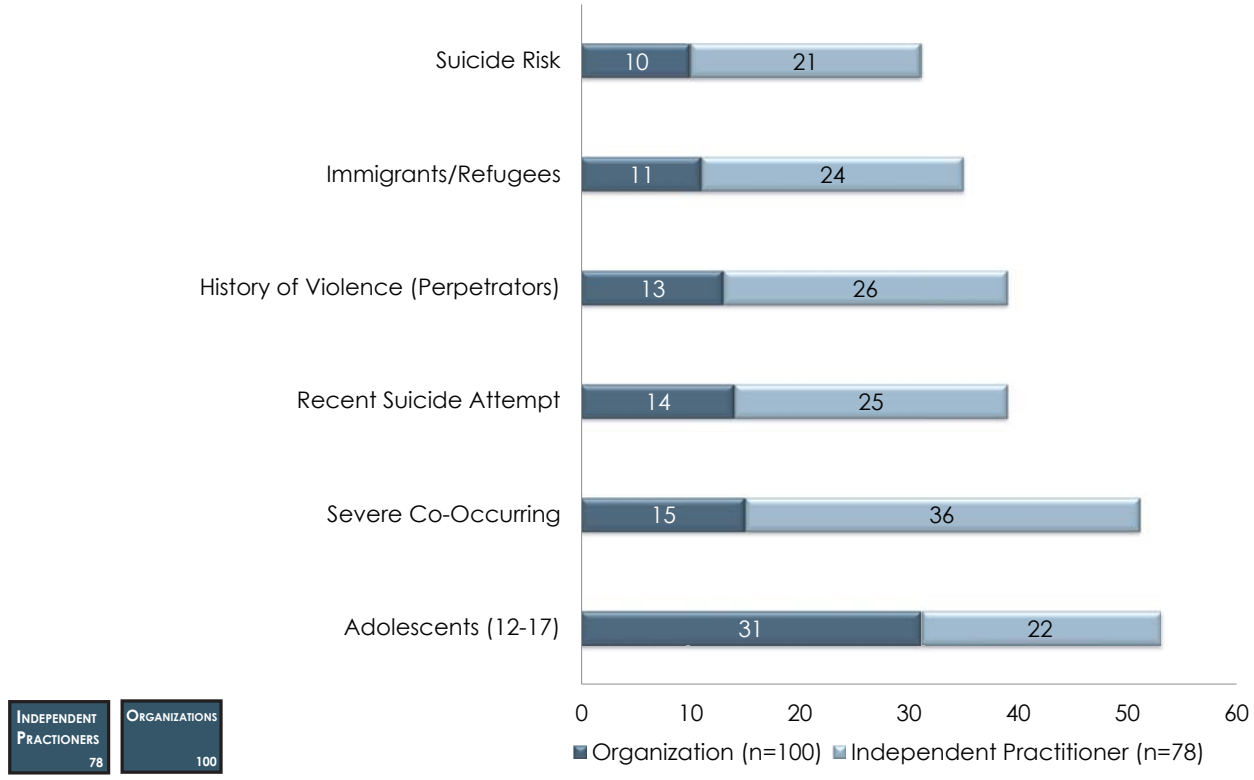


B.4. Under-Served Populations

Respondents were asked what populations they serve and whether there were specific populations they were unable to provide services for due to limitations such as needing specialized staff, services, facilities or other infrastructure. Providers were asked about twenty-three specific populations. The majority of respondents identified six populations they were unable to serve including adolescents, co-occurring individuals with severe and persistent mental illnesses, individuals with high suicide risk, individuals with a recent suicide attempt, individuals with a history of perpetrating violence, and immigrants and refugees.

The following graph depicts the number of practitioners and organizations unable to serve specific sub-populations.

Graph 9: Populations Unable to be Served by Provider Type



B.5. Services Offered

Respondents were asked to indicate the specific SUD services they provide based on the following categories and sub-categories listed in the table below.

Table 5: Service Categories

Service Category	Sub-Categories
Screening[4]	Alcohol Other Drugs Mental Health Trauma
Brief Intervention	N/A
Referral to Treatment	N/A
Treatment Services for substance use disorders or co-occurring substance use and mental health disorders	Assessment Outpatient (OP) Services (Individual) Outpatient Services (Group) Intensive Outpatient Services (IOP) Partial Hospitalization Clinically Managed Low Intensity Residential Services Clinically Managed Medium Intensity Residential Services Medically Monitored Residential Services Medically Managed Inpatient Hospital-Based Services Transitional Living Opioid Treatment Programs (Methadone prescribing/dispensing) Office Based Medication Assisted Treatment (Buprenorphine/ Suboxone prescribing/dispensing) Other Medication Maintenance Other (description required)
Recovery Support Services (RSS)	Child Care Transportation Employment Services Anger Management Recovery Mentoring/Relapse Prevention Management Peer Recovery Coaching Permanent Supportive Housing Sober Housing Care Coordination Other (description required)

Please see **Appendix H: Service Sub-Category Descriptions** for a description of each service sub-category referenced above.

[4] Providers were asked to indicate if they screen patients for misusing alcohol/drugs. The survey clearly noted that program intake or admission paperwork should not be counted as screening. In an effort to provide appropriate screening counts, only those provider systems that are known to conduct screening are included in this report.

B.5.a. Services Offered by Provider Type

> *It takes months for a pt to receive services for med management at our community mental health organization. We can get pts in for counseling, but long waits for med management. Our primary care team needs that expertise to help manage pts with substance use and mental health issues.*

Survey responses revealed a notable difference in the number of people served within the broad categories of SUD services. This is to be expected in terms of service type in that for any disease or disorder there will be far more people screened for a disorder than assessed, more assessed than treated, and so forth. Also, once a disorder has been identified, treatment varies depending on the severity of the disorder. In the treatment of SUD disorders, outpatient counseling is typically the most prevalent service provided. The survey revealed this to be the case in New Hampshire, with individual and group outpatient counseling being the most prevalent service type and category among organizations (71%) and independent practitioners (100%).

Recovery Support Services (RSS) appeared to be the least provided service type, with less than 1% of individual practitioners providing RSS and only 19% of the organizations. Of those who are providing this service, recovery mentoring/relapse prevention management, peer recovery coaching, and anger management are the most common services offered. It is important to note that RSS is an emerging service category in the state, with a certification board for professionals and para-professionals established within the last five years. Furthermore, RSSs are not formally defined within the field and often exist informally both within the field of SUD service providers and within broader community service systems. For these and other reasons, it is expected that RSSs are under-reported.

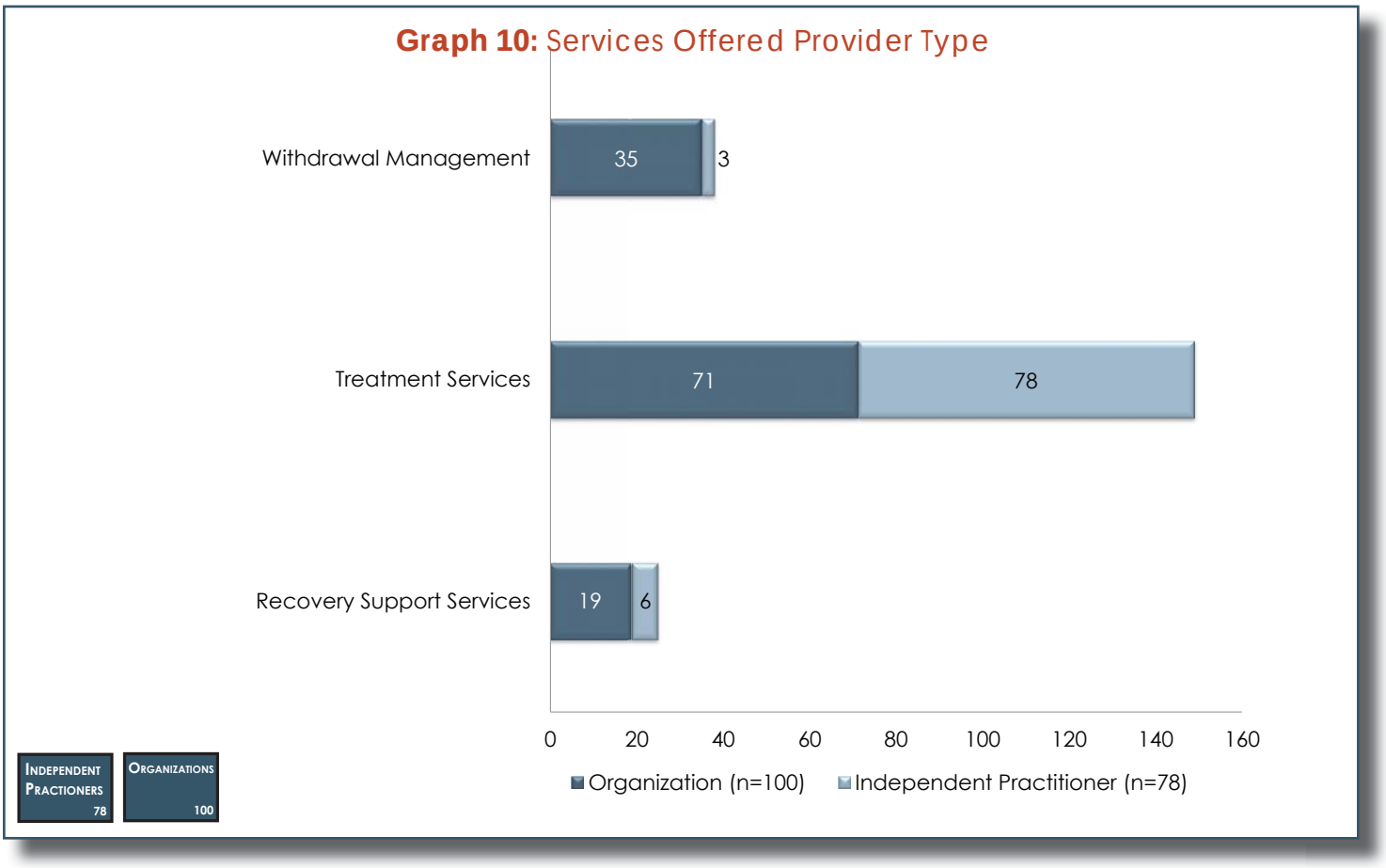
Aside from broad-based screening, the treatment of SUDs typically falls into three core service categories: withdrawal management, treatment, and recovery support services.

Table 6 provides a summary of practitioners and organizations that reported delivering the specific services within the three categories of SUD treatment.

Table 6: Number of Practitioners and Organizations Delivering SUD Services

Service Category	Sub-Categories	Organization n=100		Independent Practitioners n=78	
Withdrawal Management (detoxification services) (35 organizations; 3 practitioners)	Medically Monitored (ambulatory)	16	16.0%	3	3.8%
	Medically Monitored (non-hospital, residential)	4	4.0%	0	0.0%
	Medically Managed (acute hospital care)	11	11.0%	0	0.0%
	Methadone	5	5.0%	0	0.0%
	Suboxone	15	15.0%	2	2.6%
	Other Medications	12	12.0%	0	0.0%
	Other Service Type	2	2.0%	0	0.0%
Service Category	**Sub-Categories**	**Organization n=100**		**Independent Practitioners n=78**	
Treatment Services (71 organizations; 78 practitioners)	Assessment	60	60.0%	76	97.4%
	Outpatient (OP) Services (Individual)	58	58.0%	75	96.2%
	Outpatient Services (Group)	35	35.0%	45	57.7%
	Intensive Outpatient Services	22	22.0%	5	6.4%
	Partial Hospitalization	3	3.0%	0	0.0%
	Clinically Managed Low Intensity Residential Services	7	7.0%	0	0.0%
	Clinically Managed Medium Intensity Residential Services	7	7.0%	0	0.0%
	Medically Monitored Residential Services	4	4.0%	0	0.0%
	Medically Managed Inpatient Hospital-Based Services	6	6.0%	0	0.0%
	Transitional Living	8	8.0%	0	0.0%
	Opioid Treatment Programs (Methadone prescribing/ dispensing)	3	3.0%	0	0.0%
	Office Based Medication Assisted Treatment (Buprenorphine/Suboxone prescribing/dispensing)	18	18.0%	4	5.1%
	Other Medication Maintenance	9	9.0%	1	1.3%
	Other (description required)	4	4.0%	4	5.1%
Service Category	**Sub-Categories**	**Organization n=100**		**Independent Practitioners n=78**	
Recovery Support Services (RSS) (19 organizations; 6 practitioners)	Child Care	4	4.0%	0	0.0%
	Transportation	5	5.0%	0	0.0%
	Employment Services	6	6.0%	0	0.0%
	Anger Management	10	10.0%	1	1.3%
	Recovery Mentoring/Relapse Prevention Management	13	13.0%	4	5.1%
	Peer Recovery Coaching	10	10.0%	4	5.1%
	Permanent Supportive Housing	2	2.0%	0	0.0%
	Sober Housing	4	4.0%	0	0.0%
	Care Coordination	7	7.0%	3	3.8%
	Other (description required)	3	3.0%	2	2.6%

The following graph provides another representation of services offered by provider type.



B.5.b. Services Offered by Service Delivery System

Services offered by organizations within core provider systems reveal that the greatest capacity lies within treatment services. Specifically, outpatient counseling is widely serviced across the core provider systems with greater capacity among the SUD treatment system. Of the CHCs, CMHCs, and hospitals who indicated providing SUD services, all reported screening patients to some degree. Hospitals were the primary leader for providing withdrawal management services and recovery supports are minimally offered across each provider system. **Appendix I: Services Offered by Service Delivery System** provides the services offered by each service system.

B.5.c. Services Offered by Geography

Please see **Appendix J: Treatment Service Locations and Per Capita Map** created to display the geographical distribution and per capita of the services provided across the state by the thirteen public health network regions. Maps are provided to show geographic distribution of withdrawal management, outpatient counseling, and residential services. The service locations of MAT and OTP providers are also provided.

B.6. Existing Service Capacity

> *"Extreme lack of residential or hospital-based detoxification services. Lack of available Intensive Outpatient programs north of Lakes Region or Lebanon, NH area.*

For each broad treatment service category, respondents were asked to estimate the number of patients/people served in the last year for SUDs, mental health (MH) conditions or co-occurring SUDs and MH conditions. For this report, the data are presented only if the respondent indicated that the service was provided to those with a SUD or co-occurring SUD/MH condition. Additionally, the number of people screened is provided for selected service delivery systems only.

B.6.a. Existing Service Capacity by Provider Type

Existing service capacity data is presented below for independent practitioners and organizations. In the past year respondents indicated they delivered individual and group outpatient counseling to 31,829 people. Outside of screening, the number of people reported being served within the other service categories of withdrawal management, MAT, residential services, and RSS are lower indicating that greater capacity for services may be needed.

Table 7: Current Number of Clients Served by Provider Type

Provider Type	# of Provider Respondents	Withdrawal Management	Medication- Assisted Treatment	Screening	Outpatient Intensive Outpatient	Residential Inpatient	Recovery Support Services	Total
Organization	100	1,694	5,759	127,719	25,205	2,284	1,825	164,486
Independent Practitioner	78	33	720	-	6,624	0	376	7,753
Total	178	1,727	6,479	127,719	31,829	2,284	2,201	172,239

B.6.b. Existing Service Capacity by Service Delivery System

Table 8 depicts responses from the core provider systems relative to service capacity in the past year. For screening, survey respondents reported screening 127,719 individuals for SUDs in the past year, 54.2% of which were reported by CHCs. It is important to note that of those hospitals who reported conducting screenings, many were unable to provide an estimate for the number of people served within the last year. Therefore, the total number of people screened is likely to be higher than reported.

Outpatient services is the next highest service type provided of the core provider systems with 25,205 people served. As expected, SUD programs, private practice groups and CMHCs offered greater outpatient services. Outside of medication-assisted treatment providers, hospitals served the next highest number, 1,150 people, for MAT. For withdrawal management services, hospitals and SUD organizations served the largest number of people. For residential services, SUD programs served the majority of people. And, just over 1,800 people received recovery support services. It is important to note that the count of individuals served may and is likely to include duplicated counts of individuals who may have accessed multiple services and/or received services from multiple practitioners and organizations.

Table 8: Current Number of Clients Served by Service Delivery System 

Provider System	Number of Provider System Respondents	Withdrawal Management	Medication Assisted Treatment	Screening	Outpatient/ Intensive Outpatient	Residential/ Inpatient	Recovery Support Services
Community Health Center	13	54	235	69,245	1,140	0	815
Community Mental Health Center	10	0	150	9,789	5,156	0	0
Primary Care Clinic	13	39	74	32,900	200	0	0
Hospital	21	610	1,150	15,785	1,771	220	0
Medication-Assisted Treatment Provider	7	241	3,632	--	3,536	0	7
Substance Use Disorder Treatment Organization	12	680	298	--	4,413	2,004	501
Community Social Service Agency	3	0	0	--	491	0	100
Recovery Organization	1	0	0	--	0	0	65
Transitional Living/Sober Housing	4	0	0	--	0	60	210
Private Practice Group	16	70	220	--	8,498	0	127
Total	100	1,694	5,759	127,719	25,205	2,284	1,825

B.6.c. Existing Service Capacity by Geography

Appendix K: Current Capacity by Region displays the current capacity of independent practitioners and organizations by region. As indicated by the data, the current service capacity varies greatly across regions. While the data may seem unexpected for certain regions, it is important to take into account the number of providers who answered for each region and the types of organizations and practitioners who responded within that region.

B.7 Anticipated Capacity Expansion

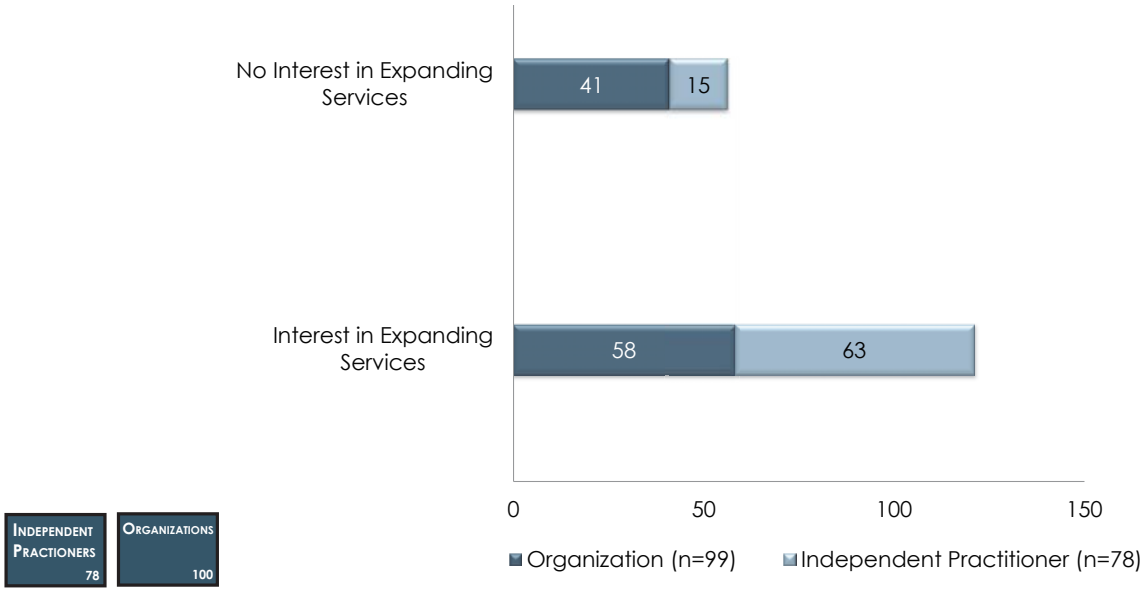
Many providers expressed difficulty with providing data on the number of people they may be able to serve in the next six to nine months and nine to eighteen months without knowing exactly what funding and reimbursement will be available to serve additional people. Therefore, the projected data may be lower than the actual capacity available to serve people.

Of those who reported providing SUD services, 68% (58 organizations and 63 independent practitioners) indicated interest in either expanding the services they currently provide or providing a new service. Higher interest was reported among independent practitioners compared to organizations.

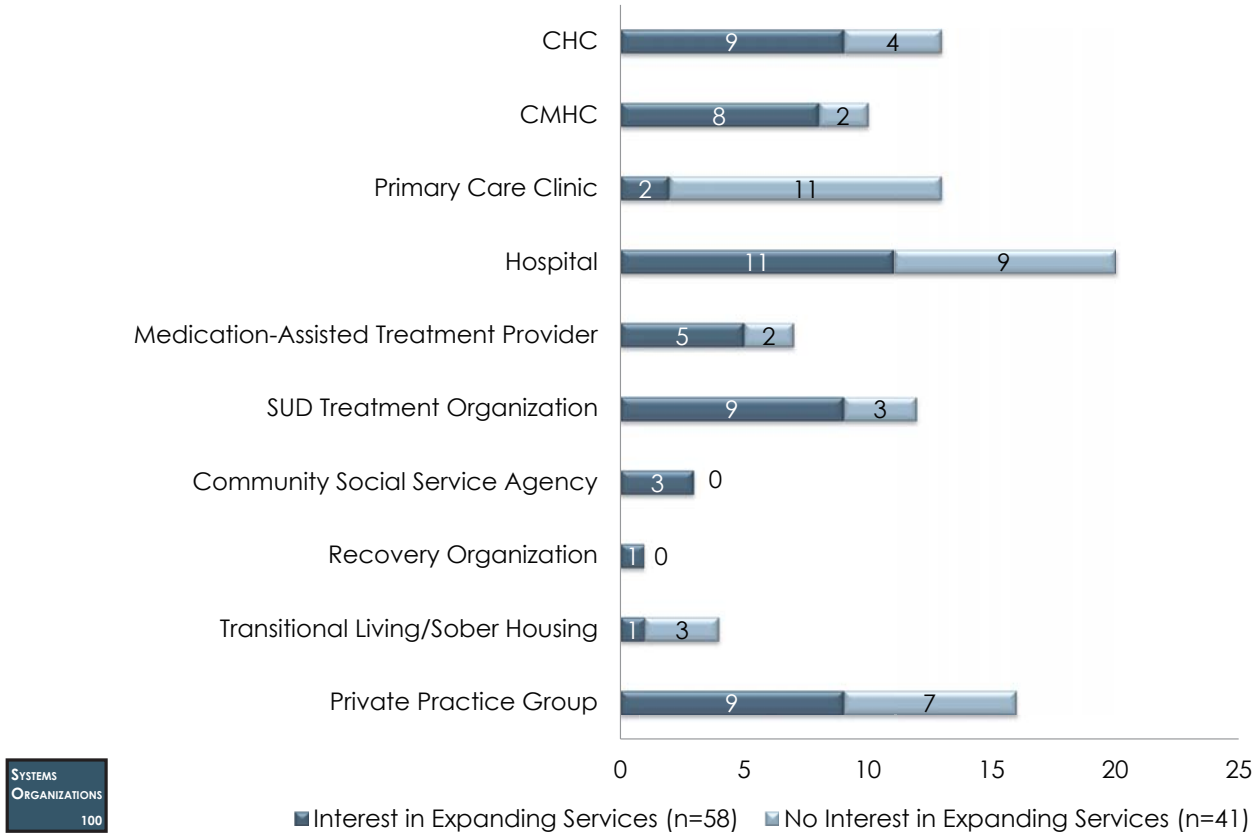
Additionally, of the 33 respondents who indicated not currently providing SUD services, two independent practitioners, one organization and three respondents who did not categorize themselves as a practitioner or/and organization reported interest in providing services in the future. These data are not included within the folowing graphs and tables related to expanded capacity.

Sixty-eight percent of repondents indicated interest in expanding services. CMHCs and SUD organizations reported the highest level of interest, while fewer hospitals and private practice groups expressed interest in expanding (graph 11).

Graph 11: Interest in Expanding Services by Provider Type



Graph 12: Interest in Expanding Services by Service Delivery System



B.7.a. Anticipated Capacity Expansion by Provider Type

In addition to interest in expanding capacity, respondents were also asked to indicate the number of additional people they estimate being able to serve in the next six to nine months and in the next nine to eighteen months for each service category. As indicated in the table on the next page, both provider types reported being able to serve additional people with a larger number anticipated to be served in nine to eighteen months. It is important to note that survey respondents may have included their estimation of increased capacity for the 6 to 9 month period within their estimation of the 9 to 18 month period.

Table 9: Number of Additional People Anticipated to be Served by Service Type

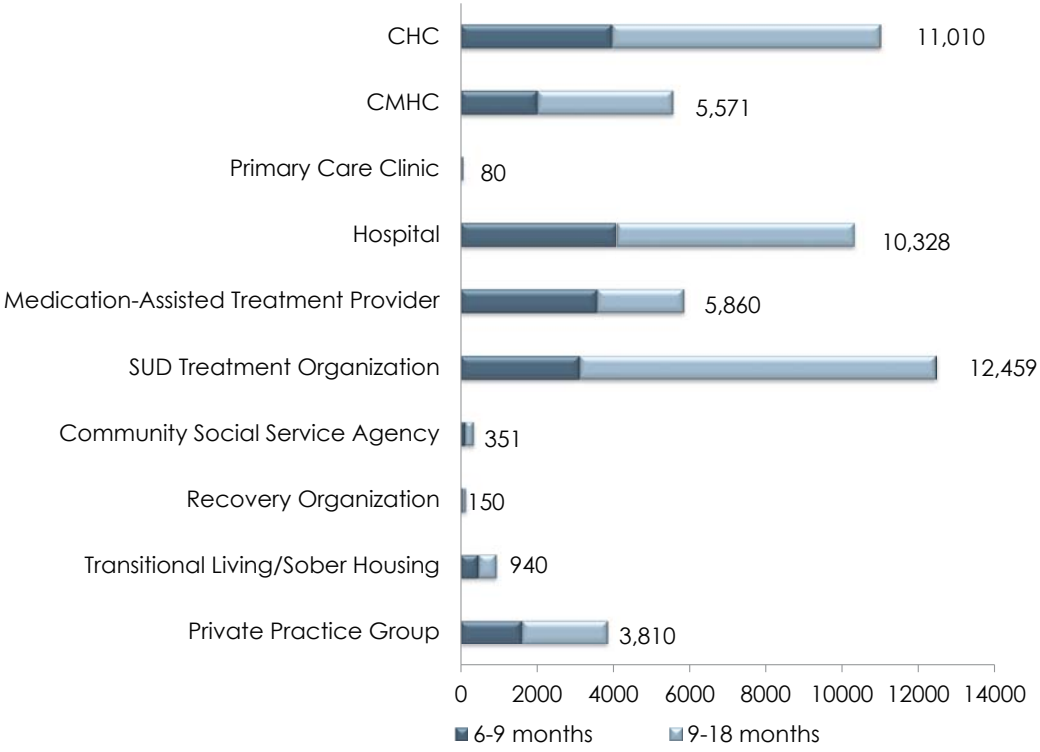
INDEPENDENT PRACTIONERS 78 | ORGANIZATIONS 100

	Independent Practitioner		Organization		Total		Cumulative Total
	6-9mo	9-18mo	6-9 mo	9-18 mo	6-9 mo	9-18 mo	
Medically Monitored Withdrawal Management (ambulatory)	240	250	387	342	627	592	1,219
Medically Monitored Withdrawal Management (non-hospital, residential)	40	0	272	856	312	856	1,168
Medically Managed Withdrawal Management (acute hospital care)	0	0	8	8	8	8	16
Withdrawal Management: Methadone	40	0	200	584	240	584	824
Withdrawal Management: Buprenorphine/ Suboxone	340	350	565	1,064	905	1,414	2,319
Withdrawal Management: Other Medication	140	100	125	794	265	894	1,159
Screening	0	0	2,652	4,597	2,652	4,597	7,249
Assessment	1,612	1,904	4,314	6,762	5,926	8,666	14,592
Outpatient Services (Individual)	2,088	2,374	3,233	5,546	5,321	7,920	13,241
Outpatient Services (Group)	1,402	1,879	1,982	2,891	3,384	4,770	8,154
Intensive Outpatient Services	281	428	1,020	1,805	1,301	2,233	3,534
Partial Hospitalization	0	0	246	431	246	431	677
Residential Services (Low)	0	0	145	340	145	340	485
Residential Services (Medium)	0	0	62	274	62	274	336
Medically Monitored Residential Services	0	0	50	50	50	50	100
Medically Managed Inpatient Hospital-Based Services	0	0	100	100	100	100	200
Transitional Living	10	15	136	198	146	213	359
Opioid Treatment Programs (Methadone prescribing/ dispensing)	0	0	250	50	250	50	300
Office Based Medication Assisted Treatment	210	275	1,440	1,740	1,650	2,015	3,665
Other Medication Maintenance	400	0	175	360	575	360	935
Recovery Support Services	278	206	1,430	2,425	1,708	2,631	4,339
Other Recovery Supports	10	0	25	525	35	525	560
Total Number of Clients Served	7,091	7,781	18,817	31,742	25,908	39,523	65,431

B.7.b. Anticipated Capacity Expansion by Service Delivery System

Of the core provider systems, a total of 18,817 people are estimated to be served in the short-term and 31,742 people in the next nine to eighteen months. Specifically, SUD programs anticipate being able to serve the most people in the next six to nine months and nine to eighteen months followed by CHCs. See **Appendix L: Anticipated Capacity by Service Delivery System System** for number of people served by service type for each provider system.

Graph 13: Anticipated Number of People Served by Service Delivery System

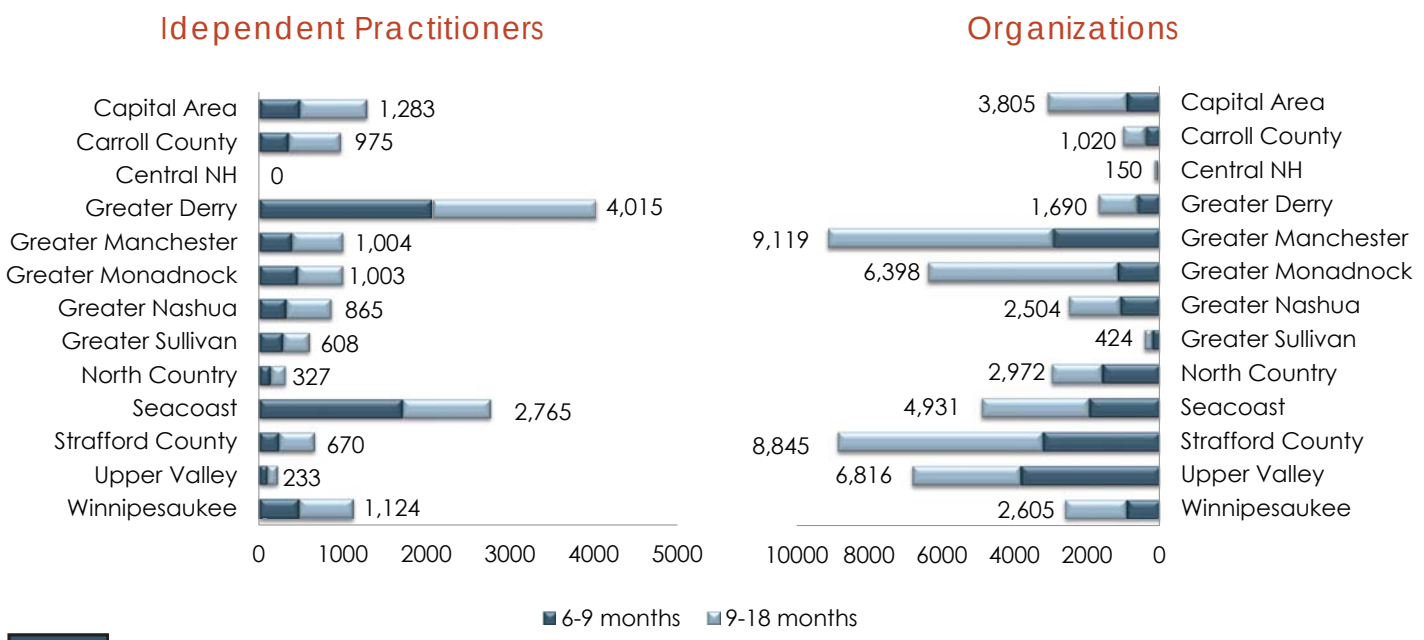


SYSTEMS ORGANIZATIONS 100

B.7.c. Anticipated Capacity Expansion by Geography

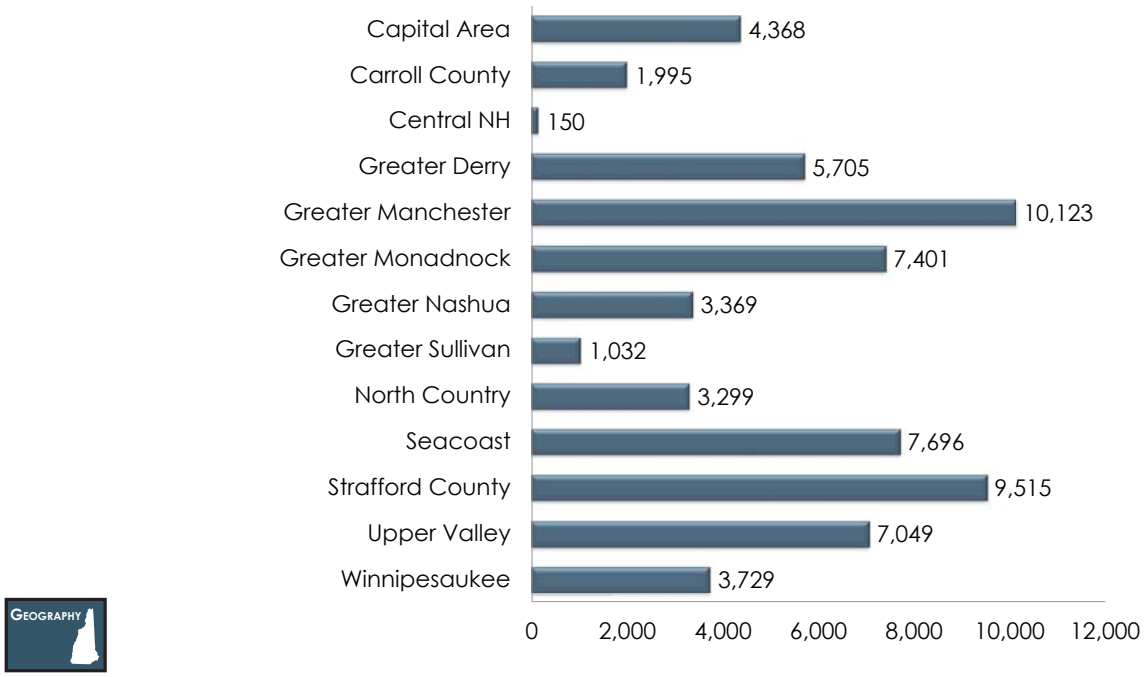
The following graph displays the anticipated capacity of independent practitioners and organizations by region. As indicated by the data, the capacity of independent practitioners is fairly consistent across regions with exception to Greater Derry and the Seacoast. For organizations, Greater Manchester and Strafford County indicate being able to serve the greatest number of people in the future.

Graph 14: Anticipated Number of People Served By Region



The following graph displays the total number of additional people served by region for all provider and service types. See **Appendix M: Anticipated Capacity by Region.**

Graph 15: Cumulative Total of People Anticipated to be Served by Region



B.8 Provider Interest in Resources and Information

> *I think that this is the right direction for primary care and behavioral health centers... We have nowhere to send uninsured people. Expansion is dependent on available funding and reimbursement.*

Respondents were asked if they would be interested in receiving information or resources for the following array of topics related to SUD services:

- Implementing a billing system
- Becoming a prescriber of medication-assisted treatment (e.g., Vivatrol, buprenorphine)
- Becoming an accredited organization
- Treatment program availability and how to make referrals
- Strategies for marketing available services
- Evidence-based tools or practices (e.g., screening instruments, SBIRT)
- Co-occurring disorders
- Integration with primary care, mental health, and substance use disorders
- Medication-assisted treatment
- Early intervention and treatment for adolescents
- Early intervention and treatment for special populations (e.g., pregnant woman)
- Other

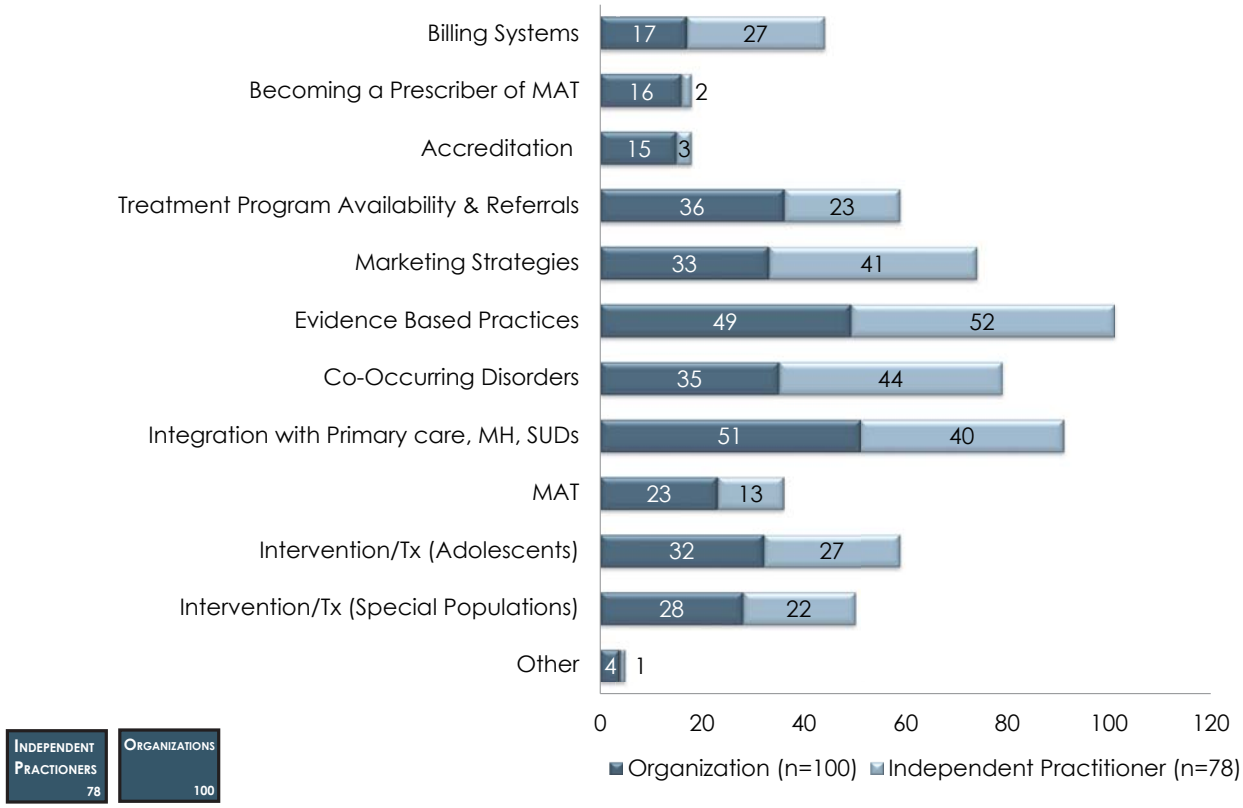
Of the 211 surveys received, 170 respondents indicated interest in receiving information and resources. For both organizations and independent practitioners, the top two areas of interest included evidence-based practices and tools (101) and integration with primary care, mental health and substance use disorders (91). Becoming a prescriber of medication-assisted treatment and becoming an accredited organization had the least interest. See **Appendix N: Resources & Information by Provider Type and Service Delivery System** for the resources and information organizations and independent practitioners identified as topics of interest.

For the core provider systems, there was a range of interest demonstrating the individual needs of these systems. Specifically, marketing strategies was indicated by SUD programs, co-occurring disorders and early intervention for adolescents by CMHCs, evidenced-based practices (EBPs) among the CHCs, and hospitals and private practice groups identified treatment program availability and how to make referrals and EBPs as top areas of interest,

and integration with primary care was identified across all provider systems. Other resources reported include domestic violence, securing additional funding, homeless services and resources, and gaining buy-in for providing SUD services. **Appendix N** also provides resources and information identified as topics of interest for provider systems.

This information not only shares each systems area of interest but provides more context on the individual needs of these systems and the specific challenges encountered. The next graph shows interest by topic area for practitioners, organizations and combined.

Graph 16: Resources and Information Requested by Provider Type



B.9 Challenges Experienced by Survey Respondents

Survey respondents had the opportunity to share comments through two questions.

1. Please describe any challenges/limitations you have experienced in being able to deliver substance use disorder services.

2. Please share any questions, comments, or concerns you have related to this Treatment Capacity Inventory Survey or in terms of the substance use disorder services you provide.

A review of their responses revealed six main themes related to insurance and payment (48), staffing and resources (38), treatment and services (22), patient population (4), other comments (24), and questions and issues with the survey (15).

- ***Insurance and Payment***

Nearly a quarter (48) of survey respondents cited difficulties with insurance or reimbursement as a challenge to delivering SUD services across New Hampshire. Challenges with or the inability to accept Medicaid (9) were difficulties that occurred most frequently, followed by issues with rates of reimbursement for various services (5), general funding (4) and lack of client ability to pay (4).

> *"I am a LADC...I…[provide] counseling services for addicted individuals and have in my own private practice since 2000..Are the proposed recredentialing requirements that are put in place by people that know nothing about addiction going to put me out of business?"*

Challenges related to rates of reimbursement included that private health insurance programs were variable in their reimbursement rates, while others simply did not provide coverage for services. It was noted that due to limited coverage, patients with Medicaid cannot be referred for other needed services such as intensive outpatient services, Suboxone services, and drug testing (3).

Other financial challenges included inability to accept insurance (3), difficulty obtaining insurance approval (2), lack of client insurance (3), no insurance coverage for MLADC practitioners (1), and inability to provide coverage to minors who refused to sign parental release waivers (1).

- ***Staffing Capacity and Resources***

Forty-three providers cited capacity challenges due to staffing, resources, or both. Inadequate staffing (15) was cited as a challenge to providers. Specifically, a number of providers noted difficulty recruiting licensed practitioners and mental health providers (5) and frequent loss of practitioners to private practice (1). Other common challenges noted included inadequate facilities to meet capacity (6)

> *"The absence of a mechanism for reimbursement for necessary recovery and treatment support services such as child care, mentoring, case management and emergency service has created hardship in supporting the delivery of those services."*

- ***Treatment & Services***

Twenty-two providers noted challenges related to referring patients to treatment. Common issues included lack of area detoxification services (6) and residential services (1), difficulties in referring patients to long-term rehabilitation programs (1), and challenges referring adolescents to programs (1). Eleven providers noted challenges related to transportation, including specific difficulties with non-mobile people and lack of public transportation services in the service area. Additionally, providers cited general inability to refer (2) including challenges related to a lack of knowledge of resources throughout the state (2). One provider also noted challenges related to receiving biased referrals to their services.

> *"[We are] not always aware of the changes occurring in the state. Individual practitioners are not in the information loop."*

> *"As CMHC, it has been hard to keep up with adequate staffing due to high case loads, no shows, etc., and funding issues."*

- ***Populations Served***

Four providers expressed concerns with their patient populations, including a high no-show rate for people and specific difficulty treating patients with co-occurring substance use and mental health disorders.

- ***Other Comments & Survey Questions/Issues***

Other challenges identified by seventeen providers included lack of coordinated care relationships among service providers, sustaining a client base, and lack of smooth communication between the state and service sectors. Seven respondents, primarily LADCs and MLADCs, had questions related to insurance and billing, the expanded coverage population in New Hampshire, and their ability to provide services. Fifteen providers noted difficulties with answering questions in the survey. The main question providers struggled with was related to expanded capacity (8) in that many felt they could not provide an accurate number of people that could be served without knowing the reimbursement and funding that will be available. Two providers indicated difficulty in providing accurate staffing counts (2), and one provider wanted more detail and instruction from the survey.

C. Assessment of Wait-Listed Treatment Services

In July 2014, the New Hampshire Center for Excellence sent out a series of questions to all state-funded treatment programs, including opioid treatment programs (OTP) under state jurisdiction, to collect data on wait lists for each substance use disorder (SUD) treatment service. This questionnaire was emailed to contacts provided by the New Hampshire Bureau of Drug and Alcohol Services. A summary of respondents and responses is provided in the following sections.

C.1 Wait List Assessment Respondents

Response rates and respondent information for SUD treatment programs and methadone clinics is provided in this section.

C.1.a. SUD programs responding to wait list assessment

Appendix O: Wait List Assessment Respondents for SUD Programs shows the facilities and programs contacted by the Center for Excellence, the services provided, whether they provided a response to the wait list questionnaire, the contact person responding, and whether they had to wait-list individuals seeking services. The response rate for state-funded treatment contractors was 11 out of 12, or 92% of contracted agencies. Responding agencies represented 34 programs delivering withdrawal management, outpatient counseling, intensive outpatient counseling, residential treatment, and transitional living.

C.1.b. OTP/Methadone Clinics responding to wait list assessment

The state oversees three licensed Methadone clinics that operate in eight locations in the state. All methadone clinics participated in the wait-list assessment, a 100% response rate. Please see **Appendix P: Wait List Assessment Respondents for OTP/Methadone Clinics** for the list of methadone clinics who participated in the assessment.

C.1.c. Suboxone Prescribers

Federally-maintained treatment locator directories indicate that there are 49 licensed current Suboxone/buprenorphine prescribers across the state. After an initial consideration, Suboxone prescribers were not included in this assessment due to incomplete contact lists available at the time of the assessment and limited time to acquire contact information. The federal treatment locator hosted by the SAMHSA did provide information indicating that of the 49 prescribers listed, five are associated with hospitals or hospital-based clinics, two with community health centers, two with comprehensive SUD facilities, and one with a community mental health center. Information was also available indicating that there are at least two private professional groups actively recruiting physicians to become Suboxone prescribers. A phone conversation with one of them revealed that they have multiple prescribers at each of

the ten locations across the state, are continuing to recruit prescribers, and provide substance use disorder counseling in conjunction with prescriptions and medication monitoring at most of the sites.

C.2 Wait List Findings

The following section provides information on wait lists reported by SUD programs by service category for each responding provider and for the state's Methadone Clinics. Programs are not listed if providers did not respond or did respond with an indication that there was no wait list in the past year or currently.

C.2.a. Withdrawal Management Wait Lists

Five SUD treatment agencies indicated they provided withdrawal management services, with three of the five reporting having had a wait list in the past year. The average length of the reported wait lists was five weeks. Two of these three also reported a current wait list of between one day and six weeks, with 28 and 30 people on their respective wait lists at the time of the assessment.

Table 10: Withdrawal Management Wait Lists

Withdrawal Management	Keystone Hall	Phoenix House	Serenity Place
Program Name	Keystone Hall	Phoenix House	Serenity Place Detox
Program Location	Nashua	Keene, NH	Manchester
Population served	Adults	Adults	Adults
In the past year, how long was the longest wait period communicated to an individual seeking the service? (respond in # of weeks)	4-6 weeks	2-4 weeks	6-8 weeks
In the past year, what was the highest number of people on a wait list for this service?	30	1-2	88
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	Yes	Yes	Yes, unless emergency
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	4-6 weeks	2 weeks, +/-	1-10 days
How many people are on your program's wait list for this service as of today?	28	0	30

C.2.b. Methadone Clinic Wait Lists

Methadone clinics differ from other medication-assisted treatment programs for opiate or other drug dependency in that it must abide by strict federal regulations and must be certified by and overseen by the state substance abuse/behavioral health authority. In New Hampshire, there are three agencies authorized by the NH Bureau of Drug and Alcohol Services to operate a methadone clinic. These three agencies currently maintain eight sites in the state.

Of the eight methadone clinic locations in the state, three, or 37.5%, reported wait lists in the past year and currently. For the three reporting wait lists, the average wait in the past year was four weeks long and the highest reported number of individuals on these wait lists was 68.3. Two of the three methadone clinics reporting wait lists in the past year also reported a current wait list of four weeks.

Table 11: Methadone Clinic Wait Lists

Medication Assisted Treatment-Methadone Clinics	Colonial Management Group	Colonial Management Group	CRC Health Group
Program Name	Manchester Metro Treatment Center	Concord Metro Treatment Center	Habit OPCO
Program Location	Manchester	Concord	Manchester
Population served	Opiate dependent adults	Opiate dependent adults	Opiate dependent adults
In the past year, how long was the longest wait period communicated to an individual seeking the service? (respond in # of weeks)	6 weeks	4 weeks	2 weeks
In the past year, what was the highest number of people on a wait list for this service?	75	70	60
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	Yes, unless high risk, i.e. pregnancy, HIV+	Yes, unless high risk, i.e. pregnancy, HIV+	No
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	4 weeks	4 weeks	0 weeks
How many people are on your program's wait list for this service as of today?	50	70	0

C.2.c Outpatient Treatment Wait Lists

There are currently seven state-contracted agencies providing outpatient treatment across ten programs, one of which is specifically for adolescents. Of the ten outpatient programs three (30%) reported wait lists in the past year that averaged 4.7 weeks and averaged 13.3 individuals as the highest number wait-listed in the past year. Of the three reporting wait lists in the past year, two of the three have current wait lists that average two weeks with nine individuals.

Table 12: Outpatient Treatment Wait Lists

Outpatient (OP) Treatment	Keystone Hall	Horizons	Horizons
Program Name	OP	OP	OP
Program Location	Nashua	Gilford	Plymouth
Population served	Co-occurring and Adolescents	Adults, adolescents, pregnant women, co-occurring disorders	Adults, adolescents, pregnant women, co-occurring disorders
In the past year, how long was the longest wait period communicated to an individual seeking the service?	4 weeks until scheduled appt	6	4
In the past year, what was the highest number of people on a wait list for this service?	3 were put on hold prior to scheduling	25	12
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	No, but may have to wait a few weeks for the first available appt	Maybe, depending on results of screening/triage for urgency of need	Maybe, depending on results of screening/triage for urgency of need
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	2 to 3 weeks	2 weeks	2 weeks
How many people are on your program's wait list for this service as of today?	0	12	6

C.2.d Intensive Outpatient Treatment Wait Lists

Among SUD treatment agencies under contract with the state, seven indicated that they provided inpatient treatment. Of those seven, two (28.6%) indicated past year wait lists, and one reported a current wait list of four to six weeks with five individuals currently on one intensive outpatient program provider's wait list.

Table 13: Intensive Outpatient Treatment Wait Lists

Intensive Outpatient (IOP) Treatment	Keystone Hall	Phoenix House
Program Name	IOP	Keene IOP
Program Location	Nashua, NH	Keene, NH
Population served if other than adult with SUD disorder (e.g. note if it serves a unique population specifically, such as veterans, pregnant women, or adolescents)	Co-occurring	18+
In the past year, how long was the longest wait period communicated to an individual seeking the service? (respond in # of weeks)	2 weeks	4-6 weeks
In the past year, what was the highest number of people on a wait list for this service?	2	4-5
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	No, but may have to wait a few weeks for the first available appt	Yes
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	2-3 weeks	4-6 weeks
How many people are on your program's wait list for this service as of today?	0	5

C.2.e Residential Treatment Wait Lists

Five SUD treatment agencies under contract with the state reported offering a total of six residential programs and two transitional living programs. One of the residential programs serves adolescents. Four of the six residential programs (66.7%) reported wait lists in the past year, exceptions being the Cynthia Day Family Center residential program for pregnant women and Friendship House. All four transitional living programs (100%) reported wait lists in the past year.

For residential programs reporting a wait list in the past year, the average reported wait list varied between four and ten weeks, with programs reporting longer wait lists for males and for those being transferred from correctional facilities. All of these programs reported wait lists in the past year with the exception of Phoenix House's adolescent residential program who reported current wait lists of between two and eight weeks with an average of 18 individuals awaiting residential treatment or transitional living. Please see tables 14 and 15 on the following pages.

Table 14: Residential Treatment Wait Lists

Residential Treatment	Keystone Hall	Farnum Center	Phoenix House	Phoenix House	Phoenix House
Program Name	Short Term Residential	Short Term Residential	Franklin	Phoenix Academy	Dublin Adult
Program Location	Nashua	Manchester	Franklin	Dublin	Dublin
Population served if other than adult with SUD disorder				Adolescents	
In the past year, how long was the longest wait period communicated to an individual seeking the service? (respond in # of weeks)	6-8 weeks	10 weeks (males in winter months)	8 weeks (community) 10-12 weeks (incarcerated)	4-6 weeks	8 weeks (community) 10-12 weeks (incarcerated)
In the past year, what was the highest number of people on a wait list for this service?	DNA	120	25	6	25
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	Yes	Maybe	Yes	No	Yes
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	4-6 weeks	4 weeks (female) 8 weeks (male)	DNA	N/A	DNA
How many people are on your program's wait list for this service as of today?	16	40	20	0	17

Table 15: Transitional Living Wait Lists

Transitional Living	Keystone Hall	Phoenix House	Serenity Place	Serenity Place
Program Name	Cynthia Day Family Center	Dublin	Lin's Place	Tirrell House
Program Location	Nashua	Dublin	Manchester	Manchester
Population served if other than adult with SUD disorder				
In the past year, how long was the longest wait period communicated to an individual seeking the service? (respond in # of weeks)	8-10 weeks	2-4 weeks (community) 8-10 weeks (incarcerated)	4 weeks	4 weeks
In the past year, what was the highest number of people on a wait list for this service?	32	8	26	16
If an individual were to call or come to your facility today for this service, would she/he be wait listed?	Yes	Yes	Yes	Yes
If so, how long would he/she be told he/she must wait before receiving an appt or admission? (respond in # of weeks)	6-8 weeks	2 weeks for admission	1-4 weeks	1-4 weeks
How many people are on your program's wait list for this service as of today?	24	4	14	8

C.2.f Recovery Support Service Wait Lists

No programs surveyed indicated wait lists for recovery support services.

C.2.g. Other Wait List Information

Respondents for the wait list assessment were asked to provide any other information that may be helpful in understanding treatment capacity, barriers to accessing available treatment, or other information or questions. Responses are presented below.

Open Ended Responses Regarding Wait Lists	
Keystone Hall (WM, OP, IOP, RT, TL)	Clients are having a hard time finding places to go after they complete our 28-90 programs. That creates a back log on the waiting list. Also, we have 12 other beds we currently use for insurance or private pay. We could dedicate those beds if the state were to fund them.
Farnum Center	Some clients on wait list are in correctional system; winter months have highest wait list, particularly for males; anyone waitlisted is offered interim services.
Phoenix House	Barriers to treatment include: 1.Requirement for clients without health coverage or access to a medical provider, or income to pay for it, to obtain medical clearance within 24 hours of admission. 2.Limited number of male and female beds at Dublin Adult facility…no flexibility in adding more than 13 females/16 males OR 11 females/18 males. With 3 separate programs at this facility, this becomes an issue.

Assessment Challenges & Limitations

While valuable information was obtained for understanding existing and anticipated substance use disorder capacity, it is important to note that several limitations do exist. First, obtaining available and comprehensive contact lists was a challenge. Several provider associations were either not willing to share contact information or had lists not conducive for conducting an online assessment. For example, the NH LADC and NH Board of Mental Health do not collect email addresses from licensed practitioners. As a result, these issues made it difficult to reach providers, resulting in a small sample size. Therefore, although valuable comparisons can be made, generalizations are limited.

In reviewing the total respondents across the categories of independent practitioners and provider organizations, it was evident that the total number of licensed professionals accounted for in the survey was higher than the total number of licensed providers in the state, specifically for LADCs and CRSWs. This discrepancy may be the result of several factors: 1.) survey respondents unfamiliar with the specific differences between MLADCs and LADCs and responding on behalf of an organization may have misidentified staff credentials or miscalculated full-time equivalency; 2) licensed professionals may deliver services both within an organization and independently in private practice and; therefore, may be reflected twice in the data; 3.) practitioners with dual licenses may have been counted twice when respondents were asked to determine staffing levels by licensure types; and 4.) as mentioned earlier, survey responses are limited to the knowledge and/or perception of the individual respondents who may have misidentified or miscounted staff positions and licensure types. As a result, data provided relative to the number of full-time equivalent practitioners may be an over-estimate or under-estimate, especially for large organizations. This may be true for other license types as well.

Furthermore, some survey respondents encountered problems with not being able to complete the survey. Due to the length of the survey, if the respondent left their survey open with the intention of going back to the questions at a later time, the survey would time out, causing the survey participant to not be able to complete the rest of the survey. This issue may have caused some participants to not complete the survey. In an effort to address this issue an email was disseminated with instructions for how to avoid this problem, and the option to conduct the survey over the phone was made available.

Additionally, if this survey were to be used in the future, several changes would be required. This would include more detailed survey instructions, streamlined questions, rewording of some questions, and other suggestions made by respondents to ensure a better survey experience.

Discussion

The data provided in this report provides a point-in-time synopsis and geographic distribution of practitioners, service providers, service delivery systems, existing capacity, anticipated capacity, and the challenges and limitations with delivering SUD services. Despite the limitations of this assessment, findings and themes emerged that may be beneficial for resource development, workforce expansion, capacity expansion incentives and related policy efforts to support the state's goal of ensuring adequate access to SUD services. These are discussed in terms of key findings and recommendations.

KEY FINDINGS

The continuum of care is inconsistent in terms of service type and geography

Screening is reported from multiple service delivery systems including primary care and the state's community mental health system. The assessment did not seek to capture information on what follow up is conducted after screening, but anecdotal information shared in state-level task forces and leadership meetings appear to indicate that this is an area needing attention in the form of training and technical assistance for professionals and para-professionals working within these service delivery systems.

Brief interventions and referral to treatment, those services in the continuum that are critical components to move individuals quickly from awareness of a disorder to treatment, appear to be a significant gap in the continuum of care. Without a clear and seamless transition between early identification and appropriate levels of care, opportunities to treat disorders earlier, more effectively, and at brief windows of opportunity with individuals who may be reluctant to seek care are missed.

For treatment services, the most capacity, with 31,829 people served in the last year, is apparent with individual and group outpatient services in most geographic areas without wait lists, with the exception of Central NH and Greater Monadnock regions that show the lowest per capita outpatient programming in the state. Consistent capacity can be supported as demand increases due to new Health Protection Program (HPP) coverage for SUDs through outreach efforts within the state's licensed mental health professionals to encourage training and skills development specific to SUDs to expand their capacity to treatment SUDs and co-occurring mental health and substance use disorders.

Residential treatment, a high intensity treatment service for acute conditions, is limited in the state, with Central NH, Greater Sullivan, Seacoast, Capital Area, and Carroll County regions without residential services. By their nature, residential services can be located relatively far from a client's home, and some may argue that distance from a home and social environment that encourages substance misuse supports the therapeutic benefits of residential treatment;

however, services in the state are limited and wait lists currently exist at a majority of the state-funded residential programs. This capacity challenge is evident for transitional living programs as well.

Recovery Support Services, a critical after-care component of long-term disease management, are an emerging service area in New Hampshire, with a workforce development efforts launched several years ago to establish a cadre of certified recovery support workers. This capacity can be cultivated within existing infrastructures with continued investment in this workforce expansion and a commitment to supporting community-based social services and similar programs to expand into areas of recovery support in all regions of the state.

Among organizations and independent practitioners, an estimated 172,252 people who received SUD services were served in the last year. As expected, the geographic distribution and disparity of SUD services is highest in the most populated areas south of Concord and higher service capacity exists to screen people for SUDs with 127,719 people screened and provided outpatient counseling services.

Sixty percent (60%) of providers indicated a desire to expand capacity to deliver SUD services; however, several also indicated hesitancy to project capacity expansion without knowledge of reimbursable services and rate agreements that were projected for the HPP as they were not released by NH DHHS until after the survey closed.

RECOMMENDATIONS

Based on the observations made from assessment activities, recommendations for the state to consider include the following:

- As with any disease or disorder, individuals need to be identified in order to be treated. While many CHCs and some hospitals reported screening patients for SUDs, screening, brief intervention and referral to treatment (SBIRT) should be encouraged across these systems.
- A greater workforce is required to support those identified. The state should consider providing incentives or other measures to increase the number of professionals acquiring MLADC status and to increase the number of other licensure types with appropriate knowledge and skills so that treatment of individuals with SUDs can be included in their scope of practice.
- Efforts can be made to ensure wider medication-assisted treatment availability, such as recruiting and supporting more physicians and other prescribers in becoming certified to prescribe buprenorphine. Medical practitioners should prescribe and monitor this and other medication in conjunction with clinical services that can support patients seeking treatment.
- The state can also continue to foster the expansion of a workforce and programs to provide recovery support services that play an important role in maintaining long-term recovery from SUDs.
- For all expansion activities, special consideration for the northern, central and Upper Valley areas of the state will be important to address geographic disparities.

Next Steps

- **Disseminate assessment final report.** Many survey respondents, organizations, and other stakeholders have expressed interest in the analysis of this assessment. This report will be shared with those who have an interest.

- **Build online treatment resource directory**. Using the organization and independent practitioner contact information received, an online resource directory of existing substance use disorder services across NH will be created. The NH Center for Excellence will work with a GIS mapper and website developer to build a directory accessible for NH providers and residents with the ability to search for treatment options by location and service type. Presentations and marketing tools will be utilized to promote the resource.

- **Compile and develop resources**. The state may consider leveraging existing stakeholder organizations and contractors to compile and disseminate resources and materials requested by survey respondents to support their capacity expansion.

Appendix A: SUD Treatment Capacity Assessment Survey

To view survey questions please visit:
http://www.nhcenterforexcellence.org/resources/key-nh-stakeholder-resources

Appendix B: Contact List Sources and Targeted Provider Systems

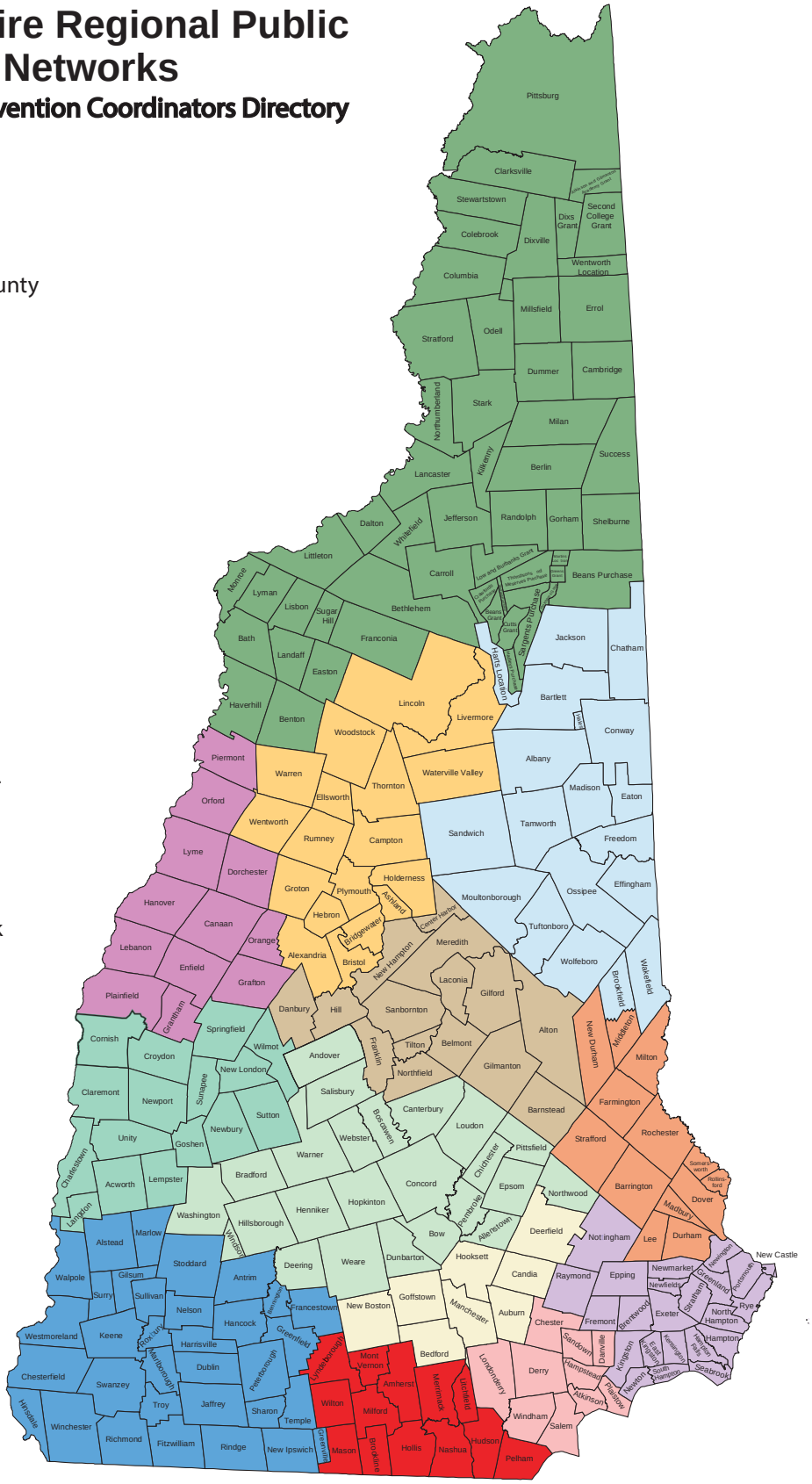
Sources	Targeted Provider Systems
New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals	Bachelor's and Master's Level Alcohol and Other Drug Counselors
NH Board of Mental Health Practice	Social Workers, Mental Health Counselors, Marriage and Family Therapists, Pastoral Psychotherapists
Bi-State Primary Care Association	Community Health Centers, Community Mental Health Centers
NH Medical Society and the Academy of Family Physicians	Physicians
Medical Group Management Association	Health Practice Managers and Administrators
NH Center for Non-Profits	Community Social Service Agencies
SAMHSA On-Line Locator	Buprenorphine-Certified Physicians
Bureau of Drug and Alcohol Services	Opioid Treatment Programs
Google Search	Private Treatment Programs
Bureau of Drug and Alcohol Services	State-Funded Treatment Programs
Bureau of Drug and Alcohol Services	Access To Recovery (ATR) Providers
Bureau of Drug and Alcohol Services	Non-ATR Impaired Driver Service Providers

Appendix C: NH Regional Public Health Network Map

New Hampshire Regional Public Health Networks

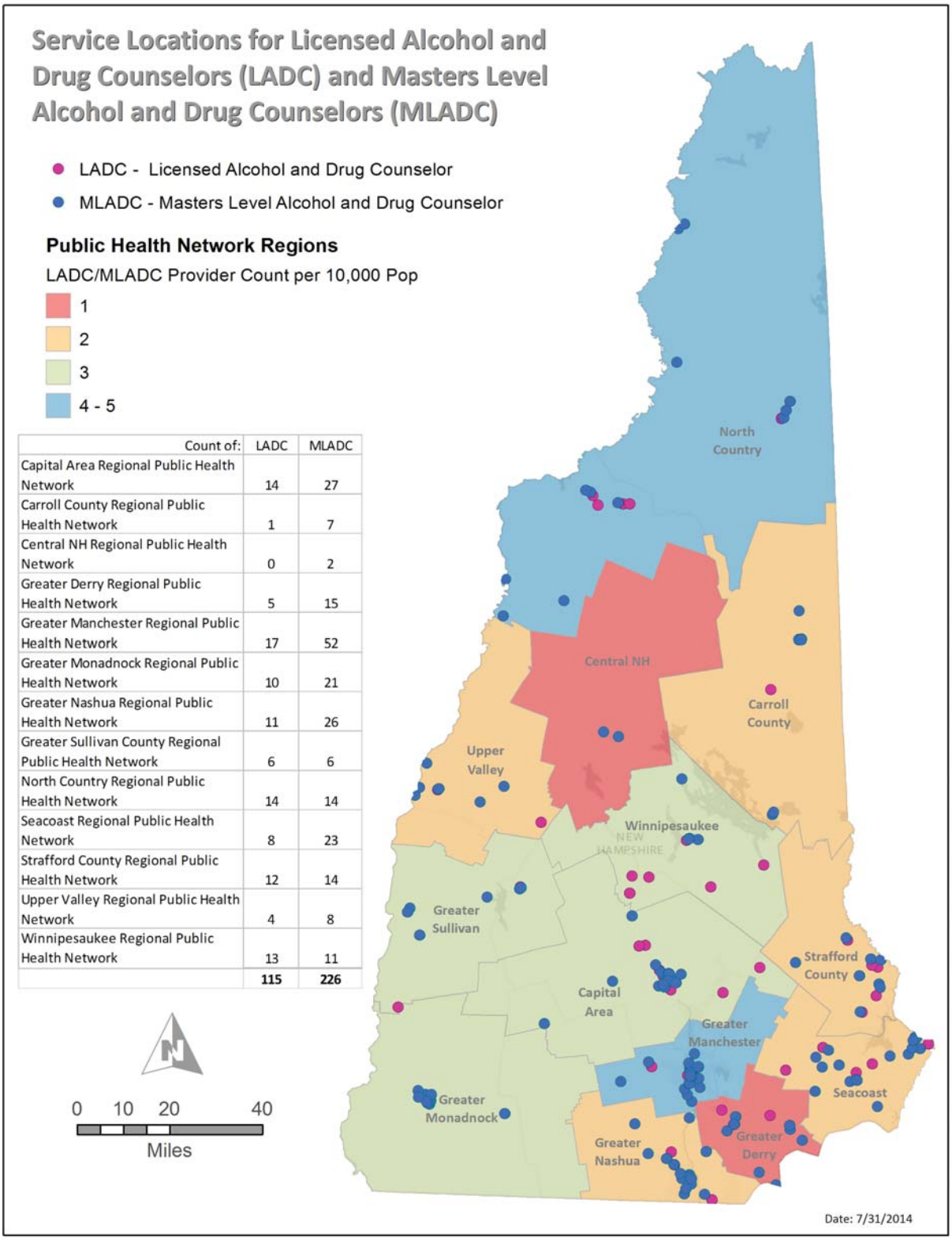
Substance Misuse Prevention Coordinators Directory

- North Country
- Greater Sullivan County
- Central NH
- Carroll County
- Upper Valley
- Winnipesaukee
- Strafford County
- Capital Area
- Greater Manchester
- Seacoast
- Greater Monadnock
- Greater Nashua
- Greater Derry



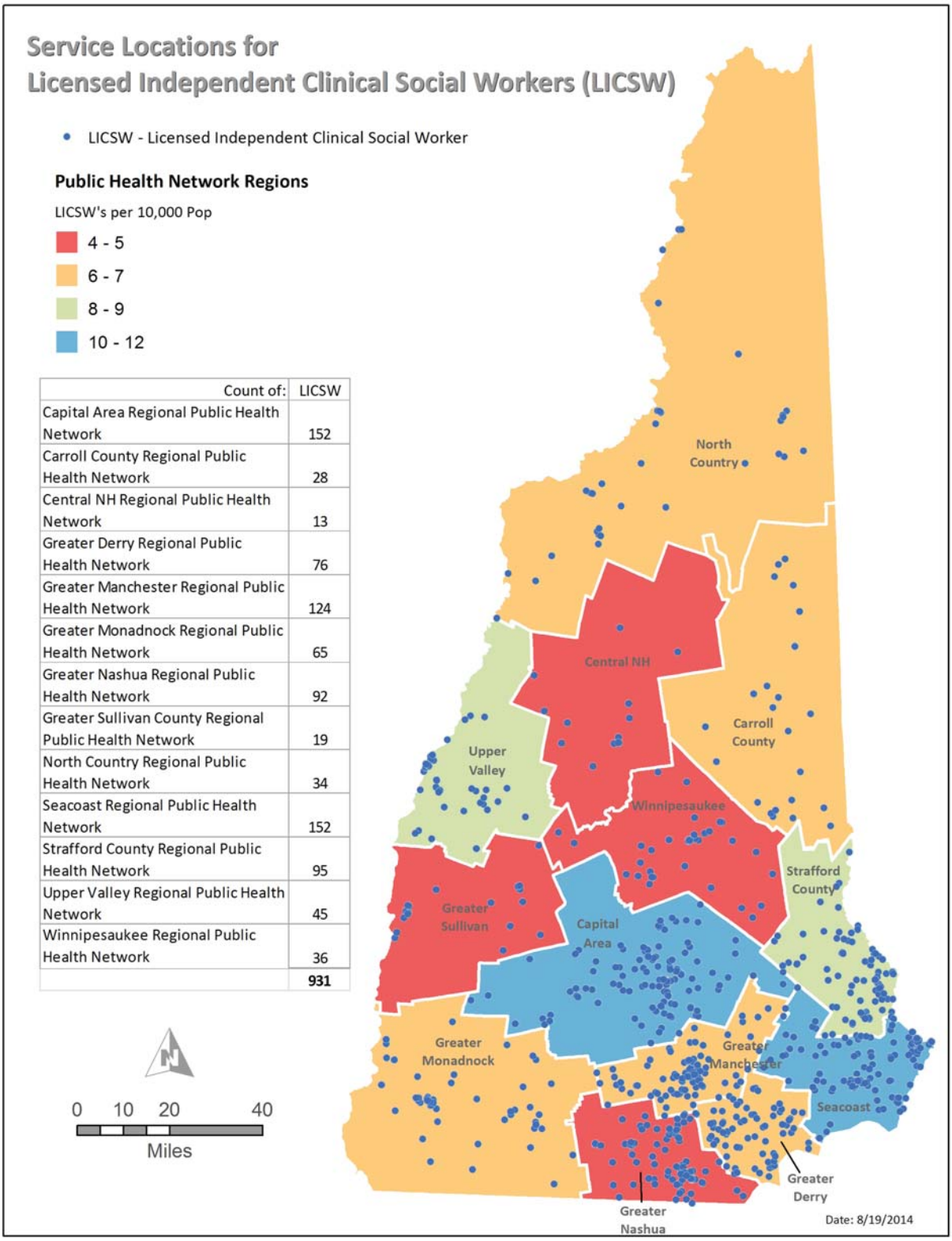
These regions are used for public health planning and the delivery of select public health services.

Appendix D: Per Capita Map of Licensed Professionals



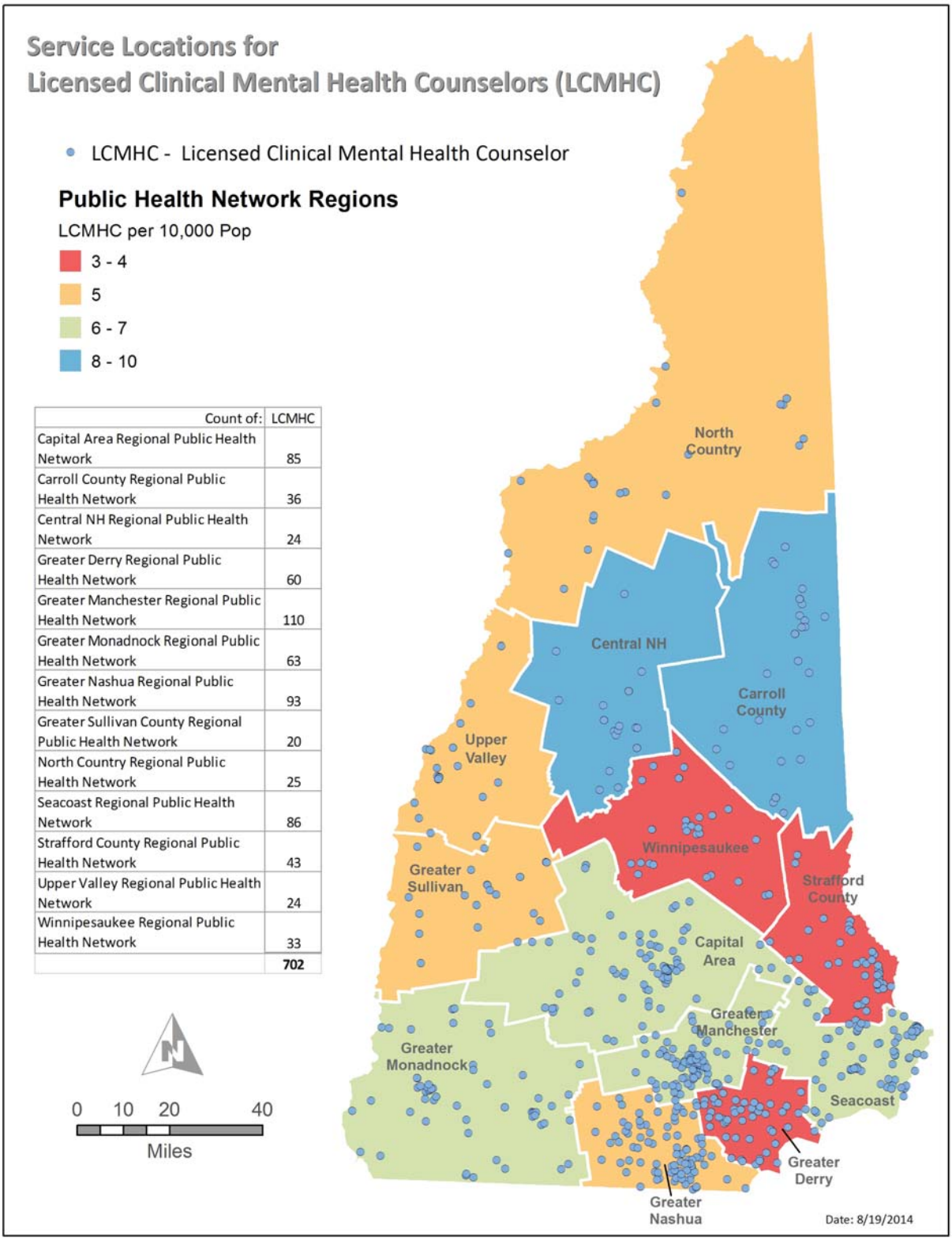
Count of:	LADC	MLADC
Capital Area Regional Public Health Network	14	27
Carroll County Regional Public Health Network	1	7
Central NH Regional Public Health Network	0	2
Greater Derry Regional Public Health Network	5	15
Greater Manchester Regional Public Health Network	17	52
Greater Monadnock Regional Public Health Network	10	21
Greater Nashua Regional Public Health Network	11	26
Greater Sullivan County Regional Public Health Network	6	6
North Country Regional Public Health Network	14	14
Seacoast Regional Public Health Network	8	23
Strafford County Regional Public Health Network	12	14
Upper Valley Regional Public Health Network	4	8
Winnipesaukee Regional Public Health Network	13	11
	115	**226**

Appendix D: Per Capita Map of Licensed Professionals



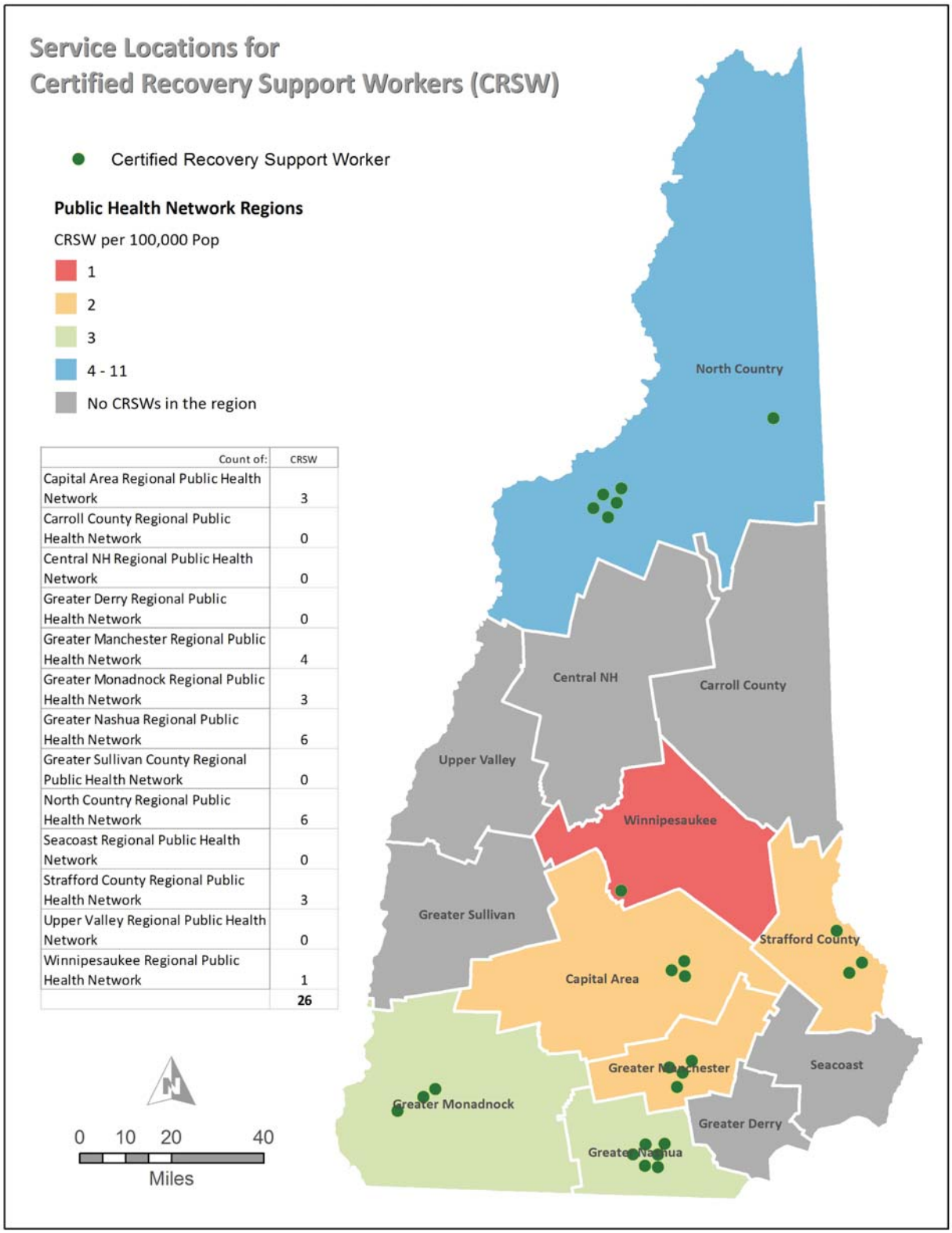
Count of:	LICSW
Capital Area Regional Public Health Network	152
Carroll County Regional Public Health Network	28
Central NH Regional Public Health Network	13
Greater Derry Regional Public Health Network	76
Greater Manchester Regional Public Health Network	124
Greater Monadnock Regional Public Health Network	65
Greater Nashua Regional Public Health Network	92
Greater Sullivan County Regional Public Health Network	19
North Country Regional Public Health Network	34
Seacoast Regional Public Health Network	152
Strafford County Regional Public Health Network	95
Upper Valley Regional Public Health Network	45
Winnipesaukee Regional Public Health Network	36
	931

Appendix D: Per Capita Map of Licensed Professionals



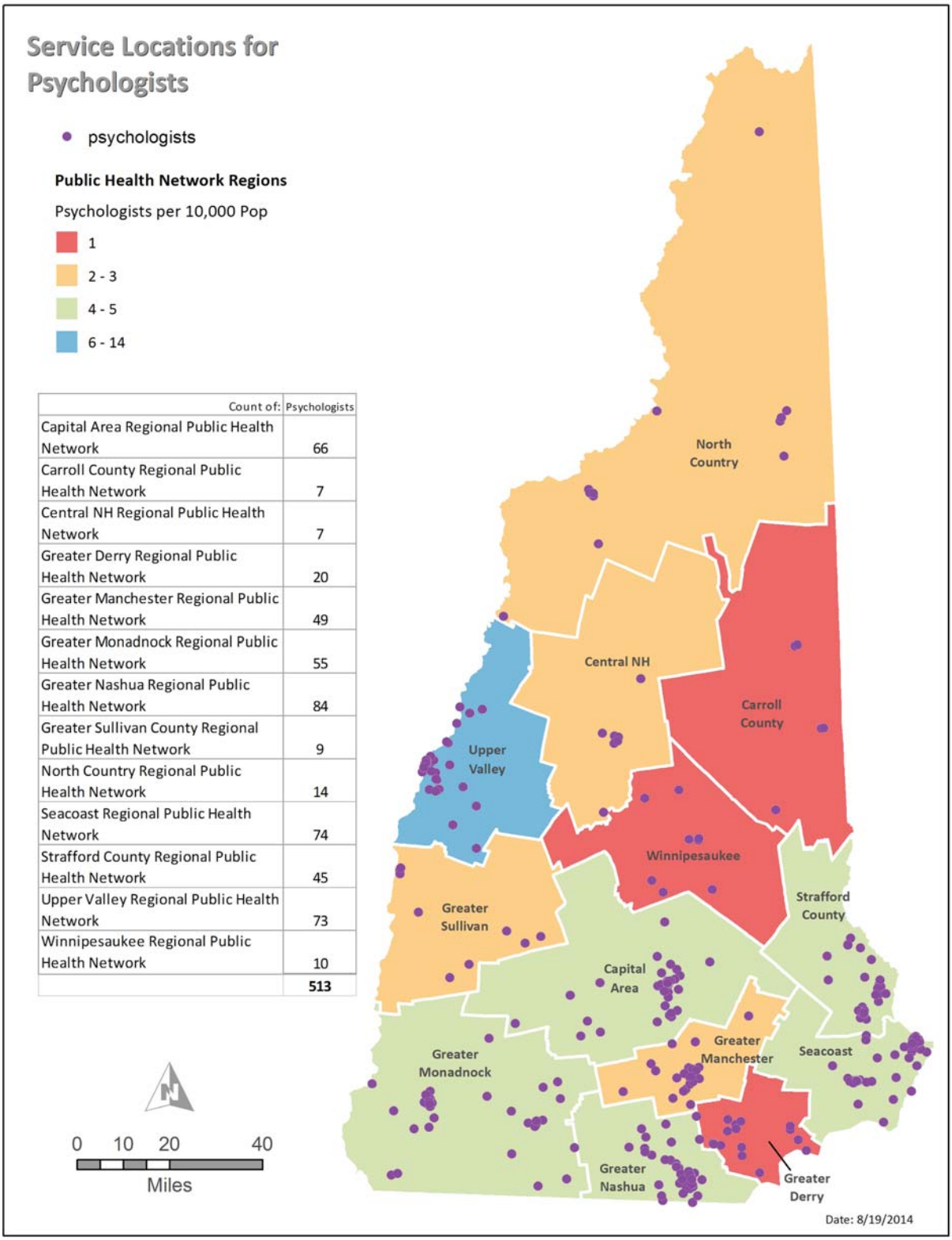
Count of:	LCMHC
Capital Area Regional Public Health Network	85
Carroll County Regional Public Health Network	36
Central NH Regional Public Health Network	24
Greater Derry Regional Public Health Network	60
Greater Manchester Regional Public Health Network	110
Greater Monadnock Regional Public Health Network	63
Greater Nashua Regional Public Health Network	93
Greater Sullivan County Regional Public Health Network	20
North Country Regional Public Health Network	25
Seacoast Regional Public Health Network	86
Strafford County Regional Public Health Network	43
Upper Valley Regional Public Health Network	24
Winnipesaukee Regional Public Health Network	33
	702

Appendix D: Per Capita Map of Licensed Professionals



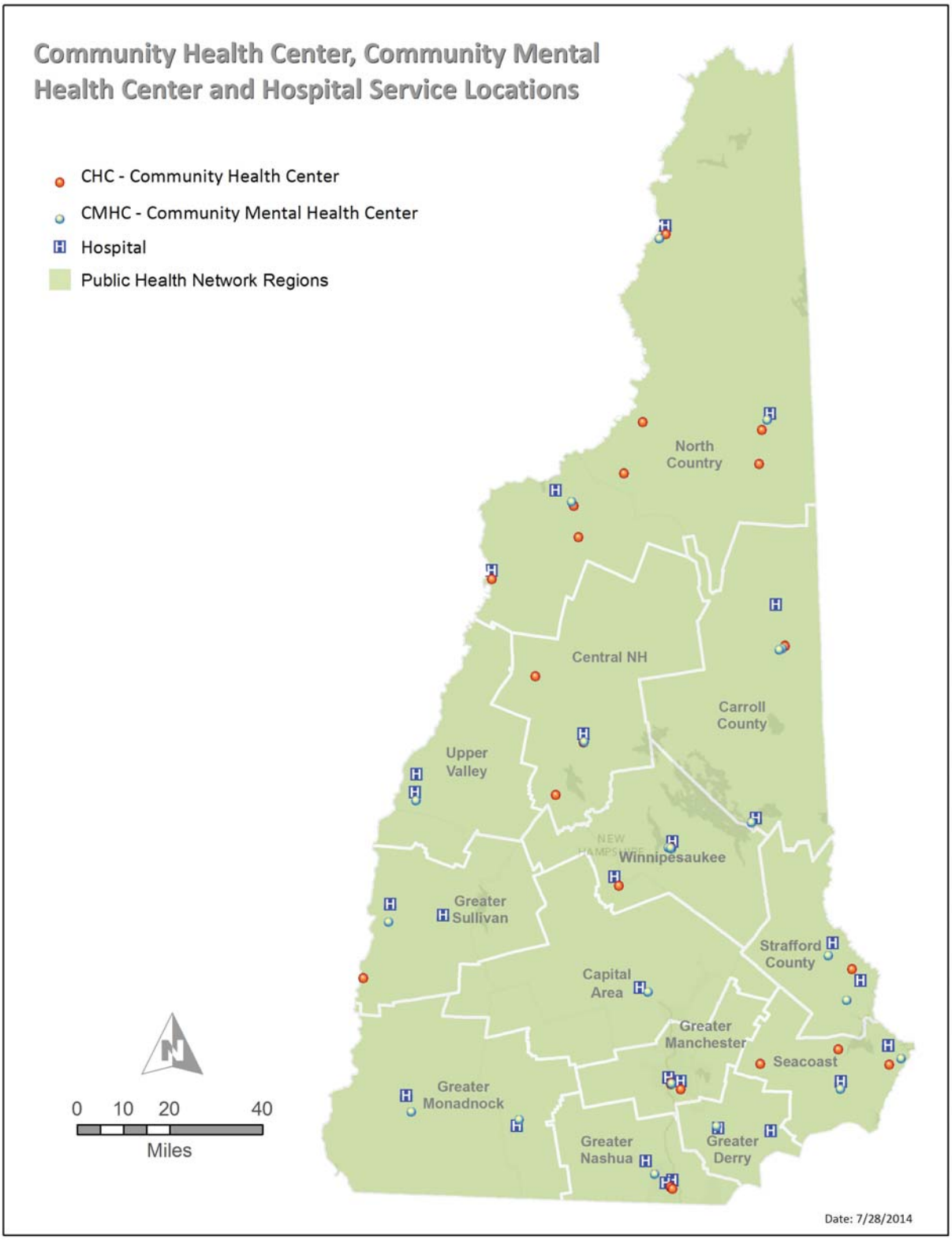
Count of:	CRSW
Capital Area Regional Public Health Network	3
Carroll County Regional Public Health Network	0
Central NH Regional Public Health Network	0
Greater Derry Regional Public Health Network	0
Greater Manchester Regional Public Health Network	4
Greater Monadnock Regional Public Health Network	3
Greater Nashua Regional Public Health Network	6
Greater Sullivan County Regional Public Health Network	0
North Country Regional Public Health Network	6
Seacoast Regional Public Health Network	0
Strafford County Regional Public Health Network	3
Upper Valley Regional Public Health Network	0
Winnipesaukee Regional Public Health Network	1
	26

Appendix D: Per Capita Map of Licensed Professionals



Count of:	Psychologists
Capital Area Regional Public Health Network	66
Carroll County Regional Public Health Network	7
Central NH Regional Public Health Network	7
Greater Derry Regional Public Health Network	20
Greater Manchester Regional Public Health Network	49
Greater Monadnock Regional Public Health Network	55
Greater Nashua Regional Public Health Network	84
Greater Sullivan County Regional Public Health Network	9
North Country Regional Public Health Network	14
Seacoast Regional Public Health Network	74
Strafford County Regional Public Health Network	45
Upper Valley Regional Public Health Network	73
Winnipesaukee Regional Public Health Network	10
	513

Appendix E: Service Location Map of CHCs, CMHCs, Hospitals



Appendix F: Survey Respondents by Region

	Capital Area	Carroll County	Central New Hampshire	Greater Derry	Greater Manchester	Greater Monadnock	Greater Nashua	Greater Sullivan	North Country	Seacoast	Strafford County	Upper Valley	Winnipesauke	Total
Community Health Center (n=13)	0	1	1	0	2	0	1	0	4	2	1	0	1	13
Community Mental Health Center (n=10)	1	1	0	1	1	1	1	0	0	2	0	1	1	10
Primary Care Clinic (n=13)	5	0	0	0	4	2	1	0	0	1	0	0	0	13
Hospital (n=21)	1	2	1	1	2	2	2	1	3	1	1	2	2	21
Medication-Assisted Treatment Provider (n=7)	0	0	0	0	1	0	2	0	0	1	1	2	0	7
Substance Use Disorder Treatment Organization (n=12)	1	0	0	0	3	1	1	0	1	1	1	2	1	12
Community Social Service Agency (n=3)	0	0	0	0	2	0	1	0	0	0	0	0	0	3
Recovery Organization (n=1)	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Transitional/ Sober Housing (n=4)	1	0	0	1	0	0	0	0	0	0	1	0	1	4
Private Practice Group (n=16)	1	0	0	1	5	2	2	0	2	2	0	1	0	16
Independent Practitioner (n=78)	7	8	0	8	8	7	6	4	5	11	4	4	6	78
Total	17	12	2	13	28	15	17	5	15	21	9	12	12	178

Appendix G: Insurance Status by Provider Type

	Organization	Independent Practitioner	Total
NH Health Families Health Plan (MCO)			
Yes (Approved Provider)	62	19	81
No	21	35	56
Currently Negotiating	6	5	11
Meridian Health Plan (MCO)			
Yes (Approved Provider)	64	19	83
No	18	36	54
Currently Negotiating	6	5	11
Well Sense Health Plan (MCO)			
Yes (Approved Provider)	65	18	83
No	14	36	50
Currently Negotiating	8	6	14
Anthem/Matthew Thornton Health Plans			
Yes (Approved Provider)	79	45	124
No	14	22	36
Currently Negotiating	1	2	3
Celtic Insurance			
Yes (Approved Provider)	14	0	14
No	60	52	112
Currently Negotiating	1	0	1
Time Insurance/Assurant Healthcare			
Yes (Approved Provider)	22	1	23
No	55	49	104
Currently Negotiating	1	1	2
TriCare			
Yes (Approved Provider)	58	13	71
No	27	42	69
Currently Negotiating	2	1	3
Cigna			
Yes (Approved Provider)	76	31	107
No	16	31	47
Currently Negotiating	0	1	1
Harvard Pilgrim			
Yes (Approved Provider)	72	36	108
No	18	27	45
Currently Negotiating	2	2	4
Medicaid			
Yes (Approved Provider)	76	26	102
No	17	33	50
Currently Negotiating	2	3	5

Appendix G: Insurance Status by Provider Type Continued

	Organization	Independent Practitioner	Total
Medicare			
Yes (Approved Provider)	66	8	74
No	23	42	65
Currently Negotiating	0	0	0
Self Pay			
Yes (Approved Provider)	92	75	167
No	3	2	5
Currently Negotiating	0	0	0
State contract (BDAS, BBH, DPHS, etc.)			
Yes (Approved Provider)	34	44	78
No	28	21	49
Currently Negotiating	1	1	2
Other			
Yes (Approved Provider)	24	22	46
No	12	15	27
Currently Negotiating	1	0	1

Appendix H: Service Sub-Category Descriptions

New Hampshire Health Protection Program – Substance Use Disorder Benefit		
Service Type	**ASAM**	**Description of the Benefit**
Counseling, Group	1	Services provided by a clinician to assist two or more individuals and/or their families/significant others to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and considering alternative solutions and decision making with regard to alcohol and other drug related problems. (NASADAD)
Counseling, Family	1	Alcohol and/or drug counseling for a client's family members or significant others, to address family and relationship issues related to substance use disorders with a goal of promoting the recovery from addiction. In some instances, the client may not be present during these sessions. (NASADAD)
Outpatient/Office Visits (Counseling, Individual)	1	The utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving substance abuse treatment objectives. Substance abuse treatment objectives can be achieved through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to substance use disorders. (NASADAD)
Intensive Outpatient Services	2.1	Intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 3 hours a day and at least 3 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment services and other ancillary alcohol and/or other drug services. Services include, but are not limited to, assessment, counseling, crisis intervention, and activity therapies or education. (NASADAD)
Partial Hospitalization Services	2.5	20 or more hours of service per week offered through a combination of group and individual sessions. Services address instability in multiple areas through psychoeducational and clinical treatment services and are guided by an individualized treatment plan, which is developed in concert with the client. Per ASAM (American Society for Addiction Medicine), these programs should have the ability to provide, either directly or via referral, medical and psychiatric services, psychopharmacological services, addiction medication management, recovery support services and 24-hour crisis services.
Clinically Managed Residential Services)	3	24-hour per day non-acute care in a non-hospital, residential treatment program and a level of care where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with substance use disorders or mental health disorders occurs. Includes ASAM low-intensity, medium-intensity, and high-intensity levels.
Medically Monitored Withdrawal Management (ambulatory)	1-WM	Face-to-face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification. Detoxification services must be supervised by a licensed physician.
Medically Monitored Withdrawal Management (non-hospital, residential)	3.7-WM	Face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug addiction in a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a twenty-four hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.

Appendix I: Services Offered by Service Delivery System

		Community Health Center (n=13)		Community Mental Health Center (n=10)		Primary Care Clinic (n=13)		Hospital (n=21)		Medication-Assisted Treatment Provider (n=7)		Substance use Disorder treatment Organization (n=12)		Community Social Service Agency (n=3)		Recovery Organization (n=1)		Transitional/ Sober Housing (n=4)		Private Practice Group (n=16)	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Withdrawal Management	Medically Monitored Withdrawal Management (ambulatory)	2	15.4	1	10.0	3	23.1	4	19.0	3	42.9	3	25.0	0	0.0	0	0.0	0	0.0	0	0.0
	Medically Monitored Withdrawal Management (non-hospital, residential)	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3	3	25.0	0	0.0	0	0.0	0	0.0	0	0.0
	Medically Monitored withdrawal Management (acute hospital care)	0	0.0	0	0.0	0	0.0	11	52.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Methadone	1	7.7	0	0.0	0	0.0	1	4.8	4	57.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Buprenorphine/Suboxone	0	0.0	0	0.0	1	7.7	3	14.3	5	71.4	5	41.7	0	0.0	0	0.0	0	0.0	1	6.3
	Other Medication	3	23.1	0	0.0	1	7.7	2	9.52	2	28.6	3	25.0	0	0.0	0	0.0	0	0.0	0	0.0
Screening	Alcohol	12	92.3	10	100.0	13	100.0	20	95.2	-	-	-	-	-	-	-	-	-	-	-	-
	Other Drugs	12	92.3	10	100.0	13	100.0	20	95.2	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health	11	84.6	10	100	13	100.0	10	47.6	-	-	-	-	-	-	-	-	-	-	-	-
	Trauma	9	69.2	10	100	9	69.2	9	42.9	-	-	-	-	-	-	-	-	-	-	-	-
Treatment Services	Assessment	8	61.5	10	100.0	3	23.1	8	38.1	5	71.4	11	91.7	3	100.0	0	0	0	0.0	12	75.0
	Outpatient Services (Individual)	8	61.5	10	100.0	2	15.4	5	23.8	4	57.1	10	83.3	3	100.0	1	100.0	0	0.0	15	93.8
	Outpatient Services (Group)	4	30.8	7	70.0	0	0.0	1	4.8	5	71.4	11	91.7	1	33.3	1	100.0	0	0.0	5	31.3
	Intensive Outpatient Services	0	0.0	3	30.0	0	0.0	2	9.5	1	14.3	12	100.0	2	66.7	0	0.0	0	0.0	2	12.5
	Partial Hospitalization	0	0.0	0	0.0	0	0.0	1	4.8	0	0.0	2	16.7	0	0.0	0	0.0	0	0.0	0	0.0
	Clinically Managed Low Intensity Residential Services	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	58.3	0	0.0	0	0.0	0	0.0	0	0.0
	Clinically Managed Medium Intensity Residential Services	0	0.0	0	0.0	0	0.0	1	4.8	0	0.0	6	50.0	0	0.0	0	0.0	0	0.0	0	0.0
	Medically Monitored Residential Services	0	0.0	1	10.0	0	0.0	1	4.8	0	0.0	2	16.7	0	0.0	0	0.0	0	0.0	0	0.0
	Medically Managed Inpatient Hospital-Based Services	0	0.0	0	0.0	0	0.0	5	23.8	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0
	Transitional Living	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	6	50.0	0	0.0	0	0.0	1	25.0	0	0.0
	Opioid Treatment Programs (Methadone prescribing/dispensing)	0	0.0	0	0.0	0	0.0	0	0.0	3	42.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Office Based Medication Assisted Treatment	0	0.0	2	20.0	2	15.4	2	9.5	5	71.4	6	50.0	0	0.0	0	0.0	0	0.0	1	6.3
	Other Medication Maintenance	1	7.7	2	20.0	0	0.0	1	4.8	2	28.6	2	16.7	0	0.0	0	0.0	0	0.0	1	6.3
	Other	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	2	12.5
Recovery Support Services	Childcare	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	2	16.7	1	33.3	0	0.0	0	0.0	0	0.0
	Transportation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	16.7	1	33.3	0	0.0	2	50.0	0	0.0
	Employment Services	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	16.7	0	0.0	0	0.0	3	75.0	1	6.3
	Anger Management	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	25.0	0	0.0	0	0.0	3	75.0	3	18.8
	Recovery Mentoring/Relapse Prevention Management	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	6	50.0	0	0.0	0	0.0	4	100.0	2	12.5
	Peer Recovery Coaching	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3	1	8.3	0	0.0	1	100.0	4	100.0	3	18.8
	Permanent Supportive Housing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	50.0	0	0.0
	Sober Housing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
	Care Coordination	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	3	25.0	1	33.3	0	0.0	1	25.0	1	6.3
	Other	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	1	6.3

Appendix J: Treatment Service Locations and Per Capita Map

Service Locations for Withdrawal Management & Clients Served in Last Year Per Capita by Region

Withdrawal Management Services

Public Health Network Regions

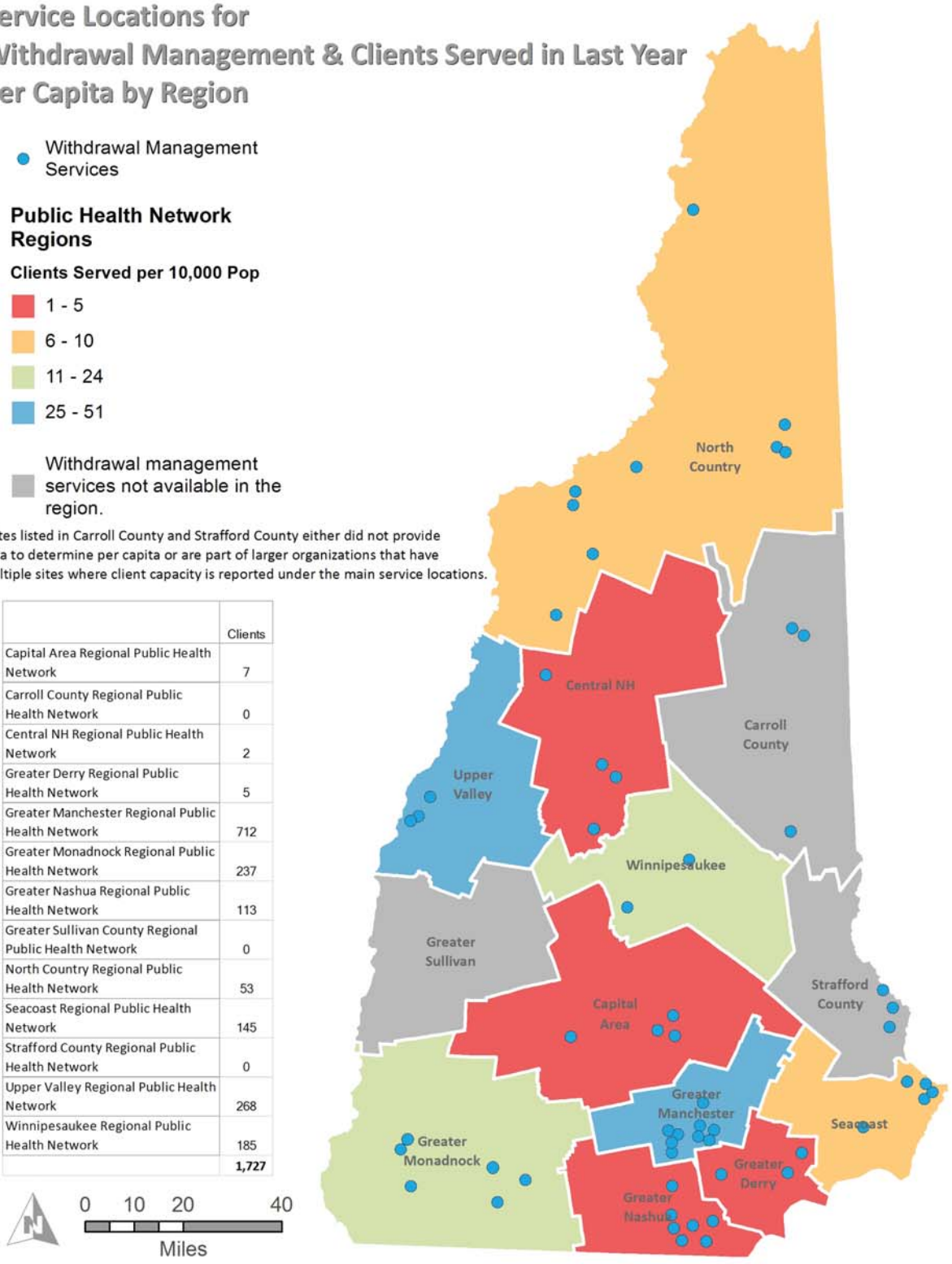
Clients Served per 10,000 Pop

- 1 - 5
- 6 - 10
- 11 - 24
- 25 - 51

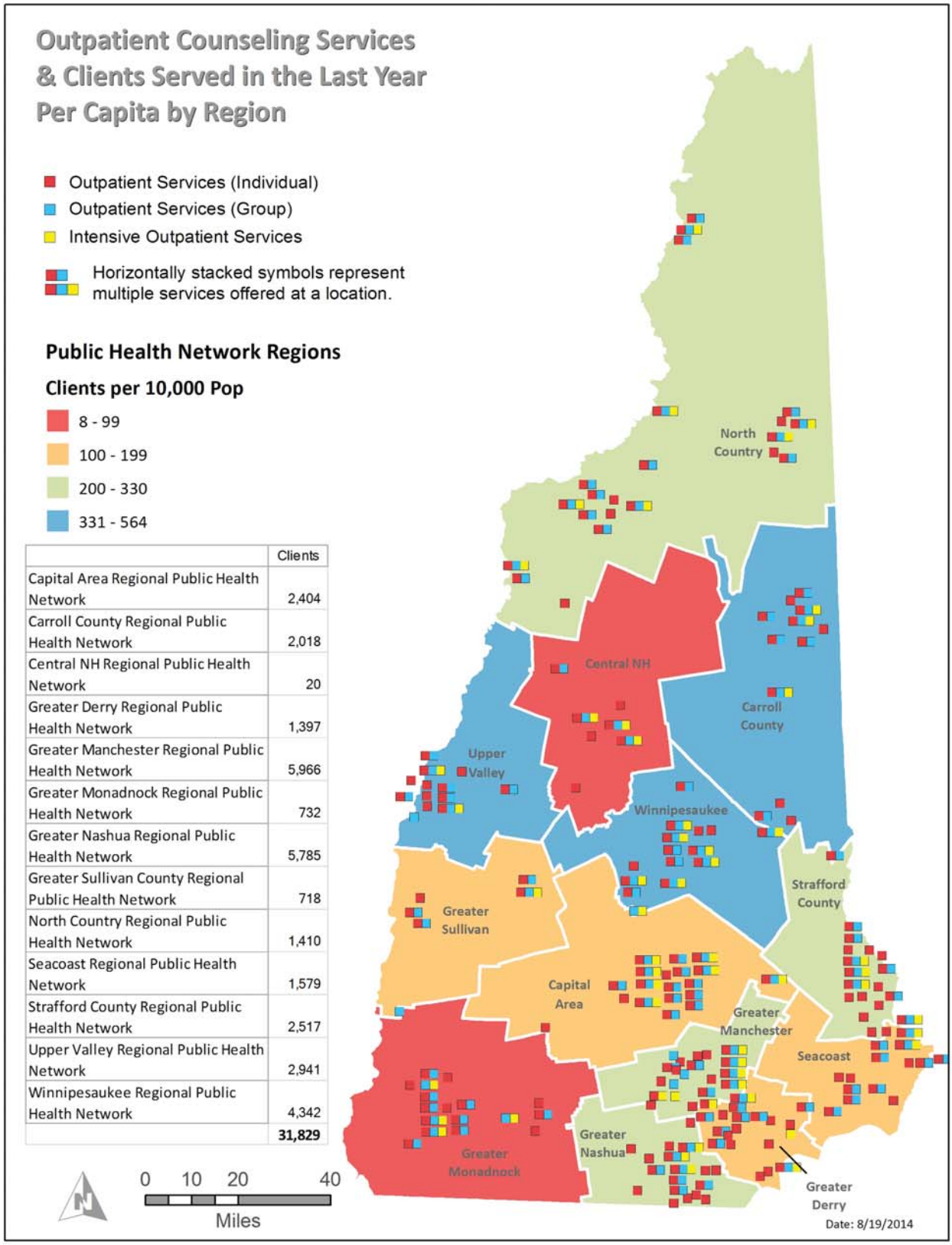
Withdrawal management services not available in the region.

*Sites listed in Carroll County and Strafford County either did not provide data to determine per capita or are part of larger organizations that have multiple sites where client capacity is reported under the main service locations.

	Clients
Capital Area Regional Public Health Network	7
Carroll County Regional Public Health Network	0
Central NH Regional Public Health Network	2
Greater Derry Regional Public Health Network	5
Greater Manchester Regional Public Health Network	712
Greater Monadnock Regional Public Health Network	237
Greater Nashua Regional Public Health Network	113
Greater Sullivan County Regional Public Health Network	0
North Country Regional Public Health Network	53
Seacoast Regional Public Health Network	145
Strafford County Regional Public Health Network	0
Upper Valley Regional Public Health Network	268
Winnipesaukee Regional Public Health Network	185
	1,727

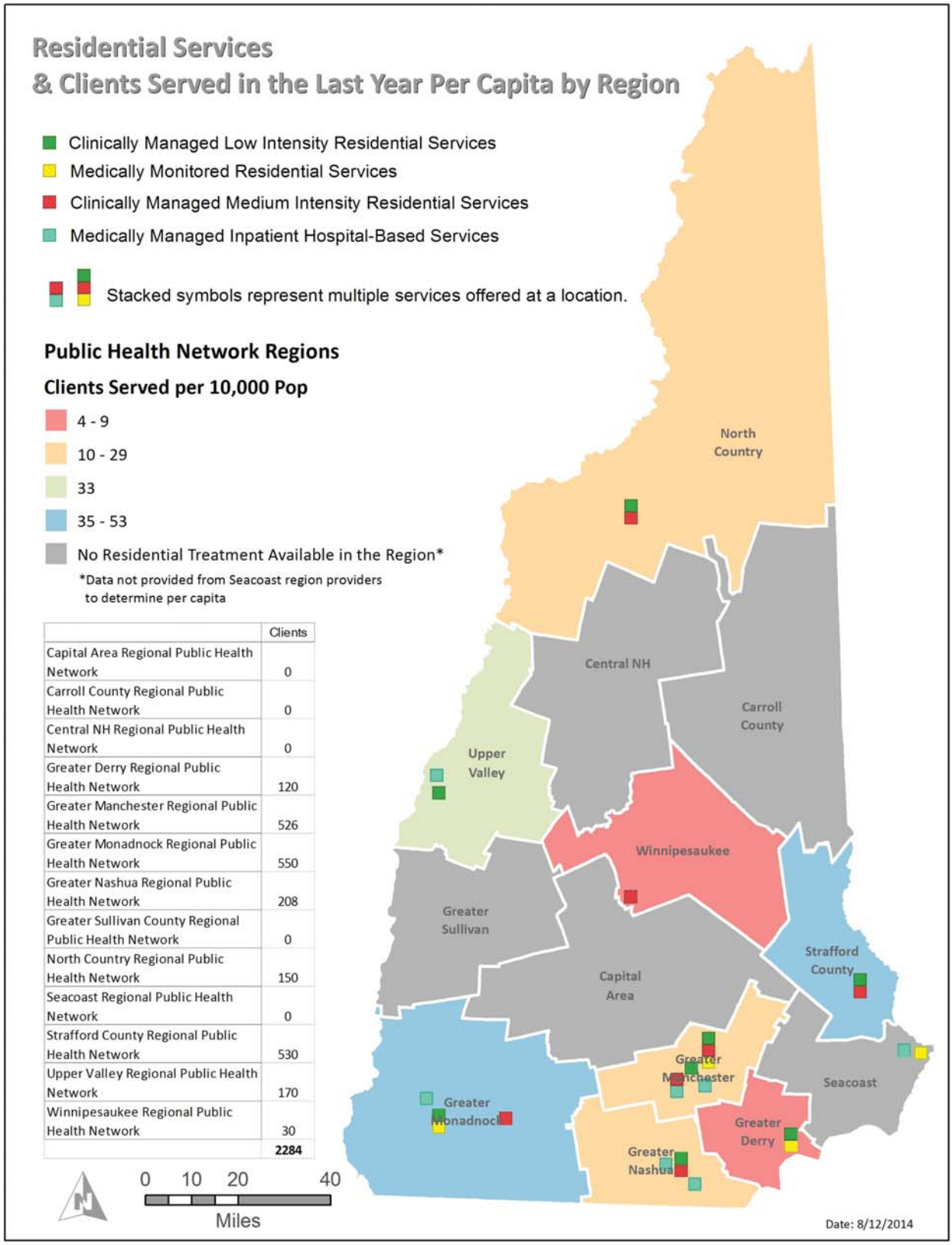


Appendix J: Treatment Service Locations and Per Capita Map



	Clients
Capital Area Regional Public Health Network	2,404
Carroll County Regional Public Health Network	2,018
Central NH Regional Public Health Network	20
Greater Derry Regional Public Health Network	1,397
Greater Manchester Regional Public Health Network	5,966
Greater Monadnock Regional Public Health Network	732
Greater Nashua Regional Public Health Network	5,785
Greater Sullivan County Regional Public Health Network	718
North Country Regional Public Health Network	1,410
Seacoast Regional Public Health Network	1,579
Strafford County Regional Public Health Network	2,517
Upper Valley Regional Public Health Network	2,941
Winnipesaukee Regional Public Health Network	4,342
	31,829

Appendix J: Treatment Service Locations and Per Capita Map



	Clients
Capital Area Regional Public Health Network	0
Carroll County Regional Public Health Network	0
Central NH Regional Public Health Network	0
Greater Derry Regional Public Health Network	120
Greater Manchester Regional Public Health Network	526
Greater Monadnock Regional Public Health Network	550
Greater Nashua Regional Public Health Network	208
Greater Sullivan County Regional Public Health Network	0
North Country Regional Public Health Network	150
Seacoast Regional Public Health Network	0
Strafford County Regional Public Health Network	530
Upper Valley Regional Public Health Network	170
Winnipesaukee Regional Public Health Network	30
	2284

Appendix J: Treatment Service Locations and Per Capita Map

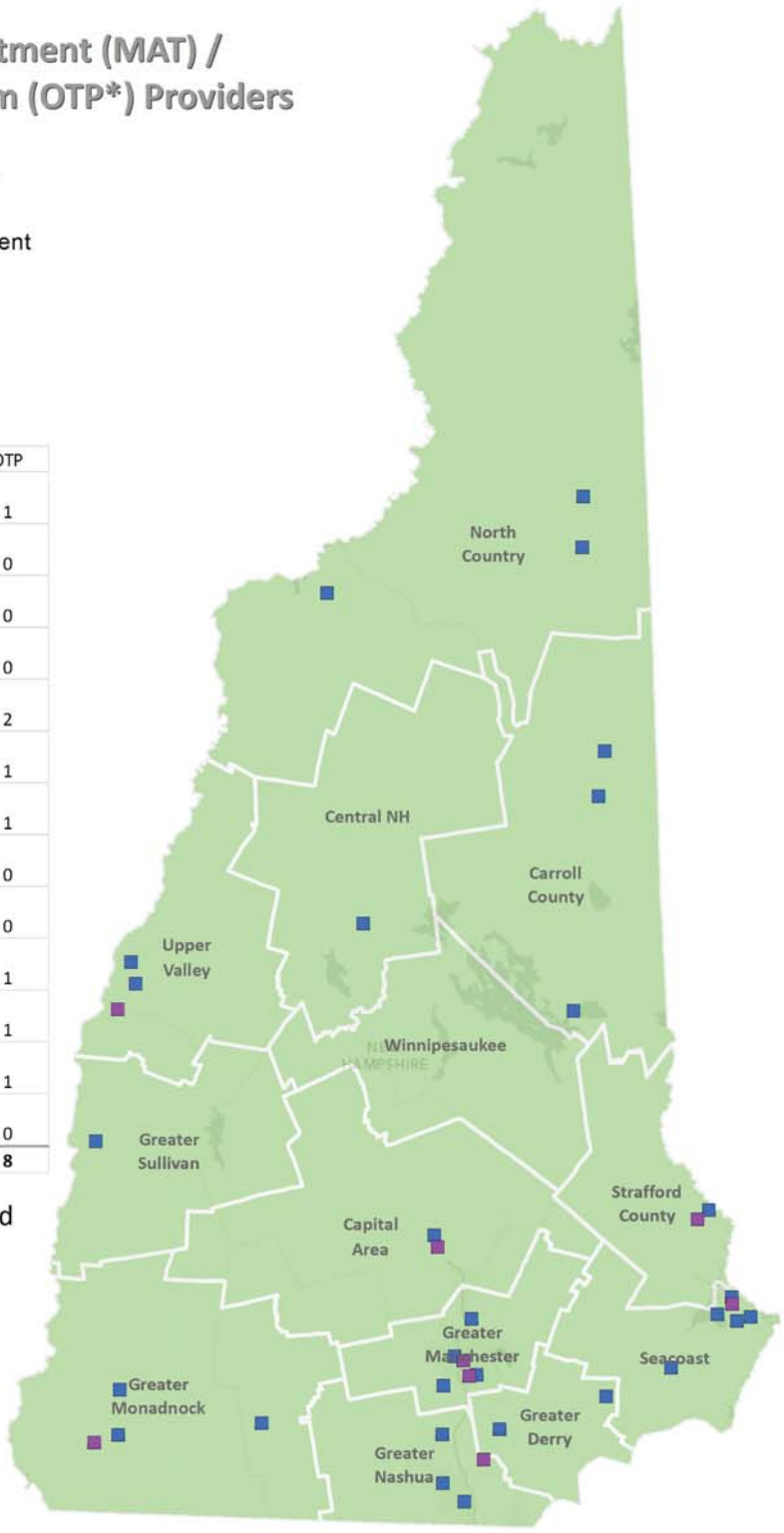
Service Locations for Medication-Assisted Treatment (MAT) / Opioid Treatment Program (OTP*) Providers

- OTP - Opioid Treatment Program*
- MAT- Medication-Assisted Treatment
- Public Health Network Regions

22 MAT Providers
3 OTP Providers

Count of Facilities:	MAT	OTP
Capital Area Regional Public Health Network	2	1
Carroll County Regional Public Health Network	4	0
Central NH Regional Public Health Network	1	0
Greater Derry Regional Public Health Network	2	0
Greater Manchester Regional Public Health Network	5	2
Greater Monadnock Regional Public Health Network	3	1
Greater Nashua Regional Public Health Network	3	1
Greater Sullivan County Regional Public Health Network	1	0
North Country Regional Public Health Network	4	0
Seacoast Regional Public Health Network	5	1
Strafford County Regional Public Health Network	1	1
Upper Valley Regional Public Health Network	2	1
Winnipesaukee Regional Public Health Network	0	0
	33	**8**

*OTP refers to federally regulated methadone clinics operating in the state.



Date: 7/31/2014

Appendix K: Current Capacity by Region

	Number of Respondents		Withdrawal Management (not included in medication assisted treatment)		Medication Assisted Treatment (not included in withdrawal management)		Screening*		Outpatient/ Intensive Outpatient		Residential/ Inpatient		Recovery Support Services		Total		Cumulative Total
	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	Independent Practitioner	Organization	
Capital Area	7	10	0	7	0	0	-	20,150	680	1,724	0	0	12	100	692	21,981	22,673
Carroll County	8	4	0	0	60	150	-	1,780	422	1,596	0	0	0	0	482	3,526	4,008
Central NH	0	2	0	2	0	0	-	1,100	0	20	0	0	0	0	0	1,122	1,122
Greater Derry	8	5	5	0	300	400	-	2,100	807	590	0	120	200	165	1,312	3,375	4,687
Greater Manchester	8	20	0	712	0	1,509	-	16,685	365	5,601	0	526	0	817	365	25,850	26,215
Greater Monadnock	7	8	0	237	0	128	-	6,325	312	420	0	550	0	25	312	7,685	7,997
Greater Nashua	6	11	0	113	0	599	-	1,350	357	5,428	0	208	1	47	358	7,745	8,103
Greater Sullivan	4	1	0	0	0	0	-	100	718	0	0	0	16	0	734	100	834
North Country	5	10	3	50	60	0	-	36,000	257	1,153	0	150	0	500	320	37,853	38,173
Seacoast	11	10	25	120	300	665	-	30,793	701	878	0	0	147	0	1,173	32,456	33,629
Strafford County	4	5	0	0	0	1,000	-	708	305	2,212	0	530	0	130	305	4,580	4,885
Upper Valley	4	8	0	268	0	1,308	-	2,200	180	2,761	0	170	0	0	180	6,707	6,887
Winnipesaukee	6	6	0	185	0	0	-	8,428	1,520	2,822	0	30	0	41	1,520	11,506	13,026
Total	78	100	33	1,694	720	5,759	0	127,719	6,624	25,205	0	2,284	376	1,825	7,753	164,486	172,239

Appendix L: Anticipated Capacity by Service Delivery System

	Community Health Center (n=13)	Community Mental Health Center (n=10)	Primary Care Clinic (n=13)	Hospital (n=21)	Medication-Assisted Treatment Provider (n=7)	Substance Use Disorder Treatment Organization (n=12)	Community Social Service Agency (n=3)	Recovery Organization (n=1)	Transitional Living/Sober Housing (n=4)	Private Practice Group (n=16)	Total
Withdrawal Management Services											
Medically Monitored Withdrawal Management (ambulatory)	400	0	10	24	220	75	0	0	0	0	729
Medically Monitored Withdrawal Management (non-hospital, residential)	0	100	0	300	0	728	0	0	0	0	1,128
Medically Monitored Withdrawal Management (acute hospital care)	0	0	0	16	0	0	0	0	0	0	16
Methadone	0	0	0	0	200	584	0	0	0	0	784
Buprenorphine/Suboxone	380	0	10	40	40	759	0	0	400	0	1,629
Other Medication	230	0	10	0	20	659	0	0	0	0	919
Total Number of Additional People Served	1,010	100	30	380	480	2,805	0	0	400	0	5,205
Screening											
Total Number of Additional People Served	2,520	1,175	0	3,554	-	-	-	-	-	-	7,249
Treatment Services											
Assessment	2,120	950	20	3,552	2,220	1,642	102	0	0	470	11,076
Outpatient Services (Individual)	1,940	1,110	0	1,900	220	2,487	77	0	100	945	8,779
Outpatient Services (Group)	325	961	0	40	200	1,510	22	0	100	1,715	4,873
Intensive Outpatient Services	0	700	0	100	100	1,535	100	0	0	290	2,825
Partial Hospitalization	0	150	0	2	0	485	0	0	40	0	152
Clinically Managed Low Intensity Residential Services	0	125	0	0	40	320	0	0	0	0	125
Clinically Managed Medium Intensity Residential Services	0	0	0	0	0	336	0	0	0	0	336
Medically Monitored Residential Services	0	0	0	100	0	0	0	0	0	0	100
Medically Managed Inpatient Hospital-Based Services	0	0	0	200	0	0	0	0	0	0	200
Transitional Living	0	0	0	0	0	134	0	0	200	0	0
Opioid Treatment Programs (Methadone prescribing/ dispensing)	0	0	0	0	300	0	0	0	0	0	0
Office Based Medication Assisted Treatment	520	0	20	0	2,300	340	0	0	0	0	540
Other Medication Maintenance	300	150	10	75	0	0	0	0	0	0	535
Total Number of Additional People Served	5,205	4,146	50	5,969	5,380	8,789	301	0	440	3,420	33,700
Recovery Support Services											
Recovery Support Services	1,775	150	0	425	0	865	50	150	100	340	3,855
Other Recovery Support Services	500	0	0	0	0	0	0	0	0	50	550
Total Number of Additional People Served	2,275	150	0	425	0	865	50	150	100	390	4,405
Cumulative Total	11,010	5,571	80	10,328	5,860	12,459	351	150	940	3810	50,559

Appendix M: Anticipated Capacity by Region

Service Array	Capital Area	Carroll County	Central NH	Greater Derry	Greater Manchester	Greater Monadnock	Greater Nashua	Greater Sullivan	North Country	Seacoast	Strafford County	Upper Valley	Winnipesauke	Total
Medically Monitored Withdrawal Management (ambulatory)	0	0	0	400	310	0	100	24	0	165	0	220	0	1,219
Medically Monitored Withdrawal Management (non-hospital, residential)	0	300	0	0	0	584	100	0	144	40	0	0	0	1,168
Medically Managed Withdrawal Management (acute hospital care)	0	0	0	0	0	0	0	0	0	16	0	0	0	16
Withdrawal Management: Methadone	0	0	0	0	0	584	0	0	0	40	0	200	0	824
Withdrawal Management: Buprenorphine/ Suboxone	0	0	0	600	50	684	100	0	0	345	500	40	0	2,319
Withdrawal Management: Other Medication	0	0	0	100	10	584	130	0	0	215	100	20	0	1,159
Screening	300	220	0	450	1,500	0	379	200	350	750	3,000	0	100	7,249
Assessment	1,066	525	0	1,145	2,185	989	684	399	612	900	3,185	2,495	407	14,592
Outpatient Services (Individual)	1,359	395	0	1,050	1,639	959	538	186	889	2825	1545	680	1,176	13,241
Outpatient Services (Group)	468	395	0	760	1,260	1,119	767	108	570	845	295	406	1,161	8,154
Intensive Outpatient Services	430	0	0	100	430	860	100	105	136	440	45	333	555	3,534
Partial Hospitalization	150	0	0	0	0	375	112	0	0	0	40	0	0	677
Residential Services (Low)	0	0	0	0	180	50	125	0	0	0	40	90	0	485
Residential Services (Medium)	0	0	0	0	24	276	0	0	36	0	0	0	0	336
Medically Monitored Residential Services	0	0	0	100	0	0	0	0	0	0	0	0	0	100
Medically Managed Inpatient Hospital-Based Services	0	0	0	200	0	0	0	0	0	0	0	0	0	200
Transitional Living	0	10	0	0	15	12	0	0	12	0	200	110	0	359
Opioid Treatment Programs (Methadone prescribing/dispensing)	0	0	0	0	0	0	0	0	0	0	0	300	0	300
Office Based Medication Assisted Treatment	0	0	0	300	20	250	150	0	0	380	335	2,100	130	3,665
Other Medication Maintenance	0	0	75	150	310	0	0	0	0	400	0	0	0	935
Recovery Support Services	595	150	75	350	1,690	75	24	10	550	335	230	55	200	4,339
Other	0	0	0	0	500	0	60	0	0	0	0	0	0	560
Total Number of Clients Served	4,368	1,995	150	5,705	10,123	7,401	3,369	1,032	3,299	7,696	9,515	7,049	3,729	65,431

Appendix N: Resources and Information by Provider Type and Service Delivery System

	Billing Systems	Becoming a Prescriber of Medication-Assisted Treatment (MAT)	Accreditation	Treatment Program Availability & Referrals	Marketing Strategies	Evidence-Based Practices (EBPs)	Co-Occurring Disorders	Integration with Primary Care, MH, SUDs	Medication-Assisted Treatment (MAT)	Intervention/ Treatment (Adolescents)	Intervention/ Treatment (Special Populations)	Other
Organization	17	16	15	36	33	49	35	51	23	32	28	4
Independent Practitioner	27	2	3	23	41	52	44	40	13	27	22	1
Total	44	18	18	59	74	101	79	91	36	59	50	5

	Billing Systems	Becoming a Prescriber of Medication-Assisted Treatment (MAT)	Accreditation	Treatment Program Availability & Referrals	Marketing Strategies	Evidence-Based Practices (EBPs)	Co-Occurring Disorders	Integration with Primary Care, MH, SUDs	Medication-Assisted Treatment (MAT)	Intervention/ Treatment (Adolescents)	Intervention/ Treatment (Special Populations)	Other
CHC	4	5	2	4	4	6	4	6	5	3	5	2
CMHC	0	1	0	3	3	5	6	6	1	6	1	0
Primary Care Clinic	0	1	0	4	1	4	3	6	1	7	3	0
Hospital	1	5	1	12	1	13	5	12	4	6	6	0
Medication-Assisted Treatment Provider	2	0	1	0	3	3	2	2	0	0	2	0
Substance Use Disorder Treatment Organization	3	3	5	4	9	8	8	9	6	4	7	1
Community Social Service Agency	1	0	2	1	2	1	1	2	0	1	1	0
Recovery Organization	1	0	1	1	1	0	1	1	1	0	0	0
Transitional Living/ Sober Housing	1	1	2	1	2	1	1	1	2	1	1	0
Private Practice Group	4	0	1	6	7	8	4	6	3	4	2	1
Total	17	16	15	36	33	49	35	51	23	32	28	4

Appendix O: Wait List Assessment Respondents for SUD Programs

BDAS contracted SUD Treatment Agencies Providing Information on Current and Past Year Wait Lists							
Agency	**Location**	**Facility/ Program, if different**	**Service(s) provided**	**Responded to email questionnaire (Y/N)**	**Individual responding**	**Indicated past year wait list (Y/N)**	**Indicated current wait list (Y/N)**
Concord Hospital	Concord		OP	Y	Monica Edgar	N	N
Concord Hospital	Concord		IOP	Y	Monica Edgar	N	N
Northern Human Services	Multiple North Country		OP	Y	Leann Despins	N	N
Northern Human Services	Multiple North Country		Recovery Support	Y	Eric Johnson	N	N
Horizons Counseling	Gilford		OP	Y	Jacqui Abikoff	Y	Y
Horizons Counseling	Gilford	Nathan Brody	IOP	Y	Jacqui Abikoff	Y	N
Horizons Counseling	Plymouth		OP	Y	Jacqui Abikoff	Y	Y
Keystone Hall	Nashua		Withdrawal Management	Y	Annette Escalante	Y	Y
Keystone Hall	Nashua		OP	Y	Annette Escalante	Y	N
Keystone Hall	Nashua		IOP	Y	Annette Escalante	Y	N
Keystone Hall	Nashua		Residential (28 day)	Y	Annette Escalante	Y	Y
Keystone Hall	Nashua		Transitional Living (90 day)	Y	Annette Escalante	Y	Y
Keystone Hall	Nashua	Cynthia Day Family Program	Withdrawal Management	Y	Annette Escalante	N	N
Child & Family Services	Concord		OP	Y	Linda Nagle	N	N
Child & Family Services	Manchester		OP	Y	Linda Nagle	N	N
Child & Family Services	Laconia		OP	Y	Linda Nagle	N	N
Child & Family Services	Manchester	ASAT (Adolescent Substance Abuse Treatment)	IOP – adolescents 12 – 21	Y	Linda Nagle	Y	N
Families In Transition	Manchester	Family Willows	IOP – Women, pregnant/ parenting women, co-occurring	Y	Meghan Shea	N	N
Farnum Center	Manchester		Withdrawal Management	Y	Christine Webber	N	N
Farnum Center	Manchester		MAT-Suboxone Clinic	Y	Christine Webber	N	N
Farnum Center	Manchester		OP	Y	Christine Webber	N	N
Farnum Center	Manchester		IOP	Y	Christine Webber	N	N
Farnum Center	Manchester		Residential	Y	Christine Webber	Y	Y
Farnum Center	Manchester		Recovery Support	Y	Christine Webber	Y	Y
Youth Council	Nashua		OP-Adolescents	Y	Christina Connor	N	N
Youth Council	Nashua	Active Parenting	Recovery Support	Y	Christina Connor	N	N
Phoenix House	Keene		Withdrawal Management	Y	Neil Gaer	Y	Y
Phoenix House	Keene	Keene IOP	IOP	Y	Neil Gaer	Y	Y
Phoenix House	Franklin	Franklin-Adult	Residential	Y	Neil Gaer	Y	Y
Phoenix House	Dublin	Dublin- Adult	Residential	Y	Neil Gaer	Y	Y
Phoenix House	Dublin	Dublin TL	Transitional Living	Y	Neil Gaer	Y	Y
Phoenix House	Dublin	Phoenix Academy	Residential-Adolescents	Y	Neil Gaer	Y	N
TCCAP	Bethlehem	Friendship House	Residential	Y	Kristy Letendre	N	N
Serenity Place	Manchester	Detox	Withdrawal Management	Y	Sharon Drake	Y	Y
Serenity Place	Manchester	Lin's Place	Transitional Living	Y	Sharon Drake	Y	Y
Serenity Place	Manchester	Tirrell House	Transitional Living	Y	Sharon Drake	Y	Y
Southeastern NH Services	Strafford County	--	--	N	--	--	--

Appendix P: Wait List Assessment Respondents for OTP/Methadone Clinics

NH-licensed Methadone clinics providing information on current and past year wait lists							
Agency	Location	Facility/ Program, if different	Service(s) provided	Responded to survey (Y/N)	Individual responding	Indicated past year wait list (Y/N)	Indicated current wait list (Y/N)
Manchester Metro Treatment Center	Manchester	--	Opiate Treatment Program (OTP)	Y	Bill Fisher	Y	Y
Concord Metro Treatment Center	Concord	--	Opiate Treatment Program (OTP)	Y	Bill Fisher	Y	Y
Keene Metro Treatment Center	Swanzey	--	Opiate Treatment Program (OTP)	Y	Bill Fisher	N	N
Habit OPCO	Manchester	--	Opiate Treatment Program (OTP)	Y	Diane St Onge	Y	N
Community Substance Abuse Centers	Hudson	Merrimack River Medical Services	Opiate Treatment Program (OTP	Y	Susan Latham	N	N
Community Substance Abuse Centers	Rochester	Merrimack River Medical Services	Opiate Treatment Program (OTP	Y	Susan Latham	N	N
Community Substance Abuse Centers	Somersworth	Merrimack River Medical Services	Opiate Treatment Program (OTP	Y	Susan Latham	N	N

NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES
Promoting Prevention and Recovery

NHCE
CENTER FOR EXCELLENCE

NEW HAMPSHIRE
CHARITABLE FOUNDATION

The New Hampshire Center for Excellence provides technical assistance, disseminates data and information, and promotes knowledge transfer to support the effectiveness of communities, practitioners, policymakers, and other stakeholders working to reduce alcohol and other drug misuse and related consequences in New Hampshire.

The Center was established and funded through a public-private partnership of the New Hampshire Bureau of Drug and Alcohol Services and the New Hampshire Charitable Foundation and is supported by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and the U.S. Substance Abuse and Mental Health Services Administration.