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U.S. Senate Appropriations Subcommittee on Labor, Health & Human Services, Education, and Related Agencies
February 28, 2019

Dear Senator Blunt, Ranking Member Murray, and Members of the Subcommittee,

Thank you very much for the opportunity to testify about the opioid epidemic plaguing our nation's communities. It is an honor to present information to you from the viewpoint of a Recovery Community Organization in Laconia, New Hampshire. As the Executive Director of Navigating Recovery of the Lakes Region, I have spent the last three years working closely with community partners to provide recovery support services to residents of Belknap County, the Lakes Region, and surrounding towns in New Hampshire. Most recently, Navigating Recovery became one of the primary "spokes" for The Doorway at LRGHealthcare as part of Governor Sununu's Hub & Spoke system. The Hub & Spoke model, also known as NH Doorway, is how the NH Department of Health and Human Services chose to disseminate funds from the State Opioid Response (SOR) Grant, for the purposes of increasing access to medication-assisted treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery support services for opioid use disorder (OUD). This written testimony will outline the recovery support services that already existed in NH prior to the SOR Grant, the Hub & Spoke model design, and preliminary experiences.

I. Recovery Community Organizations and Peer Recovery Support Services

As one of several Recovery Community Organizations (RCOs) in New Hampshire, Navigating Recovery of the Lakes Region is a non-profit, grassroots collaborative organization creating a supportive, recovery informed community for those afflicted with a Substance Use Disorder (SUD), and their family, friends, and coworkers. Navigating Recovery is focused on providing an open door for those seeking and/or embracing recovery as people begin and maintain the path for a productive life without alcohol or other drugs. The center endeavors to close the continuum of care gap between emergency departments, correctional facilities, fire departments, police departments, and treatment/rehab facilities. This is achieved primarily through peer-to-peer recovery coaching. Peer-to-peer coaching helps an individual willing to start their recovery journey to bridge the time before and after treatment services are available, when they are most susceptible.

The Lakes Region of NH is an area with a great need for a Recovery Community Organization. In 2015, Laconia, the largest municipality in the region, had 90 opiate overdoses resulting in 10 deaths, 70 overdoses with 5 fatalities in 2016, and in 2017 there were 146 overdoses and 8 deaths. These overdose statistics are only for Laconia, and do not include the other towns in the region that Navigating Recovery serves (including all of Belknap County). This demonstrates how the community reflects the greater New Hampshire statistics of substance use disorder, overdoses, and fatalities. In 2016, there were 437 opioid-related overdose deaths – a rate of 35.8 deaths per 100,000 persons – nearly three (3) times higher than the national rate of 13.3 deaths per 100,000. From 2013 through 2016, opioid-related deaths in New Hampshire tripled. Since Navigating Recovery opened its doors in November 2016, we have assisted over 900 community

members, responded to over 250 overdose and substance use related hospital calls, and distributed over 200 Narcan (naloxone) kits.

Recovery Coaching is a peer-based service that is developed and provided mainly by persons who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration describes these as developing a one-on-one relationship in which a person with recovery experience encourages, motivates, and supports another person seeking their own path to recovery. The recovery coach may also connect the peer in recovery with professional and nonprofessional services and resources available in the community. Such services include:

- Helping participants sign up for health insurance
- Making referrals to resources for Primary Care Physician, Mental Health Center for co-occurring mental health care needs, a Licensed Alcohol and Drug Counselor (LDAC) for an evaluation to determine the level of care needed
- Linking participants with withdrawal management, or in-patient treatment/rehab facilities
- Linking participants with Medication Assisted Treatment or Intensive Outpatient Programs
- Hosting group meetings to expand social network support, such as 12-step or SMART Recovery
- Assisting with an assortment of other recovery related issues, such as helping participants find stable housing, identifying transportation options, getting ID cards, looking for employment, quitting smoking, etc.

In addition to connecting participants with other services and resources, recovery coaches provide interim support if a participant has to wait for access to those services. For example, if there is a 3-6 week wait for a bed at a treatment facility, the recovery coach will meet with a participant as often as necessary to help them maintain their recovery.

Finally, recovery coaches help participants to create a Recovery Wellness Plan, and work to reduce/remover barriers to assist the participant achieve the goals of that plan. Recovery Wellness Plans are individually designed for each participant's personal needs in order to maintain stable, long-term recovery. The wellness plan is a continually evolving road map, with achievable goals, that are adjusted accordingly as a person's recovery path progresses.

RCO's throughout the state recognize that recovery means more than abstinence from alcohol and other drugs. Recovery requires a person-centered, holistic, wraparound approach to helping an individual and their loved ones achieve a healthy, productive lifestyle, where their SUD and any co-occurring mental health illnesses are effectively managed. It is important to note that RCOs do not provide any clinical services. All recovery support programs offered are non-clinical, peer-based. However, the professionals providing recovery coaching at RCOs are often Certified Recovery Support Workers (CRSWs), licensed by the NH Licensing Board for Alcohol and Other Drug Use Professionals. Of important note, since 2016 there has been an increase from one (1) RCO operating in NH to 12 RCOs with 14 locations.

Hospital Support Program

"Partners in Recovery Wellness" is a program between Navigating Recovery and LRGHealthcare. Since June 2017, recovery coaches and hospital staff have been working together to improve outcomes for patients with substance use disorders. This is an innovative and successful approach because it capitalizes on community partnerships and local resources. Partners in Recovery Wellness increases access to medication-assisted treatment, reduces unmet treatment needs, and aims to reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for individuals and families afflicted and affected by SUD. This program includes the following:

1) Certified Recovery Support Workers (licensed recovery coaches) from Navigating Recovery: 24/7 on-call support provided for any overdose survivor in the Emergency Department and CRSWs meet with any other patient at the hospital identified as having a SUD.
   a. In-person meeting with patient to help link them to Medication Assisted Treatment, rehab/detox, support group meetings, LADC/MLADC and IOP referrals, and telephone or face-to-face coaching, etc.; thereby beginning to close the treatment gaps.
   b. Narcan provided by CRSW to individual with SUD
   c. Provide family and friends with educational opportunities (science of addiction, naloxone trainings, healthy boundaries, etc.) and support services
2) Medication Assisted Treatment induction through the Emergency Department
   a. Education to hospital staff about MAT so that they feel more comfortable explaining this type of treatment. The goal is to help staff to see SUD as a medical disease and to find ways to help them encourage treatment. Staff members are educated about the LRGH Recovery Clinic that operates out of both hospital campuses (Lakes and Franklin) and about how to make a soft hand off from the ED to the clinic.
   b. Educational opportunities for ED staff about how and when to do an induction with Suboxone (medication assisted treatment).
3) Partners in Recovery Wellness: Improving Outcomes for Patients with SUD is a stigma reduction training provided to all hospital staff. The workshop is taught by Daisy Pierce, PhD and Corey Gately, MLADC, and has now been taught to other hospitals and healthcare providers across the state of NH.

II. NH State Opioid Response Funding - The Hub and Spoke Model

The goal of New Hampshire's plan is to create clear points of entry for any resident with an OUD to access services no more than an hour driving distance from their hometown. The design is meant to feature a regional approach to addressing the public health crisis at nine (9) "hubs" throughout the state.

The Doorway at LRGH is the hub located at Lakes Region General Healthcare in Laconia for 34 towns within a 1-hour driving distance, open Monday through Friday, 8am-5pm. The SOR Grant has provided The Doorway at LRGH the opportunity and funding to bring together a Certified Recovery Support Worker (CRSW), a Licensed Alcohol and Drug Counselor (LADC), a Licensed Mental Health Counselor (LMHC), and administrative support into a shared space. This communal working environment brings together staff from various community "spokes",

creating a multifaceted approach to providing OUD supports without a wait time and transportation between organizations. The concept of The Doorway does resemble that of RCOs with the exception of having clinical professionals working side-by-side with non-clinical peer supports (i.e. Licensed Alcohol and Drug Counselors working in a shared setting with Certified Recovery Support Workers).

As described above, in the Lakes Region, LRGHealthcare and Navigating Recovery already had a working relationship through the 24/7 On-Call Hospital Support Program. This positioned the hub in this region to be able to quickly launch The Doorway with already established lines of communication, policies and procedures in place. When a person seeking helps enters The Doorway at LRGH, that individual is met by a CRSW from Navigating Recovery. The CRSW begins by determining what the person's most urgent needs are, linking them with the LADC for any evaluations necessary, and making the appropriate level of care referrals. For example, if the appropriate level of care includes medication assisted treatment, the CRSW can walk the person to the Emergency Department for their first dose of Suboxone. This is just one model of how the nine (9) different hubs are operating. In each region, the hub is staffed and operated based on the resources available and needs of that particular community.

Another significant change with the funds provided by the SOR Grant is the ability to assist an individual with non-reimbursable costs associated with treatment and recovery. When an individual who is currently experiencing homelessness comes to The Doorway for help, the team is able to identify the level of care necessary, make the referral phone calls to locate a treatment bed, and then help that individual find a safe place to sleep if the bed is not immediately available. Other examples include providing transportation to a treatment center or offering a meal to someone who is hungry. Working with this particular population, we are often faced with someone whose primary needs are shelter and food. We recognize that these needs must be met before we can begin to, or simultaneously address the best pathway to recovery for that person. In the Lakes Region, temporary shelter is by far the largest gap in services available. Again, the identified largest gap in each region is dependent on the local resources that were previously available in that particular community.

The NH Doorway hubs are also directly linked with a statewide hotline: 2-1-1. Anyone standing within the state boundaries can dial 211 and be connected to a resource specialist who has access to the most up to date list of community service providers closest to that individual. Anyone can call at anytime to ask for help. Since the opening of the hubs, when a person calls 211 and needs to access OUD or co-occurring OUD and mental health services, the resource specialist will call the closest Doorway and connect the person over the phone. This statewide hotline has made it easier for someone to find out what resources are available.

III. Early Observations of NH Doorway Hub and Spoke Program

The SOR Grant funding has been an incredible infusion of financial assistance to the State of NH in the fight against the public health crisis of OUD. Since announcement of the funding and the opening of the nine (9) NH Doorways, the state has been able to assure residents that help is available, there are ways to access services, and fighting this disease has bipartisan support and commitment at all levels of government.

It is important to note, however, that even in a small state like NH, each region started out with vastly different services as a base. This model does allow for each Doorway to design and staff the hub and establish connections with community spokes to meet the needs of that particular region, but there are still gaps in services that this funding does not address. For example, respite beds and temporary shelter are the greatest need in the Lakes Region. The city of Laconia, with a population between 16,000 to 17,000 people, only has one homeless shelter with 30 beds. Between the months of October and May, The Belknap House is a cold weather shelter open for families experiencing homelessness. The next closest homeless shelters are in Concord or Plymouth, each a 30-minute drive from Laconia. There are no respite beds (a safe place for a person who is under the influence of substances to sleep) available in the area. The expectation of the funding clearly states that the money cannot be used for bricks and mortar, which would be necessary to create new beds. This means NH Doorway at LRGH must use flex funds for a hotel room if someone has nowhere else to go. Therefore, these flex funds, meant to help with costs of transportation, food, and temporary shelter, are one of the key elements of the SOR Grant.

Some of the challenges / barriers we still need to find solutions for:

- No additional services on the other side of NH Doorway. We still have the same number of residential treatment beds as before, but now more people are trying to access them. Additionally, not all treatment centers will take patients with co-occurring disorders, which reduces the services available for that population.
- Workforce shortages have left some positions unfilled at NH Doorway locations. Many of these positions require specific training, education, and certifications that take time.
- Many sober living houses are abstinence-based and do not accept residents on opioid-based medication assisted treatment.
- The SOR Grant focuses on OUD, but what about alcohol, methamphetamine, benzodiazepines, and other non-opioid addictions? We must not be so nearsighted that we only focus on overdose fatalities, when alcohol is still the most widely used substance in the country, and methamphetamine presents a whole array of challenges when it comes to treatment (no MAT, no withdrawals, can cause long-term brain damage and drug-induced psychosis).

IV. Conclusion

States with epidemic level overdose deaths are incredibly grateful for funding opportunities like the SOR Grant. We truly appreciate the time and effort this appropriation subcommittee has spent addressing the public health crisis we are all committed to combatting. This process has highlighted how incredibly innovative, collaborative, and hard working the community service providers are who treat people suffering from SUD and co-occurring mental health diseases. When faced with a crisis or epidemic, people often feel overwhelmed and hopeless, but the SOR Grant and NH Doorway program has demonstrated that this public health issue will be fought head-on by passionate service providers and the support of federal funding. This infusion of support helped to build upon the work RCOs had started by letting people affected and afflicted know there is something everyone can do to help, and it brings hope to both communities and individuals affected by SUD.

In a matter of just six (6) months, NH DHHS was able to conceptualize the hub and spoke model, identify the nine (9) regions of the state for NH Doorway locations, and launch the program. Due to this condensed timeline, for several months there was uncertainty about the dissemination of funds, and some community agencies are still left thinking that each hub has 1/9 of $22.8 million to distribute to spokes. Requests for Proposals (RFPs) came out before community stakeholders really understood the hub and spoke model. Now that community forums have helped to educate regions about each of the local Doorways, other organizations want to be spokes, but the RFPs have already closed. If we were able to launch the program we did in such a short period of time, I can only imagine how successful the program can be with more advanced notice to prepare. Therefore, I earnestly ask that the more commitment we can have from the federal level that states will receive funding again next year, gives us more time to prepare. States need certainty so that community service providers (contractors) can submit proposals and are ready to roll out programs in a timely manner; the earlier we know the funding is coming, the more we can do with it.

We have been referring to the "opioid crisis" or "opioid epidemic" for a few years now. I urge everyone to reframe how we discuss this problem. To begin with, we have a substance use crisis, not just an opioid epidemic. Very rarely do we work with an individual who has only ever used opioids. Most people suffering with SUD use a variety of substances, each one of them with their own dangers. The rate at which we are losing community members to overdoses is tragic, but opioids will only be replaced by another drug if we do not work diligently to address all substances. Furthermore, Substance Use Disorder has been an illness plaguing people since at least the 1800's, and long before that alcohol has caused health problems and societal issues. We need to stop envisioning the approach to this public health crisis as similar to a post-natural disaster recovery effort. Although we often describe the wreckage SUD leaves in its wake as a tornado ripping through a community, our efforts to address the disease must be sustainable long-term.

Finally, we must continue to be proactive and bring together dedicated service providers to brainstorm how to we can advance our progress addressing this disease, even as the primary drug of destruction changes and funding sources come and go. As with so many other diseases, we must remember that this illness does not have a "one size fits all solution." Based on our experiences so far, when it comes to replicating systems that work, it is important to recognize that community partnerships are crucial! If each community service provider is willing to work together, and organizations are armed with the knowledge of what resources are available, we can close most of the gaps, and not only save more lives, but help to make those lives happy, healthy, and productive again.

Thank you very much for your time and commitment to helping us combat substance use disorder.