

GOVERNOR'S COMMISSION ON ALCOHOL & DRUG ABUSE
PREVENTION, INTERVENTION AND TREATMENT

February 27, 2015
LEGISLATIVE OFFICE BUILDING
CONCORD, NH

AMENDED

MINUTES

Members Present:

Bob Boisvert, *NH Division of Children, Youth and Families*
Marty Boldin, *Recovery Representative*
Mary Bubnis, *Department of Education*
Rebecca Ewing, MD, *Public Member*
Jeanie Forrester, *Senator*
Joseph Foster, *Attorney General*
Traci Fowler, *Partners in Prevention*
Ned Gordon, *Circuit Court*
Joseph Harding, *Executive Director, and Director of DHHS Bureau of Drug and Alcohol Services*
Scott Kalicki, *Community College System of NH*
Timothy Lena, *Prevention Professional*
Chris Placy, *Public Member*
Dr. Dan Potenza, *NH Suicide Prevention Council*
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*
Stephanie Savard, *Families in Transition*
Valerie Smith, *NH Liquor Commission*
Colonel Todd Swass, *NH National Guard*
John Tholl, *Representative*
Mike Wilkey, *NH Insurance Department*
William Wrenn, *Department of Corrections*
Jack Wozmak, *Governor's Office- Senior Director of Substance Misuse and Behavioral Health*

Chairman Tym Rourke opened the meeting and asked that introductions around the table be made.

The Governor has brought Jack Wozmak on her team to oversee some things in the state around this issue of substance abuse and support our work. When we think about the state plan that guides the work of the Commission and coordinating multiple agencies the Governor thought it would be assistive to have someone who could work within the units of state government to do that. The Charitable Foundation provided seed funding to bring Jack on board. Jack knows the issues well and we are excited to have him join our Commission and our team to get this work started.

Jack Wozmak: I been involved in substance abuse treatment and recovery probably about thirty years going back to the mid-seventies, early eighties when I was the licensed administrator for Beech hill Hospital which was a substance abuse treatment center in Dublin and now does not exist anymore along with nearly every other treatment opportunity in the state. I like to say I was involved in substance abuse treatment and recovery in the days we actually cared about paying for it. So a lot of this is like "Déjà vu." In my meetings with many of you one thing I think that really is humbling and overwhelming the amount of energy and the number of people that believe that addressing this problem in all the ways that we are focusing on from prevention, treatment, recovery supports really underscores how absolutely critical addressing this problem is to the growth of the economy, the creation of a good work force and all the good things that flow from having a strong, vibrant healthy community. As I look at my job, I think I have an orchestra of people ready to do things and make change and support a new way of approaching things. I am looking at what I can do as a guy sitting in an office in the state house annex to help you along. My principle focus will be to try to identify, with your help, what are the impediments to you reaching the next level of success in your respective areas. Where are the problems and what are

the inter-departmental or inter-state barriers to meeting with success on everything that all of you want to do. It is a huge compendium of activity and it will take great coordination and cooperation which I think already exists to weave all of the work that you are doing to a cogent structure to advance the welfare of the state. I am going to be meeting with as many groups as soon as possible, as regularly and practical because I am going to be pushing you to tell me what are the “its” , what is it that I can do for you? What is the thing that will allow you to take the next step, not that there is only one thing? I am looking forward the prioritization process that can we can all share the focus and a lot of discussion around some action items. As much as I like committee meetings I would much rather do and accomplish things, and make things happen. That is what I look forward to. I have almost been here three weeks and it is time to start work. I look forward to working with all of you to get laser sights on the things we need to accomplish. I just think it is a tremendous amount of energy and I applaud all of you for all of the time you spend on dealing with this because this is clearly the most important set of goals that the state faces. I look forward to working with you.

Executive Director Joe Harding would just like to echo your sentiments Jack and welcome you, and it is going to be great having a direct line to the Governor’s office at a high level to put forward the challenges, opportunities and successes that we are having. You are going to be a busy man and we welcome you.

Minutes from that last meeting to be reviewed. Chairman Rourke has sent a lot of information out for those of you who are new to the Commission. Get used to that as this is a pretty active group as you will find out, and I send out a lot of information before meetings to read in advance. Thank you for your time in doing that. Please take a moment and review them. I would like to accept a motion to approve the minutes. Joe Harding made the motion to approve, the motion was then seconded and all were in favor of approving.

Chairman Tym Rourke: The main focus of our discussion is items two and three on your agenda, which I am going to lump together; they really look at the budget for the alcohol fund, the overall state budget as we enter into the budget season. Also there are some implications within the budget process around some contracting discussions that we want to begin to have with you now. Three things came out of the Governor’s budget that is pertinent to our State Plan. The budget proposed by the Governor includes the reauthorization of the Health Protection Program which provides a substance use disorder benefit to that population.

- Approximately 35,000 people currently enrolled in Health Protection. About 10% of them have access to behavioral health services since those benefits went online.
- The second thing the Governor’s budget does is request money to start the substance abuse benefit within the existing Medicaid program.
 - The traditional Medicaid program or Medicaid Managed Care does not have a substance use disorder benefit.
- Those who have been working in the Medicaid space have long held the belief that if we are going to make a benefit available in Health Protection we should extend that same benefit into the existing population so that Medicaid recipients are all getting uniform benefits.
 - Those dollar amounts are included in the Governor’s budget request.
- The third thing in the Governor’s budget is the “Alcohol Fund.”
 - Created in 2000.
 - By statute it takes 5% of gross profits from the sale of liquor and puts it into a dedicated fund for prevention and treatment services.
 - The fund has only been fully funded in the year it was established.
 - There has been a zeroing out of the formula in HB2, which is the rulemaking part of the budget and then a dollar amount put back in a line in the Bureau of Drug and Alcohol Services so they can facilitate grant making at our discretion.
 - If fully funded that fund would be \$8.5-\$8.7 million per year in the next biennium.
 - This Commission over the course of last year developed a financing plan for the full state plan that was around \$40-\$60 million.
 - We looked at the alcohol fund as a mechanism to address some priorities at the full amount and this group weighed in on that earlier at the end of the year.
 - We looked at the \$8.5 target (*see Alcohol Fund Spending Plan – Revision Discussion per Governor’s Budget handout*).

- The Governor’s Budget is not at the \$8.5-\$8.7 level it is roughly at \$4.0 million in SFY 2016 and \$6.0 million in SFY 2017.
- What we have in the Governor’s Commission Alcohol Fund Appropriation Request for SFYs 2016 and 2017 you will see the original amounts requested. In parenthesis you have the original dollar allocation that this Commission endorsed. Above it you see the adjustment, recommended on trying to do some math around the dollars that we have and the dollars that we wanted. (*See Alcohol Fund Spending Plan – Revision Discussion per Governor’s Budget handout.*)

To structure the conversation I want to start with retaining our existing commitment. Currently the alcohol fund is at \$1.8 million per year. There is a proposal on the table to retain that amount with the existing treatment system. That was the same amount that they are in contracts with right now. Part of the discussion around those treatment dollars is our consensus if we are comfortable with that amount and if so giving the Bureau of Drug and Alcohol Services the capacity to move to renew current treatment contracts so that they will be in place and so when July 1 hits all of our treatment dollars don’t disappear from the community but can continue on as currently designed and at the end of June. The second thing I want to speak about is the last line on the first page (*see handout Alcohol Fund Spending Plan -*) “Prevention Direct Services in Regional Public Health Network Plans”. Again we have a regional network system that Traci represents. They are in the middle of revising 3 year strategic plans; seven regional prevention priorities across the state. We want to hold some resources so that we can respond to those strategic plans; however, we have an existing commitment in this line which is “Life of an Athlete.” You may recall that in the previous biennium there was no money for prevention. In the last biennium (*thanks to Senator Forrester*) we had funding reinstated in the alcohol funds specifically for prevention and we invested those funds in “Life of an Athlete.” We invested them with the commitment that “Life of an Athlete” would evaluate their program so that we would be able to come back to this Commission and the Legislature with metrics on their results.

Life of an Athlete (*See handout Life of an Athlete a Program of NHIAA*).

The goal is to increase healthy lifestyles among youth, including the choice not to misuse alcohol, tobacco and other drugs. It is a school-based program that primarily targets student athletes as the entry point to change norms and create a positive school climate based on increasing healthy lifestyle choice.

- Outcomes of the first year (2013-2014) include:
 - 22 schools implemented all components in year 1.
 - 1141 youth were trained.
 - 323 coaches were trained.
 - Schools are adapting LoA to fit their unique school culture and spreading the program message beyond athletes.
 - Statistically significant differences shown in perceptions, knowledge and behavior among youth in LoA programs compared to youth not in the LoA programs.
 1. Significantly more youth in LoA programs compared to those not in LoA programs reported: Alcohol use impacts training and can lead to injury. Youth leaders avoid alcohol, tobacco and other drug use and they help team mates to do so also. They avoid substances to maximize performance. Lower use of alcohol, tobacco and marijuana.
 - The control group had a total of 892 responses and the intervention group had a total of 1,388 responses.
 - There were instances of higher positive behaviors in the intervention group compared to the control but were not “significantly different”. The intervention groups were more likely to consider: avoiding alcohol use, avoiding tobacco use, and avoiding marijuana use as maximizing training and performance. The intervention group was more likely to sign the athletic contract and have parents who signed it.
 - Findings showed that the largest number of positive significant differences between the intervention and control groups occurred among the youth in the 12th grade. The reported differences between the two groups in the 12th grade reflect the majority of significant findings in the group’s overall. This includes perceptions, knowledge and behaviors.
 - A number of our schools across the state are making it their own program by linking it to their school mascot. So they are talking about “Life as a Laker”, Life as an Owl (Timberlake). Just making it about that item that everyone gravitates to. So it is not just athletics but changing the whole school culture.
 - We’ve been approved as a Promising Practice. This means New Hampshire has a “service to science” program consisting of a panel of experts who are in the field of substance misuse and evaluation and they

actually review programs that have started off the ground here in New Hampshire. They look at: what they are doing; how do they set up an evaluation; what are the findings; is it a sustainable program; is it making a difference and does it meet all the criteria you want in a really strong evidenced program. They have various stages of approval.

Recognizing how prevention works there is not a single program that positively impacts every population. The extent to which this has the ability to track to a cultural shift within the schools and have outcomes like this is quite profound. This program is not designed to target high risk youth at risk of dropping out of school. That is where we need other interventions which speak to other ways in which we need and some of that actually comes out a little bit in the budget. This program serves a role, serves a function, there are populations for whom this would not touch but that is by design.

Right now this program is only surveying the athletes. The Youth Risk Behavior Survey (YRBS) which is implemented this spring to the whole school perceptions of risks of harm in substance use. We also need to recognize that kids do not have to be at risk to have an addiction. Every child in school has the potential to end up with an addiction because that is just how addiction works.

Discussion per Governor's Budget (*refer to handout Alcohol Fund Spending Plan-Revision Discussion per Governor's Budget 2-22-15*)

We've raised this presentation now because \$250,000 of the \$650,000 recommended in SFY2016; the \$1,300,000 recommended for SFY2017 for "Prevention direct services in Regional Public Health Networks would include continuation funding for this initiative. Joe Harding stated that the Bureau administers the contacts for treatment services and "Life of an Athlete"; and given that we are in March and we will need to have these contacts in place by July 1, if the Commission decides to continue support these efforts, we are hoping we can get answer on this today. For those two elements it is critical that we get an answer. Mr. Rourke indicated when looking at the spreadsheet where you see numbers with parenthesis that is where we have recommended an adjustment to align ourselves to the total allocated in the Governor's Budget. If there is no parenthesis we are keeping that line exactly as it was discussed back in December. You do see a *Discussion/Notes section* that captures some of the rational that we discussed as a group or in those lines where Joe and I did think we should consider and adjustment given where we are at financially, you get a sense of what we were thinking. What I would love to do is look at this document while there is there is this very specific decision that needs to be made. I would also articulate that the same holds true with the treatment contracts. We've got the treatment contracts and "Life of an Athlete" and if we approve those lines we want to authorize the Bureau to go ahead and prepare the contracts under the assumption that we will arrive at the end of the budget session with appropriate funding. We really want to make sure that we are in a general consensus around the whole picture of our strategy.

Executive Director Harding: Most of the folks here know this whole process started in the spring of last year at the retreat. Members provided presentations on what they thought were important investments addressing misuse of alcohol and drugs and that culminated in \$30 million dollars on our list. We then worked hard to narrow that list down to what full funding would be according to the statute of \$8.5 million dollars. Now we are trimming this amount down to what is in the Governor's budget but needing to understand that this is a \$2 million dollar increase above what we have in SFY16 and an additional \$2 million dollars over that for SFY17. This is an ongoing and we are going into the House phase, Senate phase, and the Committee of Conference. The other point I wanted to mention that everything we talked about relative to our State Plan we talk about population level strategies that are the least expensive and target the greater population. We talk about prevention services that target groups that are at particular risk, and we know who they are and how we target "Life of an Athlete" part in that. Early intervention services for people who are misusing alcohol and drugs but not yet dependent and then the treatment and recovery support services for those that are dependent and are really the cost drivers in our system. With all of that in mind we try to put together a package of strategies and services, which also considers other funding available. The Bureau administers other general funds and our block grant funds, which is our highest amount of funding and we are trying to look at these resources collectively. Health Protection pays for certain types of services for a certain population. What we have done is take the whole package of everything and tried to optimize the resources to put forward a comprehensive approach, that takes in to consideration all of these different funding sources and what they can be used for. What you see here is a critical part of the whole package that we are trying to put forward.

Lisa Muré: It might be helpful to detail the top three lines on the document. Those three took the largest hit in funding.

- Alternative Sentencing.
 - We saw that this amount would be able to cover statewide coordination and data.
 - We felt that it would be a planning year for Alternative Sentencing and really create effective strategies and bring in funds over time and have it go statewide.
- Juvenile Court Diversion.
 - To recognize that Juvenile Court Diversion Network was able to get some funding for the Statewide Coordination position and in the budget they stated that the position was most important to them.
 - Provides funding for 1 new site and upgraded data system and outcome data coordination.
 - Leverages new non-Commission funds the network has acquired for state coordination since initial appropriation request.
- Student Assistance Programming.
 - Zeros out investment in SFY16 due to no-cost extension of federal resources.
 - Provides for 5 additional schools in SFY2017.
 - Co-chair Joe Harding stated there's 26 schools that funding through the "Partnership for Success" our Federal Grant. That grant ends on Sept. 30, 2015 but we expect to get a no cost extension that will make those resources through SFY16. It is a lesser amount but we told the schools that they need to leverage part of their funding. We expect to be able to support these current contractors through SFY16. The amount in this document for SFY17 is to continue the support for those schools after the extension.

Recovery Support

Marty Boldin: At the time this budget was developed there was no recovery voice at the table. We are incredibly grateful for \$800,000 in the budget. We have a business plan that was put together by "Hope for New Hampshire" and a couple members of the community. HOPE has based its two-year operating budget and cash flow projections on opening two RCCs, fundraising, grants, service agreements with area health care and human service providers, and facilities rentals will form the foundation for operating revenue for HOPE for NH Recovery. On pages 10-12 (*see handout "Hope for New Hampshire" Business Plan*) Budget Summary. Knowing that there are 4 groups of people that are already organized out there and that they are receiving technical assistance from the Executive Director from "Hope for New Hampshire" we are trying to develop a locally sustainable blended model funding platform on top of the data that was just released by the Vermont Recovery Network that shows really promising results. I promise you if this money comes to that group of people we have the expertise to develop and implement recovery support services. This will not only include treatment outcomes but also reduce the stress on the hospitals and emergency rooms. There is a significant amount of data out there that talks about how recovery support resources in intensifying treatment outcomes, offer of a variety of skills that will keep people out of other social services and get them back to work. I just hope this Commission can in any way consider that humble request. The need is definitely out there. We are the only state that in Northern New England that has no recovery support service infrastructure. Beyond what has been graciously afforded us by the Charitable Foundation in supporting New Hampshire Recovery.

Chairman Tym Rourke: The folks may remember in your packet one of the documents I emailed you was summary list recommendation document from the taskforce that Marty chairs which speaks to this as well. This is a brand new taskforce that was created by statute in last legislative session. Marty was tasked to pull that group of recovery folks together and start to think about some recommendations for us relative to what a recovery system and a service array look like. (*See hand out "Recommendations for Recovery Support Services for the State of New Hampshire".*)

Executive Director Joe Harding: historically we had this challenge because of financial limits. Substance use disorders is an acute condition. It's like putting people through the treatment carwash and expecting them to come out the other end and have good long term sustained recovery, and it is just not going to happen. A lot of what we are trying to do in a comprehensive approach is to develop capacity for recovery support services that will support people in their long term recovery. It is a very critical piece. It is a very cost effective piece. I can support your position as far as the need for the recovery support services. Marty and Cheryl and the whole group have done an outstanding job in developing the recovery community capital in the state and coming together and putting together a great plan. The challenge for us is having started with \$30 million dollars which has gone down to \$8.5 million, to optimize what we have, what can be expended in a reasonable amount of time, what can be built in a reasonable amount of time, where do we make the allocations. Whether we should we increase some the allocation for recovery supports is really very difficult to say, which

means it needs to come from somewhere. I don't disagree with what you are saying but I think the challenge is for this group is really getting the optimum mix of what we are trying to accomplish with the limited resources that we have available.

Chairman Tym Rourke: I would imagine that some questions may come up with maintaining the existing treatment contracts. We talk about a little bit here but again we have health protection, hopefully a Medicaid benefit, potentially some other resources coming on line. We are recommending maintaining that steady dollar amount. Even though we have resources coming online that can provide treatment support, we are suggesting to keep that treatment line the same. I will let co-chair Joe Harding explain that.

Executive Director Joe Harding: the very last thing on the list that I would reduce is that amount of funding for the treatment services. Health Protection is a great thing to provide benefits for substance use disorders for a particular segment of the population so people that are below 138% of poverty and people that are 19-64. The issue is that there are over 100,000 people in this state that meet the criteria for substance use disorders. In our contracted system we had the capacity to provide services for about 5,000 people. Health Protection will provide treatment services, estimated to be about 5,000 people at this time. That still leaves 90,000 people out there that need treatment services. The people that are alcohol and drug dependent, particularly the people with opioid dependency are the real cost drivers in our system. There are a lot of people that are not going to be covered under Health Protection. The waiting list for treatment services is long, and is going to continue to be long. We need to develop a very significant additional capacity. So the very last thing I would want to do is reduce the amount of funding for treatment services. We have funded treatment services on a shoestring since the beginning of time and these agencies are in very fragile financial condition and so the last thing I want to do is reduce the amount of funding for treatment services.

Marty Boldin: For a long time I was one of those treatment providers living on a shoestring. I know a lot of people out there doing that work every day. I couldn't agree with you more that there is not enough. The reason I am asking you to reconsider your view on this, if you look at the numbers that we put out there, we are pretty close to getting these things up and going. If we could open more than 2 I think that one of the things that you will see is two things that don't happen right now. People leaving treatment do not get enough recovery once they leave. Also people are not getting into the system that could absolutely be helped by people that are peer based counselors offering to this state a fairly new modality of treatment that could alleviate some treatment provider. Outcomes we are seeing from other states on recovery support services are really remarkable. Not only in terms of reducing immediate hospital but also increasing the duration of people's sobriety once they leave treatment. If there is a way to move that number up a little bit more we could open more centers and place them geographically around the state, that group would be providing data to this body showing the number of people being impacted and talk about the way that specific service actually helps reduce the need for other services.

Executive Director Joe Harding: the 5,000 that was mentioned that are going to be covered under Health Protection is a rough estimate based on what the current number of enrolled folks are. It is thought that 14% of people covered under Health Protection would access substance use disorder services. So 14% is roughly 5,000 of 35,000 that are currently enrolled. That number will likely go up as people become enrolled. The Mental Health and Addictions Parity Act also requires private insurance to cover substance use disorder services and there is currently as part of the Affordable Care Act, it is subsidize for them to be able to access private insurance that might have substance use disorder treatment services. Part of the challenge is this population does not necessarily respond well to a penalty. Whether or not they would actually have private health insurance that would afford them substance use disorder treatment. What we developed under the Health Protection Plan, for the types of services that you would want to have to do an effective job in addressing these issues. There are a lot of outstanding questions there but I am not confident in the very near future, those resources that might be available on the private market are going to have a significant impact on the other 90,000 people that are out there.

Chairman Tym Rourke: There is an external workgroup I've sat on representing this Commission, and many folks of the department are working with key community stakeholders around making the benefit work in the environment. I think already there has been a conversation let's get the Insurance Commission and private insurance to sit at the table to start discussing some of these issues too. I think we might really be primed to begin the conversation because there are opportunities for some crossover. Particularly those post-treatment things which Marty is talking about. Some of the

scoping work they have done nationally around other states, and how states are responding in an insurance environment. What part of the recovery could be dealt with through insurance versus parts of the recovery support system which are not tied to the insurance system? This is where the alcohol funding can really come in when we talk about specific interventions. It is expected in the Affordable Care Act that there will be a gap population for whatever reason. Do we have a sense as a state how many people in the state of New Hampshire that would fall into that gap bucket?

Executive Director Joe Harding: We can look at Massachusetts those numbers are known I just don't have them with me right now.

Chairman Tym Rourke: Perhaps we can think about an April presentation from Marty and Cheryl on what is evidenced based recovery, what does the system look like. Just a little deeper dive.

Partnership for Success

The Model School Policy Implementation Work: by way of background this commission taskforce develop a model school policy document to assist schools in developing drug and alcohol policies. Most schools felt their policies were antiquated or not really enforceable. If I recall the Partnership for Success Grant funds the SAP positions that also have a contractual requirement for the districts that take those dollars do an analysis of their model school policies do an adjustment as necessary. That we will make that a contractual obligation.

Medication Assisted Treatment:

Can you explain the medicated assisted treatment services program? It is not funded the first year but it is the second. What is the thought process on what that might look like?

Executive Director Joe Harding: If we are going to do that we would need to put it in contracts but not until SFY2017. So as we all know there is an opioid epidemic around New Hampshire and across the country. We have not had all of the tools that we need to address these issues. Our admissions for opioid use disorder have gone from 17% admissions 10 years ago to almost 50% admissions today. Medication Assisted Treatment is covered under Health Protection for people in that population but it is not covered in our treatment contracts. So we would like to include it in our treatment contracts. Our treatment agencies, however they would need to arrange to arrange for these services through a collaborative arrangement with a primary care practice to prescribe medications in conjunction with the substance use disorder treatment, or possibly have a suboxone certified physician come into the program. However it would be important for good outcomes that they pair medicated assisted treatment with specialty substance use disorders treatment. The reason why we are waiting until 2017 is that there is not enough capacity for those services. Right now we are in the process of putting out significant of Block Grant funding to support the development of capacity for medicated assisted treatment in primary care settings. It is not likely that capacity will be in place much before 2017.

Clearly some of the conversation we have had is detailed oriented and that is the conversation I want protect our ability to continue to have as we work through the legislature. I do not feel I would like to ask for a vote around this full plan because we are not necessarily committing to these particular amounts at this time. There is still rich discussion we can continue to have. I get a sense of where some clear questions are for continued conversation and learning. We will do an update on this in April. We will have been through the House. We will know where we stand at the House section. We will be entering in the Senate process. So we will continue this discussion at a high level.

Revision Discussion per Governor's Budget

The treatment line to the extent that there is a desire to make a motion to authorize the Bureau of Drug and Alcohol Services to extend the existing contracts for the next biennium for those treatment providers at the amount that you see documented on the spreadsheet. Second a similar authorization around extending the contract for "Life of an Athlete" which will come out of the prevention line on the spreadsheet. Those two things the Bureau has asked us to weigh in explicitly. So I would like to put that on the floor and entertain motions for either or both of those. The motion is to authorize the Bureau to move into amending those contracts for treatment providers and Life of an Athlete. All members voted in favor. I would encourage folks to continue thinking about these issues as we wrestle with these decisions.

HB271 Jack Wozmak

This is the Narcan bill that passed the house rather easily and came out of committee 15-0. It opens up Narcan being available to family and friends. My question to Tym when I saw it pass the house is how do we implement? What is the mechanism of the people involved to make this happen? What I didn't want to happen is to go through the senate, and get up to the Governor's office, sign it off and then two weeks later have somebody say to us "why is it taking so long?" "Why isn't it being implemented?" I have confidence that it will make the final hurdles without incident. The moment that the ink is dry I would like to be able to suggest that we have a plan to begin implementing it. We'll get press releases out and educational things going and we go down the road as fast as possible. I didn't want to wait and lose time. So rapid response was my interest. That said there are a number of players. We have to educate physicians, pharmacies, and the public's awareness as to who can ask for it, who ought to ask for it, who might want to ask for it. We have to make people comfortable with whatever the issues are with the broadening of its availability. I want to be ready to act when the time comes. So I'll be looking for guidance from some of you. What are the specific things we need to do so that when the time comes this is a program that can be implemented without delay. We want to show success, data, and information. We want to prove this is the right thing to do at the right time. I just want to understand who all the players are who can bring implementation.

Chairman Rourke: I am happy to follow up with Commissioner Barthelmes and Dr. Savage in particular because of those groups they participate in. I am also looking at Traci because I think from the broad awareness piece, the public health piece, is to have somebody from the Prevention Task Force assist with that. Let me throw an email out and see if we can set up a group with Jack taking the lead and terms of timing so it meets Jacks' needs. I am going to look at Susan McKeown as she oversees some of the parents support groups as an immediate point of contact as these are the parents that need to get this first as they are the ones who have been asking for it. This bill is immediate upon passage. That means it is going to ripen really quickly if it makes it through. I would like to launch as many press releases as possible on the day it is signed.

Brief Updates

- Health Protection
 - On August 15, 2014 Health Protection came online.
 - Only out-patient substance abuse services became available at that time.
 - On March 1, 2015 Phase II is coming online and that includes the more intense substance use disorders services.
 - Intensive outpatient, partial hospitalization, residential services, medication assisted treatment, are all coming online as of Sunday.
 - Lots of efforts around developing capacity for services throughout.
 - Special challenges for residential providers that we have been trying to overcome.
- Prevention Task Force
 - RSA 126X- also known as the "Therapeutic Cannabis Program" we are closely monitoring this. From the prevention public health world we are concerned with public health and child safety.
 - As part of this program cannabis, cannabis concentrate, cannabis infused products will be produced and dispensed.
 - A child under 18 may obtain 2 ounces of cannabis in any 10 day period. (*about 150 joints*)(*any card carrying youth under the age of 18 may get up to 2 ounces with parents consent.*)
 - There is not enough awareness on how much 2 ounces is.
 - We are submitting a letter to Tym to get over to DHHS to just let them know that we are hoping to work with the Advisory Council on this.
 - We want to increase perception of risk.
 - We cannot overlook the impact this will have on our communities.
 - We did testify to opposition to this bill during the last round.
- Dr. Ewing
 - We are working on posters with the Liquor Commission to put posters in the windows of every liquor store outlet.

- In January we hosted a forum for providers for women who are dependent.
 1. More than 120 people attended the forum.
 2. Three workgroups are going to go forward from this. One with regards to communication amongst providers. One around patient support and one around dosing of methadone. We have identified a difference in the state between providers and dosing.
- Treatment Task Force
 - We've been spending the bulk of our time talking about Health Protection.
 - We've been discussing how providers are making the changes, etc.
 - Working on some strategic planning for the task force.
 - Expanding membership.

Jack Wozmak

I've had a number of conversations with people with opening up treatment facilities in New Hampshire. I would like to get 400-500 beds in the state over the next couple of years. As part of discussion with them my profile is whatever they are going to do it has to include aftercare, outreach and it has to include an element of free care. With the insurance parity laws and with whatever happens with Medicaid Expansion there is room in the private marketplace for treatment to take hold again. I think we can easily express to them that 10% of their population has to be free. Those of the types of discussions I am beginning to have with these people. I am aligning those groups with ways to finance those places. We need to rebuild the infrastructure and recreate the capacity.

Chairman Rourke

Folks may have heard in the media recently about the IMD exclusion which is a Federal law dating back a very long time ago, around restrictions on Medicaid reimbursement for facilities providing residential services that have more than 16 beds in which more than half of them are occupied by someone with a mental health disorder of which substance abuse is considered. So there was some media about this recently about the fact that it may have ended up with the closure of residential treatment programs or restrictions on beds. I do want this Commission to know the department has done some work, and in essence that exclusion does not apply to our treatment centers. There was some concern that it would restrict our current bed capacity.

Public Comment

Valerie Morgan would like to inform the Commission that the Regional Public Health Networks are charged with developing a local or regional robust system of care. What that means is we want them to look at their partnerships and what currently exists, what doesn't exist, where the gaps are, and who might be in the position to offer services. That will create another full time person for each of these regions for at least these two years. To kick that scope of work off the regions are now tasked with are educating their public health advisory councils on what it means to have a robust system of care, and what does it look like. Center for Excellence worked with staff people at BDAS and developed a webinar power point presentation with a lot of narrative around it that describes and gives us a shared language around "what does a robust system of care look like" from prevention, to intervention, to treatment and recovery. We hosted two events on webinars to train those individuals. We would be happy to share them with the Commission or even present it at the Commission meeting; it might take about 20 minutes.

Lisa Muré stated there were several data points showing how New Hampshire ranked around substance abuse compared to other states. The data gets updated every January. For the first time our young adult population is tied on several things. The list of drug use other than marijuana we are #1 in the country. The other data we monitor and track overdose deaths in New Hampshire. They have been steadily escalating since 2002-2003 and the peak year 2011 there were 200 people who died of a drug overdose. The Medical Examiner stated they still have cases to look at but already in 2014 there at 300 deaths.

Chairman Rourke stated that the above statistics are a great opportunity to remind folks, particularly our public members that the House will be holding its public sessions on the budget beginning the 5th and folks can continue to raise the alarm about the financing issues we have discussed today.

The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is April 24, 2015 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.