

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

**April 22, 2016  
LEGISLATIVE OFFICE BUILDING  
CONCORD, NH**

**MINUTES**

**Members Present:**

John Barthelmes, *Department of Safety Commissioner*  
Lorraine Bartlett, *Division of Children, Youth and Families*  
Marty Boldin, *Recovery Representative*  
Cheryl Ann Coletti, *Business and Industry Association*  
Rebecca Ewing MD, *Co-chair of the Perinatal Substance Abuse Taskforce*  
Joseph Foster, *New Hampshire Attorney General*  
Traci Fowler, *Prevention Professional*  
Todd Gardner, *New Hampshire Nurses Association*  
Ned Gordon, *Circuit Court*  
Joseph Harding, *Executive Director*  
Molly Kelly, *Senator*  
Timothy Lena, *Prevention Professional*  
Jeffrey Meyers, *Department of Health and Human Services*  
Dan Potenza, *Suicide Prevention Council*  
William N Reddel III, *Major General*  
Tym Rourke, *Chairman*  
Seddon Savage, *New Hampshire Medical Society*  
Stephanie Savard, *Treatment Professional*  
James Vara, *Governor's Advisor on Addiction and Behavioral Health*  
Mike Wilkey, *New Hampshire Insurance Department*  
William Wrenn, *New Hampshire Department of Corrections Commissioner*  
Jim Young, *Liquor Commission*

*Tym Rourke welcomed everyone and opened the meeting with introductions.*

**New Governor's Advisor on Addiction and Behavioral Health, James Vara** "prior to taking on this position I was at the Attorney General's Office. I am very excited to be in this position. For those who do not know I have been a prosecutor for many years. I am taking on this role and look forward to working with you. If I have not called you yet I will be calling you soon. Thank you."

Minutes were reviewed and motion to approve. Minutes were approved.

**Human Trafficking Work Group** – Presenter's Erin Albright and Mike Posanka

*Tym Rourke – this is a group that has done some outreach to me and others over the last year and finally we got in a room together and talked a bit. I think as we think about other ways in which substance use is impacting our communities it is good to take some time and learn about some of these other elements where SUD issues are related.*

- Mission is to develop and implement a coordinated and collaborative, victim-centered, trauma-informed multidisciplinary response to human trafficking in New Hampshire.
- The New Hampshire Trafficking Work Group is a collaboration of law enforcement, service providers, attorneys, state agencies, and other community stakeholders for the purpose of improving statewide response to human trafficking.

- The work group functions as a central hub where stakeholders can connect, collaborate, and maximize impact through collective and strategic action.
- The work group is organized around four main goals:
  - Identify victims of all forms of trafficking.
  - Investigate and prosecute cases at the local, state, and federal levels.
  - Provide comprehensive, victim-centered and trauma-informed services and support to all survivors – men, women, children, citizens and non-citizens.
  - Engage the community in ways that positively support investigations, prosecutions, and service delivery.
  - Fundamental to the work group’s efforts is the understanding that human trafficking impacts vulnerable people and populations, and any true response must include support to prevent and address vulnerability in whatever form it may take.
- In 2012, the New Hampshire Attorney General Michael Delaney convened the Attorney General’s Commission to Combat Human Trafficking.
  - Through this effort the state made progress in addressing human trafficking by providing training to key stakeholders,
  - Strengthened state laws.
  - Investigated cases.
  - Provided services to survivors.
  - In June 2015 this group evolved to become the New Hampshire Human Trafficking Work Group, under the collaborative leadership of federal, state, and NGO partners.
- Current Priorities.
  - Develop and deliver standardized training to key stakeholder’s state wide.
  - Identifying/map services for survivors including substance use treatment.
  - Develop and share best practices for investigations, prosecutions, service delivery, and community engagement.
  - Collect and analyze data, accord with laws and restrictions on privacy, to better understand the nature of human trafficking in New Hampshire and inform our response.

Please go to <http://www.gencourt.state.nh.us/rsa/html/lxii/633/633-mrg.htm> to read the law Chapter 633:7 Interference with Freedom.

*Seddon Savage: the comment I want to make is I think it is important to keep in mind that physiological dependence leads to withdrawal. It is not exactly the same thing as addiction which is more complicated brain development. Withdrawal is unpleasant and difficult but it is not what occurs in the context of addiction.*

- The other point is the Human Trafficking Work Group is here at the Governor’s Commission meeting because they want help and to learn from this group and others.
- We need system wide support that will work for victims and help them.
- Without that comprehensive support we are not going to make progress.
- Survey
  - In the fall of 2015 a baseline survey was sent out to healthcare professionals, law enforcement, victim service providers, educators, youth service providers and legal.
  - It had on it “do you know the definition of trafficking?” “Are you comfortable are you recognizing trafficking?” “Etc.
  - It was designed to assess security.
  - It was designed to assess training needs. “What training have you received? What types of training do you feel would benefit you or your agents?”
  - We had a little over 400 people from across the state respond.
  - We got some fascinating results.
  - The results showed us that 37% of respondents’ had received training on trafficking.
  - One of our priorities is really understanding that there are not a lot of resources and finding out where our efforts need to go. The survey is helping us to do that.

*Tym Rourke: I think this could be sent to me again and I could send to the group and it might be worth sending it to the Treatment Taskforce, Recovery Taskforce, a safety net system to the extent that folks might be able to look at it from both a results standpoint but also weigh in to the extent if the people are seeing that population.*

*Are there other levels of care that these victims are needing access to requiring you to take them out of state? Can you talk about those and what those are or is it just housing?*

There are no dedicated trafficking services in the state. We usually end up piggy backing on existing services, the crisis centers for domestic violence and the runaway kids program. They are already beyond capacity but they still take these individuals in.

*I will follow up with you with those survey results. From the Task Forces perspective let's see if some of them should be in conversation with your teams.*

### **Department of Health and Human Services re: 1115 Waiver**

*This is a significant opportunity for our state around how we serve people with substance use disorders/mental health issues, etc. and having worked with a team of folks from this Commission and a lot of stakeholders in this room for several years worked with Commissioner Meyers in his former role and the team that assisted in going after these dollars it is really a profound opportunity. It will have significant impact on the work we potentially do. You may recall last month as we were talking hearing the Department of Insurance Presentation that the Commissioner wanted to come back and talk more fully about the waiver.*

**Commissioner Jeffrey Meyers:** I am greatly pleased to be standing here and talking about this wonderful opportunity with the federal government. I am joined today by Katja Fox who is now the Director of the Division of Behavioral Health at the Department of Health and Human Services. Katja is helping to oversee the work on this program as well as Deb Fournier who is now the Deputy Medicaid Director for the Department and who is managing the program on a day to day basis.

- This is called a "Section 1115 Delivery System Reform Incentive Payment Waiver." What this means is the Secretary of Health and Human Services has determined that the program that we are proposing to implement in New Hampshire to readdress our behavioral health system can be funded with new federal matching funds that are not normally qualified for Medicaid expenditures.
- Medicaid is a shared program. For every dollar that the state pays the federal government matches that dollar with a dollar.
- The rules and regulations around what can be funded by Medicaid are pretty restrictive but congress got in the Social Security Act gave the Secretary of Health and Human Services authority to waive those regulations if in the interest of the Medicaid Program there was a reform proposal that would further the objectives of the Medicaid Program.
- This waiver is a program for individuals who are eligible for Medicaid in New Hampshire. It is a program that will focus on strengthening the capacity for behavioral health services. It will promote the integration of behavioral health and physical health care, especially primary care.
- It will help what we call "care transitions." Somebody coming out of a county jail or a county nursing home or out of a residential SUD program back in the community, which needs support whether it is transportation, housing, peer support or other social services. A unique aspect of this program is we can use this new federal grant not only for medical services but for mental health and substance use services and social services.
- This is a five year program. The state will have access up to thirty million dollars a year for five years or one hundred and fifty million dollars.
- We went to the fiscal committee last week and the fiscal committee approved our ability to start drawing down the federal money. We have to go through a process where accept and expend federal funding.
- The first forty-four million dollars will be made available in New Hampshire in our current budget biennium.
- The governor approved this waiver on January 5, 2016. Initially the governor wanted us to take up to a year to plan for this and we said we have an opioid crisis in New Hampshire. We are trying to extend our SUD benefits and we will be extending our SUD benefits to the expanded Medicaid population on July 1, 2016.

- We are trying to comply with the community mental health agreement. We are committed to complying with that agreement but there are challenges. Because of all those challenges we wanted to ensure a quick implementation to try to do this.
- I think this is a game changer for our behavioral health system.

**Deb Fournier** – Presentation “Building Capacity for Transformation: New Hampshire’s DSRIP (Delivery System Reform Incentive Program) Waiver Program.

- Key Challenges Capacity Constraints.
  - Long wait lists.
  - Limited SUD treatment options.
  - Excess demand for beds.
- ‘Siloed’ Behavioral and Physical Health.
  - Limited integration.
  - Workforce shortage.
- Gaps during Care Transitions.
  - Lack of follow-up care.
  - Poor continuity.
- Vision for Behavioral Health Reform in New Hampshire.
  - The goal is prevention, early diagnosis, and high quality, integrated care provided in the community whenever possible for mental health conditions, and other substance use disorders (SUD).
- Using a Medicaid 1115 waiver, States fund networks of providers who meet metrics demonstrating improved patient outcomes and promoting delivery system reform.
- DSRIP waivers are a key way to approach Medicaid delivery reform, among many other reform initiatives.
- Overview of NH’s DSRIP Waiver Program: Building Capacity for Transformation.
  - The waiver represents an unprecedented opportunity for NH to strengthen community-based mental health services, combat the opioid crisis, and drive delivery system reform.
    - Key driver of transformation: integrated delivery networks.
    - Three Pathways: improve care transitions; promote integration of physical and behavioral health; build mental health and substance use disorder treatment capacity.
    - Funding features: menu of mandatory and optional community-driven projects; funding for project planning and capacity building; \$150 million in incentive payments over five years; performance-based funding distribution; support for transition to alternative payment models.
- Integrated Delivery Networks (IDNs).
  - Regionally-based networks of providers will drive system transformation by designing and implementing projects in a geographic region.
  - IDNs will be organized into seven regions throughout the State. 1. Monadnock, Sullivan, Upper Valley; Capital; Nashua; Derry & Manchester; Central, Winnepesaukee; Seacoast & Strafford; and North Country & Carroll.
  - Multiple IDNs may apply.
    - Providers in each IDN region are encouraged to work together to form one IDN, particularly in less populated parts of the State.
  - Key Elements:
    - Participating Partners – Includes community-based social service organizations, hospitals, county facilities, physical health providers, and behavioral health providers. (mental health and substance use).
    - Structure – Administrative lead serves as coordinating entity for network of partners.
    - Responsibilities – Design and implement projects to build behavioral health capacity; promote integration; facilitate smooth transition in care; and prepare for alternative payment models.
- Administrative Lead Responsibilities (*pending final approval by CMS and subject to change*).
  - Organize consortium partners in geographic region.
  - Act as single point of accountability for DHHS.
  - Submit single application on behalf of IDN.
  - Implement IDN governance structure in accordance with DHHS parameters.
  - Receive funds from DHHS and distribute funds to partners.

- Compile required reporting.
- Collaborate with partners in IDN leadership and oversight.
- Collaborate with IDN partners to manage performance against goals and metrics.
- Administrative Lead Qualifications.
  - Not required to be a specific provider type (e.g., hospital or Community Mental Health Centers (CMS)).
  - Must demonstrate capabilities to lead transformation efforts.
    - Experience collaborating with partners in the Service Region.
    - Active working relationships with diverse entities that will participate in the IDN.
    - Ability to comply with IDN reporting requirements and obligations.
    - Provide consent for audit and oversight by the State and CMS.
  - Financial Stability.
    - Demonstrate financial stability and prior experience using financial practices that allow for transparency and accountability.
- IDN Composition.
  - Must include a broad range of organizations that can participate in required and optional projects.
  - Ensure they have a network of non-medical providers and medical providers that represent the full spectrum of care that might be needed by an individual with mental health or substance use disorder.
  - Requirements Partner Networks must include:
    - Substantial percentage of regional primary care practices serving the Medicaid population.
    - Substantial percentage of the regional SUD providers.
    - Representation from Regional Public Health Networks.
    - One or more Regional community Mental Health Centers.
    - Peer and Family supports and/or community health workers from the full spectrum of care.
    - One or more hospitals.
    - One or more federally qualified Health Centers, Community Health Centers, or Rural Health Clinics.
    - Multiple community-based organizations that provide social and support services (transportation, housing, employment, community supports, legal assistance, etc.).
    - County organization representing nursing facilities and correction systems.
- IDN Governance.
  - Partners have active roles in decision-making processes.
  - Administrative Lead and partners are accountable to each other, with clearly defined mechanisms to facilitate decision-making.
  - Within parameters established by DHHS, each IDN can implement a governance structure that works best for it.
  - IDNs must have in place an approach to the following:
    - Financial governance.
    - Clinical governance.
    - Data/IT governance.
    - Community/consumer engagement.
- Pathways and Projects.
  - IDNs will implement defined projects addressing the three pathways to delivery system reform:
    - Build mental health and SUD treatment capacity.
    - Improve care transitions.
    - Integrate physical and behavioral healthcare.
  - Project Menu Structure.
    - Community-driven projects.
    - IDN core competency project.
    - State-wide projects.
- Funding for the Transformation Waiver.
  - The transformation waiver provides up to \$150 million over five years.
    - State must meet statewide metrics in order to secure full funding beginning in 2018.
    - State must keep per capita spending on Medicaid beneficiaries below projected levels over the five-course of the waiver.

- Up to 65% of year one funding will be available for capacity building and planning.
- In years 2-5, IDNs must earn payments by meeting metrics defined by DHHS and approved CMS to secure full funding.
  - Under the terms of NH’s agreement with the federal government, this is not a grant program.
- A share of the \$150 million will be used for administration, learning collaboratives, and other state-wide initiatives.
- IDN Funding and the Attribution of Beneficiaries.
  - Each IDN will have an “attributed” population of members.
  - Members may only be attributed to one IDN.
  - The amount of funding that an IDN can earn will be determined by:
    - Projects that it implements.
    - Value of those projects.
    - Size of its attributed population.
    - IDNs performance on metrics.
  - Attribution of Medicaid beneficiaries will be based on the following:
    - Long-term care facility residence.
    - CMHC affiliation.
    - Primary care provider.
    - Behavioral health provider.
    - Zip Code of primary residence.
  - If there is more than one IDN in a region and a beneficiary’s provider(s) works with more than one IDN, the beneficiary will be attributed based on his or her zip code and the distance to the nearest hospital.
- State-wide and IDN-level Metrics.
  - Performance metrics at the state and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.
  - Accountability shifts from process metrics to performance metrics over the course of the 5-year program.
- Preparing for Alternative Payment Models.
  - The state must develop a plan for sustaining the DSRIP investments beyond the life of the waiver and for moving at least 50% of payments to Medicaid providers into “alternative payment models”.
  - The definition of APMs is evolving.
  - Key elements of APMs include use of risk-sharing to establish provider incentives to contain costs, robust quality metrics to ensure high-quality care, and re-allocation of saved funds to areas of need.
  - Under DSRIP, New Hampshire’s funding model will shift from planning support to performance payments to long-term sustainability.
  - At the conclusion of the waiver, IDNs will have data and experience to support engagement with value-based models.
- Implementation of Integrated Delivery Networks.
  - IDN applications are due May 31, 2016.
  - IDNs applications approved by June 30, 2016.
  - Detailed DSRIP project plans are due by September 1, 2016.
  - Distribution of project funds is targeted for Nov. 1, 2016.
- Opportunities for Public Comment.
  - Stakeholder input and engagement is critical to the success of the transformation waiver. It will be actively solicited at all stages of implementation.
  - March – opportunity to prepare and submit comments on the draft planning and funding protocols.
  - April 1 – April 15 – opportunity to prepare and submit comments on the draft IDN application materials, including the application for selection to be an Administrative Lead and to apply for Project Design and Capacity Building Funds.
  - July 1 – July 15 – opportunity to comment on the draft IDN Project Plan Template.
  - Summer and Fall 2016 – opportunity to comment on the proposed project plans of individual IDNs.
  - In addition, DHHS will hold a series of stake holder meetings through March and April of 2016 to generate discussion and input from stakeholders on the early design phases of the transformation waiver.

- Comments and questions can be submitted at any time to [1115waiver@dhhs.state.nh.us](mailto:1115waiver@dhhs.state.nh.us)
- For more information, please visit: <http://www.dhhs.nh.gov/section-1115-waiver/index.htm>

*Tym Rourke: Can you talk about the interface with the waiver and the continuum of care facilitators that the Bureau has in each of their regional networks? They are tasked as well with doing some of this systems building.*

Joseph Harding: The Bureau has folks that are participating in the development of the framework under the integration and development for capacity. I have to be a bit careful as to what I can say because it is going into contract but embedded in the framework for DSRIP the work of continuum of care and the connection of the continuum of care and the assessment so all of that is considered and coordinated.

*Tym Rourke: We need to keep this as a standing agenda item. Perhaps next month or what have you, as I am talking to providers around what is needed right now and thinking about expansion of this issue of workforce is huge. I am excited to hear the articulation as we are in this early planning phase with the ability to recruit and retain staff. I am reasoning gives the network the ability to look at these key individuals in the workforce are currently supported to be able to incentivize their retention. From a sustainability standpoint that seems to me to be the elephant in the room. I don't think anybody in this room is going to be surprised by the gap in the workforce when it comes to this issue. These incentive dollars will help over the next five years but after that then what? We collectively have to have a mechanism that assures that we are able to recruit the top talent we need particularly with high risk populations.*

Joe Harding: maybe on a future agenda we could talk about some of the workforce development efforts that are underway because they are significant.

*Tym Rourke: we will put some focus on that on a future agenda, possibly the next meeting.*

### **SB 533**

*I would like to take a few moments to update everybody briefly on two elements of our work. 1) What is happening in the legislature right now and 2) The State Plan.*

*Two things: 1) There is a lot going on in the legislature. We navigate how we as a body address all of that and pay attention to all of that. The chair of the taskforces are going to be meeting with James Vara, Joe Harding and myself after this meeting and one of the topics that we are going to tackle "how do we respond as a body when there is a bill for which we as a full group or a particular task force may have a concern or an excitement about we do not have a clear methodology for doing that aside from me trying to run around or calling someone at the last minute to come testify. We are going to come back to this full commission with some guidance and recommendations on how we pursue that going forward because this is not the end of very busy legislative sessions.*

*I want to thank the team of New Futures for pulling this document together at the request of leadership in the legislature. (See Opioid Related Legislation – 4/21/16)*

*This is a document of Opioid Legislation to the extent on which the policy is evidenced-based and the impact that the policy could generate. The Legislature is obviously wanting a very clear understanding of where we are going and what we intend to get out of the decisions that the Legislature is making. There are bills in here that are still in process. There are bills in here that have been passed. There are bills that have been killed.*

*The most pertinent that directly impacts the Commission. SB533 allocated five million dollars appropriation for Governor's Commission and HUD to be used for recovery housing. It passed out of the Senate immediately and it essentially does three things to this Commission in terms of how the Chair is selected. It changes how certain public seats are selected. Right now in the current structure the Governor and Council select all the public members. Most Governors' Commission do not do that. The Governor selects some. The Senate may select some. The Speaker of the House may select some so it makes some changes around membership that align the Commission more with how other Commissions operate. This was an amendment put forward by members of the Senate. If this bill passes as currently structured none of those changes would go into effect until current seats expire. As seats expire the decision maker is whether or not folks*

who choose to stay on have to renew their seat. It also changes our reporting requirements and it changes it in a way that on a personal level I support.

We have an annual report and it is often a complicated document for us to manage and deliver. We also know that we have had a conversation that we better track data and look at what is going on. Within the State Plan one of our goals was to increase the inter-face between this Commission and the legislature. We haven't really had a way to do that. The bill would require the Commission to actually submit two reports. It would submit an annual report that would speak to full extent of the fiscal year and a mid-year report with very specific data points that we would have to deliver on. Most of the data points exist so it is not rocket science to the extent that some data points do not exist but should so it gives us collectively an opportunity to work with our team at the Center for Excellence, data systems here in the state agencies to cull some of that information in a more formal way so that the full legislature can be informed.

It also requires that the Governor's Commission give briefings to key Senate and House committees, Health and Human Services, Joint Fiscal and Finance. That is something that we have prioritized within the State Plan. While these changes did not come from us they certainly are in the right spirit of trying to move us forward.

The second thing the bill does is financing. In its current state which was recommended by the House Health and Human Services, it was voted on the floor of the House "ought to pass," this week and now has been referred to Finance. It allocates money in two buckets. It is a total of five million dollars. Three million would be for the Governor's Commission. Two million would go to New Hampshire House and Finance Authority for the purpose of "safe and sober" housing and housing support services. There was a separate bill in the Senate that was designed to put funding for that resource and as the Senate was working through their process they consolidate a lot of funding bills together.

It actually does one more thing which is put resources in the Attorney General's Office for some additional drug prosecutorial capacity.

It is currently in House Finance. There is a workgroup session on it on Tuesday. What I would say to you is this with Joe and I working with the Commissioner and partners, is continue to put forward the spending plans that we have created based on the State Plan. We are really prioritizing recovery supports services, prioritizing some of those other key elements of some resources in prevention, some in juvenile diversion, etc. If they are going to think about additional dollars right now, how are they specifically addressing the opioid epidemic and how are they emergency response in nature. Where are the key elements of critical services that we simply are not meeting? This process is moving very fast. It will be heard in a workgroup next week. We are in real time conversations with House leadership. We will be in the House workgroup on Tuesday. We are going to work in real time with the legislature because I would like to make sure that we get resources and we get them on the ground. The department has schematics of their resources that make very clear the justification for an additional three million. It may call on us to do things with those three million dollars that may not look like the standard spread that we have talked about in the context of the State Plan but may more address the conditions on the ground. I think there is some real opportunity and given the work I would like to commend what the Commissioner and the team with the Department are doing in terms of really moving a boatload of resources in the community.

I will keep the Commission briefed to the extent if we receive additional funding we will want to see the whole House support that. The bill looks different than it did in the Senate. It will go back into a conversation. If we get this out of the House with the funding strategies that the House supports that the Senate concurs so we can quickly think about how we deploy those resources into those partnerships.

## **Taskforce Updates**

- Prevention Taskforce.
  - We want to make a strong recommendation and a plea to the Commission that we include early childhood as a target population for prevention in our upcoming State Plan.
  - There is a growing body of research about the importance of early childhood connecting directly to substance abuse and addiction.
  - NIDA (National Institute on Drug Abuse) just released a research based guide titled "Principles of Substance Abuse Prevention for Early Childhood."

<https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index>

- There is a change in culture happening in our state around therapeutic cannabis.
- The Prevention Task Force has met with all three of the dispensary vendors. We wanted to start to build relationships and work with them around educational materials that they are providing to patients and some of the community connections they are and will be making.
  - We are recommending that some of their material “Tips for Parents.” The cannabis can come in cookies, peanut butter cups, etc. and be enticing to children.
  - We wanted the information to be very clear and to be written at a seventh grade reading level.
  - Documents that can be included in patient packets around “Tips for Parents,” “Child Safety,” etc.
- The vendor have cited various documents that refer to the cannabis as a “step down” for opioid users.
- We are hoping the Opioid Taskforce will review this information.
- Treatment Task Force
  - The thing that we keep hearing over and over again from folks who represent treatment or are connected to treatment is .
  - We had the Insurance Department come to our last Task Force meeting to continue education on what the Commission had heard at the full last meeting.
  - We are trying to figure out how to educate new providers and support their clients in understanding if they are having trouble around insurance but also how treatment providers can get support.
  - We had a group come from Veteran’s Choice and present the Treatment Task Force to really understand how the treatment providers help veteran’s access treatment.
  - We are working with the Veteran’s Task Force to make sure veterans are accessing the services that they need.
- Recovery Task Force
  - We are trying to create a welcoming environment to the FO when it comes on board.
  - Working on developing metrics around what makes a Recovery Coach.
  - The center is open.
- Health and Medical Task Force.
  - We have introduced the “Strategies to Reduce Substance Related Harm” which has brought people together across the healthcare sectors to try to engage them in assisting in addressing these issues.
  - This is a work in progress.
- Opioid Task Force
  - Develop strategies similar to the Health and Medical Task Force’s strategies to map out what is being done and what they feel should be being done so we can look at where the gaps are and begin to address them.
- Pre-Natal Exposure Task Force
  - Over the last two months we have been watching SB515. This bill provides that evidence of a custodial parent’s opioid drug abuse or dependence creates a rebuttable presumption of harm under the Child Protection Act. The bill also permits the court to order periodic alcohol or drug testing and provides that the parent may be responsible for the cost of such tests.  
[http://www.gencourt.state.nh.us/bill\\_status/billText.aspx?id=906&txtFormat=html](http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=906&txtFormat=html)
  - Women have a difficult time staying in care if they are fearful of losing their child/children.
  - We are trying to figure out language and speak with the medical community who are developing wrap-around services.
  - We are also working with Dartmouth who has created a wrap-around service program for women who are pregnant and/or parenting. They are creating a tool-kit.
- Military Task Force
  - We have had two meetings.
  - We have created a list of priorities and gaps for services here in the state.
  - We are locating Military and Veteran friendly services here in the state.
  - We are trying to assist the service providers in what they need to better serve this population.
  - We try to refer soldiers to drug and alcohol services here in the state.
  - Counselors are needed who are experienced in dealing with this population.

A motion was made to adjourn. The motion was seconded.

*The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is June 24, 2016 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.*