

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

June 26, 2015

**LEGISLATIVE OFFICE BUILDING
CONCORD, NH**

MINUTES

Members Present:

Lorraine Bartlett, *Division of Children, Youth and Families*
Marty Boldin, *Recovery Representative*
Mary Bubnis, *Department of Education*
Cheryl Ann Coletti, *Business and Industry Association*
Mary Ann Cooney, *Associate Commissioner DHHS*
Rebecca Ewing MD, *Public Member*
Joseph Foster, *Attorney General*
Traci Fowler, *Partners in Prevention*
Ned Gordon, *Circuit Court*
William Hatch, *Representative*
Scott Kalicki, *Community College System of NH*
Timothy Lena, *Prevention Professional*
Chris Placy, *Public Member*
William N Reddel III, *Major General*
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*
Seddon Savage MD, *Medical Society*
Jack Wozmak, *Governor's Office- Senior Director of Substance Misuse and Behavioral Health*
James Wilson, *NH Liquor Commission*
William Wrenn, *Department of Corrections*

Tym Rourke opened the meeting and introductions were done around the table.

Review of the April 24, 2015 minutes. Minutes approved.

Financial Resourcing

1. Would like to remind the Commission we have asked the Governor to fully fund the alcohol fund.
2. To add the Substance Abuse Benefit to the existing Medicaid Program.
3. Reauthorize the Health Protection Program which is currently providing substance abuse services to this population.
4. If the numbers stay in the budget the full Medicaid benefit was included. The Alcohol Fund was not funded at its full level but it is about halfish of the full level.
5. In the House budget all that was taken out.
6. We are left with the Alcohol Fund being funded at the level it is at this biennium.
7. In the Senate budget they reinstated the substance use benefit to the existing Medicaid population.
8. Health Protection was not reauthorized in the budget process.
9. The Alcohol Fund was not fully funded and not funded according to the Governor's level but was funded at six and one-half million over the course of the biennium. The way the Senate Finance did it was to actually follow the formula. Returning it to a dedicated fund status and just change the value of the formula. The alcohol fund when it was originally established had a 5% of gross profit from the sale of liquor. The equation has change to 1.7% of gross profit of the sale of liquor. Which led to approximately \$3.2 million in year one and \$3.3 million in year two.

10. The final budget approved by the legislature includes the alcohol fund at 1.7% and the substance abuse benefit to the existing Medicaid population.
11. The Governor vetoed the budget yesterday so we are in continuing resolution environment beginning July 1, 2015. That means the state will operate for the next six months on the budget based on this year's budget.
12. In essence we have no new money to talk about right now.
13. The current contracts for treatment services, Life of an Athlete, will renew as of July 1, 2015 with no changes whatsoever.
14. We will watch the budget process as the budget is renegotiated.
15. This Commission over the last few months have had several iterations of its spending plan that we have altered based on funds available.
16. There are several factors in other piece of the budget which might influence how we choose to use the alcohol fund if there are other funds available.
17. At the August meeting we will take up where we stood with our priorities, how we can get resources on the table out in to the community as those funds become available.

Tym Rourke: I want to say "thank you" to everybody at this table and in the community for the great work of a budget that did include a significant substance abuse increase with the Alcohol Fund and the Substance Abuse benefit which is an additional 9-10 million dollars in total to put resources out in the community.

SUD in the Child Protection System – Lorraine Bartlett, Director (see handout)

1. What is DCYF:
 - It is a division within the Department of Health & Human Services that is mandated to assure the safety of children, youth and communities through the provision of services and supports to children, youth and their families.
2. Agency Practice Model Beliefs:
 - Everyone deserves to be safe.
 - All children and youth need and deserve permanency.
 - Everyone needs and deserves a life of well0being.
 - Everyone deserves to be treated with courtesy and respect.
 - Prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities.
 - All children, youth and families have strengths.
 - All children and youth belong with family.
3. DCYF Field Services: Child Protection & Juvenile Justice Services
 - What we do
 - a. Assess SAFETY first.
 - b. Engage youth and families.
 - c. Develop plans with families that assure safety & achieve family stability.
 - d. Establish connections.
 - e. Focus on permanency.
 - How we do it
 - a. Accountability.
 - b. Collaboration.
 - c. Respect diversity.
 - d. Maintain professional standards of conduct & adherence to Code of Ethics.
 - Keeping children safe
 - a. Safety and effective response go hand-in-hand.
 - b. Most children go into foster care due to neglect and other reasons.
 - c. In New Hampshire, providing targeted and effective interventions as soon as possible can safely prevent the need of foster care and better ensure that children who suffer any kind of mistreatment are not harmed again.
 - Everyone deserves a lifelong family. What happens to children in foster care?

- a. Most are safely reunited with their own parent or extended family.
 - b. A significant number are adopted.
 - c. Communities across America have shown they can help more children to grow up in safe, stable families by providing appropriate and timely services after they return home.
4. The number of calls to DCYF Central Intake has been trending upward since 2009, as well as the percentage of those calls that are screened in for assessment.
 5. Prevalence of Substance Abuse in Accepted Reports/New Cases.
 - 43% (1,515 of 3,523) of all child abuse/neglect reports received between 1/1/2015 through 5/1/2015 had substance abuse concerns in the family that were noted in the report.
 - 27% (965 of 3,523) of all child abuse/neglect reports received in this time frame involved allegations of abuse or neglect specifically related to substance abuse.
 - 52% (50 of 96) new cases opened for services in this time frame have substance abuse concerns noted in the family.
 - 35% (34 of 96) of these new cases opened in this time frame have at least one founded allegation of child abuse or neglect specifically involving substance abuse.
 6. DCYF Protective Assessment
 - 24, 48 or 72 hour time frame for face-to-face contact with child victim(s) & caregiver(s).
 - Identifying family strengths, resources and extent of danger vs. safety (contrary to welfare).
 - Sequencing and tracking events with parents to determine consistency, duration & pervasiveness of identified problem.
 - Safety planning (when indicated).
 - 60 days to disposition.
 7. Challenges
 - Increased number of protective reports Statewide.
 - Obtaining sufficient information about a parent's addiction in order to determine most appropriate interventions.
 - Access to consultation (LADACs) and training.
 - Lack of statewide access to treatment for individual/family treatment.
 8. Prevention, Intervention and identification of child abuse and neglect are a community responsibility.
 9. Questions:
 - Is Parental substance abuse impacting the number of youths who are truant? *Anecdotally yes but we do not have those figures. Our biggest concern is the impact on children under five.*
 - Is there a shift in use for heroin and opioids in parental substance abuse? *The shift to greater use of illicit drugs is being noticed but we do not have data on that. Our percentages of cases that have been impacted by substance abuse are relatively the same as they were 10 or 15 years ago but the substances have changed. That is what we are seeing.*
 - Are you able to collect objective data on families and drug use? *We do not typically ask family members to do drug screenings.*

Lorraine Bartlett: We are having these conversations, DCYF and CASA all the time around the impact of substance abuse on our cases and on the children that we serve.

10. CASA (Court Appointed Special Advocates) as an organization
 - We are a state wide non-profit organization.
 - We advocate in every circuit court and family court around the state for children who enter our court system as a result of child abuse or neglect.
 - Those are the only cases we get involved with and we have about 400 active CASA volunteer guardian ad litem, who are actively engaged in any given year a little over a 1000 children from 600-700 open active cases on child abuse and neglect.
 - We have a staff of 20 paid folks who support the advocacy work: training, on-going supervision, initial screening of those folks.

- Our purpose is to ensure that children who come into our court system, whether they end up in foster care or remain in their biological family have a guardian ad litem who is passionately advocating for what is in their best interest and bringing that information to our judges in every circuit court in the State of New Hampshire.
- We are able to serve about 85% of the cases that come into the court system with CASA volunteers. The remaining 15% of the cases are assigned to paid guardian ad litem through our state certified and trained to do this work.
- The children we serve are all ages. From infants just coming out of the hospital to 18, 19, 20 year olds who are aging out of foster care have extended jurisdiction within the foster care system so they can complete their education.
- The children we see are physically abused, sexually abused or emotionally abused, and/or severely neglected.
- Our advocates come from all walks of life.
- They volunteer and donate their time.
- They bring a variety of backgrounds and experience to this work and bring information to the court so judges can make informed and timely decisions about the futures for these children.
- The volunteer advocates are required to visit with the child at least once a month and frequently they do it more often than that.
- They are expected to have communication with school teachers, extended family members, therapists and medical profession and gather information for the court.
- They are fact finders for the court and furnish the court with a written report.
- They make recommendations as to what they feel is in the child's best interest.
- CASA is governed by various laws and statutes. We are in 169C which is the child protection statute.
- In the statute the court has 12 months to have a permanency plan.
- Our goal within the next few years is to serve 100% if these children.
- Child protection in substance abusing households is really challenging. The child focus is safety, permanency in 12 months.
- The recovery focus is different. It takes a long time. Frequently parents relapse and start their sobriety again.
- The struggles are difficult and many times take time.
- Lack of treatment, incarceration, takes a toll on these cases.

Comments:

A robust primary care system in healthcare is really critical, and part of the solution to some of these issues. Many of us are working to engage the primary care community.

There are 13 public health regions in our state. Which has 13 prevention coordinators. In each of the regions public health councils are being formed which consist of community leaders and members in each region, and this is the work they are engaged in and will be engaged in. There is funding and continuum of care coming online. The goal will be to have the conversations. There is no perfect system. We need to make sure that they are addressing these issues for children and families and how to help in their communities.

We as a commission must remember this population as we think of our collective work. In this discussion we have highlighted areas where the Recovery Taskforce, Prevention Taskforce and Treatment Taskforce can do a lot to make sure we are raising the ability of the Child Protection System to make sure that the system we are building, the resourcing that we are putting into place, that there are trained recovery coaches all over state, and we should get a list of them, so if there is family who needs recovery supports that these agencies know where to send them and they do not have to pay for it. We have treatment resources. How do we make sure that each of these systems of care knows how to reach them and have an understanding of the barriers the Child Protection Systems service access because it is a unique population that will require some unique strategies?

The shift of 40-50 years ago where alcohol was the drug of folks involved in the child protection system now we have opiates like heroin and these are very different drugs and mean very different things in the dynamics of families. When walking into a home of an active heroin addict it is completely different than walking into a home of an active alcoholic and the safety dynamics are completely different.

QUESTION: How is the family dealt with differently if there are heroin or opiates involved rather than alcohol? How do you minimize the trauma? There are real dynamics that are so different when it leads to safety and how is it managed?

The conversation is harder. When an alcoholic is talked to in the examination of the home environment you can see bottles and other signs of alcohol abuse, and there are individuals that have observed the parent under the influence. In assessing a parent where the allegations are heroin use the conversation is really somewhat dependent on them being honest. And being able to have the difficult conversation and telling them there are allegations of them using and how can they demonstrate that they are not. There aren't many signs of apparent use of heroin. When we have been on location, and unlike alcohol abuse, the first thing we do is contact law enforcement. Law enforcement will be able to let us know if there have been any priors with that family and if it is safe for the worker to interview them. If unable to show that the parent is using but there is still the allegation then a plan is going to be developed around the expectation that they are not using because this is what we understand and their ability to provide a safe environment. Children are at risk at being involved in the drugs but not all parents that use are involved with drug culture of sales and letting dangerous people in and out of their house.

Challenges: Families are under no obligation to allow a Division for Children, Youth and Families (DCYF) Child Protection Worker (CPSW) or other State employee investigating an allegation of abuse or neglect into their home. They also have no obligation to allow the CPSW or other State employee to interview the child/ren.

It is important to remember, that DCYF is required by law to make sure that children are not in danger. If DCYF has reason to believe that the child or children are in imminent danger or at risk of serious harm, DCYF may request assistance of law enforcement and/or the courts to get involved.

Ninety-five percent of the time the parents do let us in and speak with us. They also let us speak with their children.

Comments:

DCYF would not be engaged with families if the sole issue was an active substance abusing parent.

There was no child abuse. There was no abuse of any kind of the child living in the home of the injection heroin addict. There would be no cause to engage child protection services.

One of the challenges is developing a plan in the realm of addiction and knowing what we know about addiction and its drivers the challenge is to rely on those parents to be honest with you. These kids rely on us to make sure that the promises are kept and they are safe.

Taskforce Updates

1. Prevention Taskforce

- Working on the Model School Alcohol and Drug Policy recommendations that we released. That is a document for schools with recommendations with ways that they can better their alcohol and drug policies. We are making it more user friendly and easier to understand. We are also streamlining it with what is happening with the athlete program which they do look at policy.
- We also wanted to look at therapeutic cannabis and what happens when it shows up at schools. We want to clarify that children under the age of eighteen can be card carrying patients. The one thing is per statute it cannot be on school grounds as per the statute. We wanted to be sure that schools are clear on that as per statute therapeutic cannabis cannot be on school grounds.
- We are tasked with to prepare a report and develop recommendations for community outreach around how to educate communities. We have three months to turn this around. We will reach out to the other task forces for information.

- We are also working with the Provider's Association on the monitoring of therapeutic marijuana program. This is ongoing.
- We have talked about the Prevention Taskforce as a way to reach out to the medical marijuana vendors and start engaging in a conversation with them. They have to have resources available on substance use, treatment, recovery. We want to be the friendly outreach and just talk about it.
- In the long term we would like to track and measure outcomes with regards to therapeutic cannabis.
- We have this question in our minds on the evidence based recommendations for creating safe and effective messages around substance abuse. The Suicide Prevention has a very unbelievable do and don'ts on crafting the message. They have guidance on media messages and saying the right thing.

2. Recovery Taskforce

- We have 3 pieces primarily on our agenda.
 - a) We in the beginning of the strategic plan process how to figure out exactly where the deliverables are. Just when we decide to slow down and take strategic planning two other pieces came to us.
 - b) Medicaid funding for recovery support services that is being referred to the Recovery Taskforce will be taken up at the July 10 meeting.
 - c) Lindy Keller, Robert O'Hannon and Lisa Muré have been very helpful in bringing BRSS TACS to the state and this is strategic planning federal initiative that enables development of recovery support services infrastructure throughout the state.
 - d) It is approximately a \$75,000 grant.
 - e) Right now we are in the process of developing metrics upon which we will evaluate the precision with which recovery support services can be or should be implemented around the state.

Marty Boldin comment: We are encountering people who use marijuana who are actually buying medical marijuana. Law enforcement is tracking confiscations of marijuana that are coming into this state that were prescribed in other states and if there is any kind of feedback from those states. That is being tracked differently than other marijuana arrests. Recently state troopers have arrested card carrying members from the state of Vermont. Whether they are actually tracking that they are card carrying members or not but they are being arrested. Marty Boldin stated there is concern with people who are not prescribed but actually buying the overflow from people who do have a prescription.

Comment: We do not know of any separate tracking. Obviously we are interested and making arrests but there is not a centralized data base.

3. Neo-Natal Exposure Taskforce

- We are working on three initiatives.
 - a) Continuing working on getting posters in to all the liquor outlets.
 - b) We are working with the Bureau of Drug and Alcohol Services to start a dialog with the opioid treatment programs on the best prescribing practices on prescribing methadone because the practices are very diverse. The impact on the newborns is very different depending on the dosing. We are trying to get some inroads with the parent companies who operate within the state but with the understanding that we have too little medication assisted treatment in this state.
 - c) We are working with the Vermont Oxford Network which is a consortium of neonatal intensive care nurseries around reporting practices to DCYF. We found when talking with a collaborative of hospitals that the interpretation of the statutes is very different in different parts of the state. Unfortunately what is happening because of that a woman will get in treatment and be very motivated to stay on her medicated assisted treatment only during her pregnancy that she will learn that in certain areas of the state, even if she does that she will still be reported DCYF and there is a great deal of fear around that. So in about 36 weeks she will go to another hospital in the state where she hasn't been receiving care and deliver her baby there because she knows that that hospital does not report if you only have methadone or buprenorphine in your urine.
 - d) We are trying to figure out how to just have consistency around the state and those reporting.

- e) There is some concern also from those same nurseries that somebody with a prescription for Percocet, vicodin or some other substance can be more impaired in their ability to care for their child/children than someone who is receiving methadone or buprenorphine.
- f) We should probably work to develop better language around that so members of the nursery staff and members of DCYF are on the same page.

4. Opioid Taskforce

- The Opioid Taskforce is returning to meeting once a month as they were meeting every other month.
- Also has a very active Healthcare Workgroup which is a subgroup that meets on a monthly basis.
- We just went through a process of prioritizing our activities for the coming year. We don't produce product ourselves for the most part. We try and support others and ensure there are no gaps in the best practices.
- Trying to look at supporting a recovery help line and the recovery effort.
- Lot of what we do is not specific to opioids. Treating substance misuse better and preventing it addresses opioids.
- The Healthcare workgroup has brought together people from the Community Health Centers in conversation around screening, brief intervention, referral for treatment, and supportive recovery in primary care offices and working on getting different regions to adopt SBIRT which is being funded by the Bureau of Drug and Alcohol Services.
- Working on a strategic plan to disseminate to the community from the community.
- Expansion of buprenorphine. Trying to get more certified providers in the state.
- Looking at naloxone strategies to get providers to be prescribing naloxone. We are also looking at the law that passed it is actually a lot broader in its stipulations than we thought.
 - a) We thought it allowed clinicians to prescribe for family members and friends who were concerned about loved ones who may using in addition to prescribing to their own patients.
 - b) We knew that clinicians could prescribe to their own patients but when you don't have a doctor patient relationship can you prescribe for somebody to use on somebody else.
 - c) We knew that the law did that but now we are looking for language of that. We have asked the Attorney General's office for some interpretation because it seems to allow to give it to just anybody without a doctor patient relationship.
- Naloxone is another area we are trying to promote and support.
- And finally this new concept of Crisis Response Teams when EMS and law enforcement go to the site of an overdose there are some areas that want to pilot having a Recovery Support person or a mental health or addiction worker go the scene as well, so we can have partnerships with law enforcement and health care intervention on site.
 - a) Frustrations we are hearing from EMS is they are going to overdoses at the same house, 3, 4 times and nothing is happening. So we are trying to link overdose intervention to treatment.
- A lot of what we are trying to do is link healthcare systems.
- Public messaging.

Tym Rourke: I want to recognize the Bureau and Valerie Morgan is here so I am going to put her on the spot. The Bureau announced last week it received a major Prevention Grant which is a huge opportunity for our state. It's big money to do really important work. So "Thank You" Bureau and Center for Excellence.

Valerie Morgan: We have a "Partnership for Success" grant already we only have it for three years. We did a fair amount of complaining to the feds that three years for a federal grant is annoying at best, and totally inadequate at worst. They heard us and so we did apply for the "Partnership for Success 2015" grant and we were awarded and we were awarded early. "Hooray for the feds" which is surprising as well. It is a five year grant at \$2.4 million a year for five years. The focus is from ages 12 to 25, again the youth and young adult. The substances are alcohol use, opioids, prescription drug and heroin are the focus. We have three primary focuses that we are doing on this. We want to fund Student Assistance again to target the underage group, the high school students age group. That seems to be the most effective. We are currently in 24 schools with our current "Partnership for Success" and we want to expand that and go

beyond that. We are doing some heavy evaluation around that. The Center for Excellence is our evaluating team. We are evaluating what the data is showing us so we can make improvements for the next round of this new grant. The other component of this is the young adult population is difficult to reach. It is also difficult to determine on a regional level what actually is happening. What point in their journey in using substances and becoming involved in using heroin and opioids did that switch for them? What was that juncture? What is that spot that we can say “here is where we need to have those interventions.” Each of the 13 public health networks will be receiving some sole source money just to do some rapid assessment to make those determinations at what point we need to do those interventions. We then need to develop a statewide strategy on how we are going to target this young adult population. To just start all of that, and we might want to get the Opioid Taskforce involved with this over the next few weeks we are going to develop a workgroup to do immediate campaign that we want to launch right away around opioid and heroin use around the State of New Hampshire. We also want to promote the use of naloxone in that. The Center for Excellence will also be helping us develop tools so we doing a state wide assessment for young adults in a unified way in each of the regions.

Tym Rourke: grant focused on groups that were all included in the state plan. The importance of a project that focuses on the young adult population is huge. Given that fact that what really drives the numbers is not really the rate of use among high schoolers’ but high use among young adults. This group is almost impossible to reach through traditional prevention based mechanisms. So this is really a profound opportunity for us to address a population from a prevention standpoint. Even nationally there has not been a lot of good in managing infrastructure and how to get it. So this is critically important.

Comments:

- One thing I want to throw out which may or may not have anything to do with what is going on. Recently I had the opportunity to make a connection with an epidemiologist doing research and she is actually from New Hampshire although she is not in New Hampshire now, and she was interested in making connections in New Hampshire on any potential research or any ideas that anybody may have around substance abuse, particularly injectables. She is published in a number of different studies. She is doing a study in Fresno right now and one in Massachusetts. She is very interested in getting involved in her home state. Her name is Robin Pollini. I am happy to make the connection if anybody wants her contact information. You can look her up on the PIRE website.
- You may have heard that the Laconia Police Department has a Prevention, Enforcement and Treatment Coordinator and we are very lucky to have that. We’ve been talking a lot about “what is that full program design?” It is way more sophisticated than we know. There are so many components of that, that are not by design but by happenstance that just work together. What we are trying to do is work them into a service to science program. We would then have them present to an expert panel and they would share what they are doing and then the panel would offer feedback on anything that can be added to program design. The most important piece is “how do we evaluate?” Because at this stage we do not know to evaluate the work. We have Corporal Ashburn from the Tilton Police who is starting to do this. There are other police departments in our region doing this work and we know other police departments want to do this. We would like to better explain what that entails and what are the measurable outcomes.

Tym Rourke: perhaps in August or in the fall we can have Laconia come in and talk about what they have done and what they are doing. It sounds quite innovative.

- Lindy Keller: I just want to add that the position came out of the Community Coalition that has been gathering in the county and give credit to this whole collective impact effort. The technical assistance offered to that Community Coalition came from the National Guard. It truly is all parts working together than spread out. I felt like that credit had to be given.
- Lisa Muré: I am passionate about the Marijuana Decriminalization issue. I just wanted to respond with what the Prevention Task Force is doing which I think is great. Preparing communities for these alternative treatment centers, apparently there is one moving in a few miles from my home. I just want say I hope we can consider as a state and introducing new legislation to change the path that we are on. Even considering that now before that path gets too far down the road. I still don’t understand why that if it is a medication it is being treated like no

other medication. We just talked about the work prescribing – people do not have prescriptions. They have a letter that says they have a condition and that the legislation allows them to an illegal drug. I really would love it if our state and all of you really consider changing the legislation and making it what they say it is.

Legislative Updates

Katie Frey, Advocacy Director for New Futures: I just want to leave with you New Futures legislative updates. They focus on alcohol policy and marijuana policy.

- SB 93 is the bill that would increase the alcohol content for fermented malt beverages to greater than 6 to 8 percent based on the liquor Commission approval. That bill did end up passing with an amendment which capped the amount at 8% with needed approval from the Liquor Commission. Although New Futures opposed the bill we feel like the outcome was better than it looked like it was going. It was at 6% with no cap at all so we are happy with the outcome of an 8% cap.
- SB 99 which established a committee to study allowing the sampling of beer or wine at farmer's markets, also established a committee to study powdered or crystalline alcohol. The House amended the original bill to include a study committee on powdered alcohol and include a definition in current statute to regulate product if it comes to the state.
- HB 122 relative to advertising of liquor or beverages. This legislation would qualify a long – standing restriction which currently prohibits references or pictures to minors in liquor or beverage advertising. The Governor vetoed the bill. The House overrode the veto. The Senate is expected to take it up in a future session. The old statute had a strict prohibition on any references to minors. It eliminates that and adds the Commission has the discretion to make a determination whether the labeling or advertising on whether it will induce a minor to consume alcohol.
- HB 618 relative to penalties for the possession of marijuana and relative to the cultivation of marijuana plants. It passed the House but was tabled by the Senate.
- HB 270 and HB 271 – the Good Samaritan Law and possession and administration of an opioid antagonist for opioid-related overdoses. Both were passed by the Senate and the House.

The marijuana bill with the help of Senator Forrester and Senator Carson we were able to get it tabled in this session. Credit to them.

The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is August 28, 2015 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.