

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

**December 18, 2015
LEGISLATIVE OFFICE BUILDING
CONCORD, NH**

MINUTES

Members Present:

Lorraine Bartlett, *Division of Children, Youth and Families*
Marty Boldin, *Recovery Representative*
Cheryl Ann Coletti, *Business and Industry Association*
Monica Edgar, *Substance Use Services Concord Hospital*
Rebecca Ewing MD, *Public Member*
Joseph Foster, *Attorney General*
Traci Fowler, *Partners in Prevention*
Ned Gordon, *Circuit Court*
Joe Harding, *Executive Director*
Timothy Lena, *Prevention Professional*
Deb Martone, *State Legislative Aide*
Jennifer Patterson, *NH Insurance Department*
Chris Placy, *Public Member*
William N Reddel III, *Major General*
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*
Stephanie Savard, *Treatment Professional*
Mary Steady, *Department of Education*
John Tholl, *Representative*
Nick Toumpas, *Department of Health and Human Services*
Jim Wilson, *New Hampshire Liquor Commission*
Jack Wozmak, *Governor's Office- Senior Director of Substance Misuse and Behavioral Health*

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

Review of the October 23, 2015 minutes. Minutes approved.

We are in implementation phase of the work relative to the alcohol fund and the state budget with the dollars that the Commission approved. We want to give Joe Harding a moment to talk about that and give you a sense of where things are at both globally in terms of dollars that the Bureau is putting out the door but specifically those issues which we now have the Bureau moving some resources on our behalf.

Joe Harding BDAS RFP/RFA Update

I just want to preface that I will be providing an overview of the RFP's that are under development and there is an awareness that some of these things are happening but I am limited in what I can say to keep the integrity to the State's contracting process.

- The Governor's Commission funding for the Department of Corrections "Seeking Safety Program" was approved at the December 16th Governor and Council meeting.
- There is funding that the Commission approved for the Senior Policy Position we expect that to go to Governor and Council (G&C) in January 2016.
- There is some dedicated funding for the Katy Organization and we expect that to go to G&C in January as well.
- The primary Substance Use Disorder Treatment contracts that an RFP was released and proposals received and are currently under review.

- The Regional Access Point was approved under the Commission so is also well under way and is expected to go to the January G&C.
- We have some block grant resources for development of substance use disorders capacity, especially services capacity and we expect that will be released in January.
- We also have some block grant funding for medicated assisted treatment. We are targeting particular organizations to start with and we expect to get that funding out the door probably in February.
- We are in the process of developing the RFP for Peer Recovery Support Services facilitating organization and we hope to get that posted in January.

You were sent a copy of the Annual Report in advance. I have been in touch with the Governor's office to make them aware that we need a little extra time to pull this together. I first and foremost want to recognize and thank Lisa Murè from the Center for Excellence and all the Center for Excellence team as well as Jack and his assistant on the budgeting work and all of the state agencies and task force chairs, all of you and your staff and partners who took the time to weigh in on these materials. We are going to talk about the special session and spend some time on that. This document is critically important right now. This document is a snapshot of this body's work. We do need to endorse and approve the draft. If you find grammatical or spelling errors please send on to Lisa Muré. We have newer members of the commission this year. Last year the Governor thought that in addition to the statute required information we were asked to provide very specific guidance information on the opioid epidemic. That was in our 2014 report which was shared with the special session task force and we carried that forward with updated information to this one.

The floor is opened for questions, observations, etc.

Dr. Ewing Comment: The Perinatal Substance Exposure Task Force needs to have evolved a little bit since we submitted our report. We would love to be clear pregnancy have a particular attention of women suffering from addiction. It is a key point that we could put some priority to a dedicated person to take on that as a focus. We do not know how that language comes across in a report like this. That would be a recommendation by the task force. On page 6 on the first section third to last bullet it is there but more specific details should be added.

Commissioner Toumpas brought up concerns regarding the workforce.

Joe Harding reviewed this and maybe we need to call out separately issues with regarding the aging workforce. We've done some other things and we have worked with stakeholders over what are some of the core competencies for addressing substance use and co-occurring disorders and one of the things we wanted to do is the master's level alcohol drug counselor, that we know have specific training on alcohol and drug use disorders, but there are lots of other practices under the Board of Mental Health practice and psychologists could do this work with some additional training. They need to meet the competencies requirement. We have identified what those core competencies are. We have low-cost training available through the New Hampshire Training Institute. We need to do more in making that known and the department working with external stakeholders have worked on a tuition reimbursement program that now includes MLADCs being able to access those benefits.

Perhaps as well if we could add on page 5 just calling out a specific bullet in those challenges in the last list of bullets and add the workforce as a bullet. The taskforce chairs met as a group over the summer, and they are going to meet again this afternoon just to cross talk and update each other on the work that the task forces are doing, then this issue of workforce came up. One of the things this is probably an area we could spend some dedicated time flushing things out. Perhaps a recommendation that looks to raise enhanced scale better utilize some of the emergent opportunities that have been named with some notation that we spend some time as a body focusing on workforce strategies that we need to recommend and address. Then we talk about maybe pulling together a group very specifically looking at workforce with some cross representation from prevention, treatment and recovery communities.

Joe Harding stated he thinks this is a great idea as it not just the treatment professionals but it is the prevention professionals, the recovery workforce and so I think that is a fantastic idea.

There are some concerns on prescribing practices. This might be the one most explicit example of it is we have been working on gathering information for this report while the special session has been ongoing. We haven't had the time to blow this up and redo this in the context of the special session and the prescribing practices are one of those examples

where I think there has been some real advancement. It takes it farther than we recommended. Some of what we are recommending has actually been passed or is being talked about. It is going to ongoing conversations so we can validate. It is a process question for this group because there might be other places in here that are not grounded in the context of last weeks' outcome. So we could leave it as is and cover sheet in an introductory letter or executive summary reflect the fact that we maybe validate some of that process but the report looks to where we are at before that process. We could also go in and say is there anything that came out of the special session that we actually want to specifically agree to or support that is already done. I would look to your guidance on how you want to do that.

Comment: my concern would be that some will say the Governor's Commission doesn't think of those guidelines that go further than the Governor's Commission. When you get the full legislative body that could happen.

Joe Harding: this is a very specialized issue not void of controversy and so maybe we just include in the report the recommendations that were made by the Board of Medicine. We are not taking a position on it but just saying what is out there for recommendations.

AG Foster: clearly a lot of these things are always going to be evolving. The question is "what is the point at which we stop adding things to it about activities that are still taking place?" We need to have a certain date as this will continue to have movement. We need a point to freeze the report.

From a process standpoint the next item on the agenda is to update on the special sessions. We did want to go through and let folks know what happened and what some of the issues are. Perhaps what we should do is not vote right now. Let's not vote and get the update on the special session and then revisit. I do think this is a moment in time while this is a report that has an end date this is something we really need to think about given what is about to happen next. Given the extent to which this really has the opportunity and we would not want an unintended consequence to AG's Foster's point. We will table that for now with changes that were discussed.

Part of what we want to talk about are some other big items with some outcomes that going lead a conversation with the legislature about potentially more money for the alcohol fund. We need to have a specific conversation about that. What I am going to ask first is to ask Kate Frye from New Futures to provide us update at a high level on what the task force did and what its goals were. I want to recognize the incredible work the commission legislators did. Thank you for the work you all did over the last few weeks.

Special Session Update

- At the New Hampshire General Court website it has a memorandum of the Joint Task Force for the Reponse to the Heroin and Opioid epidemic in New Hampshire Interim Report.
<http://www.gencourt.state.nh.us/jtf/default.aspx>
- During the special session they established a joint task force to look specifically at the response for the heroin/opioid epidemic and what is the next step that needs to happen right away and what can we do earlier on in the legislative session.
- On Page two there is a full list of membership and how they went about doing their work. They created three divisions.
 - Division I – Criminal Penalties, Judicial Matters, Insurance Regulations/Criteria.
 - Division II – Medical/Pharmaceutical Services, Regulations, Education and Oversight.
 - Division III – Finance/Appropriations.
- Individual legislators were asked to submit their Legislative Services Requests (LSRs) to the task for consideration.
- Each Division met on two occasions to hear from numerous stakeholders, review these relevant LSRs and make recommendations.
- Task Force members determined that the issues discussed should be addressed using one of three timeframes for action in the 2016 legislative session. Accordingly, each issue was given the designation "expedited", "early" or "regular order".
- Issues to be addressed in an "expedited" manner had broad support and will be drafted into legislation and addressed in a joint public hearing held in early January. Expedited legislation is expected to be voted on by the full House and Senate no later than January 21, 2016.

- Making the penalty for the manufacture, sale, possession with intent to sell or transport various amounts of fentanyl the same as the penalty for manufacture, sale, possession with intent to sell or transport the same amounts of heroin or crack cocaine.
- Requiring health insurance carriers to use criteria established by the American Society of Addiction Medicine (ASAM) when determining medical necessity for care and developing utilization review standards for substance use disorder services.
- Establishing a commission to study a wide range of issues relating to Narcan and to produce a long-term plan for the use and distribution of Narcan in New Hampshire.
- Require all public schools in the state to provide age appropriate drug and alcohol education in grades kindergarten through 12.
- Expanding access to the Prescription Drug Monitoring Program (PDMP).
- Requiring prescribers to query the PDMP for an initial prescription of schedule II opioids.
- Permitting state funding for the PDMP.
- Adding two physicians to the Medical Review Subcommittee of the Board of Medicine and requiring one of the members to practice in pain medicine and anesthesiology.
- Require three hours of continuing education on pain management and addiction disorder for all prescribers in the state.
- Requiring the Commissioner of DHHS and the Commissioner of Safety to determine whether a 24-hour drug crises hotline should be established.
- Issues addressed “early” in the legislative process will be the subject of both House and Senate hearings.
 - Sponsors will work with the Chairs of the House and Senate standing committees to ensure that these bills are heard and voted on early in session.
 - Establish a statewide drug court grant program in superior courts with grants paid by the Administrative Office of the Courts to counties meeting the requirements.
 - Requiring the Board of Medicine, the Board of Dental Examiners, the Board of Nursing, the Board of Registration in Optometry, the Board of Podiatry, the Naturopathic Board of Examiners, and the Board of Veterinary Medicine to adopt rules for prescribing controlled drugs using mandatory standards and requiring using the controlled drug prescription health and safety program database.
 - Require the New Hampshire Pharmacy Board to adopt protocols governing the dispensing of naloxone hydrochloride.
 - Authorize coverage for medically necessary substance abuse treatment without prior authorization for 72 hours.
 - Require hospitals in Hillsborough County to offer patients who have received Narcan for a drug overdose an opportunity to speak with a recovery coach or receive information on contacting a recovery coach.
 - Requiring the Commissioner of Safety to establish a state grant program within the Department of Safety, Division of State Police to assist state and local law enforcement agencies in addressing the opioid crisis.
- Issues addressed using the “regular order” will be scheduled and voted on using the standard House and Senate deadlines and process.
 - Establish a Commission to Study Long-term Peer-to-Peer Recovery Services in New Hampshire.
 - Adding 10 grams or more of fentanyl to the list of controlled drugs and penalized under the Controlled Drug Act.
 - Requires the Commissioner of DHHS to evaluate the cost effectiveness of alcohol and drug abuse prevention, recovery, and treatment programs which receive state or federal funds and requires programs and organization receiving funds to spend the monies on the most cost effective programs and then on the second.
 - Allow the possession and use of controlled drugs without penalty, establishing a substance abuse treatment fund, permitting a person to petition for annulment of a criminal record without a waiting period for an offense which was subsequently decriminalized, requiring a sentencing court to suspend the sentence for felony conviction for conduct that was decriminalized or legalized in this state after the date of arrest, indictment, or conviction, allowing any person to voluntarily submit themselves for treatment.
 - Clarifying who may have access to information in the PDMP.
 - Authorizing pharmacists to fill a prescription for controlled drugs for a 34-day supply or 100 dosage units, whichever is less.

- Clarifying when it is appropriate for practitioners to adjust or prescribe controlled drugs to patients by telemedicine.
- LSRs to be drafted for consideration in the Regular Order.
 - Appropriate funding for the New Hampshire Department of Justice for an attorney position dedicated to prosecution of drug cases.
 - Appropriating funding for a LADC (Licensed Alcohol and Drug Counselor) in the Bureau of Emergency Medical Services to develop a training program for fire and EMS personnel.
 - Appropriating \$5 million for the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.
 - Representative Hannon; authorizing the use of treatment bonds.
 - Representative Hannon; resolution to ask the Governor, Attorney General and New Hampshire's congressional delegation to investigate patient satisfaction surveys and their link to reimbursement rates.
 - Representative Hannon: appropriate full funding for the alcohol fund.
 - Representative Hannon: allow specialists working in licensed clinics to see walk-in patients without a referral from a primary care physician.
 - Senator Forrester: funding a grant program for the prevention program entitled "Alex's Story" so that the program can be presented to all New Hampshire high schools.
- In addition, Task Force members identified subjects to be addressed in new LSRs. Some of these issues were included in the LSRs reviewed and others were ideas generated in the course of the work sessions held in December.
 - Appropriating \$130,000 for technical upgrades to the PDMP.
 - Requiring the universal use of the PDMP; requiring prescribers to submit all prescription requests for controlled substances in electronic format.
 - Requiring health insurers to include an abuse-deterrent opioid for each opioid product on the formulary, and to provide coverage for abuse-deterrent opioid drugs.
 - Make an appropriation for the acquisition and equipping of new state police cruisers.

I would point out that additionally we might see two LSRs around the alcohol fund. The main one that was talked about by the committee and moved forward was developed in the Regular Order was number three. However towards the Representative Hannon did reference he wants to put in an LSR to put the fund formula at 5%. Folks may recall that the way the budget process played out we are following the statute but in the budget process last year the percentage was reduced from 5% to 1.7%. We will have potentially two bills on that.

Question: Is there an opportunity for us to comment on these recommendations and what is the best way to do that? *How do we take all this work that happened and where things are at and wrap it into the context on where things are at globally as well as the annual report? Remembering what the ultimate outcome was at these suite of bills was the order in which they are going to be heard. It is more about timing than anything else. All of these will have public hearings. There will be a chance to comment and while committees took testimony that looked at content the ultimate decision was "what order are these going to be heard in the legislative session?" I will use the example of the "Prevention Bill". There was testimony taken on that bill on behalf of DOE. Certainly I think there are some opportunities for the Prevention Task Force as that bill proceeds through the process to weigh in and share some of what is already happening. There are some questions or concerns around some minor language; around shall versus should; around the use of evidence based that we may have the Prevention Task Force give an opinion on. Yes is the short answer. We should think about this.*

We have a couple of tasks. 1.) What is the outcome of the special session what it means globally to us in terms of the annual report; 2.) We have an agenda item that we have alcohol fund resources in our coffers right now unspent and this commission wants to hear from three proposals to utilize those dollars. I would like to get those dollars out the door. As we are potentially entertaining an opportunity to have a discussion with the legislature about additional money. I am hesitant to not allow that agenda item to leave us due to lack of time. By the same token we as a body are looked to and have an opportunity to comment on all of this. Very often in the legislative session we find out about an LSR and there is a spontaneous reason on why the Commission should say something on it. We have an opportunity as we have a roadmap for next year. While these aren't all the LSRs that may show up this is a significant body of issues that we through our taskforces and as a large group are engaged in and have thoughts on.

I am inclined to recommend that we meet again in January. We are going to deal with our schedule for the year and we normally meet every other month. I am wondering if we should meet in January with two things in mind: 1.) if there is a desire by this group to more update the state plan to reflect any real time guidance we want to give or reaction we want to have to the outcome of the special session I want the time to do that and bring that forward recognizing the opportunities or drawbacks that brings. That cannot be done in the next ten minutes. Additionally it was made very clear to me in the conversation that I had, and Joe had, Marty represented the recovery taskforce, if we are going to see a conversation around new resources to this commission we need to provide a lot more details and a lot more finite strategies on how we would spend these dollars. I think we intrinsically know that and intrinsically know what we are going to do with the resources that we have and we get into that level of depth and detail with each other and in task forces but we need to bring that forward in a very different way this time. To be quite frank I am overwhelmed at the concept on how to do that and really feel like the best way to do that is to make sure that we have dedicated time so that we are all at unified consensus at that level of detail. I am inclined to meet in January with three thoughts in mind: 1.) tabling for the approval of the annual report until we get some of the edits done; 2.) to think about all of these LSRs; 3.) when we were asked to go in front of the special session we did provide with a five million dollar frame, going back to our original budget that we all talked about in general buckets but actually dive into that and get very detailed and come out with out with a plan that we are in unified consensus with around how those dollars get spent. Those three items alone we would be hard-pressed to do in one meeting but I feel like we wouldn't want to wait until February. In looking at our proposed meeting schedule if we are to hold to the fourth Friday of the month that would be the 22nd of January. The expedited items from the special session will have been completed by that date. Does someone else have another date in mind? A motion was made to have the meeting on January 15, 2016. The motion was seconded. All in favor. The group has chosen to meet on January 15, 2016 from 9:30 am to 11:30 am at the LOB room TBD. The regular 2016 calendar meeting dates were approved with all in favor with one date change for the February meeting being changed to February 19, 2016.

I would like to turn this back to item #4 on the Agenda. As you recall after we did the allocations of the funds we had available at the last meeting we had resources that we had left which were available for innovative practices in theory. The discussion of this body was there were three concepts that this body asked to get information on to make some decisions on the expenditure of those dollars. So that folks know if you look at the spreadsheet (handout) just so you can recall, look at page 2, line 136, SFY16(State Fiscal Year 2016) that line has in it \$251,938. In the current SFY the total amount we have available, unspent in the alcohol fund we have that amount the rest has been allocated at the priorities that were set at the last meeting. If you go to page 4, SFY17 and you look at line 103 you will see \$141,819. We have more this year than we will next year. Those are the dollars that we have at our disposal. There were three proposals that you wanted to hear about. One was looking at work ongoing in Manchester and was there a way that the Governor's Commission could support some efforts in Manchester that the city was making some investments in. The second was a desire from the Prevention Taskforce to have at the table the issue of juvenile diversion and juvenile diversion network which was an early priority of ours in our plan. The third Director Bartlett from DCYF talked about the need for expanded access to licensed drug and alcohol counselors in the child protection system. You have been given the materials that they sent us and I want to remind you at a high level from the process that we used the last time with the Cheshire County Access Point, we didn't ask for big formal proposals but we said give us a brief on what you are doing.

If this body were to want to move forward funding one or more of these the department would be directed to work with the agencies that put that proposal forward to contract or RFP out that work. The Diversion Network and the Access Point would be a contract. With DCYF there is an RFP that goes out and agencies in the community apply. We are going to do the weird thing we have to do where we have people at the table that touch dollars that we are going to spend so the Manchester Access Point project involves Hope for New Hampshire Recovery as a partner in that project and as folks know Cheryl Colletti sits on the board for that organization so she is going to recuse herself from this discussion. Lorraine as well will recuse herself from the discussion even though DCYF isn't the recipient. They are actually going to leave the table. I am going to do as I did last time. I am going to facilitate this discussion but I am not going to vote either because the Charitable Foundation has grant relationships with Serenity Place which is the lead agency on the Manchester request. I will also be on the record as abstaining along with Cheryl Colletti and Lorraine Bartlett.

We will give each of these a couple of minutes to give you the highlights. We will then look to you to decide how you would like to move forward.

Joe Harding: if the Commission does decide to consider funding the MLAC in the district offices, seeing as I work for the department I would also be recusing myself from that vote as well. Also when the Commission is considering its funding I think we should consider just what the total request is for a year and then what are the number months left in the contracting period. When we approve funding we would have to give time for it to go to Governor and Council (G&C), let's say it was approved in March for a contract start date in April, and you want this to go through SFY17 there would be fifteen months left. We would have to take the annual amount divide it by twelve and then multiply it by fifty. I do not want to get too complicated but when you are looking what would be needed for funding that is what we have to do. I think that for the Manchester Access Point we may need to make sure to have Sharon Drake from Serenity Place confirm this, but I am thinking I'm seeing \$131,000 for an annual amount. Let it be known she is nodding to the affirmative so that would be an annual amount. When it comes to the Juvenile Diversion Network the initial request \$110,000 and that would be the annual amount. For the LADCs in the Child Protection System that is roughly \$350,000 a year for four MLADCs. That would be the amount per year.

Joe, would you mind keeping tabs on the math? Sure. I would suggest to you that the extent of these topical areas are priorities of this body be held on to remembering that we just called a meeting in January to talk about what we would do if we had more resources. I want to be cognizant of the fact that as you think about this discussion there is no right or wrong answer as these are priorities and we would fund all of them if we had the resources.

Manchester Access Point Project

- First point of contact with a family seeking services.
 - Designed to be a best practice continuum of community care structure.
 - An Outpatient Service Center will be open from 8:00 am to 8:00 pm, 7 days a week.
 - After 8:00 pm calls can be place to Serenity Place and answered by qualified staff.
 - Hope for NH is working on MOUs with each local hospital ED and take the lead fielding those calls.
 - Hope for NH will reach out to Serenity Place when a clinical assessment/evaluation is needed/required.
- Serenity's Outpatient Services Center clinically managed peer support and advocacy services will be offered on a walk-in basis.
 - Trained peer support works will be available to do an initial screen and assessment.
 - Licensed clinicians will oversee a recovery action plan in conjunction with a case manager.
 - Case management will include on the spot referrals and appointment scheduling.
 - Domestic violence, trauma, child welfare, legal issues, loss of employment concerns, and other issues will be addressed by the case manager.
 - Peer support workers and recovery coaches will be available to meet with clients daily.
 - Outpatient counseling, intensive outpatient program treatment, and clinically managed withdrawal management are services that would be available at Serenity Place.
- If it is determined that residential treatment is the best option, the individual would not leave the facility until a bed is available.
 - It would have to be in a safe environment with appropriate supports.
- Hope for NH Recovery will be an immediate referral source.
 - Engage with the individual in the recovery process.
 - Recovery coaches and peer support staff and volunteers will make recovery check-in calls.
 - Work on assistance with meeting attendance.
 - Engage in recovery activities.
- With approval and a commitment of \$75,000 from the City of Manchester, Serenity Place has already started this initiative.
 - Requested of the State of NH BDAS and/or the Governor's Commission to match at a minimum.
 - If additional funding accessible we would request and additional \$56,000.
 - The additional funding would provide Hope for NH 24/7 staff coverage.
 - Starting January 4, 2016 the new Outpatient Services Center will be open at 351 Chestnut Street.
 - All services offered through the Center will be billable through NH Health Protection Plan and third party payers.
- New staff and volunteers will require training to become Peer Support workers.
 - NADAC (the National Association of Drug and Alcohol Counselors) offers trainings online and can be done under the supervision of a licensed clinician.

- Other trainings will include CPI (Crisis Prevention and Intervention), CPR and First Aid.
- Serenity Place will use its current dually licensed clinicians to oversee the program staff and clinical work.
- An additional on-call LADC will be hired.
- One FTE case manager.
- 2.5 -5 FTE peer/recovery support workers (1FTE subcontracted to Hope for NH.
- 1 FTE Program Coordinator.
- Operational and Startup costs needed:
 - Phones, computers/internet, copier, fax machine and other supplies.
 - Request is for \$75,000 for the first year.

NH Juvenile Diversion Network

- 2011 NH RSA 169 mandates Juvenile Diversion to be offered to 1st time offenders.
 - \$0.00 funds allocated.
 - 16 accredited programs serve 1200 youth/year.
 - Rigorous accreditation standards require substance use assessment at intake, education and link to treatment.
- The benefits of the program
 - Identifies risky behavior early and is cost effective at early intervention programs cost about \$1200.
 - There is a high completion rate of 86% and the program is about 4.5 month long.
 - 95% of the attendees are arrest-free one year after program completion.
- Since the April 2014 presentation to the Governor's Commission the following has occurred:
 - \$90K Coordinator grant awarded by the State Advisory Group on Juvenile Justice (SAG).
 - \$50K Data/Recidivism grant awarded by SAG to enhance data collection.
 - Grafton County was accredited in 2015.
 - Dover is expected to be accredited in 2016.
- NH's accredited Juvenile Court Diversion Programs continue to struggle with no state support despite that fact that offering it is a state law.
- Identifying youth at this early point of risky behavior is critical toward connecting them with supports and services to help turn their behavior around.
- Request is for \$110,000.

LADC Support with Child Protection System

- Currently the Division for Children, Youth and Families has 2 LADCs. One in the Southern District Office and one in the Manchester District Office.
- The LADCs provide direct consultation and support for Child Protective Service workers where families are substance involved.
- The accepted assessments we have done for protective investigation in FFY2013, 40% have involved substance related situations.
- We are now up to 44%, over 10,000 protective reports have been received this year.
- In the Manchester District Office 80% of the cases that are currently open involve parents using/abusing illegal substances.
- We are requesting funding for 4 LADCs to provide consultation and services for DCYF.
 - The contract would be for an inclusive rate of \$45/hr. not to exceed a maximum value of \$87,750,000 per year per LADC.
 - Stipulation in contract would be 37.5 hours/week.
 - The LADC would put a plan in place for time in each of the offices of the region they are assigned to on a weekly basis.
 - They would provide training and consultation to staff and would be expected to go to face-to-face meetings with parents when assessment reports that parents are using/abusing illegal substances when assessing the safety of the child.
- The request is for 4 LADCS x \$87,750=\$351,000 per year.

Open Discussion

Representative Tholl: My background is in law enforcement. I really believe there is an extreme need especially in the Berlin Office for a LADC. I have one juvenile right now involved with marijuana use. When you look at the families you find out that the families are the ones basically causing the juvenile to get into this situation. Because of the fact that the Littleton and Berlin office covers all of COOS County and part of Grafton County that is a location that is a location we should consider at least putting a LADC in the offices.

Marty Boldin: How many people will be helped through the proposals? I didn't see any of that data.

Answer: In the Juvenile Court Diversion about 1,200 a year. For the Manchester Access Point Project an estimated 700-800 clients a year. LADC Support in the Child Protection System: 55-70 new assessments a month doing direct family work and connecting them to services. The number is hard to track as I may work with somebody every day for two weeks or I may work with somebody once a week for six months.

Traci Fowler: We are talking about all of these new recommended legislation without funding attached we see where it goes. In 2011 there was an RSA mandating Juvenile Diversion Network in our state and there is no funding attached to that. I think what we have seen is that when it is funded it is successful. The piece I want to mention these young people that their touching are using alcohol and marijuana. We hear so much about the opioid epidemic but we can't forget about these moments in time when we have young people who are using alcohol and marijuana we know where they are heading. We don't do a lot to support that early intervention. Not as much is done as could be.

Ned Gordon: One of my concerns about the money and about the spending the money last time we were largely focused on treatment and other services and not on prevention. We know these kids are on a trajectory. What happens with the diversion programs is there is an intervention, an opportunity to address that early on before they appear in front of me with their first marijuana criminal charge. Diversion services are a focus on prevention and is a good thing for us to do.

Stephanie Savard: Manchester Access Point has a local investment from the city of Manchester that is saying we can do this and what can the state do to support that. I think is a good thing to acknowledge because we are trying to get our communities to get involved as opposed to just at the state level. I think it is valuable to consider. Each of them has a piece that can be done if we did decide to touch on each program. Something to consider as well.

Dr. Ewing: We should have the legislature here to listen to us trying to figure out which of these three is most important. Those babies that do go home where there are real issues with safety are where this starts. In the Maternal Morbidity Conference this year 80% of the women who died either during pregnancy or in the first year after giving birth were drug or alcohol related. In the newborn mortality 40% of those kids who died their first year of life were alcohol/drug related. It is important. These kids are going home to dangerous places. It is scary to me that we are looking to spend extra money and this needs to be important than that. This needs to be in the budget. It is sad that we are looking at extra money to spend on this.

I think again from a process standpoint why January and the other conversation we need to have with the legislature gives us an opportunity to bookmark these issues as we think about these three projects and others because there is a whole host of other things that could have asked to hear about but you didn't because of where we are at.

A potential conversation around new funding for us that we will be able to distribute is a regular session conversation so the people understand from an event horizon standpoint. We would be looking at that conversation in concluding by the end of the legislative session which is June to the extent that we could advocate that more expedited without the early name to it, we certainly as a body could request that to the legislature. Just from a process standpoint we could fund them all, we could fund some of them, we could break this up but these are viable systemic ways in how to manage this decision you have to make.

Marty Boldin: I think under funding already under funded services with small pieces of money is not a good way to invest in infrastructure. My other question was sustainability. If this money comes through, this is essentially one time money so what happens when this money goes away? **Answer:** Serenity Place has asked for \$50,000 for the second year because everything we are going to do in the outpatient service center is billable. We should be sustainable.

The city is also funding. Where is the city at with this question? **Answer:** we just submitted our applications to the city as well and asked them for \$50,000 as well in year two.

Joe Harding: Whatever the commission decides we are talking about sole source contract which the department will go before Governor and Council and make the case as to why this is a sole source contract? Are there others that could do this? Why here as opposed to there? I am not saying that for any particular proposal but that is a challenge that we will have and that the G&C will consider.

So high level I think here are the options: there is a decision to fund one, fund a mix, fully fund, partially fund, that has been discussed here. You could choose to fund none of them. We cannot enter into a conversation with the legislature about new money unless these dollars are spent. However we are meeting in January, I would remind folks as much as the department and we all and the governor's office are attuned to get our resources out the door as quickly as possible a vote today doesn't mean that moves tomorrow. So I say that because we can continue this discussion. We can take some motions around decisions people want to make and wrestle with those. If you would like more time to consider these issues we could integrate this into our January meeting.

Traci Fowler: Can we just divide this among them. If look at $\$251,938 / 3 = \$83,979$ each.

Joe Harding: We have about \$395,000 in total that can be spent down between now and end of SFY17. If you add the two amounts together that is the amount that could go into a contract.

Remember we have more money in SFY16 than we do in SFY17. Having been a grant maker and you are given a proposal of a certain amount but you only have a certain amount to give that has implications on the nature on what could be accomplished and the outcomes. If the group at large would like to fund all three or split this money up I would suggest from a process standpoint that we might want to have that vetted a bit which is potentially asking the department to work with these three proposals and come back in January and discuss.

Marty Boldin: I would like to move that we fully fund the Manchester Effort and the Juvenile Network because we have enough money to do both of those in the first year. To Mary's point the budget for Recovery Services for both years is \$1.4 million so I think it would be good to spend the money in that direction.

Do I have a second? The motion was seconded. Discussion? **Dr. Ewing:** I am okay with this but I would just like robust support from this group going forward with our January meeting to talk to the legislature about funding a need that one of our own agencies should be funded.

Joe Harding: I am only providing information if you were to approve Marty's proposal that would come out to about \$300,000 for the biennium and we have \$394,000 so that would leave a balance of \$94,000 and the LADC proposal are about \$87,500 each so putting that out there for information. Prorating it out for fifteen months comes to \$300,000 for those two programs through SFY17.

There is a motion on the table to fully fund those two projects are there any other discussion?

Marty Boldin: I amend my motion to give DCYF funding for one LADC for one year.

*There has been a friendly amendment to fully fund the two projects we talked about and to take the remaining funds and authorize the contracting of one LADC to represent the DCYF offices remembering that from a process standpoint the way those individuals are brought on board is RFP out. That is the motion on the table. It has been seconded. Is there any further discussion? This would authorize the Bureau of Drug and Alcohol Services on our behalf to engage with these partners appropriate process to move those dollars out. All those in favor? **All in favor.** Please note the abstentions of Tym Rourke, Lorraine Bartlett, Joe Harding and Cheryl Colletti.*

Please note we are tabling the task force reports and there is a new task force on the agenda and that is the Joint Military Task Force.

The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is January 15, 2016 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.