

GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

October 25, 2019

Governor & Council Chambers

CONCORD, NH

MINUTES

Members Present:

Steve Ahnen, *NH Hospital Association*

Mark Armaganian, *NH Liquor Commission Division of Enforcement*

Russ Conte, *NH Suicide Prevention Council*

Bill Conway, *NH National Guard*

Monica Edgar, *Treatment Professional*

Annette Escalante, *Bureau of Drug and Alcohol Services*

Katja Fox, *NH Department of Health & Human Services*

Keith Howard, *Recovery Representative*

Tim Lena, *Prevention Professional*

Chuck Lloyd, *Community College System of NH*

Gordon MacDonald, *NH Attorney General*

Michelle Myler, *NH Department of Education*

Tina Nadeau, *NH Courts*

Chris Placy, *Public Member*

Robert Quinn, *NH Department of Safety*

Joseph Ribsam, *NH Division of Children, Youth and Families*

Tym Rourke, *NH Charitable Foundation*

Seddon Savage, *NH Medical Society*

Stephanie Savard, *Treatment Professional*

Patrick Tufts, *Granite United Way*

1. Welcome and Opening Remarks

Patrick Tufts opened the meeting by welcoming the Commission members and the public. He welcomed new member, Major Russ Conte of the Suicide Prevention Council. Patrick also informed the group that Jennifer Patterson from the NH Insurance Department and Commissioner Meyers from DHHS are both moving on from their current posts and will be missed at the Commission. A specific note was made to Commissioner Meyers' contribution to the Commission, the Department and the State.

2. Commission's Data Dashboard Announcement

Patrick asked Jonathan Stewart, Center for Excellence, to share the recent unveiling of the real-time data dashboard of Commission metrics. Jonathan thanked Patrick and greeted the Commission. He noted that he is displaying the dashboard, which is on the Center for Excellence's website. He went on to say that the data markers are based on the Commission's Action Plan. Jonathan noted that the Commission has a responsibility to report to the NH Legislature and this is a move to an online source to fulfill that requirement and the information included is by statute. He noted the ability to update these data points in real time, which will add value and focus on the objectives in the action plan. He went on to say that the data is stored and visualized with a program called Tableau. He then proceeded to walk through a number of metrics in the Action Plan, including: total number of overdoses as reported by the State's Medical Examiner, number of emergency cases, number of people in treatment, etc. Jonathan also highlighted that all charts displayed have actual numbers and the objective target listed.

Patrick then opened to the group for questions. Seddon Savage noted that in one of the charts, cannabis is not listed as an illicit drug. She reminded the group that when it is not included it gives the perception that it is a non-issue. Jonathan responded by saying there was dialogue when the action plan was developed on this metric because of this point. It is listed this way because it is the way the data source reports (National Survey on Drug Use and Health doesn't include it because it masks change in other areas). He noted that the marijuana high school youth data point was added to represent that topic. Monica Edgar noted that she heard on WMUR this morning that states are now experiencing overdoses from methamphetamine. Jonathan stated that yes, methamphetamine related deaths are on the rise and that the Center plans to break down the overdose deaths with more detail for this dashboard. Patrick Tufts asked how often the dashboard will be updated. Jonathan noted that any time a data source is updated, it will be reflected online. He then reminded the group that they can access this data dashboard at any time by visiting <https://nhcenterforexcellence.org/>, clicking the Governor's Commission tab and the link is with the action plan. Amy Daniels noted that the annual report is still a work in progress and when it is finalized the Center will work with the Commission to determine the best way to notify the report is complete. Patrick thanked Jonathan for presenting to the group and thanked Steve Ahnen for his leadership of the Data Task Force.

3. Approval of Minutes

There was a motion by Chuck Lloyd to approve the minutes from June 21, 2019. The motion was seconded by Steve Ahnen. The minutes were approved, with all in favor.

4. NH DHHS Commissioner's Update

Katja Fox provided the update in lieu of Commissioner Meyers. She noted that the Commissioner sent his regrets in missing the meeting. She then introduced Jenny O'Higgins as the new Senior Policy Analyst for the Department and stated that Don Hunter is serving as the Interim Director for the SOR Project. Don then provided the September activity report noting that the total number of individuals served is 5,246. He noted that the chart also shows by Doorway and substance. He went on to say that opioid related interactions are still number one, followed by alcohol, and then methamphetamine by reason type. Don also noted that the top treatment type is high-intensity residential, followed by Medication Assisted Treatment, followed by outpatient services. He noted a correction that the final table was incorrect in the email that was distributed and is correct here. Tina Nadeau asked if there are cases where a referral is made before evaluation, based on the numbers. Katja responded that a referral can be for any type of service, not just treatment and that not all individuals agree to an evaluation. Robert Quinn asked how poly-substance use is reported. Katja replied the primary substance is what is reported. Keith Howard asked why the Nashua utilization seemed low and that there are three Doorways listed with no 211 referrals. Patrick responded that he will follow-up on those questions. He went on to say that something different is happening in Manchester, stating that there will be more information on that at the December meeting. Tym Rourke asked if the Department plans to provide data on the spokes. Katja agreed that more information on the rest of the program would be helpful, since the Doorways are only a fraction of what has been put into the community.

Katja went on to remind the group that a marketing campaign was launched for the Doorways just after the 4th of July. She introduced Jake Leon, Communications Director for DHHS to provide an overview of that messaging campaign. Jake thanked Katja and provided an overview of the marketing campaign for the Doorways NH project and the outreach efforts for individual locations. He noted that a public messaging campaign was a component of the funding in the SOR Grant. He went on to say that Amy Daniels' involvement in the campaign development and deployment has been very helpful. Jake noted that there are a few themes for the messaging, including: you are not alone, you are never far from help, and recovery is possible. He stated that the Center for Excellence did outreach to stakeholders to identify what was needed and what message could reach individuals most effectively. Some of the feedback was to make sure the language was collaborative and trauma informed and to address addiction beyond opioids. Jake noted that this led to the development of various personal testimonies. These messages are being shared with TV

advertising, digital advertising (YouTube, Facebook, Google), newspaper and radio ads with NHPR underwriting, as well as transit ads and print materials is the next phase. Jake noted that the outreach for the paper campaign will be done through a partner engagement toolkit and the distribution of relational print materials with photos and addresses for local doorway locations. Patrick thanked DHHS and CHI for putting this together. Keith Howard asked why the address for Granite Pathways was not included on the local materials where they are the Doorway. Amy Daniels responded that their location recently moved and will be updated soon. She also noted that it is very important to pay attention to physical location not just the entity who hold the contract. For example, many hospitals are the Doorway, but only one is at the actual hospital location itself.

5. Executive Director's Update

Annette presented the financial dashboard to the group, outlining that one contract had been approved since the last meeting but otherwise, no changes are reflected. Annette went on to present a geographic breakdown of Commission investments through BDAS. She provided a detailed handout with color coding by service type as well as contracts in progress along the bottom. The maps utilized a Regional Public Health Network overlay to break down regions of the state. She also directed Commission members to a color coded map on the back page of the document. She went on to say this document is not all encompassing of the Commission's work but rather reflects only contracts through BDAS and indicated the document would be sent to the group electronically after the meeting. Patrick thanked Annette for this document and noted that contract amounts would be a helpful detail to add.

6. Task Force Updates

▪ Prevention

Tim Lena stated that the Prevention Task Force is working on different federal opportunities, as well as working with the Center for Excellence on subcommittee goals and work plans. He noted that Rx Drug Take Back Day is scheduled for tomorrow and for the first time they are accepting vaping devices with the batteries removed.

▪ Treatment

Stephanie Savard reported that the Treatment Task Force completed their literature review on involuntary commitment based on substance use disorder and distributed materials to the Commission. Stephanie noted that today she would report out on what they have learned thus far and will provide a formal recommendation on next steps in 2020. She reported that to date there are 38 states with Substance Use Disorder outlined in their commitment law, however, very few utilize it. She went on to say that Massachusetts, Washington, Florida and Colorado are using this portion of their law. She stated that the length of commitment and who the services are provided by differs state to state. She noted that some send clients to secure psychiatric facilities while some have secure SUD sites, while one state uses jail to house clients. She reported that the Task Force focused on the use of this law in New England states. She noted that Massachusetts involuntarily committed 6,000 people in 2017 for Substance Use Disorder. In this state, women in need of services are admitted to a psychiatric hospital, and men are sent to prison and/or jail. She went on to say that Massachusetts recently completed a commission report on the law and the Task Force is looking forward to seeing how their outcomes are reported. She stated that currently New Hampshire is the only state that specifically excludes SUD in their IEA law and that in 2017 Senate Bill 220 was set to include Opioid Use Disorder. However, this bill was referred to interim study and has not been revisited. Stephanie noted that the system in Washington is based on a newer-developed law and since the inception they have established two secure SUD facilities that can hold someone for 72 hours with up to a 14-day extension. She noted some concerns from a systems level for New Hampshire are that the current provision for Corrections, psychiatric services, as well as SUD Treatment is already stressed and can be difficult at times to meet current voluntary needs of NH residents. She ended by saying they are waiting to hear from Colorado before providing a formal recommendation. Tina Nadeau asked what the meaning of mixed evidence is. Paul from the Center for Excellence replied that comprehensive data doesn't exist and the data represented is based on mandated treatment through courts. Seddon Savage asked about the interplay with co-

occurring disorders. Steve Ahnen replied that sometimes SUD could be a secondary concern but that the primary still needs to be their IEA for mental illness. Keith Howard noted that the use of the corrections system feels criminalizing and send the wrong message. Stephanie did not disagree and noted that the group is only presenting the research at this point. Patrick suggested putting this topic as an agenda item for follow up in 2020. Tina Nadeau asked if others could join the Treatment Task Force meetings as part of this conversation. Stephanie gladly welcomed other members, noting the next meeting is on November 8th.

- **Recovery**

Keith Howard noted the Recovery Task Force has been asked to define “Recovery Ready Communities” for Manchester as well as other communities and they are developing that definition.

- **Joint Military**

Major General David Mikolaities provided the update noting that the Task Force continues to desire to expand its scope and serve as subject matter experts within other Task Forces. He noted that they will have options on how to roll that out by the next meeting.

- **Healthcare**

Dr. Savage reported that the Healthcare Task Force is continuing to focus on integrating Substance Use Disorders in primary care settings as well as on harm reduction. She also noted a new focus on technology and its use to expand Medically Assisted Treatment.

- **Perinatal Exposure**

Monica Edgar reported that the Perinatal Exposure Task Force is working with Senator Hassan’s office and the Government Performance Lab with Harvard on children and families within DHHS. She also noted that materials for providers for Plans of Safe Care have been disseminated. She went to say there is a subcommittee of the Task Force looking at insurance issues.

- **Data**

Steve Ahnen reported that the Data Task force reviewed the Data Dashboard with the Center for Excellence and noted their hard work on that project. He went on to say there is another dashboard on the Youth Risk Behavior Survey and the Public Health Networks in process.

- **Opioid**

Seddon Savage stated that the Opioid Task Force has its cards online and mandated in pharmacy bags beginning in January. She noted that the justice report is also posted online for reference. She went on to encourage all Commission and Task Force members to consider getting training in naloxone distribution.

7. Other Business

Patrick noted that he will provide a 2020 calendar for the group at the December meeting, perhaps with no retreat. He noted there would be a follow up on cost effectiveness at an upcoming meeting and based on the Funding Process Recommendations, money decisions will be made in February (\$3.8M unspent).

Amy Daniels noted that Community Health Institute is having a 10 year celebration on Wednesday, 11/6 and invited Commission Members and the public to celebrate with them and better understand their work.

8. Public Comment

Public Comment was made by Alex Casale that legislation has allowed telehealth to be billed for Medication Assisted Treatment. He noted that there is a need in the community to do tele psych. He went on to say individuals who are detoxing from methamphetamines are temporarily in need of medication and cannot typically see a psychiatrist in time.

Susan McKeown thanked the Treatment Task Force on their work on involuntary admission for substance use disorders and to Stephanie and Paul for their leadership on the topic. She also noted that active alcohol use disorder is dominating their family groups as substance type.

Cheryl Pacapelli provided an update stating that at a previous meeting, Recovery Community Organizations were asked about billing Medicaid for services. She noted that \$281 had been paid to date for such services.

Polly Morris stated that in addition to methamphetamines, the Commission should also look in to Bath Salts as a substance, noting its high use in Sullivan County. Commissioner Quinn agreed and noted that education is still needed. He went on to say that Alpha PHP is now controlled but there is a need to address gaps in the current law.

***The next Governor's Commission meeting
December 13, 2019 from 9:30 am to 11:30 am at the
NH State House
Governor & Council Chambers
Concord, NH***