Members Present:
John Barthelmes, Department of Safety, Commissioner
Marty Boldin, Recovery Representative
Cheryl Coletti, Business and Industry Association
Joe Diament, Department of Corrections
Rebecca Ewing, MD, Public Member
Joseph Foster, Attorney General
Traci Fowler, Partners in Prevention
Ned Gordon, Circuit Court
Joseph Harding, Executive Director, and Director of DHHS Bureau of Drug and Alcohol Services
Jim Mackay, Suicide Prevention
Chris Placy, Public Member
Timothy Rourke, Chairman and Director of Program, NH Charitable Foundation
Seddon Savage, MD, NH Medical Society
Stephanie Savard, Families in Transition
Colonel Todd Swass, NH National Guard
Nicholas Toumpas, Department of Health and Human Services, Commissioner
James Vara, Attorney General’s Office
Mike Wiley, NH Insurance Department

Chairman Tym Rourke opened the meeting with introductions of the Commission members.

August 22, 2014 minutes approved with 2 amendments.

At the August meeting we wanted to focus attention on the Governor’s Commission Task Forces today. There are two other timely things that we want to make sure we discuss: financing proposal around the alcohol fund and for the other one we wanted to ask your indulgence. We have a national funding partner for the Charitable Foundation in the state this week that is co-funding an initiative with the Charitable Foundation in expanding early screening and brief intervention and young adults in primary settings.

Hilton Foundation and Youth SBIRT
Having the Hilton Foundation in the state and given the timing of all of this it felt worthwhile to introduce you to Alexa Ingleston from the Hilton Foundation and talk about some youth screening work that is taking place in New Hampshire which dovetails with some initiatives particularly amongst the taskforce on fetal exposure as well as the prevention task force. The Conrad Hilton Foundation was started in 1944 by Conrad Hilton, to
put focus on improving lives of vulnerable and disadvantaged populations. Throughout his life Conrad Hilton had a particular interest in children. He wanted to ensure children had healthy lives. Much of the work that we focus on is children, adolescents and young adults. The work that Alexa does is particularly focused on prevention and early intervention of substance use disorders for adolescents. The Hilton Foundation has a long history of funding in this state. In the last ten years they have been out in the public and sharing what they do.

Since the 1980’s they have funded about a hundred million dollars in substance use prevention work largely focused on implementing school-based programs and primary prevention programs for kids in elementary and middle school. In 2013 the board launched a new strategy focused on advancing innovative approaches on prevention and early intervention of substance use in young people particularly ensuring their health and well-being. The strategic initiative is focused on preventing and reducing substance abuse for the adolescent population. At the end of the day there is a lot of conversation about SBIRT and how do we use it but for us and the core things we are trying to emphasize is that substance abuse is a health issue. The initiative is also focused on the public health approach on SBIRT. Part of the package is other health behavior that we know we need to talk about are obesity and sex. We need to have conversations with them in the primary health care setting. We know from many young people substance use is an issue. We need to do more to bring down both the number of young people that start to use and the ones it escalates into something more harmful. We know that 25% of young people have harmful misuse use. There are some young adults that need access to specialty services but we have an even larger percentage of young people that are in an “at risk” category that we can make a big difference. There are very dire consequences from risky behaviors. The new initiative and the work they want to do is increasing prevention. We want to put more resources in prevention and early intervention. We do not wait for people to get the point where they need treatment. If we can screen teens for alcohol and drug use and get them the help they need before experimentation becomes a way of life we have a good chance of keeping them on track to successful lives. The goals are pretty simple and ambitious.

What is happening in New Hampshire with the Hilton’s Grant to the Charitable Foundation they are funding two cohorts of practices to implement adolescent and young adult’s screenings in their practices at Goodwin Community Health, Midstate Primary Care, Wentworth Douglas Hospital, Valley Regional Hospital, and Dartmouth Hospital with plans to expand across the Dartmouth Pediatric throughout the coming years. We are speaking now with other health centers about participating in our second cohort which will begin next spring. Additionally there is technical assistance funding that went to the Center for Excellence, that is providing the technical assistance to our grantees and also thinking about ways we can support the broader field. New Futures is also receiving funding to look at issues around youth privacy and confidentially that make implementation complex. Facilities that do implement this practice are able to use appropriate billing codes to seek reimbursement.

Providers are getting technical assistance on how to look at motivational interview training. A lot of people think SBIRT is about the screening. The complex part is the BI (Brief Intervention). What kind of brief intervention can be done when a young person is at risk that will prevent those needing deeper services somewhere down the line.

BDAS is working closely with Public Health which released an RFP for adult SBIRT that is targeting Community Health Centers and one of the many things we are trying to do is grow capacity for substance use disorders services under the Health Protection Program. We are working very closely with the Charitable Foundation and Center for Excellence and collaborating on the technical assistance. Even though this targets adults many
of the operational design features and the operational issues are the same. Some of the clinical approaches are slightly different for adolescents. It has been a good public/private partnership in this area.

Provider training is critical in this. DHMC in Manchester serves a significant number of poor people and many SBIRTS talk about the difficulty in reaching marginalized populations. In this state capacity is a big problem. As we are building this capacity we really need to build on referral and treatment. The treatment locator that the Center for Excellence has been working on in collaboration with the State of New Hampshire and the Charitable Foundation is located at [http://nhtreatment.org/](http://nhtreatment.org/)

**Prevention Task Force (see handout for further information)**
The mission is: Utilize data to identify trends related to substance misuses;
- Increase knowledge to better understand the impact of emerging trends;
- Identify, and take action to address gaps in the current prevention system;
- Promote best practices
- Recommend strategic initiatives for Governor’s Commission consideration, such as Model School Policy, Life of an Athlete.

The challenge is alcohol and drug policies in New Hampshire schools vary widely, and there is no guidance promoting best practice standards and recommendations. In March 2012 the GC Prevention Task Force convened a work group to focus on this issue:
- Surveyed 60.3% of SAUs
- 96.4% of schools said they would be supportive of the development of best practice standards and recommendations for effective alcohol and other drug policies.

Information and suggestions for a range of policy components include:
- Philosophy statements;
- Commitments to professional development & staff training;
- Student programming;
- Parent programming;
- Data collection;

In-person training had become a barrier for people to acquire and maintain their NH Prevention Certification. Challenges include:
- Travel time and costs associated with travel.

Solutions:
- Creation of a menu of distance learning modules and web-based learning opportunities categorized according to NH Prevention Certification standards.

NH youth have a high rate of substance misuse:
- NH is in the top ten states for alcohol and marijuana use among 12-20 year olds.
- 1 in 6 NH teens have abused Rx drugs.
- Governor’s Commission support of the Life of an Athlete Program administered by the Department of Health and Human Services.
  1. Reviewed 33 athletic codes.
  2. Presented to 21 school policy committees.
  3. Shared a copy of the Commission’s model school policies at each of these local meetings.
4. Presented to the School Board’s Association and shared a copy of the Commission’s model school policies with each member
5. Ongoing communication to the School Board’s Association, School Principal’s Association, and School Administrators’ Association about improving school policies related to ATOD.

Future Activities:
- Safe messaging for substance abuse prevention
  1. Do’s and Don’ts of how to report on substance use issues.
- Promotion of best practices for implementation of Substance Free Workplaces.
- Work with the Center for Excellence to update the Model School Policy document in re: emerging drug trends.
- Ongoing communication with other Task Force Chairs; sharing meeting minutes, etc. to facilitate collaboration.


**Treatment Task Force (see handout for further information)**

The Vision, Goals & Objectives:
- Vision: to assure that all persons with substance use disorders in NH receive effective, timely and culturally appropriate treatment in a manner that respects individual dignity.
- Goal: to advance to a Resiliency & Recovery Oriented System of Care (RROSC).
  1. Support providers in developing knowledge, skills and attitudes in support of RROSC.
  2. Increase collaboration across the continuum of care.
  3. Increase collaboration with nontraditional partners.
  4. Recommend tools and processes for support change.

In November 2013 there was a RROSC Provider Training.
- Increase awareness, linkage, and provision of recovery support services.
- 49 treatment stakeholders participated.
- 57.8% gained new ideas and strategies for implementing RROSC.
- 52.6% implemented RROSC strategies staff training and enrollment.

In May 2014 Building Bridges in the Substance Use Disorders Continuum of Care Networking Event.
- Raise awareness for the value of collaboration within the RROSC partners and identify strategies.
- 66 prevention, treatment and recovery stakeholders participated.
- 73% indicated interest in collaborating with region.
- 59.5% indicated session to be informative and can be applied to current work.
- Many regional activities and events have expanded to include other systems.
The Treatment Task Force submitted a recommendation to the NH Board of Licensing for Alcohol and Other Drug Professionals to add CEUs related to suicide assessment and risk management to obtain licensure.

- The Board will include the requirement for suicide assessment and risk management CEUs in the changes.

Future Activities:
- Collaborate with the Bureau of Drug and Alcohol Services to convene a short-term ad hoc work group
  1. Determine the resource needs of specialty substance use disorder treatment providers.
- Collaborate with NHHPP (New Hampshire Health Protection Plan) substance use disorders stakeholders to identify and address provider issues.
- Convene a bi-monthly meeting among task force chairs and co-chairs to discuss cross collaboration, recommendations and activities.

**Opioid Task Force**
Convened originally to take on and address prescription opioid abuse. It was intended to bring people together across sectors in order to implement the State Plan. We elected to focus on opiates because of the addiction challenges associated with prescription drug misuse. Our strength is to exchange ideas and information, looking for areas of collaboration between the different domains in the task force. We broke down into work groups in order to do more focused work. The group came up with the specific goal to reduce prescription drug abuse by 15% in 5 years. Many agencies and groups are represented on the committee such as: law enforcement, health, advocacy organizations, business and education. So with all the input we broke into five workgroups. Healthcare, law enforcement, justice, government, education and business. Most active workgroups have really been in the areas of healthcare and law enforcement. The State Plan recommended certain action in all these work domains: increase in professional development and training, improving prescribing and dispensing, public education and awareness, improving storage and disposal, monitoring and surveillance. The challenge is that heroin related deaths are going up. While we are making strides in prescription drug misuse the heroin and drug related deaths are going up. Our healthcare group is really making a concerted plan to address both heroin and prescription opioids. There is an emphasis on data our healthcare workgroup has been working on and expanding SBIRT. In the healthcare workgroup which is mapping out naloxone strategies; increasing screening and brief intervention in primary care; integration and care in primary care; and expanding medication assisted treatment.

From the strategies that were developed below are some of the actions taken in meeting the goals by law enforcement, safety and the Attorney General’s office.

- **Increase Professional Development & Training.**
  1. The NH Department of Safety increased training and professional development within the health sector, law enforcement sector, schools and communities through specialized training relative to prescription drug diversion with local hospitals and medical clinics, the NH Police Standards and Training Council, schools, and community-based organizations.
  2. The Attorney General’s office provided increased training throughout the state, building awareness of the prescription drug and opiate abuse problem in the state, how it impacts safety, implications for law enforcement and criminal prosecution, as well as the importance of access to treatment.
  3. Dartmouth Hitchcock Medical Center and the NH Department of Safety provided a cross-training to medical and law enforcement professionals.

- **Increase Public Education & Awareness.**
1. The Attorney General’s office has participated in opportunities to build awareness of the prescription drug and opiate abuse problem in the state.
2. Attorney General has been a leader in focusing attention and diligence on prescription drug and opiate abuse in the state and in a leadership consortium with other state Attorney General’s on the issue.
3. The Department of Safety released new drugged driving messaging with the state’s new Driving While Under the Influence of Drugs law.
   - Improve Prescribing & Dispensing.
     1. Six workshops and professional development seminars were held in the state. They were developed to alert the medical community about the abuse of prescription drugs.
   - Increase Surveillance & Monitoring.
     1. In 2013 legislation was passed to allow the state to develop a web-based prescription drug monitoring program (PDMP).
     2. Adjust existing state level data collection to provide greater detail relative to the prevalence, causes, sources, and consequences of prescription drug abuse.
     3. Improve diagnosis coding for drug-related emergency room visits, maternal and neonatal testing.
   - Provide leadership and oversight in coordinated surveillance, monitoring and strategic planning.
     1. The NH Board of Pharmacy and Department of Safety’s Drug Diversion Unit have been responding to calls and questions concerning possible prescription drug diversion, doctor-shopping, and over-prescribing to enforce laws and deter abuse.
     2. The Attorney General’s office has special prosecutors for drug-related crimes with special emphasis on crimes related to opioid distribution and sale.
     3. The office has maintained its Drug Task Force with eleven designated officers.
     4. The office recently hired an additional attorney for the Drug Prosecution Unit.
   - Increase Resource Development.
     1. The Health & Medical Workgroup provided input to the Department of Health & Human Service design, particularly for medication assisted treatment to address opioid used disorders after the state passed legislation in 2014 to expand the Medicaid population to low income adults and to include a Substance Use Disorder (SUD) benefit.
     2. Provide reimbursement to health and medical practitioners for Screening, Brief, Intervention and Referral to Treatment (SBIRT), a best practice for the health sector to identify and intervene early before substance use problems begin or progress.
   - Improve Storage & Disposal.
     1. Between 2011 and 2014, the state participated in 8 DEA-sponsored Take Back events, with participation growing from 50 communities in September of 2011 to 85 in October 2013.
     2. During the most recent event on April 26, 2014, more than 6,500 pounds of unwanted and expired medication was collected.
     3. Approximately 33 permanent drop boxes across the state compared to approximately six the year the Call to Actions was endorsed.
   - Consider specialized or “therapeutic” courts that provide culturally sensitive assessments, treatment, and recovery opportunities in place of traditional probation or incarceration.
     1. Specialized Drug Courts are now in five of NH’s ten counties and are a priority of the state’s five-year alcohol and other drug plan.
        - As a priority of this plan the Governor’s Commission currently has Drug Court funding on its draft list of programs recommended for funding under the Alcohol Fund.
If included in the state budget for 2016-2017 bienniums, funding may help support the expansion of Drug Courts to all ten counties.

**Letter from the Governor (see handout for further information)**

The Governor sent a letter to Chairman Tym Rourke related to the Interstate Governor’s Opioid Task Force. In addition to some of the activities that she has asked for relative to naloxone, she has a broad array of questions she would like to have answered so they can be present in the conversation with the other Governor’s. We have reached out to Dr. Savage, Lisa Muré, James and Joe Harding, and I think between all of the documents we have handed out today we have all the information she needs already. We are going to assemble it and get it to her on December 1, 2014. What our proposal to the Governor’s Office, and they are open to this, we are going to utilize this specific request plus a 4- pager progress document on the State Plan, reviewed at our last meeting, that we will to constitute the annual report we are statutorily required to deliver. That will allow for a little bit of efficiency because we are able to provide the Governor’s office the timely information that she has requested. We will touch on the partners that need to provide some information but this should be an easy deliverable.

**Question:** If there’s any research that we are looking at of people that have actually died over the years and trying to find commonalities between them? Are we looking at different regions where they be living? Looking at the relationship to possibly medicated assisted treatment? Are we looking in those directions at all?

**Answer:** There have been conversations which we haven’t really moved on yet in terms of development of mortality review on this issue. Commissioner Barthelmes has done some fatality review work that might inform that although not specific to opioids in general but traffic.

**Commissioner response:** That relates to drug related fatal accidents. We know fatal accidents are certainly due to alcohol but the long term goal is to have the non-motor vehicle deaths have a similar model. We did state parolees around child abuse and deaths. But we are really hoping to get more data.

Joe Harding: through the New Hampshire Intelligence Analysis Center is done a great job on compiling data, including mortality data from the Medical Examiner’s Office and treatment admission data from HHS that they will be releasing in un-classified reports. They’re looking to be able to provide a breakdown of this data for different regions of the state; including the number of people that naloxone has been administered. I believe they will be releasing this data sometime within the next couple of weeks.

**Commissioner:** we have anywhere from 90 to 225 traffic fatalities every year. They are investigated and what the whole idea is to develop long term strategies to identify the causal factors that not only pertain to law enforcement.

**Pre-Natal Exposure Task Force (see handout for further information)**

There are three main areas of focus: data to understand impact; increasing provider knowledge; and increasing knowledge to the general public.

Focus groups were conducted to better understand the experiences of pregnant and parenting women who have substance use disorders. These interviews focused on three areas of interest:

- While pregnant.
• Seeking and being in treatment.
• Supports received and needed.

Participants were recruited from two state-funded programs administered by the Department of Health and Human Services that specifically serve pregnant and parenting women with substance use disorders.
• Program staff members were responsible for recruiting current and former clients.
  1. Staff members were provided with background information related to the purpose of the interviews.
• An invitation letter was provided to help recruit participants.
• Resources were shared with all participants prior to the start of the interview.
• Participant time and contributions were recognized with a $30.00 gift card.

Several guidance documents were developed to help structure and prepare for focus groups.
• Participant statement of consent.
• How the data would be used, confidentiality, participation and honorariums.
• Participants were given the opportunity to discontinue participation any time during the interview.

A set of 14 questions were prepared with additional prompts to elicit information. Task Force members had the opportunity to review and comment on proposed questions.
• A detailed script was written and utilized as needed.

Each focus group interview was analyzed to determine major themes related to understanding the experiences of pregnant and parenting women.
• Each session was recorded and transcribed.
  1. Transcripts were reviewed to understand and identify main areas of focus.
  2. Codes were assigned to participant comments.
• A few limitations do exist in that the data gathered may not be representative of all pregnant and parenting women in New Hampshire.
  1. Women recruited were clients of treatment programs and had overcome barriers to accessing treatment and recovery support services.
  2. Experiences of women who were unsuccessful in overcoming barriers to accessing substance use disorder services will be different.
  3. Participants were recruited from Manchester and Nashua which are two urban locations.

We have two other task forces. The Budget Task Force we are going to table as they have not met yet. We wanted to pull that group together but we are just not quite there yet. We will assemble that group at a later date. Our Recovery Task Force is also brand new but we want to give them some space as that Task Force has been asked to come back to us with some deeper recommendations around Recovery Assistance in the field.

A couple of weeks ago the Recovery population came out for a Recovery Rally on the State House lawn. There was a large turnout. Greg Williams who is the director of the “Anonymous People” documentary that many of you have seen (it is streaming on Netflix), if you haven’t there are other screenings that will be done across the state, noted that in his experience across the country it is the largest recovery rally he has seen across the United States. It was a tremendous feat of a small group of recovery leaders in the state including Marty Bolden. We want to thank them for really bring out the recovery community in a very profound way.
The Recovery Group has coalesced a group of fourteen people. We have representation around the state with the exception of Hannover and Nashua. We are looking for people who are in recovery or interested in supporting recovery. We held the rally and we also has an “Inspired Recovery” event in Manchester back in September which drew 400 to 500 people. We have seven different groups around the state that are involved in grassroots organizations around recovery. From developing recovery centers to looking at peer based recovery services and certified recovery coaches. All this is happening without tax dollars. We are trying to develop ideas capacity mapping so we can develop a statewide plan for recovery services. Part of that plan we will be looking at peer and certified recovery coaches. That group of people will be good to look at for SBIRT training in the future. The statewide recovery plan has to deal with workplaces and instead of calling them “substance free” workplaces we are hoping to call them “recovery friendly” workplaces.

This is a tremendous body of work that the task forces have done. I want to thank the chairs and go back and thank all of the volunteers, all of those skilled passionate people who delivering results for this commission and state as a whole because without this kind of structure and leadership that you are showing we could not achieve what we are beginning to see relative to our state plan. Thank you, thank you, and thank you for all the work you are doing.

Financial Collective Action (see handout for further information)

Our goal is to cost out the state plan in a total fashion. So that we can begin to talk about what the dollar amount of investment we need to make in the State of New Hampshire to really tackle the substance abuse issue. The total dollar amount of the State Plan is probably about sixty million. Over the last six months we’ve really had a conversation to discuss the priorities. The priorities amount to about forty million. We then cut that down knowing we need to start from somewhere. Now that dollar amount included a number of things. It included the idea that at least around twenty million of that would be the cost of bringing the substance abuse benefit that is being worked on for the expansion population that is being worked on under the Health Protection to the existing Medicaid population. The state agency stage of the budget has reached a point of conclusion. We need to say, and I would like to thank Tricia Lucas for going through a four thousand page document to note that on page 3,076 and 3,880 it does indicate that there is a change request in the Medicaid budget “change the item to add substance use disorders benefit to be covered under traditional Medicaid.” That is a tremendous thing. As Commissioners know the agency phase is one phase of the budget. There is a long journey ahead to get through that but for that to be included is significant.

We met with the Governor’s office over the course of the summer to present the big dollar figure and really talk about what we’ve been doing up to this point. The Governor’s office was open and appreciative that we are at a place where we can talk about what it is going to cost to do this work but certainly recognizing the financial climate and economic climate that the state is in. We have a lot to think about what is actually feasible as we enter the budget session this year. We were asked to refine our request and come back with something a little more tangible and a little higher priority. We opted to instead of engaging in another multi-month conversation with the full commission to go ahead and pull together a core group of people to come up with a recommendation on how to proceed and present it to you for discussion and feedback which is what you see in this document that I delivered to you this week. Here is what we are proposing: we have our substance abuse benefit which is a significant milestone which is not to be understated but let’s park that for a moment. With the remaining need we thought there would be a couple of paradigms to consider and being able to come back to the governor with something palatable potentially to include: sticking within the parameters of a fully funded alcohol fund. We will use that dollar figure to drive our priority conversation. Certainly if you back in the Medicaid benefit we are still talking about twenty million dollarish set of priorities,
and our alcohol fund puts us at about $8.7, $8.8 in the coming years. We thought it would be wise to come and look at the alcohol fund as a place to start to have our conversation. Additionally we thought, and you may recall that a number of the priorities that we talked about as a group but it included money out in the community to do work but also what state agencies need to deliver their own commitments on the strategies.

We thought that for the most part to set aside saying we want to use the alcohol fund to fund positions in state government to fund work of state agencies. Certainly one thing to think about, “how do we strategically support our commissioners in their own priorities, in their own agency budgets to meet the needs of their parts of the state plan.” We would not look to the alcohol fund to parcel out to support state government operations. That really aligns with the original intent of the fund. There is exclusion in the fund even around supporting the bureau to administer these dollars, to have the bureau director serve as the executive director there is no alcohol fund dollars tied to that. It speaks to the legislature’s original intent to see these dollars in the community and not held within state government.

Assuming we only have the alcohol fund to go with and assuming that the alcohol fund is fully funded per statutory formula we may want to consider endorsing:

- Rx drug taskforce increased surveillance.
- Increased Surveillance – NH Drug Task Force Expansion.
- Specialty drug courts.
- Alternative sentencing.
- Juvenile Court Diversion.
- Student Assistance.
- DOE nurse position for prevention and wellness training/TA to schools.
- Data collections and analysis.
- Training and TA.
- Treatment services.
- Prevention services.
- Treatment expansion initiative – SBIRT.
- Expanding MAT prescribers for opiate addiction.
- LADC services for DCYF offices.
- Continuum of Care.
- Infrastructure development.
- Public education campaign.
- Additional supports, treatment, education, etc.

The June/August Proposed Total $21, 207, 229
Proposed Amended Total $8,510,826 (2016) $8,710,826 (2017)

Joseph Harding Comment:
The original intent of the alcohol fund was for services in the community, which is why our efforts were directed that way. There’s a context for this with the mental health parody and addictions equity act so those services that are supported under the NH Health Protection Program will make resources available, and health insurance in the private sector will support a lot of the services around early intervention, the SBIRT we talked about earlier and treatment services. With those new resources coming online to support those elements of a comprehensive strategy we wanted to put some particular focus on those areas not covered by health insurance. You will also see here there is particular emphasis on prevention services, and some of the early
interventions that are not supported by health insurance. Even though SBIRT is supported by health insurance things like specialty courts and alternative sentencing early intervention kind of services are not covered by health insurance. We wanted to make sure that we are optimizing all of the resources to support a comprehensive approach which is our fiscal strategy. For SBIRT it is $40 to $150 per person which is a lot less expensive than $1,700 to $3,500 for treatment services. We want to make sure we have a full complement of services for a comprehensive approach.

Tym Rourke:
If you notice the document at the bottom of page 2 there is a box that reflects what Joe was saying. Some parameters around decision making, looking for things that were not covered under health protection where we felt that there would be deliverable outcomes that we could provide to state agencies and the legislature. As we talk about what you can achieve with these dollars, looking for things that might be some political will to move on and support as priorities, not just amongst us but certainly with the general court as well, so there is a bit of a framework at how we arrived at $20 million down to $8 million.

There is a recommendation for funding juvenile diversion. That is something this commission did fund but when we saw a drop in the alcohol fund, the diversion programs took a hit on that. That reason is in part why we separated that out from that broad prevention bucket with a specific allocation for student assistance, because those programs target those higher risk youth populations. Also in the prevention bucket is to allow the regional prevention networks to go through another regional planning process and those do look at high risk populations but they also look at priority intervention at the broad population level. We wanted to make sure that an addition to dollars that could be allocated to focus on high risk youth, we retained some flexibility so that if networks identify other environmental broad population strategies for which some resources could be deployed to mitigate a continued increase in high risk populations that we would have some flexibility in the budget to account for that.

Also there are two very significant grants that the Department of Education (DOE) has received quite recently: “Safe Schools Healthy Students,” which is focusing on student assistance and high risk population work in three communities. Most recently a “Mental Health” grant around $9 million dollars. We will ask DOE to come in a talk a little bit about those dollars. Those dollars will also help build some of that capacity. This is part of not to just look at what the Bureau is able to do reallocating their resources but how do we look at some of new resources that DOE has received as well that will provide some of that educational intervention around those high risk youth.

Public Comment
In keeping with the comment of collaboration, just as a comment, when I look at this I realize we have a “nice to have” and “have to have” in any budget, and coming from the business community and recognizing even more the sensitivity around budgets. When I look at this I need to be able to communicate how I want to go back to the business and industry having a seat at the table, I am hoping to be able to communicate, given the constraints, that we would look for the business to work more in hand with New Futures.

RESPONSE:
This goes back to the prevention bucket. Part of the planning process that the regional networks are about to undertake mirrors the state plan. In which case each region is going to be asked to develop and engage local business communities in developing the key business priorities. We have some regions; I’m thinking lower seacoast that has done some work with the business community in their existing plan. This could be the real
potential that we have regions that prioritize activities within the business space and that’s where the flexible resourcing around prevention could be deployed.

COMMISSIONER TOUMPAS:
I would encourage the commission with the list that we have now to prioritize. We really need to think strategically about priorities. Whatever number we are asking for to be quantified or we won’t get it. What we will need to do, individually and collectively, to think strategically about from the population standpoint; from the needs standpoint; from what the consequence of not doing something, and come up with a prioritized list. What we have here is a good start but we want to make sure that whatever is number one on the list is the one we want to go to the mat for. It is a tough exercise to do but that is what we will need to do.

RESPONSE:
We will continue this conversation when we meet in December. As a starting place we feel like we are in the right space. I do think, realizing the Commissioner’s point, that we have some further prioritization, while also retaining some flexibility that we may need to change them.

COMMENT:
Going forward, I am hoping that over time we be able to shift more dollars towards recovery support and treatment. Also moving the SBIRT in primary care and recovery support in primary care.

TRICIA LUCAS:
Tuesday, November 4th there is an election. Your vote matters. Make sure that everybody that you talk to and work with get out and vote. In order to accomplish anything here we are going to need really effective advocacy at all levels.

This is a shameless plug for New Futures. They are doing advocacy training on November 13, 2014. If you know someone who is interested in this training please let I or Sarah know.

Finally, we did a report a couple of years ago on the economic impasse of excess alcohol consumption. We are issuing an expanded report on November 17, 2014 which looks at the economic impact of alcohol and illicit drug use.

(Links included since the report has now been released at the time of this typing)

EVENTS OF INTEREST:
The State Suicide Prevention Conference is coming up on November 7, 2014.
The Prescription Drug Monitoring Program went live on October 15, 2014.

Our next meeting is Friday, December 19, 2014 at 9:30 am.
Note: the December meeting was cancelled the next scheduled meeting will be taking place on Friday February 27th, 2015