

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

February 23, 2018

LEGISLATIVE OFFICE BUILDING

CONCORD, NH

MINUTES

Members Present:

John Barthelmes, *NH Department of Safety Commissioner*
Marty Boldin, *Governor's Policy Advisor on Prevention, Treatment and Recovery*
Jeb Bradley, *New Hampshire Senator*
Cheryl Coletti-Lawson, *Business and Industry*
Melissa Crews, *Public Member*
Monica Edgar, *Treatment Professional*
Annette Escalante, *Executive Director and Director of the Bureau of Drug and Alcohol Services*
Todd Gardner, *NH Nurses Association*
Ned Gordon, *Circuit Court Judge*
Helen Hanks, *Department of Corrections Commissioner*
William Hatch, *New Hampshire Representative*
Kevin Irwin, *Recovery Representative*
Timothy Lena, *Prevention Professional*
Gordon MacDonald, *Attorney General*
David Mara, *Governor's Advisor on Addiction and Behavioral Health*
Jeffrey Meyers, *NH Department of Health & Human Services Commissioner*
Ken Norton, *Suicide Prevention Council*
Jennifer Patterson, *NH Insurance Department*
Chris Placy, *Public Member*
James Potter, *New Hampshire Medical Society*
Joseph Ribsam, *Division for Children, Youth and Families Director*
Tym Rourke, *NH Charitable Foundation*
Stephanie Savard, *Treatment Professional*
Abby Shockley, *NH Department of Health and Human Services*
Chris Sununu, *Governor*
Todd Swass, *Colonel NH National Guard*

Chairperson Annette Escalante opened the meeting and introductions were done around the table.

December minutes approved.

Governor Sununu

We are really working hard especially with Washington DC with and negotiating with everything we can in terms of both flexibility, additional funding and what the formulas will look like and when the funding will come and the grants and opportunities that the state might have. Washington has been responsive to working with us and sifting through all of the details. We should make sure to read where we are on the new version of Medicaid in New Hampshire, Amendment to SB 313-FN. There will be some additional amendments and we will hopefully be able to provide more details and tweaks but I think what we have tried to do is to get it as close as we can. In principle this is the box that we are going to be working on as we negotiate with Washington DC as they come to light we will be able to add some more of those details in. This Commission plays a big part in where we go from here on given that the dollars that we are looking at now through the alcohol fund essentially fill the trust fund which is the state's share to match Medicaid and make sure Medicaid happens

and I think everyone in this room agrees if it should happen. Traditional reauthorization as we know is not going to happen and is not an option. I think we can just make it better. We can make it more cost effective, more flexibility, and potentially even have some more money to fight the biggest crisis that the state is facing that being the opioid crisis.

I am very hopeful and we will be getting details over the next couple of weeks and hopefully we will get this thing to the floor and we will be to move on it. Senator Jeb Bradley is here today and he is going to be presenting. Recrafting this and remanaging it I really think it does provide potentially more opportunities in the long run and I think that is a good thing for this group. This will be a structure that works and can get voted on and passed. We want to make sure as we put this forward that it is a path to success. Chuck Morse, myself and some of the leadership in the House think that this is really the best way to get this thing done for New Hampshire.

DHHS Commissioner Jeffrey Meyers – Financial Dashboard, Contracting Status

I want to start with the SUD (Substance Use Disorder) financial dashboard. As we said we are providing this every month. It goes to the fiscal committee, this Commission, and others. This is tracking the monies that are expended in fiscal eighteen which we are in the middle of now. There are still contracts that need to be brought from fiscal eighteen and going into fiscal nineteen. The department has worked closely with the Governor's office and others to ensure that these funds, and not just the Governor's Commission funds but all of the funding that we have as well and it shows access to critical services across the entire state. You can see the list of contracts on one side of the page and highlights the spending for critical services on one side and contracts on the other. We have brought several contracts to fiscal that were applied in fiscal eighteen. We are starting now to line up contracts that will go soon for fiscal nineteen as this fiscal year comes to a close. I think we are doing a good job at putting the money through. I know there are concerns by some, of the reductions we have had to make and that is why the Governor, I and others are fighting for more federal funds for New Hampshire. There was one time federal money allocated for fiscal seventeen that did not reoccur in fiscal eighteen. Congress is now authorized and additional \$3.3 billion dollars for the opioid crisis. That money has been authorized but it has not been appropriated for disbursement to the states. That is the next step that has to occur in Congress and we are working with a federal delegation to get an understanding of when that might happen. Once the funding is appropriated than I think New Hampshire is going to see an increase in the allocation of funds because they changed the funding formula to better reflect the impact of the crisis on the states that are really suffering and have the highest rates of overdose. As the federal funds become available I think we will be able to do even more than we are doing today.

DHHS Commissioner Jeffrey Meyers – New Hampshire's Medicaid and Premium Assistance Program

As the Governor previously said this reinvents the program. We started out by placing 50,000 folks on the exchange in qualified health plans. Some of that population is medically frail so they were not eligible to be placed in the commercial plan on the Federal Marketplace. They are served by managed care companies and our managed care programs. They are about 10, 000 of those folks. The remaining 40,000 – 41,000 folks have been in qualified health plans.

One of the key changes that this bill makes to our expansion program is to move those 41,000 into managed care. We are doing so for several reasons:

1. The uncertainty and the cost increases that have been experienced in the federal marketplace.
2. We need to make this program sustainable for the state.
3. For all others we want to stabilize the insurance market.

There are other reasons that I felt were important to move this population. Particularly around how services for substance use delivery are provided to the population. We know that in our health protection program right now are 6,000 unique individuals every quarter who get substance use disorder services. These services are critical for that population. The carriers are challenged working with this population and there are not consistent benefits for substance use disorder across all of the commercial plans. Congress adopted essential health benefits and among those essential health benefits were

substance use disorder services. Congress never specified in the Affordable Care Act what those services should be. There are different categories of services. Commercial plans comply with the federal law but they offer certain categories of services but they are not all consistent across the carriers and quite frankly they are not as robust or as strong as what the state is providing in its Medicaid program today. In order to better align the provision of substance use disorder and mental health services across the entire Medicaid population myself and others agreed that we would combine the population and in doing so we would give the state the ability to provide that robust and very consistent set of substance use disorder services across the entire Medicaid population including this new adults group that is utilizing these services to such a great extent. In doing so we would have a Medicaid population that would support more robust competition by MCO's (Managed Care Organization).

The department is now on track in reprocurring our managed care program and we will be issuing an RFP for those services in June of this year. There will be a sixty day turnaround for bids and we hope to get contracts to Governor & Council by November or so we can have contracts approved and in place by the first of the year which would give us a six month transition period. We want to increase competition in choice programs and I think with the Medicaid population of about 180,000 we will definitely be able to attract a third MCO and it is an open procurement so the present Managed Care Organizations have to compete along with everybody else.

What this bill does importantly is to move the population to managed care. In the beginning of the bill on page two and three there are language that really builds in incentives so that the department is going to work within the context of our Managed Care contracts to ensure that there are fiscal responsibility and other incentives to encourage better health, better health outcomes as part of the program, more transparency as far as the pricing and more accountability on behalf of the MCO's for the program. There is a working community engagement requirement that is in this bill. The working community engagement requirement is for a monthly compliance of a number of hours at a hundred a month that folks will be able to average about twenty-five a week so there is not a hard twenty-five hour per week requirement. This requirement is intended to connect people with resources and opportunity it is not a punitive work requirement. It is not at all designed to allow people to drop off healthcare. We have built in a number of qualifying activities: job search, job training, people will get credit for attending an educational program, individuals who participate in substance use disorder treatment is a qualifying activity, there are an equally broad number of exemptions to this working community engagement requirement. People, who are ill, have disabilities or incapacitated, caretaker of a child those are all exemptions to the program. Importantly this bill stands up a six month pilot program and is funded with TANF reserve dollars to be able to eliminate barriers to work for people including child care, transportation, and other barriers. It provides potential subsidies to employers to be able to help train and bring people on to jobs. It is designed as a pilot program intentionally to see how this works and if it is successful. All of the people who have been involved in preparing this are very willing to look at it for the next budget to see how it could be expanded and funded more broadly for everyone who may be subject to the working community engagement requirement.

What you see in this bill is different from what was passed by the legislature in HB 517 which is the budget trailer bill. It is this version that has been submitted to the federal government and we are actively negotiating this requirement with the federal government right now. We fully expect that this working community engagement requirement will be approved by about the end of March. As this legislation continues to go through the legislature the work requirement will be visible to everybody and be understood and then we will move forward.

I also want to talk about the fund as we know there is a lot of concern on how we are funding the non-federal share. The program brings currently about four hundred and fifty million dollars federal money into the State of New Hampshire. It will continue to bring very significant money. By moving from the exchange to managed care there are savings to the federal government because the rates in Medicaid are different from the Medicare rates on the exchange but the program will still continue to bring about three hundred and sixty (or so) million dollars into the State of New Hampshire once we transition this program. This year we are responsible for seven percent of the total cost through the non-federal share. Eventually that will be ratcheted down and the federal share will be ninety percent and the state share will be ten percent beginning in calendar year 2020. The money is an estimate because the actual numbers depend upon how many folks are actually enrolled, what the rates are in 2019 and 2020. We will be working with our actuary to refine the numbers as we go forward but we believe that with the exception of the administrator cost implementing the work requirement that the non-federal share in both SFY 19 and SFY 20 will be about thirty million dollars.

There are three sources of funds presently funding that non-federal share in New Hampshire. One is proceeds from the insurance premium tax. The second is proceeds from the assessment that levied on insurance carriers for the so-called high risk pool in New Hampshire. Up until this point and including 2018 it also included voluntary donations from the states hospitals that have helped support the non-federal share. The government came to us about a year ago and said for a variety of reasons that have been made public over time that we could no longer rely on the voluntary donations from the hospitals. The insurance premium tax will continue under this new program. The transfer from the high-risk pool will continue under this program but we can no longer use voluntary donations. We looked at another funding source that would not be general funds because the legislation is very clear that we cannot access general funds. What we came up with and what was appropriate that the alcohol fund was established to promote treatment, prevention, recovery services for those that suffer from substance use disorders. It is very clear and has been clear in our state statutes for years. As we looked at that we believed that it was appropriate to have a discussion about the use of the alcohol fund to help ensure excess to the substance use prevention, treatment and recovery services for the population that are high utilizers presently of those services. What we are proposing is that we will increase the draw from the alcohol fund up to 5% from the current 3.4% that the governor had doubled the draw from 1.7% to 3.4% and that raised the amount of money coming to this commission from \$3.4 million dollars a year to roughly to \$6.8 million dollars a year. The gross liquor profits from which these calculations are derived at the end of SFY 17 are roughly \$200 million dollars. Five percent of \$200 million dollars is \$10 million dollars. In order to fund the non-federal share starting in SFY 19 we will need access to those funds at \$10 million which will help support that portion of non-federal share that would not be covered by the insurance premium tax or the high risk pool assessment.

The Governor and I have committed that the programs that are currently funded in the current budget for SFY 19 for this Commission will be backed up with federal funds or other funds from the department that can be put toward that purpose so that the programs that this Commission has approved or wants to approve for SFY 19 in the current budget will be funded to the extent of \$6.8 million. I know we will work together so when we are putting together the SFY 2020 budget we are fully funding the programs for the Governor's Commission. We need to manage the budget very carefully and we cannot create a hole in the budget for the current fiscal year. I as the Commissioner have to certify before January 1, 2019 that I have sufficient funds from the program or I would have to terminate the programs. There will need to be an effective date in this legislation that will allow me access to the 5% of the alcohol funds so that I can ensure that the non-federal share is funded on time so that the program starts under the new model of January 1, 2019.

Senator Jeb Bradley

The first thing I want to add that rates have to be sufficient for providers, etc. and that is what this says and others have to interpret what the intent is and that is the intent.

The second thing that I do not think has been mentioned but having been through this now twice with Commissioner Meyers, we have a stable funding source through the alcohol fund and we need the stability of a five year authorization. That is vital for the work that you do so that you can invest in the kind of mental health, substance abuse treatment programs that are vitally important so we can attract the work force that we have to service these programs. That is a key element. I heard through some of you a bit of gnashing through the teeth about use of the alcohol fund and its purpose. We are going to be able to make this sustainable. I believe it is sustainable per the Governor's commitment and Commissioner Meyer's. I cannot speak for 24 senators but I can speak for myself and the senate, I believe will honor the commitment that we made when we doubled the alcohol fund and actually in 2015 moved it to 1.7%. We get it and we are going to make sure that that happens, but by doing it in the way that we are doing.

We have the ability to finally provide a stable funding source for the state's share which has vexing for us for a long time. To what do what all of you are telling me and that is to fund and provide for the single most important program for mental health services and substance abuse services and do it on a stable ongoing basis. This is good and will work for all of us and it there has to be and we made a commitment to make the numbers work for 3.4% or \$6.8 million will work. This will allow the program to have necessary consensus and having gone through this twice in the legislature and pushed it twice and I know what it take to thread this needle. We going to be working hard on this over the next couple of weeks and it our intention to get it to our colleagues in the house in a timely fashion so that they have ample opportunity to do the kind of debate that needs to be done for any major bill to pass the house. Hopefully it will be on the governor's desk real soon. I can't thank Governor Sununu and Commissioner Meyers for their leadership, their fighting for us in Washington to free up the kind of money that we are going to need to do the things beyond what is envisioned in this bill for substance abuse and mental health. It has been a work in progress but we are making a lot of progress and I think you should all take a bow for the work that you are doing on this commission and the collaborative efforts.

Comments

Has the Treatment Task Force been consulted in what kind of programs are promoted as evidenced based? I want to make sure the expertise on this commission has been consulted.

No that has not happened to date. I think that as far as any of the treatment that is provided by either by this commission or any other state funding that that is one of the primary conditions that they provide evidence based practice.

I appreciate the fact that the priorities of this commission will be sought out in other ways for other funding and it sounds like the other federal dollars that will be funding this way as well I guess where this is the Governor's Commission on the alcohol fund will this continue to serve in capacity in providing the expertise because I think we have done a tremendous job in breaking down silos in prevention, treatment and recovery. We are bringing tremendous expertise to this table in creating a state plan that really has some great priorities and I would hate to see all of that work put on the back burner and I just want to make sure that the priorities that have been identified continue to be respected.

I think it will be. Clearly the department is going to continue to make sure that the benefits that we provide within our programs reflect best practices and evidence based practices. We have that opportunity in this RFP procurement process to make sure that we are providing our MCO's with the proper direction. I am happy to listen to all of the input of this commission as well as my staff is as well to do that to the extent that the programs and services that are currently funded are going to continue and you will continue to have that input to all the programs and services that you approve.

I cannot speak for all treatment providers but things that move to the MCOs is it that array of services that definitely opens it up significantly across the continuum from treatment and recovery, the whole picture and if the rates can really be looked at. If that is in there I think that is really important and valuable because the difference in the rates. I have one question around if there are any restrictions that will come now that it is coming from the feds? Like what restrictions could be placed on us in programming that maybe not this year because they are saying these programs are safe but in future years is it suddenly going to be you can only provide this type of program and not that type? What has been great about the alcohol fund because we have had that ability to fill what New Hampshire really needs and what pockets are needed and I am curious have we gotten more answers around that restriction?

In my conversations with Washington regardless I do not let thirty seconds go by without mentioning the word block grant coming out of my mouth which means complete flexibility. This is an administration that tends to really believe in the state and that allows this flexibility so that doesn't seem to be as much of an issue. I think what they are trying to allow the details and conversations we are having is for them going from the old way of doing it that has all the restrictions to a truly creating a vehicle that is truly open. The struggle right now is in New Hampshire we have done really well with our Medicaid program. So what they are saying is we have to make sure to get the fraud out of the system for the states to have the vehicle to still have the flexibility.

Tym Rourke

This Commission in its plan set a goal to see Medicaid expanded and added an addiction benefit to it. We've done that and this is an opportunity to take that further and create a more sustainable model with a five year event horizon so that is very exciting. We discussed in previous iterations even before Medicaid expansion is it feasible to take the alcohol fund and leverage it better around the Medicaid match. It is exciting to contemplate that type of a model but a couple of questions.

1) Commissioner you referenced that you have to be able to certify by January 1, 2019 if the funds are available. So terms of the actions that I see in this legislation this commission authorizing you to transfer those dollars, when do you need that decision?

Commissioner Meyers. The funds have to be transferred before December 31, 2018. It would have to occur between July 1, 2018 and probably the beginning of September so that there is time to move the money in the way it needs to be moved so that it can be matched and available.

2) This is a technical question you referenced in terms of the work requirement "engaging in substance use disorder treatment" as a qualifying activity but then you also suggested that there is an exemption substance use disorder is not a community activity so why would you not put that in the extension category I mean community based recovery support services in an ongoing manner might be a community activity?

Commissioner Meyers. The federal is divided for example: if you were in residential for substance use disorder that would be an exemption the way the way it is set up but there are people who are for example in intensive outpatient or some other forms of outpatient treatment or recovery services or other things that CNS has chosen to characterize as a qualifying activity I think this is their way of approaching the stigma issue to some extent the guidance is not totally clear on that point but the effect is almost the same. If you are engaged in substance use treatment you are meeting the requirement while you are engaged in that course of treatment.

3) The Charitable Foundation's prevention strategy that we are co-funding the public health system along with the department our donor intent language contemplated commitments of leveraging state funding into the system so I am mindful if the entire \$10 million is seeded in the alcohol fund and that is put back as federal dollars it might be helpful to understand the analysis of what does that mean in terms of the state making state level investments across the continuum because my concern would be that there are grants that we have out to non-profits who are contracting with the state as part of that strategy for alcohol funding and if those contracts were to be shifted to be 100% alcohol fund that rubs up to the intent of our donor language in terms of state appropriation so it might just be helpful to have some analysis of that.

Commissioner Meyers: I think before we discuss this as a group I think you and I should walk through how some of the contracts are set up so we ensure that there is not going to be an issue.

Tym Rourke. It sounds like this would raise the alcohol fund to \$10 million appropriated this way and then appreciating the commitment we would sustaining and protecting the investments we have at this juncture this bill comes with a five year event horizon so does that lock us in to a 3.4 allocation for the next five years or recognizing as a commission it has been asking for a long time for 5% alcohol fund to meet its strategic objective will we have the ability in the next budget cycle to be in a conversation about?

Commissioner Meyers. Yes. We need to protect the budget which saw a significant increase with the Governor's leadership and the funding is his condition and he has said and myself also we are committed to maintaining the \$6.8 million for the current budget which runs through SFY 19. I think we are all very open to having the conversation about how that might change in the next budget when we have the ability to plan the next budget for an increase and the access of funds by this commission on that draw.

Commissioner Hanks. Hundreds of men and women leaving our institution use to prior to expansion have to make a choice and what I mean by that is because they didn't fit the definition of availability of any insurance platforms, they had to make a choice of "my paying for treatment," and when the state decided to expand Medicaid it made a critical decision to remove those barriers for people who have been adjudicated in leaving prisons but they no longer have to make a choice around their treatment. This bill continues to advance that.

Stephanie Savard.: With moving to MCOs and the exclusion issue around residential beds

Commissioner Meyers. You will see I believe by early next week the issuing for public comment an on the application for the IMDSUD waiver. This will allow for reimbursement for up to 28 days but we will be getting the full waiver, with a thirty day comment period and there will be a public hearing as well that will be scheduled very soon.

Question: are you also going to do the IND for New Hampshire Hospital?

Commissioner Meyers. We are including New Hampshire Hospital.

Melissa Crews. I thought the MCOs would allow a more flexibility with reimbursement but they are all still the state rules to contend with.

Commissioner Meyers. We have to look very carefully on how we structure this RFP process on how we can build in recovery services in the program in a way that is flexible and that the MCOs can work with.

Review of the Minutes for December 15, 2017. Minutes approved.

Mid-Year Report/State Plan next steps – Amy Pepin

Right now it is in draft status and we hope to have it done by Monday. We have received most of the narrative reports from the departments. The dashboard data update is almost done. I would like to talk about priorities and recommendations today. Every report has a section of priorities and recommendations. Priorities and recommendations that were both contained in the 2017 mid-year report and the 2017 annual report are for your discussion

2017 Priorities and Recommendations

- Ensure continuing coverage for substance use disorder services gained under the Affordable Care Act and the NH Health Protection Program.
- Continue public health messaging to educate the public and key systems about the biology/physiology of addictive disorders and the impact of stigmatizing these health conditions.
- Expand support for prevention, early identification, treatment and recovery services especially for high risk /high need populations (i.e. youth, young adults, pregnant women, veterans) to ensure accessible, integrated services that meet demand throughout the state.
- Continue support for expansion of availability of medication assisted treatment for opioid use disorders.
- Continue and expand investment in workforce development for prevention, early identification, treatment and recovery support services for both substance use and mental health disorders.

- Continue to expand harm reduction efforts, including syringe exchange programs.
- Develop funding and regulatory frameworks to support increased access to safe, supportive recovery housing.

These are for review and at the strategic planning meeting all of these could be changed is so desired.

Right now what we want receivers of the report, the Governor and legislative leadership, and what we want them to hear next week when they receive this report.

Kevin Irwin. The recovery task force will provide an update on progress that been made as recently as 8:30 this morning. The legislation that will advance the recommendations that we put forth last year I don't think harm reduction efforts do not necessarily fall into a particular bucket but I would be personally to write up the description of advances that have been made particularly with expansion of syringe services around the state which we have supported through the Harm Reduction Coalition. One thing that stands out relative to connective tissue for expansion and capacity of the workforce would be the integrated delivery networks. These should be referenced.

Amy Pepin. The annual report is a comprehensive report where the attempt was made by every department to talk about everything they were doing and the IDM work is in there. This is an update and it is supposed to be briefer and is eighty pages long and is certainly longer than the last one. It is supposed to be updates from the July to December SFY18.

Comments

Our number one priority is to make sure services are funded and supported because if they do not exist we do not have a path to treatment.

Tym Rourke. I am contemplating to have a mid-year report without speaking to the realities of right now. We have four recovery centers that have now that are closing this week. We have a major treatment institution in this state that has collapsed. We have funding cuts from the department and very difficult decisions have been made but I can speak on behalf of the Charitable Foundation to say the number of grantees who have reached out to me are petrified who do not feel they understand what is going on, who feel like the cuts are arbitrary, who feel cuts are happening and money is going out for other things and there seems to be a disconnect to it, and we are talking about protecting an important part of this strategy while the rest of the field feels that some things are in collapse. I think it is disingenuous of us to put in our report that just says everything is fine. I don't know where that is or if it is a language piece here but I am incredibly concerned about the volatility in the field in particular the lack of understanding or security that is even giving them faith that they need continue what they are doing. I do not know what that is but maybe we need to say to the legislature "hey you know what waiting until next January to talk about the resource challenges in the field maybe we could relate or something but I do know we should probably have in the mid-year report something that speaks to a little more here and now. I think we have always done well clarifying what the needs are and I think we need to add for number one stabilizing the existing fragile system or something to that effect so that there is at least an understanding that we are not yet out of the woods with the services that have been built over the last years. We need to make sure they are getting what they need.

Amy Pepin: if that is the will of the commission we can certainly add that.

Amy needs the information/comments as soon as possible today or tomorrow.

Legislative Task Force

Chairperson Escalante: One of things I have been thinking about is the creation of the Legislative Task Force and we will talk more about that next month. There are a lot of bills and I think that having a Legislative Task Force would be

really helpful in order to be able to ensure that nothing gets missed. I just wanted to put it out there for right now but we will talk about it at next months' strategic planning meeting.

HB 1626-FN

This bill has been amended a number of times and one of things I want to make sure that you read is line three.

- The Governor's Commission on Alcohol and Drug Abuse Prevention, in conjunction with the commissioner of the department of health and human services, shall issue a report on January 1, 2019, inventorying all alcohol and drug abuse prevention, treatment, and recovery programs funded in whole or in part by the commission.
- The reports shall be delivered to the speaker of the house of representatives, the president of the senate, the chairpersons of the house and senate committee having jurisdiction over health and human services issues, the members of the house and senate finance committees, and the fiscal committee of the general court.
- The report shall include, but not be limited to, program description, intended outcome, target participant population, oversight agency, annual budget, average cost per participant, and an assessment of the evidence of effectiveness for intended outcome.

This is actually was written because they are looking at cost effectiveness and outcomes of program that are currently funded under the Governor's Commission. Primarily the first pass that they are going to do is treatment programs.

- The programs that are receiving the most money under the Governor's Commission will be those programs that will be selected to participate in this evaluation.

Tym Rourke. This is a standalone bill and the PEW Charitable Trust has an initiative called "results first." It was modeled in the state of Washington and Washington legislature has its own public policy center in state government that can look at the cost effectiveness of evidenced based programs to address social, societal health care challenges and then advise legislatures on making decisions based on impact both on terms of patient outcomes, client outcomes and the cost effectiveness for return on investment. There has been various legislatures who have been interested in that kind of model. It is used to assess the cost effectiveness of addiction treatment services, recidivism programs, corrections, and many more health items.

That the PEW Charitable Trust does is Washington's model was independently evaluated. There were publications on it from other states with interest. The PEW Charitable Trust provides technical assistance to states that want to implement it. There has been ongoing potential/interest by the legislatures about maybe having PEW work with New Hampshire and use the model that is done around substance use tool as a pilot.

We are not suggesting that you support this bill or oppose it this is just background.

Comment

Judge Gordon. This commission was set up specifically to spend the alcohol fund. As I understand this we are going to take 10% and at this point we are not going to be spending the alcohol fund it will all be going into the New Hampshire Health Protection Program. What we have voted in the past as to what we expended our funds for and those expenditures are going to continue but they are going to be funded by other means and not by the Governor's Commission alcohol fund. At this point in time the committee is no longer from what I can see as a committee that has any authority to expend the funds then the committee is basically an advisory committee. If that is the case I do not know why we are having this committee do a report on how we are spending our funds. It seems to me they should be directing the Department of Health and Human Services to do that.

Chairperson Annette Escalante. I can tell you that his has been one of the bills that I have actually been sitting on and going back and forth and having those conversations. The original bill looked nothing like this. It required the funding to come out of the alcohol fund under the Governor's Commission and this is now basically what it looks like. I cannot say that I agree or disagree with your comment and some of it yes I do agree but not necessarily knowing where this is going to end up going and obviously with the conversation we've had regarding Medicaid Expansion I think that honestly I agree with what you said. If you are interested in being there when the bill is heard it would be helpful.

Tym Rourke. If we are ultimately shifted to a place where there isn't anything being paid for with alcohol fund then what is it that we would be evaluating.

Task Force Updates

Prevention. We are looking at prevention and figuring out best practices. We are continuing to meet with ad hoc committees.

Treatment. We are just starting work on the priorities that we designated so we do not have a lot to report on. We are actively starting to kick off the work so hopefully in the near future we will be able to say what exactly the activities are.

Recovery. We are close to having a comprehensive report of the state of the recovery community and recovery support services. There have been additional meetings and we have convened a larger community meeting in January to format the report which will translate directly into some of the recommendations, reinforcing or adding for the coming year. We are making progress in recovery housing essentially legislation to put forth and to clarify the accreditation rules that the Recovery Task Force advanced last year are almost identical to the national standards.

Prenatal Exposure. We haven't met since November and we are trying to get back together with the Charitable Foundation and we are working to get more organized. We are working on when and how often to have meetings. We are addressing the barriers and our strategic plan. Planned Parenthood is with us now and one of the initiatives in the strategic plan is to keep addressing the issue of planned pregnancy with women of child bearing age. We also have some new members who are joining.

Joint Military. I am Jo Moncher I am the Bureau Chief of Military Programs for the Department of Health and Human Services (DHHS). I am here to share a message from our new Adjutant General Mikolaities. We have new members in our task force and we have gotten great updates from Amy Pepin in terms of strengthening our structure for committee and aligning with partners. We are addressing a Tri-Care letter regarding rates as well as other items. We recognize that the big challenge is a federal challenge. Our goal is to invite other commissions, Prevention Council, the Legislative Commission on PTSD and TBI that all have strong military partnerships and it will strengthen the letter. We also are honored that the Bureau of Drug and Alcohol Services (BDAS) is partnering with us ensuring that agencies that contract with BDAS are going to be asking the question and the question is "have you or a family member ever served in the military" knowing that if we ask that question we can better identify our military and get them into care. The big challenge around "Ask the Question" is if someone says yes then what do we do? If someone says yes and they go to an alcohol and drug provider what are the next steps and how are those steps specific to the trauma and experiences of the military. The most exciting thing happening is last Thursday are Governor created a Governor and Executive Order and that order creates authority for our military across the state. We can best coordinate services if we have authority. The Governor has placed that authority on General Mikolaities and we are honored by that decision. That decision will move the NH State Office of Veteran Services which is an agency that helps our veterans with benefits, compensation, that team will be moved under the Adjutant General's office. Also military programs at DHHS that I represent we will be moving under the Adjutant General's office because DHHS has a role to engage civilian healthcare providers and we do not want to lose that partnership. My work will physically remain at DHHS so we can continue with those linkages. My position will be aligned with the Division of Long Term Support Services which will strengthen our supports to older adults who are veterans as we have 105,000 veterans in this state and almost half of them are over 65. We have over 1,000 veterans located in nursing homes across the state. There is a lot of work and a lot of linkages that we can be doing. We are going

to remain on the DHHS complex to ensure that those partnerships within healthcare providers continue but I will be reporting to the Adjutant General's office. It will help to coordinate services and it will put three state entities together. It takes the three state entities and aligns them so we can be stronger under the leadership guise of General Mikolaities.

Opioid. We are focusing on three things. We are hearing from leaders there are challenges with the SBIRT billing. We are going to have to stay focused and implore some of your help in digging down deeper into this issue. Second we are working on the three MAT waiver training across the state and we are contemplating a fourth in the fall. Last year we trained over 210 physicians, etc. and we are hoping to expand that number this year. The third thing is we are beginning to look at opportunities for stigma reduction training in health care facilities to expand the continuity of care across the health care systems. We think that these programs can help better understand the value of these and the need for the continuity of care across the health system.

Data. We met yesterday we had a regrouping meeting and between now and the 23rd there will be a meeting between our office, Annette, people from CFEX to make sure we have a clear mission so we can move forward not just continuing to what is being done but also try to map out what our work is here and what we will be doing moving forward.

Retreat. At December's meeting you decided that we have two major agenda buckets. One was the strategic plan and making decisions about that and finalizing the time line and the other was to have a conversation about the internal mechanisms of the Commission would be a great opportunity to have a conversation about what is the Commission's role if in fact it doesn't have funding associated with it. There also would be a conversation about the Task Force roles, current proposed new ones and historically it is time to have the conversation and make the decision around authority, communication from Task Forces. Right now the only way a Task Force can publically present something or publically represent the Commission is if they bring whatever that is to the Commission table and have it approved by the full Commission. Chairs will be receiving invitations with details and please accept that calendar invitation when you receive it and if you are sending a delegate please let us know. ***The Annual Retreat for Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery will be March 23, 2018 from 9:00 am to 3:00 pm at the Common Man Restaurant at 25 Water Street, Concord, NH.***

Legislative

HB 1626 Directly affects the Governor's Commission. This bill requires the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery to report on the cost effectiveness of funded programs.

HB 1743 Increasing the alcohol fund to 5% and what has come out of it is the final version of the bill did not end up increasing it but it did remove the footnote to transfer the funds to the Sununu Center.

SB 431 We are watching this and it is relative to non-academic surveys required to be filed by school districts to maintain federal funding.

HB 656 We are closing watching this bill also and it is relative to the legalization and regulation of marijuana.

Meeting adjourned.

***The next Governor's Commission meeting
April 20, 2017 from 9:30 am to 11:30 am in the LOB Rooms 301-302***