

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

**April 24, 2015  
LEGISLATIVE OFFICE BUILDING  
CONCORD, NH**

**MINUTES**

**Members Present:**

Marty Boldin, *Recovery Representative*  
Mary Bubnis, *Department of Education*  
Cheryl Ann Coletti, *Business and Industry Association*  
Rebecca Ewing MD, *Public Member*  
Joseph Foster, *Attorney General*  
Traci Fowler, *Partners in Prevention*  
Molly Kelly, *Senator*  
Timothy Lena, *Prevention Professional*  
Chris Placy, *Public Member*  
Jaime Powers, *Administrator NH BDAS*  
William N Reddel III, *Major General*  
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*  
Seddon Savage MD, *Medical Society*  
Stephanie Savard, *Families in Transition*  
Valerie Smith, *NH Liquor Commission*  
William Wrenn, *Department of Corrections*  
Jack Wozmak, *Governor's Office- Senior Director of Substance Misuse and Behavioral Health*

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

Review of the February 24, 2015 minutes. Traci Fowler wanted to change the language on page 8 - 2 ounces of marijuana compared to a pack of cigarettes to be change to about 150 joints. Any card carrying youth under the age of 18 with parents' consent is able to get up to 2 ounces. Minutes were approved with noted changes.

**Budget Update**

- We approached the Governor with a full funding request of the alcohol fund approximately 8.75 million dollars a year.
- What came out of the Governor's budget was not full funding but close with \$4 million the first year and \$6 million the next.
- The House has taken the amount of funding out that was in the Governor's budget.
  1. The house budget had level funding for the alcohol fund at \$1.75 million a year.
- We are in conversations with the Senate.
  1. Senator Forrester invited Tym Rourke to come in and present on "Life of an Athlete" and the Commission's overall strategy.
  2. Senator Forrester has in interest in getting us back to something different than a level funding picture.
  3. Each Senator received a binder with a copy of the priority spending plan that we created back in December 2014 as well as a lot of supportive documentation all in a readable format compliments of the Center for Excellence.
- Bureau of Drug and Alcohol Services is presenting to Senate Finance on May 4, 2015.

**Recovery Infrastructure Investment** (presented by Cheryle Pacapelli, Executive Director for Hope for New Hampshire Recovery)

- The goal is to assist in the design and implementation of a state-wide network of Peer Recovery Services and Community-Based Recovery Centers.
  1. Hope for New Hampshire Recovery supports all pathways to addiction recovery for individuals and families.
- Recovery Support Services will bridge the gap between treatment and recovery community.
- What is peer to peer recovery support?
  1. A peer is a peer when he/she self-identifies as a peer and is willing to share his/her lived experience with others.
  2. Recovery support centers.
  3. Telephone recovery support.
  4. Recovery coaching.
  5. All recovery meetings
- 6. Annual “We believe in Recovery Rally.”
- New Hampshire is the only state in the region with no addiction recovery services.
  1. Recovery Centers are an invaluable tool, for people to be able to go to a place where they know that they can get the support they need.
  2. At Recovery Centers people know that there is no one there using drugs and/or alcohol.
  3. Being able to provide those services will allow people to maintain and sustain their recovery.
  4. Funding for New Hampshire Recovery Centers has not been there in the past.
  5. Recovery Support Services are used to bridge the gap between treatment and recovery.
- Recovery Community Centers
  1. Recovery oriented sanctuary anchored in the heart of the community.
  2. Support people in recovery and their families.
  3. Physical location where the Recovery Community can organize.
  4. Place where Peer Recovery Support services are delivered.
  5. Services are designed, tailored, and delivered by local recovery communities.
  6. Volunteer Management System – including people in long-term, sustained recovery.
  7. Two full-time staff the rest are volunteers.
- Telephone Recovery Support Service
  1. HOPE Volunteers will call “recoveryees” once a week for at least 12 weeks to offer support and help them maintain their recovery.
  2. Volunteers – great way to give back to the recovery community.
  3. It will be a different person that calls every week.
  4. Recoveryees – receive support in their recovery
  5. Telephone Recovery Support statistics from January 2005 through December 2011 – 84% stayed in recovery 12 weeks; 16% relapsed; 81% reported being back in recovery on next call.
- Recovery Coaching
  1. Help people in recovery make decision about how to improve their lives.
  2. Help people find ways to stop addictive behaviors (abstinence) or reduce harm associated with addictive behaviors.
  3. Create Recovery Wellness Plans designed to help them make progress to recovery.
  4. Support all paths to recovery.
  5. Focus on the future; do not help people heal trauma or explore their feelings or their pasts.

6. Support positive change, helping people who have sought treatment to avoid relapse and building community support for those in recovery or considering it.
  7. Help people work on and achieve life goals disrupted by addiction.
  8. Recovery coaching is an action-oriented approach that emphasizes improving someone's present life.
  9. Provide encouragement and reminders of accomplishments.
- Collective Action – Collective Impact
    1. The two core goals over the next five years are: 1.) to reduce the percentage of New Hampshire residents misusing alcohol and other drugs; 2.) to increase the percentage of individuals with substance use disorders receiving treatment and recovery support services.
    2. Financial Resourcing: ensure adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports.
    3. Public Education: increase public awareness relative to the harm and consequences of alcohol and other drug misuse, treatment and recovery supports available, and the success of recovery.
    4. To increase the percentage of individuals with substance use disorders receiving treatment and recovery support services.
  - Recovery Support Services Collaborative (RSS)
    1. Enables the development of recovery support services across the State of New Hampshire.
    2. No such services at this time.
    3. Work to insure that all persons seeking help with alcohol and other drug misuse are able to access some level of care and support to counteract the devastating effects of alcohol, and drug addiction.
    4. Be centrally located and act as a hub for RSS providers located with the communities they serve.
    5. Will act as a clearinghouse for these recovery organizations.
    6. Enable quality assurance mechanisms for data collection and analysis expertise to ensure fidelity and effectiveness of the services offered.
    7. Serve as New Hampshire's voice in state and national discourse regarding best practices in the national movement to develop and implement recovery support services.
    8. Eventually Recovery Coaches will be in emergency rooms which will assist folks in getting into recovery.

*Note: As we hopefully start moving in the direction of other mechanisms to pay for the actual treatment, this is the argument of the other funds; whether it is the alcohol fund or federal block grant fund these funds are still needed. There is a level of care that you see in this presentation that insurance is not a financing scheme for. The global hope has been as we see parity showing up in the private and public marketplace and see folks having other mechanisms to pay for the treatment services that those dollars can be redeployed to address some of these levels of care which are equally important, more important, and cost effective. I would say to us 1.) If we succeed in the budget process and arrive back with some additional resources, I think this conversation gets us to a place that this is a critical priority for the state. It aligns with the dollars going back to the original purpose of them and that there is a broad array of options even within the recovery space where we can be helpful. That is the near term. Long term even if we are level funded, and that means that our existing investments continue and that includes money for treatment. We have open questions about what kind of benefits will arrive in the public space. There are going to be gap populations that will require treatment financing outside of an insurance system for quite some time. Long term we need to keep our eyes collectively on this part of the system. There are ways in which we could play a very significant role and we will look to the Recovery Task Force to continue to guide us on that.*

If folks haven't seen it yet you should watch "Anonymous People" which is a documentary around the recovery movement. There is going to be a screening on it on May 28 at the Palace Theater. Additionally it is on Netflix if you are unable to make the screening. It is a nice picture on how this work plays out across the country. It has a little bit of history about the movement.

## Task Force Updates

- Prevention Taskforce
  1. RSA 126 (use of cannabis for therapeutic purposes). We have taken the lead role in working with providers to help understand the rules. Our fear is this is going to hit everyone like a freight train. So we are trying to prepare.
  2. We are in the middle of continuing our education to prevention leaders in the state.
  3. We are waiting to hear on the selected HEC and move onto other strategies from there.
  4. We are looking to update the “Model School Policy.” It needs to be restructured to be easier to understand.
  5. The policy was around the Therapeutic Cannabis Program and whether or not the youth can have prescriptions and whether or not this will inter-face with school policy around administering it during the school day. We have already been approached by the school nurses with concerns.
  6. “GASP! Open-mouthed stares,” There was a lot of non-verbal communication throughout the last part of the prevention update.

*NOTE: Because we have some newer members, a couple of years ago at the request of a number of superintendents, the Prevention Taskforce developed a Model School Policy document to help school districts. There was a lot of divergence among school policies around substance use: what happens when a student violates; a lot of unenforceable policies and consistent policy enforcement. So working with the Prevention Taskforce the Center for Excellence created a model document.*

*It might be helpful as the Prevention Taskforce continues to do that work if we could brief the commission on any outcome data relative to the existing policy in terms of how many looked at it; how many schools modified their policies. Folks may know part of what also happened that not only did the taskforce create that policy it became a requirement in the Bureau of Drug and Alcohol Services contracts with a lot of different prevention based grant making that the Bureau of Drug and Alcohol Services (BDAS) did. “Life of an Athlete” includes school policy as part of its strategy. They took that document and embedded it.*

*So some sense for the Commission on how it was it used, and what were the outcomes, would be helpful.*

- Recovery Taskforce
  1. Recovery works.
- Fetal Exposure
  1. There are four active workgroups.
  2. Right now we are working on a poster about the dangers of alcohol exposure during pregnancy. That should out and in the liquor stores by the end of the year at the latest.
  3. The second workgroup is methadone dosing in the pregnant and newly parenting population.
  4. Doing outreach to the OTP’s and talking about their policies.
  5. Fairly comprehensive literature reviews and recognizes the fact that doses in this state are substantially higher than some places.
  6. We are seeing incredibly high doses of fentanyl and heroin in this state so we need to go out and talk about what is going on and not just pass judgment on these centers.
  7. We have identified that obstetricians, pediatricians and opioid treatment centers are not talking to each other. So we are trying to get these collaboratives up and working and get the appropriate consent forms in place so that everyone can legally talk to each.

8. We are working on a patient support piece which we want to work with you on. Pulling together support for these people as they are going through their pregnancy because it is a great time to have their attention. Learning how to rethink decision making and how to take care of their children.

- Opioid Taskforce

1. Working to address opioids and are frustrated because we are not seeing a positive change. We are seeing less prescription opioid misuse but we are seeing more heroin misuse. We are particularly troubled by the fact that heroin is shifting to a new drug fentanyl that is not diverted but is being manufactured and being bought on the streets. It is so much more potent than heroin that we believe that we will see a spike in deaths this year.
2. We are working on many different initiatives and we are supporting many different initiatives and exchanging information on them and supporting those who are working on them.
3. Our healthcare workgroup is very active. Some of the priorities for the year are applicable to all substance use not just opioid and some are specific to opioids.
4. Screening, Brief Intervention, and Treatment were aligned with the Bureau of Drug and Alcohol Services and trying to develop good models for that starting in Community Health Centers and spilling over into the rest of the community including recovery.
5. We are working to expand naloxone both by EMS and by Safety Department.
6. We are about to start a campaign to work on physicians and other clinicians prescribing it not only to people at risk but to families and friends to people at risk and enabling legislation that we hope will pass.
7. Expanding access to medication assisted treatment, but high quality medicated assisted treatment that doesn't result in more diversion of drugs
8. Take back programs are the priority for our criminal justice people who have been really working on that.
9. We are co-sponsoring a program on May 7, 2015 titled the Dartmouth Symposium on Substance Use: Taking Action to Reduce Opioid-Related Harm. It's free and filled. Our goal is to highlight all the things that are happening in the state that we are aware of that addresses opioid related harm. We are trying to look for fresh approaches that hopefully we can implement.
10. The bottom line is we need people to access treatment and recovery supports.

*Update: there was a bill to create a study committee to look at the opioid epidemic in New Hampshire. That bill ended up being tabled in the house. The Opioid Taskforce reached out to some of the sponsors around that looking for ways to make sure that the folks that are supportive of seeing that bill get done, particularly in the legislature get plugged in to the system at play. There have been some good conversations particularly in the house around ways we can make sure that the Opioid Taskforce is more closely tied and attentive to the legislature.*

- Treatment Taskforce

1. Spent the beginning of this year working on the strategic plan for the next 18 months.
  - Continuing to advance the Continuum of Care using ROSC (Recovery Oriented Systems of Care). The continued care language is newer to the treatment field but we are hoping for more education at our next meeting to understand what that component is. We are going to make sure that ROSC is always a part of whatever language we design to use around our system of care.
  - Continuing to support the State Plan.
  - How to map out workforce development capacity and how can we can continue to enhance and address the challenges that we see in workforce capacity around treatment and come up with solutions and partners for the issue.
  - Last time the Governor's Commission asked us to address and make a recommendation for the core competencies for behavioral health counselors that were presented and the Treatment Taskforce reviewed it and made some additional recommendations to the Center of Excellence and BDAS. They were accepted.

- What we know is a great incentive for folks, depending on what we are doing for treatment that is there are some payments for the student loans folks have, if they are working with certain populations that certainly is a lot of incentive. That way we can tell Behavioral Health Counselors that their student loans will get reimbursed if they specialize in this population. This will increase capacity which we definitely need to do.

*Question: Are you working with anybody in the department on that? The reason I ask is that there is a model that we use for medically underserved areas. One of the areas we are looking at is basically taking the model that is a state loan repayment plan and applying it to the underserved areas. We want to pirate that concept and apply that to some of these other areas. There is a state general fund component for the state loan repayment plan and we could utilize that type of a model and apply it into these other areas that have as much of a workforce development as the rural areas.*

- Legislative Update

*(Tym Rourke: I want to introduce you to a new face in the system. Very often our public comment starts with Tricia Lucas giving us an update. Tricia has left New Futures and has joined the Department. So I would like to introduce you to Kate Frey who is the Advocacy Director at New Futures and we have been working with her in budget meetings/hearings.)*

1. The Narcan Bill HB 271 the chair of that committee made it clear that everyone in the room was in support. There was incredible testimony. It has already passed the House and now is with the Senate.
2. Continuing the discussion on the Therapeutic Cannabis Program HB 593 which passed last year. The continued discussion is around home grown marijuana and having qualified care givers have cards.
3. We continue to watch alcohol related policy bills in the Commerce Committee which is SB 93 that defines beverage. <http://gencourt.state.nh.us/legislation/2015/SB0093.html>  
We are really concerned about the percentage of alcohol in products especially in malt beverages. There is discussion to increase that to 8%. We are watching that closely.
4. SB 366 establishes the gaming commission and allows for the selection and operation of 2 casinos in NH including the operation of video slot machines and table games. <http://www.gencourt.state.nh.us/legislation/2014/SB0366.html>
5. HB 564 <http://www.gencourt.state.nh.us/legislation/2015/HB0564.html> In the Senate right now. The recommendation was “Inexpedient to Legislate”. This bill declares that a managed care organization offering prescription drug benefits to Medicaid recipients shall suspend prior authorization requirements for community mental health program on drugs used to treat mental illnesses.
6. The “Good Samaritan” bill, HB 271 is in the judiciary committee this week. <http://www.gencourt.state.nh.us/legislation/2015/HB0271.html>
7. HB 618 (relative to penalties for the possession of marijuana) which is in the judiciary committee also this week. It passed the House. The Senate hearing had a very good turnout. There is a lot of concern about the bill and what it means to the state and what we could be facing. It had been amended in the House. <http://www.gencourt.state.nh.us/legislation/2015/HB0618.html>

- Synthetics Bill

1. Would restrict the sale or possession of synthetic drugs in New Hampshire.
2. The priority is to have education in place to prevent use.
3. The Attorney General’s office has been worked with closely on this.
4. Another bill coming up in the House with the same intent.
5. The language used in this bill is inclusive rather than restricting.

*Tym Rourke: The front half of the bill is about tasking this Commission around public awareness and education that I would look to the Prevention Taskforce to lead. I think the bill itself when you look at it very clearly articulates which has been part of the challenge around getting this kind of legislation active nationally. What I would say is that it is a part of that communication strategy. This could be a place where we can hone that conversation because the Prevention Taskforce is going to be asked. The window of turnaround time on that is about 3 months from passage. It is very short. Recalling back when the Governor called a “State of Emergency” last year it triggered a whole communication infrastructure within the public health system. We have data around how that went, how was it used, what tools were created, did people use them, did people respond to that communication system. So the taskforce will look at all of that,*

*evaluate that process and take these new elements into play and bring forward which this Commission could certainly back and bring forward a communication strategy which we would then turn over back to the Governor's office and legislative leadership.*

- Lisa Muré
  1. Recently attended the decriminalization hearing of marijuana.
  2. Department of Education is looking into it because of the loss of student loans.
  3. Only ¼ of 1% of people applying for aid lost their aid because of it.
  4. 7/10 of 1% were in jail for marijuana possession only.
  5. A question the Senator's kept asking "Is this as addictive"
    - For adults 9% of people who use marijuana become dependent on it.
    - For youth it is 17%.
    - For daily users between 25% and 50% are addicted to it.
- Public Comment
  1. Bill Butynski
    - Earlier in this meeting we were talking about lack of resources and the reality is only Texas has less the New Hampshire.
    - At the same time there is such positive energy and movement around this table and the audience I just want to congratulate that you have come a long way since the beginning of this Commission, and I thank you very much.
    - I would like to make an introduction. Ed Talbot who is the founder and new executive director of the New Hampshire Council on Problem Gambling. That area has even fewer resources. Than alcohol and other drugs.
  2. Ed Talbot – Executive Director of the New Hampshire Council on Problem Gambling.
    - I am in recovery from problem gambling addiction.
    - We have fabulous Board of Directors. Expertise in areas of research and prevention.
    - The New Hampshire Council on Problem Gambling takes no position on legalized gambling.
    - 95% of the population can gamble safely.
    - We are concerned with the 5% that that cannot gamble safely.
    - What is interesting is we are caught in the middle because the only funding that will be available in this state will be generated when gambling is approved.
    - There are four Gambler's Anonymous in this state.
    - New Hampshire residents with gambling problems could benefit from a telephone help line and other services.
    - We need to look at the total wellness.
  3. Susan McKeown, Family Support Coordinator for the New Hampshire Children's Mental Health Collaborative
    - We currently have 10 support groups around the state for parents whose kids have substance issues.
    - I just want to say "thank you" to Marty and Cheryle. Working on Recovery Centers is so critical. I am a facilitator of the group in Manchester, the FASTER parent group. I also collect the stats from the 10 groups that around the state. The group in Manchester we have people in recovery.
    - I really feel the energy from this Commission.
  4. Commission Nick Toumpas
    - I just want to underscore a couple of things on the Health Protection Program.
    - We are now less than 50 people away from having 39,000 people enrolled in that program.
    - When we are successful in getting that reauthorized, as opposed to if we are successful, is now the combination of the existing Medicaid Program and the Health Protection Program.
    - There are almost 180,000 people covered by the Medicaid Program.
    - It is vitally important that as we go to the Senate and into the Committee of Conference that people make the calls to legislators. Don't assume anything. Make the calls and let them know that this program has impact on the correction's population, veteran's population, on working men and women who don't have access to health insurance and now are able to deal mental health and/or substance abuse, or some type of a chronic disease.

- It is vitally important that we get this reauthorized. It allows us to redirect other dollars to prevention, recovery, some of the human services around medical services.
  - It is an important program that needs to be reauthorized.
5. Representative Peter Schmidt
- I want to second what Commissioner Toumpas has said.
  - I don't know if any of you were at the Heroin Summit a couple of weeks ago. But many issues were addressed.
  - One of the aspects of the current agenda in the House is the Casino bill. I would strongly encourage you to contact your representatives in opposition of this bill.

*Tym Rourke: Just from a process standpoint I want to make sure for folks to the extent which you can protect that time, to attend the June meeting. The reason I say that is who knows where the budget process will be by then but there are some deadlines and perhaps we might by that point have a clear picture of what we may be getting out of the budget process. If we have a sense again we will need to revisit our priority list. We will need to make some strategic decisions and formalize if there is new money that we have the ability to grant out whether it is for recovery supports or what have you, we will need to authorize, endorse, and empower the Bureau of Drug and Alcohol Services to actually get those dollars out into the community. It is a process that takes time. I say that as we may have some substantive voting to do in the June meeting. I will keep you informed as the process goes but that will be a significant piece of our agenda potentially that day and it is one of those moments that would really require our collective engagement. We have pushed out the conversation on the Child Protection System but I think it will be as illuminating as the one we heard from Cheryl today.*

*For the record I will note that I am getting you out three minutes early unless there are other items.*

*The motion was made to adjourn.*

***The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is June 26, 2015 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.***