

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

**May 5<sup>th</sup>, 2017  
State Plan Retreat**

Hon Christopher Sununu, *Governor*  
Mary Steady, *Department of Education*  
Tim Lena, *Prevention Professional*  
Shannon Swett Bresaw, *Prevention Professional*  
Stephanie Savard, *Treatment Professional*  
Gordon MacDonald, *Attorney General*  
Sen Hennessey, *Senate*  
Melissa Crews, *Public Member*  
Seddon Savage, *Medical Society*  
William Wrenn, *Department of Corrections*  
Ned Gordon, *Circuit Court*  
Mark Armaganian, *Liquor Commission*  
Monica Edgar, *Treatment Professional*  
Todd Gardner, *Nurses Association*  
Frank Edelblut, *Department of Education*  
James Vara, *Office of the Governor*  
Marty Boldin, *Office of the Governor*  
John Barthelmes, *Department of Safety*  
Kevin Irwin, *Recovery Representative*  
Chris Placy, *Public Member*  
William Reddel, *National Guard*  
Jennifer Patterson, *Department of Insurance*

Amy Pepin, *Center for Excellence – discussion facilitator*

**Governor Sununu:**

3.4% in Alcohol Fund is hope  
Gov. Christie National Group - Opioid Task Force (Gov. Sununu is involved, and Gov. Baker); added funding,  
Gov. Christie will pay a visit and attend GC  
Secretary Price coming next week  
Let us know what we need to ask Washington for  
Successful take back  
Have to stay diligent

**Amy** – Introduces Center and process for day. Each Task Force will take a few minutes and present, at a high level, their priorities.

**Stephanie Savard (Treatment Task Force)** - specialty treatment - vets, women. Enhance culturally competent care. Billing for training is hard - there is financial cost to increased training on provider side that has to be addressed

**Kevin Irwin (Recovery Task Force)** - RCOs need continued support, hub of everything, Addressing social determinants of health via recovery support services, housing/recovery housing, linkage to

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transportation/childcare/job training. Expanding to underserved populations - youth and adolescents, families and parents, secondary caregivers, criminal justice and military.

**Tim Lena (Prevention Task Force)** - Expanding public education and awareness of recovery, cross training in multiple sectors. Building assets of recovery data, funding ongoing priorities - prevention strategies across the lifespan. Early childhood. Rolling out systemic approach to prevention in educational settings, wrap around and environmental strategies via toolkits from DOE. Need for good data collection.

**Tricia Tilley (Perinatal Task Force)**, data provided. Other drugs impact pregnancy and we need to address it, increase access to family supports, early childhood/home visiting services across the lifespan, family planning asking the question. Increase timely access to treatment, specific strategies for coordinating prenatal and early childhood supports

**Jessica Blais (Joint Military Task Force)** - Ask the Question. Military Culture Training. Tri-care and Veterans choice need work. We're here to help.

**Seddon Savage (Opioid Task Force)** - Harm Reduction (needle exchange, integrating harm reduction directed at users). Study supervise injection sites. Seamless system to address SUD in Justice System. Training and post training improvements

**Seddon Savage (Healthcare Task Force)** - SBIRT and Supportive Recovery. Engaging patients who are admitted to hospitals with secondary problems into opioid and alcohol treatment/MAT. Campaign to end stigma and discrimination in healthcare systems. Harm reduction.

**Amy Pepin** - Data Task force has no priorities, they are listening to other data priorities and will take that back to craft the data plan. James will be convening workgroup for Law Enforcement. Summarize themes - Reduce stigma/discrimination, active public awareness and information, but targeted. Resources and funding mechanisms are an area of concern, professional development and workforce, cultural competency, integration of care (SUD-MH, BH and Primary)

Buckets:

Prevention

Treatment

Recovery Support Services

Workforce

Mission and Vision Reviewed, with edits

Motion to accept changes to Mission statement - Motioned by Gordon, Second by Reddel. Passes unanimously

Vision statement:

**Todd Gardener:** Harm reduction – can we include more in this area?

**Seddon Savage** – we should call out a vision for the state. What will it look like if we are successful?

**Melissa Crews** - reducing some stigma reducing language, can we create statutory change?

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**Tym Rourke** – We have the ability to consider statutory changes, as we go through this process we should catalogue where that needs to happen and think strategically on priorities for change and when/how we do it. We need to be present some basic tenets of the field and system we are trying to build.

Action Step: Seddon to draft vision language, Kevin will add approaches with review with

### **Professional Development**

Reddell - workforce, turnover is high. How to we incentivize?

Stephanie - training cost to agencies in lost billable time, how to we support orgs in releasing their staff for training. There is a financial cost. Loan repayment

Tim - BH Coaching and SAP training towards increasing fidelity

Marty - virtual supervision, offset direct service requirements for higher level mentors, team approach to not over rely on individual

### **Public Awareness/Education**

Public Awareness/Public education - briefing documents needed, been successful before

Harm reduction – messaging around dangers of Carfentanil to users

Availability of resources – how do we make sure access pathways are clear and commonly shared/understood with public?

Sen Bradley, Tym to reach out re: bed space language in HB 400, can that include tracking of SUD bed availability (not just mental health)

Jenny - outreach on helping people understand insurance benefits

Social Marketing Campaigns

What is prevention – Frameworks Institute researching and publishing on this, NH Charitable Foundation and others working to bring them to NH.

Age and developmentally appropriate, media literacy efforts (such as Media Power Youth)

Messaging that is specific as possible

Stigma reduction - reducing discriminatory practices

Change the name of the Commission, tweak language to be more appropriate and stigma reducing

Changing behaviors and humanizing the issue in all messaging

DOE - Public awareness on media and youth being released

Stephanie - Educate general public and population around clinically appropriate care, does everyone know about the initiatives that do exist - support the word of mouth in

Joe - cross systems, child welfare etc also need messaging

Rep Hatch - consolidation of resources for public awareness

Kevin - Air traffic controller to look for affinity

Tym - Task Forces can lead on specialty messaging, explore assets that can be brought to bear in support

Gen Reddel - we need to think about generational differences in messaging as well

### **Recovery Supports**

Monica - familiar and specific for pregnant and parenting women

Seddon - including R in SBIRT-R to include supportive recovery

Jessica - how are we using the expertise of the different task forces (Vet to Vet, etc?)

Tim - custodial caregivers, parental/family recovery support to mitigate ACES

Barthelmes - question, clarity on housing standards

Kevin - working with recovery community on developing housing, working with other sectors to provide access and support. 2 levels of housing recommendations submitted to HHS, housing is a critical area where there is funding that is needed, most are self-sustained over time

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Joe - Sen D raised questions around standards and quality. There is nothing more important in our toolbox than recovery support services, but we should ensure quality. CPRSS and credentialing and element. Getting well is a process, we need to give people time to do so, we need to ensure people who are providing those services who are well into their recovery.

Marty agrees with Joe, Tym and Kevin - housing quality is partially state regulatory, partially self-governed and we need to support - Marty adds that rapid growth opens up quality risk, affinity groups need support to help the systems manage volatility - both good and bad. Supporting systems for better supervision and support of the systems

Melissa - Housing standards are based on national centers, how we can incentivize orgs to rise up to those standards, faith-based

Marty -expand support for FO to support field

Tym - faith based providers and the faith community - can we engage them?

Melissa - 12 step clubhouses needs support as well, more flexible funding for those that aren't formal RCOs but engage in recovery work more informally

Seddon - Opioid task force has a priority on recovery housing as well. Caution: there is balance in housing lessons from other populations

Kevin - support expanded engagement of the faith community

Melissa - safe place to lay their head is increasingly important; many families will not allow their addicted children to stay in their home

Todd - that's why safe stations is working, importance of coach in family reunification

Seddon - long term community engagement and recovery

Tim - faith based community piece, supporting local coalitions already engage them and could do so further. In home treatment and recovery is compelling, home visiting and support etc.

Judge Gordon - in justice system, emphasis in recovery services is critical, all judges feel that is a huge improvement. Court system is woefully lacking in manner in which we address SUD issues. Drug court is good but it's not in circuit court where petty crimes are taken, most are SUD related. We need to get involved in the front end. Judges care refer to treatment but are only engaged at the front end, no longer term engagement to support the person long term. Police can follow up but it's rare. Courts don't have an SUD coordinator (though they have DV and Drug Court coordinator). Could there be a coordinator planted in the court system

Melissa - RCO services can work with the courts/jail, can we get recovery supports behind the walls

Wrenn - our population is walking off a cliff when they leave us. Recovery services are so needed by the corrections populations, but a lot of services aren't available to an inmate. Services are available to cities but not in rural areas. Probation and Parole are challenged getting people into treatment and are forced to bring them back behind the walls to get care (increasing recidivism). Expanding Medicaid and Medicaid resources.

Marty - better job of following people through systems. We need to think about the mechanisms where people are passing through systems, we need to understand that and then consider where the vector of systems management should go. Caution to the recovery community around branding of the issue in the Criminal Justice frame.

Tim. - We need to think about restorative justice, how we support people getting back on their feet

Wrenn - we have to address drivers of behavior. Crime committing is the consequence

Jennifer - we have pool of money with greater access to insurance - how do we make sure those resources get better incorporated into the lives of those impacted? Asking the question is broader than vets - "do you have insurance" we should be asking everyone.

Amy - understanding policy barriers to accessing insurance is important (i.e. Court ordered services often not coverable by your insurance)

Joe - we do want peer recovery support services which are broadly available to everyone, but there are folks providing them who have that in their lived experience (courts, child welfare) who can be specifically talented to work with those populations. We need to be careful how we identify people to prevent stigma and discrimination.

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## Screening and SBIRT(R)

Amy - we are really ahead of most states in developing systematic efforts such as SBIRT into healthcare system. Screened 13,000 young people, in healthcare settings. Recommendation is not just about primary care - inpatient stays as well. It's a process. Also identified across populations and services - no wrong door. We are encouraging referral of people to assessment, not treatment.

Melissa - is it billable by Medicaid (yes), are their qualifications (no - MI and screening can be done by a broad group)

Kevin - SBIRT Is harm reduction, anything we can do to get people more comfortable asking

Tym - setting and age and stage appropriate, children's behavioral health collaborative calls for screening via no wrong door. Not just medical practices but schools, community organizations – everywhere kids live, work and play.

Marty - science is evolving over time, it would behoove us as a Commission to approve our approach to reviewing materials towards how we define efficacy

Joe - There is an SBIRT benefit, there is a requirement around administration. SBIRT is an inexpensive strategy, multiple types of providers can do it, would be great to provide TA and promote

Melissa - if we're doing lots of screening and we have no place to send them it's a problem, I don't see crisis lack of treatment as a priority in these documents. We should raise that further. Q: Joe, we put in Medicaid rules screening by licensing professional - can we expand that? Joe - it is EBP with certain types of professionals, but a paraprofessional under someone who is supervised.

Seddon - we have to include the system of integration that can improve care coordination

Tym - care coordination. Everyone talks about that piece of the puzzle – how do we make it uniformly available to individuals and families, in a sustained way?

Kevin - opportunity is the Waiver, projects that are embedded that can operationalize care coordination and navigators. Harm reduction is a set of principles, not a program and the principles should be applied across our topic areas

Amy -good clarification on harm reduction

Wrenn - we need to address all substances - alcohol and other drugs. Especially given alcohol commonality.

Melissa - Amy, can you give example of place where we might be limiting out thinking?

Amy - those with alcohol issues may not see themselves in the "addiction crisis line", as addiction is now understood to focus on opioids in the public space. We need to be inclusive

Chris - businesses treat alcohol much differently, there is a disproportionate focus on "drug" testing

Tim - alcohol is the drug of choice for youth. We should talk and title around "alcohol and other drugs".

Kevin - Where is tobacco?

Seddon - parking lot changes to statute on GC and Alcohol fund - to better frame our purpose and charge to be more

Mark (Liquor) - I was at the bureau of investigative services, granite hammer at the start. It was all about opiates. We need to see need for language change, misuse from abuse. My conviction in new role is we've minimized the impact of alcohol and marijuana, especially among youth. We need to look at this at the broadest spectrum, including targeting earliest years and re-messaging a more comprehensive approach. That's been my platform, to focus on the formative years, we must give even attention across the board

## Harm Reduction

Kevin - focus is not on the SU per se but more about reducing the negative consequences of use, without value judgement. Principle is that SU has always happened and always will. Social factors shape negative consequences

Seddon - harm reduction is a soft way into treatment

Melissa - harm reduction has grown on me. I am 23 years in recovery with children and harm reduction has helped me better talk to my children about SUD. It's a process. If we can get them in the process then they have the ability to move on

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Tym - Seddon/Joe can you talk about Carfentanil info roll out to active users, working to circulate now into healthcare systems and now needs to get more broadly

### **Treatment/MAT**

Amy - timely access continues to be a barrier

Everything (lots of barriers right now)

Treatment for specialized populations

Integration

Case management and care coordination

Payment reform

Melissa - I don't see oversight or quality assurance, dosing coordination and methadone clinics

Joe - HHS has limited oversight of methadone programs. What are collectible metrics? We need to know that for good monitoring and outcomes

Amy - oversight is a place that Commission may want to weigh in from a capacity perspective

Tym - BDAS has had no medical director - we need to address that and include how state structures need to be enhanced

Ned - Methadone clinics are a challenge in the courts as well, we lack ability to have input on usage in custody cases and others as well, assisting courts in clinical determinations of circumstances would be helpful

Melissa - Front end, crisis stabilization. We need to do more to get people quick help, to stabilize them for treatment (better outcomes)

### **Prevention**

Shannon - working on policy and advocacy is one of the biggest things you can do. i.e. Laws, workplace and school policies, aligning with other plans (children's BH Collaborative, 13 public networks have regional needs and opportunities and coordinating efforts. Early childhood related risk factors - in thinking through that it allows us to impact all substances. Risk and protective factors.

Trisha - family support services

Tim - reemphasize Student Assistance Programs. Technical assistance and learning collaborative support for SAPs. Youth empowerment and leadership, we need to engage the youth, like NH Teen Institute

Mary - need to look at it as a system, shared educators local communities driver. Not whack a mole.

Amy - engaging on youth and young adults has happened and needs to be paid attention to.

Tym - event horizon is long in prevention, we have to take the long view

Shannon - MS and HS is where we've focused for a long time due to short window. Focusing on ECD will require a long view

Marty - we will need to talk about populations we are reaching regardless of progress so we are clear on services on intended population. How we are on target

Tim - we need to look at process outcomes (fidelity), especially given commitment to EBP

Joe - we are doing work in this area, programming measurement needs to be tighter

Chris - businesses and what they are doing, we can do more in workplaces - good to target young adults, but also good to collect data. Harm reduction is "health and safety" in the workplace

Kevin - harm reduction is a great thing to talk about within prevention, the principles are aligned.

Gen. Reddel - why are we collecting data, who is it going to? We have to put them in buckets.

Amy - Data task force will be taking to refine data

Tym - need to be aggressive in telling the story of what data should be captured, not jump through hoops for data collection we don't need

Gen. Reddel - go into legislature and ask them what their intent is - what they need to know. And let the data experts figure out how.

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## State Plan – Next Steps

Amy - process is CFEX takes it now, may be other conversations for a solid draft in August

## Funding

Looking for approval of sustaining current work - Tym

Joe - walks through spreadsheet of "ongoing work"

Melissa - Fed block grant is 20% set aside for Prevention - should we bring that level to Px, i.e. not over fund prevention at expense of Tx and recovery?

Ned - Treatment services/contracts - contracts serve 900 people. Give expanded SUD benefits, has that changed the population we are serving. Joe - yes. Ned - are we still providing support for people with coverage at same level?

Mary - can you clarify use of prevention direct services funding

Joe - a myriad number of strategies, good response rate on latest RFP

Ned - \$9m is serving 900?

Joe - No - 1.4m is 900 people (impact is proportional)

Tim - Motioned to accept proposed spending plan to sustain "ongoing work"

Kevin second

Unanimous vote to authorize BDAS to move on contracting and procurement for existing work

Commissioner Barthelmes - ask for new work:

1. Training law enforcement in admin of Narcan. Law enforcement have to be considered EMS providers (need to be licensed). Need is to train additional rural enforcement officers, to train additional 176 officers, \$22k is ask
2. 5200 licensed EMS need added training on addiction \$33k to develop online addiction training

Joe provides statewide naloxone distribution training - and 8000 kits, training of trainers to stakeholders across the state that can instruct people in the community level. This system has been well coordinated and saves lives.

Tim - looking at better systems communications between law enforcement/first responders and family support systems, can we integrate that into technical assistance and training?

Stephanie - online is great but in person would be great, particularly with treatment providers

Commissioner Barthelmes offers to take feedback into consideration, return in June with request that engages in both on-line and face to face efforts.

Meeting Adjourned.

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