

AMENDED

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

June 24, 2016

**Manchester Police Athletic League
Manchester, NH**

MINUTES

Members Present:

John Barthelmes, *Department of Safety Commissioner*
Marty Boldin, *Recovery Representative*
Cheryl Ann Coletti, *Business and Industry Association*
Rebecca Ewing MD, *Public Member Co-chair of the Perinatal Substance Abuse Taskforce*
Joseph Foster, *Attorney General*
Traci Fowler, *Prevention Professional*
Katja Fox, *NH Division for Behavioral Health Director*
Todd Gardner, *New Hampshire Nurses Association*
Joseph Harding, *Executive Director*
Ned Gordon, *Judge*
Molly Kelly, *Senator*
Timothy Lena, *Prevention Professional*
Michael Milligan, *Liquor Commission*
Chris Placy, *Public Member Substance Free Workforce*
Dan Potenza, *Suicide Prevention Council*
Tym Rourke, *Chairman*
Seddon Savage, *New Hampshire Medical Society*
Stephanie Savard, *Treatment Professional*
James Vara, *Governor's Advisor on Addiction and Behavioral Health*
William Wrenn, *New Hampshire Department of Corrections Commissioner*

Signing of HB 533

Governor Maggie Hassan today signed a bipartisan bill providing an additional \$5 million for prevention, treatment and recovery programs and supportive housing, as well as a bipartisan measure funding technology upgrades to the New Hampshire Prescription Drug Monitoring Program (PDMP). The Governor signed Senate Bill 533 and Senate Bill 522 at the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery meeting in Manchester.

Tym Rourke welcomed everyone and opened the meeting with introductions.

We have a presentation from the Manchester Mayor, folks from Manchester EMS. I want to be mindful of their time and also of our time so I want to do some housekeeping which is really at the top of the agenda. I am going to go through it as quickly as possible and ask that you assist me with that as well.

Minutes: minutes were accepted.

SB 533 <http://www.gencourt.state.nh.us/legislation/2016/sb533.html>

- Relative to the Commission the bill does more than just allocate the \$2.5 million.
- The actual bill makes changes to the structure of the Commission.
- There are three that are significant.
 - The first is that this Commission, since we are a Governor's Commission was established by the Legislature. The original bill was to advise the Governor's Office. We do more than that. So in

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recognition of that the charge of this Commission is now to advise the Governor and the Legislature. We do that already. I think leadership felt that was the way to formalize the way in which the Commission has been working with the Legislature.

- The second is that it makes changes to the membership. There are no new seats added however there are a couple of changes to how members are selected. The Chairman is now selected by the Commission. Formerly the Chairman was selected by the Governor and Executive Council. When it comes time to find a new chair this body will determine from its own membership. That puts us in alignment with the vast majority of other states Commissions.
- The third is, and we will not deal with this now but it is a homework assignment. If you are a public member, prevention, treatment, person in long term recovery please note that there are now changes in how those are selected as well. Up to this point all of the seats on this body that were publically available the individual in that seat was selected by the Governor and the Executive Council. I think the available Recovery Seat remains selected by the Governor. There are two seats for prevention, two seats for treatment, one of them is probably selected by the Governor the other is now selected by either the House or Senate leadership.
- I would ask that you review that section of the document.
- The second assignment please find the letter you received from the Governor from when you were appointed to your seat. The letter also states when your term is up and I need you to tell me when that is. Nothing changes now. The selection process changes when your seat becomes available.
 - We need to have a discussion with leadership particularly around the seats that are split and who is going to make that decision.
 - I was clear that we have had a number of public seats that have been occupied by people whom have served more than one term. Both House and Senate leaders felt that that was appropriate.
 - It does not mean that those whose term expires will not automatically be out of the running to retain their seat.
- The third thing is this makes changes to our reporting process. This is really important. It is an important opportunity for us and selective partners around this table and around this room to provide better, more accurate data to the Legislature and the Governor's office.
 - We have an annual report that is due out in November 1.
 - Very soon you will be tasked to pull information together.
 - We also will not be required to file a mid-year report.
 - We will do two reports a year for the Governor and the Legislature.
 - It outlines the various metrics that we now have to report on.
 - We vetted them with the Center for Excellence. Most of these exist. They are reportable. They're trackable. We are tracking them and if we aren't we know who does.
 - One of the things that we are going to do is that in the original statute this Commission has an "Evaluation Taskforce". We suspended it because we really didn't need it because we have the "Center for Excellence" and we have some technical assistants to do the data work.
 - At Health & Human Services (HHS) there is a body called the "State Epidemiological Outcomes Workgroup". It is a collective of data managers from across HHS and other agencies. It is led by Jonathan Steward of the Community Health Institute where the Center for Excellence is housed.
 - In talking with Joe Harding we are going to designate the Data Epidemiological Outcomes Workgroup as the Data and Evaluation Workgroup of this Commission. What that means is that Amy Pepin from the Center for Excellence is going to be reaching out to you and many partners for data.

Calendar of Meeting Dates

- At the April meeting the Commission talked about visiting other communities as we work to develop the revised State Plan.
- It was after that meeting that Mayor Gastas reached out to me and invited us to Manchester to learn about some of the innovative work that is being done there. This is a great springboard to begin those visits across the state.
- This Commission would meet in Concord every other meeting beginning now. This August the meeting will be in Concord.

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- October's meeting will be in Bartlett, NH. It will be co-located with a statewide conference the NH Counselor's Association. We will have a later start time for this meeting because of the travel for most of the attendees.
- The next scheduled meeting would be in December in Concord.
- In 2017 the February 24 meeting would be in Portsmouth. The April meeting in Concord. The June meeting in Keene. Many of these are still tentative as logistics get worked out.

As you know this Commission has had a number of presentations around various innovative responses that the local communities have developed to address the opioid epidemic. Today we are going to hear about "Safe Station" which I am sure many of you have heard about. It is a unique perspective of engaging not only law enforcement but first responders and local providers.

Safe Station

Safe Station is a direct response to the opioid epidemic that was developed by the Manchester Emergency Response Community. It is a starting point for drug/substance users who are unsure where and how to begin the treatment and recovery process.

Safe Station utilizes the 24/7/365 firehouses throughout the city and serves as a designated safe environment for individuals seeking assistance.

- A person who needs help beginning their recovery process can go to a Manchester Firehouse.
 - On duty emergency personnel will provide one-on-one interaction with the individual and make contact with the recovery service utilizing the Manchester Fire Alarm designation "Code Hope."
 - Fire personnel remain with the individual until they are transferred to a recovery service representative, or ambulance services if necessary.
- Safe Station provides the essential connection point to recovery services within the community;
 - It is the link between the moment when someone decides it's time to address their addiction and getting them to the services they need to get sober.
 - This connection is desperately needed within the Manchester community but also throughout the State of New Hampshire based on the utilization of the program.
 - To date Manchester's Safe Station has had walk-ins from outside communities including Rochester, Pelham, Bedford and Concord.
- When Safe Station began it was hoped that this would be a model that could eventually be brought to other communities.
 - Based on the program's success and apparent need time is critical.
 - The sooner we are able to expand the program to additional communities, the greater our impact will be and the more lives we will save.
- Safe Station program is making a difference.
 - Manchester has seen overdose numbers decline, while the number of individuals entering recovery programs increased.
 - Since May 4th 87 individuals have entered Safe Station program.
 - There is an 89% retention rate of these individuals in recovery programs.
- It is the hope that the Governor's Commission will consider financially supporting the Safe Station program.
 - In working with the emergency responders and the recovery community hopefully a statewide sustainable Safe Station effort will grow.
- When the program was rolled out it became clear that there was an overwhelming need for a simple connection between the first step and making the commitment to recovery.
 - In conjunction with the Safe Station roll-out the Granite United Way began a 24-hour hotline through the existing 2-1-1 NH.
 - Safe Station serves as a connection point to a live recovery coach at Hope for NH Recovery.
 - The program has seen remarkable success.
 - Number of requests at Manchester Fire Department for Safe Station – 87; Number of participants placed within the Hope System – 71 (known); Number of participants transported to hospitals – 10; Average length of time Manchester Fire Department Company "not available" – 16 minutes; Number of unique participants – 79; Number of repeat participants – 4; Age range of participants – 18-55.
- We are working to sustain the program.

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- We are looking for a match of \$2.5 million.

Tym Rourke: *I appreciate that Safe Station is looking for a match; however the legislature was clear on its intent on how we spend the \$2.5 million in HB 533. The money is not a resource that we can tap in to for this. That does not mean that resources don't exist for this. What I would like to do is revisit this conversation with the Bureau of Drug and Alcohol Services, as well as with James Vara and other partners because there are resources in play right now. I would like to thank United Way as they have been a significant investor as well as the City of Manchester in making this system really sing. We will bring this back to you with some further updates at a future meeting.*

NH House and Finance Authority – Dean Christon and Ben Frost

The bill the Governor signed earlier today does include a \$2 million for NHHFA administrated Affordable Housing Fund (AHF). The goal for these program funds is to create safe, affordable housing with services to support residents in recovery. Eligible uses for this financing include:

- Acquisition/rehabilitation, new construction, conversion of existing housing into supportive housing.
- Housing is a key stabilizing element for someone moving along their pathway to recovery.
- New Hampshire Housing is working alongside state and local leaders to get these resources into communities.
- Applicants must demonstrate the ability and intent to provide supportive services to residents recovering from substance use disorders.
- Each application must increase the supply of supportive recovery housing in the state by rehabilitating existing housing to be used as supportive recovery housing or constructing new housing.

Katja Fox 1115 Waiver Update

- The Department is within its targeted timeline for the “Building Capacity” Transformation Waiver.

James Vara

- I have completed my goal of meeting with every Commission and Task Force.
- There is a lot of hard work going on here in New Hampshire.
- The work and money that the state has spent in the last nine months is phenomenal.
- One of the newest things to happen is the “Crisis Hotline” (1-844-711-4357). The second is the “Treatment Locator.” <http://nhtreatment.org/>
- The “Anytime Anywhere” Campaign is successful. It was created to educate the public and professionals about addiction, emergency overdose medication and accessibility to support services for those experiencing opioid addiction.
- We are able to say what “gaps” we have and are able to work on closing them.

Tym Rourke: what James has been trying to capture is the ongoing work at the state level and what is happening in the communities. This will be good information when we develop the updated Plan for the State in the fall. The homework assignment of every taskforce prepare for a conversation around the next big budget. You have in your handouts today the outline of the spending plan for HB533. There is a lot that is not included as we have not been able to do them yet. We need to see if there are resources in the state that could support this because even the money we just had is already largely spent. We need to capture those things that people feel are not yet on the priority list. I am thinking of Dr. Ewing's' comment and since we develop our strategy moving into this. We talked about SB532 (Relative to prior authorization for substance use treatment). Throughout there wasn't a lot of attention paid to policies or investments around the issues of pregnant and parenting women with a substance use disorder. We are seeing innovative programs that are pressured with lack of financing and are serving that population. What I am asking is that in August we are going to give time to every Taskforce to come back with their thoughts on the next three years of funding. Where are the areas that have not been invested in yet and that we need? These will be shared with the next Governor.

Prevention Task Force – Traci Fowler (see handouts)

When the therapeutic cannabis program was instituted in our state the Prevention Task Force took public health and child safety lenses in looking at it. We met with each of the vendors of at the four locations of the dispensaries that are in our state. Three of them are up and running and the fourth should be up and running this summer. We realized that there was a

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gap in that no one was really talking to these vendors. They are willing to work with us however after meeting with them we realized the gap for child safety. We have concerns around lack of educational material that should be provided to the patient and to the public. We developed two Public Health documents that are easy to read and specifically on tips for parents and grandparents. We have verbal agreements from all the vendors that they will use these with their patients as a touch point to see if there are kids in the home. If there are they can then touch on child safety with their patients. There is information on poison control if a child happens to eat or drink therapeutic cannabis by accident. It has tips on how to talk to your child about therapeutic cannabis. These documents will also be posted on the Partnership for a Drugfree New Hampshire website. We are also having a conversation with the Healthcare Taskforce to have providers who have qualified patients for therapeutic cannabis to be able to give this to their patients.

We created a document stating some key points about the law. We found that it was cumbersome for a patient to comb through the statute. It highlights some key points like it is illegal to drive while under the influence of therapeutic cannabis; it is illegal to operate heavy machinery; illegal to use at place of employment; illegal to use or possess therapeutic cannabis within any preschool, elementary or secondary school located within an area designated as a drug-free school zone. All of those pieces are critical for people to know. We would like you to review the documents and we are asking for the endorsement of the Governor's Commission on these documents.

The Prevention Taskforce would like to raise a concern that under the statute there was created a Therapeutic Advisory Council that has not met in over a year. That is concerning for us on a number of levels namely that they are charged per statute to monitor this program, monitor outcomes, track progress, make recommendations for how we make this the most effective program possible for patients and for the public. We want to flag this in that all the providers are required to have educational materials. We also have one of the brochures that the providers hand out that talks about cannabis use disorder which they are all required to provide. On the back they provide phone numbers for help with cannabis addiction. The first two numbers we called were out in California. The third number was a John Deere Tractor Supply out of Massachusetts it is just a typo clearly but it is an example of lack of oversight and the materials being put out there.

Treatment Taskforce – Stephanie Savard

We had a commission member ask us about the effectiveness of treatment and it got us thinking about how do we do better education around that. It makes the Treatment Taskforce want to work on how to do better education about treatment success and that treatment is just one tool in a much bigger toolbox and how do we educate ourselves on that so that we are all speaking the same language. We also reached out to the woman (Erin Albright) who presented on Human Trafficking at the last full GC meeting to see if treatment and human trafficking can work better together to educate our providers.

Recovery Taskforce – Marty Boldin

Doreen Shockley is the project director of for the new recovery facilitating organization working out of Harbor Homes. She will be work with recovery supports and we would like to welcome her.

Tym Rourke: I would like to thank the Department of Health and Human Services for getting the RFP out for this and also I would like to thank the Recovery Taskforce for its efforts and we are going to make Doreen a very busy woman.

Health and Medical & Opioid Taskforce – Seddon Savage

Each of our members who represent a different kind of domain relevant to addressing opioids and the challenges each representative is looking at their field and seeing what is being done and what needs to be done, where there may be gaps in New Hampshire with respect to those communities. With that information we are looking to flesh out a comprehensive approach and have a map of what is being done and what needs to be done. It will be a compliment in terms of what James is doing with the state contributions. That is an ongoing process. The Opioid Taskforce needs a co-chair and at the next meeting the Attorney General's office will have a representative there.

The Healthcare Taskforce continues to meet. It is a flourishing task force with usually fifteen people around the table exchanging information and learning innovative ways to better integrate substance use care into general healthcare and disseminating good ideas into one forum for learning. Cannabis is very much on our radar and we would echo that we need that oversight committee to be really actively engaged. We need leadership from that committee.

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Prenatal Exposure Taskforce – Dr. Ewing

Our primary work right now is around developing a consensus on consistent hospital reporting practices between the medical community and DCYF for babies diagnosed with Neonatal Abstinence Syndrome.

SB 515

This bill provides that, in a proceeding under the child protection act, a medical diagnosis of neonatal syndrome based on a parent's use of non-prescription drugs or evidence of a custodial parent's opioid drug abuse or dependence shall constitute evidence of child neglect. The bill also permits the court to order periodic alcohol or drug testing and provides that the parent may be responsible for the cost of such tests. The bill is a request of the Department of Health and Human Services.

Tym Rourke: Senator Kelly is not seeking reelection which means we will not have her on the Commission. We would like to say “Thank you Senator Kelly for all of the work you have done on behalf of this Commission during your tenure with us.”

Military Taskforce

We have been able to come together and agree that there are a few priorities that we need to discuss. First priority we are discussing what resources are available for our population. The second priority is we are looking at Tri-Care as well as Veteran’s Choice. We need to talk about coordinating with the various companies available to treat the whole person.

A motion was made to adjourn. The motion was seconded.

The next meeting for the Governor’s Commission on Alcohol and Drug Abuse Prevention and Recovery is August 26, 2016 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.