

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

**June 30, 2017**

**LEGISLATIVE OFFICE BUILDING  
CONCORD, NH**

**MINUTES**

**Members Present:**

Mark Armaganian, *NH Liquor Commission*  
John Barthelmes, *NH Department of Safety*  
Marty Boldin, *Governor's Policy Advisor on Prevention, Treatment and Recovery*  
Melissa Crews, *Public Member*  
Frank Edelblut, *NH Department of Education*  
Monica Edgar, *Treatment Professional*  
Todd Gardner, *NH Nurses Association*  
Ned Gordon, *Circuit Court*  
Joe Harding, *Executive Director*  
Kevin Irwin, *Recovery Representative*  
Gordon MacDonald, *Attorney General*  
Jeffrey Meyers, *NH Department of Health & Human Services*  
Chris Placy, *Public Member*  
Tym Rourke, *Chairman*  
Seddon Savage, *Medical Society*  
Stephanie Savard, *Treatment Professional*  
Todd Swass, *Colonel, NH National Guard*  
Shannon Swett Bresaw, *Substance Misuse Professional*  
Mary Steady, *NH Department of Education*  
Christine Tappan, *NH Division of Children, Youth & Families*  
William Wrenn, *NH Department of Corrections*  
Jim Young, *NH Liquor Commission*

Tym Rourke opened the meeting with introductions around the table.

May minutes will be tabled until the August 25, 2017 meeting.

We are going to largely focus on where we are at now that the legislative session is coming to a close. We have a lot of good news to report. I think that we all recognize that there is a lot going on right now. Both relative to what came out of the legislative session and short term decisions that our body needs to make. There are as well much bigger complex policy conversations that are ongoing about healthcare and addictions benefits and things of that nature. I think that today and perhaps the next couple of meetings are about us taking a moment to take a nice deep breath and do some real strategic thinking around how we as a body, how our partners and our organizations that we support, our state colleagues the field, can work together over the next couple of years. We have a lot of work to do and a lot of opportunities. It is going to take some time to do all of that in the context of the world we are living in right now. We are going to talk about a number of things today that are going to be a reflection on that theme and I am going to ask everybody, as hard as we all work in the crisis mode, that we be thoughtful and strategic and to take the opportunity to do that. This is something that

the Commissioner and the Governor and Marty and others at this table, have had discussions about and we want to bring this to your table too. So with that and again with unbelievable with thanks, and every meeting this year we have been blessed with his appearance, I want to thank Governor Sununu because for this body to be in real time work with our state's leaders, I want to thank you for coming today. Also Governor I want to thank you for the ways in which you have been leading the conversation particularly in the healthcare policy space, and some of the work that you are doing to advocate on behalf of the issues we care about.

### **Governor Sununu**

We had a chance to meet with Tym Rourke and the Commission's group around this issue. There is talk about taking everything to the next level. Those next steps are to follow up on what Tym was talking about. What is the strategy? Where is this group going to go and what are we going to do? I sometimes tend to go both barrels and sometimes it is necessary to step back and take a deep breath and assess "what is the mission?" as things change and dynamics change as we get more data and input I think that is a real healthy exercise for me. For me I can tell you and speaking for myself a little bit I have had six months in here to really assess what the group does, what the state is doing, looking at data that has come in. With no exaggeration, about every other week or so I get a call from a Governor across the country saying "what are you doing?" Give us some ideas about recovery? What are the drug court things?" We are really on the cutting edge, but there are still a lot of ways we can build this, specifically in the area of data. We have metrics but I think we really need to start focusing a bit more on what are the outcomes we are going for and not just the numbers. Not just the system but the outcomes coming out of the system. Having the systems to gather the data and the expertise to know what to do with it and who the real experts here are to say that these data points indicate that we need to shift here or there. We have a few things to look at: what data are we going to look for; how do we gather it and get it easily; data systems that looks at the drug crisis, a second system that looks at mental health, etc, it has to be all integrated. Maybe we will need to design our own system.

That is really where I think the next steps have to go. Marty and a few of the folks who are leading the charge are looking at some of the other states and some of the other pieces. I do not think you always need to create your own new system. Sometimes you take a piece here and a piece there and find a way to integrate them together and make sure they are accessible. If we have the best system in the world only sitting at the state level, that is not going to work. The providers have to have access to it and the data and hopefully it is in real time. In this day and age we want people to know there is a bed available for this or that. That is the way we can get really focused on the best treatment and services that they deserve. Of course the big issue of the day is having the funding for it. Not just the state funds but the federal funds also.

We did a CNN thing the other day and it was a pleasure being on MSNBC this morning. We are trying to make sure we are advocating strong and having the discussion at the federal level. It doesn't mean we are going to get everything we ask for we know that is not going to happen but we are not going to just sit back and let it happen to us. We really have to make sure that we are an active part of that conversation.

The last thing I want to throw out there is the contract process. We threw a lot of money out very quickly to address the crisis that came down like sledge hammer on this state. That was the absolute right thing to do. We got the money out quick and fast. We got a lot of the non-profits to get on board. So many of these non-profits that we see spreading out are springing up because of folks that have had their own issues in treatment, recovery and substance misuse. That is a great thing but now I think we need to think of our contracting process and how we are allocating these funds. We really need to be taking it to the next level. We need to look at the accountability of the system. The financial accountability and the contract accountability that need to be in there. There are a lot of grey areas in many of our contracts and we did it that way kind of on purpose to really make sure that we could get our efforts moving forward quickly. I think the time is now to definitely tighten them up. We need to look at where we can get them a little tighter. Where are we going to be more

stringent on some of the requirements and again what demands are we going to make for those outcome based metric that we really want to achieve.

We have done some awesome work and when I say “we” I really mean you. I’ve only been here six months and many of you have been here for many years. We have done some great work definitely leading the country but that does not mean we can rest on our laurels. We really have to take it to the next level and I think a lot of people are expecting us to take it to the next level. We are a small state and that allows us to do some amazingly innovative things with direct connectivity. We can be nimble. We know the folks at UNH, Dartmouth and the non-profits. We have had conversations with almost on a daily basis sometimes. That allows an amazing opportunity to be that testing ground that we need to bring to the table. What I'm hearing from folks in terms of getting the data, getting the systems in place, tying up the contracts, providing accountability all in the name of getting the best results. We always need to remember, and we do because if you are in this group you have a lot of passion, we talk a lot about this crisis in terms of statistics, you have to look at the statistics, the data and always have to remember that these are individuals, family members, kids, on the other end what we are trying to achieve. They are out there today. They are in their homes today and wondering how they are going to get services for substance misuse, mental health, children in the DCYF system. It is hard and we have to remember that. I think this group has done awesome work and not to throw the pressure on but the pressure will always be on for many years to come. We need to ask what can we do different? How can we make this system better?

**Jeffrey Meyers:** as the Governor was just saying we put a tremendous amount of money in not just commission funds but other funds too. Funds we get from the federal government, the legislature appropriations, to prevention, treatment and recovery programs over the last year in particular. In the first twelve that I was Commissioner I took contracts to the Governor and Council for approval with a total to over \$28 million. That was a significant increase in terms of what the state was spending. With that money, as the Governor was suggesting, comes oversight, accountability, transparency and these are public funds and the public needs to know: they are being used well and appropriately and that they are accomplishing what their intended purpose is. They are really targeted at addressing the need that is out there for all those areas for prevention, treatment and recovery. We need to know what is working and we need to take a step back and look at what our changing needs may be. As the Governor was saying we need to look at the data and outcomes to the greatest extent possible, and I certainly want to work with all of you as we now look at how we are going to be going forward with monies that were just appropriated in this new budget for how they should be used. I am sure that many of the priorities and programs that we have already been funding are worthy to continue but as I said I think we need to look at changing needs.

One area I want to raise today is the drug treatment needs of some of our DCYF involved families. There is a state statute that requires the state to provide access to substance misuse services to parents where there are issues with the potential termination of parental rights. The state has an affirmative obligation to provide access to these services. Some of that is happening through our New Hampshire Health Protection Programs and some is happening through other funding streams but as I look over the last 18 months or so, if you look at the number of children that we have unfortunately taken out of families because of drug use in 2015 compared to 2016 it has more than doubled. There were about 200 children taken out of families because of opioid and other drug misuse in 2015. In 2016 that number about doubled. That is one indication that I mention when I talk publicly about this as an indication as to what the need is. I think that is one of the areas that we really need to focus on as we look at how we are going to allocate monies for fiscal 2018.

I will tell you that the department will be updating its dashboard now. We have caseloads, expenditures, the budget situation, and so forth, every month in a public report that goes to the fiscal committee, governor, executive council, legislative leadership, and will come to this commission as well. We will be reporting every month starting at the next meeting for the month of July on our expenditures on substance misuse dollars through the commission and the other money that we spend as well. I hope there can be a bit of time set aside as each of the meetings to present this information

on an ongoing basis and to allow commission members to ask questions. That is the type of transparency and accountability that I think is needed and I think it would be useful because that will allow everybody to see how the money is being allocated. All of you know that there were questions raised at the end of this session about “how much money was going out the door?” and that is a very important question. We are working with our providers to understand any barriers that may exist to the terms of getting this money out. Not only allocated in contracts to our providers but to ensure that our providers have the tools and the ability to get this money out through the programs delivering services. The department is going to continue to work with providers on an ongoing basis to understand if there are barriers and to work with them to eliminate those barriers to ensure that these funds are getting out appropriately.

These are the main points I wanted to get out today. I think this group can provide some real strategic direction on how the commission monies are being used. How we can target the needs as those needs evolve over time and I want to provide the support in our department to do that.

**Tym Rourke:** I would just like to follow up on the Commissioner’s comments. I would like to take him up on the request if commissioners are comfortable allocating standing time at each meeting for that dashboard and we navigate other items we want to discuss, prioritizing that over other things. I on your behalf have the pleasure on trying to do the best I can to be present and represent our work in the legislative process. For those who don’t work at state agencies or lead agencies in the way that some of the folks around this table do it is really hard to describe the amount of work that goes into engaging the legislature and ensuring that they are getting information that they are asking for. I think that in the dialogue that we had in the session the Commissioner led with his team I think all of the messages you have heard from the Commissioner and Governor make very clear that there is an opportunity and a need for us to pivot because over the last several years, our process in attempting to be expedient, we talked a lot about high strategy and we are going to keep doing that. We have tended to focus on high strategy but at the end of the day this department stewards our resources and many people in taskforces I have sat in comment about what are we doing in supporting the department in supporting the field both in terms does the department have the capacity it needs to manage the resources they have and is there something we as community partners can do. I also think that translates into the fact that they are stewarding the significant resources on our behalf. For anyone that has been a contractor or been in the contracting process you know how complicated that is and I think we owe it to the department to be a little more detailed than we have been in the past so that we can be as knowledgeable as we can be so when members of the department come forward we can bring the best of our collective thinking to that and taking the accountability that is ours.

As you may recall the Governor’s budget included an increase in the alcohol fund from 1.7% to 3.4%. That held and so the budget that was signed includes a 3.4% alcohol fund. That actually leads to a fund that for the SFY that begins on Saturday \$6.9 million and for SFY 2019 \$7.28 million. Even though relatively speaking at its baseline of 3.4% is about the same as the totality of the total funding that we got in this fiscal year because of SB 533 as we know the business of alcohol is good. Total funding in SFY-17 including SB 533 was about \$5.9 million. To that extent even though the level might be the same profit so in actuality when we look at resources already allocated or in the pipeline to be allocated or some other elements that we will talk about I would just highlight to you the numbers on the bottom of the spreadsheet in bold \$728,458 in SFY 18 and the \$1.6 million in SFY 2019, there is an increase to the amount of money this commission has at its disposal. That is good news and it gives us an opportunity to think about some of the opportunities we have been talking about for many months now.

There were some other things that came with the alcohol fund though and I think it all fits in to this broader discussion. I will let Joe go into the spreadsheet detail and there were a few earmarks to the alcohol fund around spending priorities of the legislature. We have had earmarks on the alcohol fund before you may recall this commission late last year we were not supportive of earmarks but nevertheless there are a couple and we will have to manage with those. Then there is some work ongoing that I sent in a document, a number of pieces of amendments, some have fiscal implications and actually

some don't about an opportunity to expand adolescent treatment in this state. I think this is hugely important. We have talked about kids in this arena and challenges and the potential opportunities in expanding adolescent treatment. In some ways it might impact some of our work. That is what I want to say high level. We will talk about what we can do resources, where these earmarks and amendments shake us out but again I've talked with the Commissioner and Governor, and let us not be in a hurry. I think often times we have come to the last meeting in the SFY and we know what we are going to spend and we try have a quick conversation around what we are going to spend and gather the priorities and put these funds out in the community. We have an opportunity to discuss that and we can but by the same token we do not have to conclude that conversation today.

### **Joe Harding – Spreadsheet discussion/breakdown**

This spreadsheet provides an overview of all of the different types of programs that are supported by Governor's Commission funds. You will see that in the second is the amount that was allocated by the Commission for each of the categories of services in SFY17. I should note in SFY17 the appropriation was about \$3.4 million and though a special session the legislature allocated an additional \$2.5 million which brought the total up to \$5.9 million. Many of these services are services that have been in place for a number of years but there are a number of new initiatives as well. These are the things the Commission has considered and decided to continue to support but as the Governor and the Commissioner had indicated everything is subject to meeting the intended purpose and how do we make sure that is happening. Everything is subject to change as we go forward.

The first row: Substance Use Disorders (SUD) Treatment Services

- These are our traditional SUD Treatment Contracts across the state.
- The \$1.4 million.
- We extended those contracts to September 30, 2017.
  - It was to give us and the providers a little more time to respond to an RFP that is out.
  - That RFP is now closed.
  - Current contract run through September 30, 2017
  - New contracts start October 1, 2017.

*NOTE: For many of these including the treatment contracts we are also allocating significant other funds (Block Grant and General Funds) for these types of Services.*

The second row: Recovery Support Services and Infrastructure

- We have had little in the way of capacity for Peer Recovery Support Services across the state.
- These funds along with other federal funds we now have 10 subcontracts under a facilitating organization.
- There are two other contracts for four different sites for these services.
- Currently go through June 30, 2019.

*NOTE: The second from the last two columns gives the contract start date and the other column is when these current contacts for these different services expire.*

Third row: Peer Family Support Services

- Services to support parents whose loved ones are experiencing problems with alcohol and drugs to provide support.
- The resources help them address those issues with their family.
- The "P" stands for procurement.

Fourth and Fifth row: Prevention Direct Services

- The reason there are two lines for that there was about \$820,000 that the Commission allocated for those services.
- We released another RFP for the balance of funds
- The proposals that came in that were awarded were only for about \$635,000 of the \$820,000.
  - The other \$183,000 has also been out through the procurement and that is pretty close to those contracts going to Governor & Council for consideration.

Sixth row: Life of an Athlete Program.

- School based Substance Misuse Prevention Program.
- Those contracts run through June 30, 2019.

Seventh row: Ambulatory Medication Assisted Treatment (MAT)

- These are medications that are used to help people who have opioid use disorders.
  - These help with the withdrawal of opioids.
  - To the point it can take a long time to get into treatment and they end up leaving a day later because of not being able to withstand the withdrawal symptoms.
  - These are resources to develop additional capacity for MAT that is provided in tandem with other funding.
  - This is through Community Health Centers throughout the state.
  - There is only an allocation for SFY17 and SFY18 because it is trying to build additional capacity in that area so that contract only runs through SFY18.

Eighth row: Juvenile Court Diversion Programs

- This is through the Juvenile Court Diversion Network.
- The Commission decided to allocate significant resources for those programs.
- This is for youth that are involved in the Justice System.

Ninth row: Bridge Housing support for justice involved clients released from corrections

- This provides housing subsidies for up to \$689.00 per month for up to three months.
- This is to help folks coming out of corrections with an identified substance use disorder to kind of get a foothold in some stable housing.

Tenth row: Public Awareness & Targeted Education

- That contract was awarded to the New Hampshire Drug Free Partnership for a Drug Free New Hampshire.
- This is to use multi-media to let folks know about the risks associated with the misuse of alcohol and drugs and what resources available that are evidenced-based targeted education.

Eleventh row: Regional Access Point Services

- The department is again contributing significant funding for these types of services.
- These are designed to help folks that are in crisis to be able to
- Up until now it has been somewhat limited in their ability to help assist individuals to get an evaluation to facilitate them to getting admitted to treatment.
- There is an RFP process for these contracts.
- The current contracts, the reason it says up to 12/31/2017 or the award of the award of the new contract which will combine the crisis and regional point services.

- Makes these programs more intense.
- Requires a physical location in each region.
- They have to facilitate and provide the evaluation.
- Do a level of care determination.
- Facilitate getting admitted into treatment.

Twelfth row: Licensed Masters Level Alcohol and Drug Counselors (MLADC) in DCYF DO

- They are to help with cases where there is an identified parental substance use disorder.
- To be a resource to the District Office as a whole.
- These issues will be better addressed.

Thirteenth row: Training and Technical Assistance

- This is relative to training.
- Technical Assistance is really data analysis and reporting.
- This is for all of the different types of services.

Fourteenth row: Governor's Office of Substance Use Disorders and Behavioral Health

- These are positions within the Governor's Office.

Fifteenth row: Smart Moves (Boys and Girls Club)

Sixteenth row: Miscellaneous

Seventeenth row: Total Allocated to Programming

Last row: Variance between appropriation and allocation

**Question: As we move forward are we going to be doing any kind of tracking on these programs to know that as we invest these funds are the programs themselves meeting the goals and objectives and maybe that kind of tracking can be incorporated into the dashboard?**

The Department of Health and Human Services has a contract with the UNH Institute on Health Policy and Practices (IHPP) which analyzes a great deal of data. I sat down with the leader and staff and asked them basically to bring together all of their reporting and oversight provisions to those contracts so we would have a master list. At the next meeting of the Commission we will present that information. It really brings together all of that information. The next step is to be able to collect and use that data for the very purposes that we just discussed at a meeting that the Governor referred to this week. A group of us talked about getting together folks who know more about data than we do to really identify how this data can be put together, how it can be accessed, do we merge it in some single database; who do we share it with, etc. We have spoken to the Attorney General about coming up with an agreement so we can pass this data back and forth among the agencies given all the privacy concerns. We are trying to now quickly identify how this data can be brought together and accessed so that we can really learn how many people did get serviced? What is working right now and what is not working. It not going answer all the questions but it certainly will be a huge help.

**Question: This is six million dollars in a sea of a lot of other funds that are spent in this area. It would be contextual to me to see because we are allocating funds with specific types of activity but I think if we can put this in a bigger perspective because I think there is upwards of twenty-eight million that we are spending on this.**

That is the report the Department is now putting together and starting the at the August Fiscal Committee meeting the report will be available. We will have it out before then but I am unsure of the schedule right now.

**Tym Rourke:** we will be bringing back to the table some priorities that we have had some eagerness to move on some items and we may want to go ahead and do that.

**Jeffery Meyers:** There is funding now allocated by the legislature for SFY18 and SFY19. In order for this Commission with respect to the Governor's Commission funds we have to understand what has been happening in some of these programs. We should focus first on SFY18 and because if we get all the money out immediately and I am sensitive to the concerns that you just raised there is a public expectation that all of this money is going to be out there tomorrow and the problem will be resolved sooner rather than later. In order for this Commission to have the time to be able to look at some of this data and really understand to what should the priorities be I think we shouldn't rush into SFY19 yet to give us that time to do that.

**Tym Rourke:** In this and I think that will be evident when we see the data for the more specific there are very few contracts that are exclusively funded by the alcohol fund. So to a fair degree we typically look at the totality of it in part as many providers have contracts where they are receiving Block Grant funding, Medicaid reimbursement, and a little bit of the alcohol fund in the same suite of works.

**Question:** **There is much significance of the impact of addressing the early childhood population: the return on investment; the impact on later substance use disorders. We need to put some emphasis on early childhood and perinatal support. My understanding was that the Smart Moves program is not evidence based but positive action which I know a number of boys and girls clubs are implementing it as evidence-based. Do we have any information on that?**

**Tym Rourke:** No. For everyone's understanding this particular allocation was an earmark. This came out of Senate Finance to direct dollars towards this purpose. This is not a program that this group had opted to fund at any time. There was no role in the decision to allocate those resources. With that in mind as I noted in the beginning we have had this experience before. I am curious if the department could talk about when in the past when we have had programs that are earmarked have you applied the same sort of contracting structure and requirements and the necessary as you would? How do we manage that from an outcomes standpoint?

**Joe Harding:** This was also in a previous budget and yes we do still apply the same types of requirements but this is something the legislature appropriated and it's in there and we will administer these in accordance as we would for any other prevention contractor with the same requirements for process and outcomes.

**Comment:** **If I had a vote I would give all the Governor's Commission money to all of you and you would have oversight to all the rest of money but there isn't enough staff from what I see to do what you need to do.**

**Jeffrey Meyers:** It is an issue and I take this as an opportunity to educate folks. In 2014 the Bureau of Drug and Alcohol Services had a total of 28 staff or 28 FTE (full time employees). Today it has 20 and we are given more and more resources to process and oversee and be accountable. If you look at the department overall and I am not the only commissioner sitting here that has this issue so I do not want to pretend it is only about HHS. It is not. Having the conversation with the legislature about what adequate resources are for staff is a tough one. There were an additional 119 positions unfunded in HHS in this budget and I know other commissioners sitting here that lost positions as well. This is

not just about our department. Given the desire by the legislature to have oversight, accountability and to get the work done we need to have a conversation. I have raised with the chair already the notion that some of the Governor's Commission funds, an amount that would have to be decided with consensus around the table, could be allocated to supporting some staff resources in order to do the work.

**Tym Rourke:** The alcohol fund language does not prohibit that to my understanding. There is language in the alcohol fund that prohibits the Executive Director from serving with additional compensation. There is nothing in the language that bars the alcohol fund for use in covering state positions.

A couple of things. I would like to speak on behalf of the Foundation. It is not common for private philanthropy to make grants to state government. The Foundation did it several years ago when we created the first position in the Governor's office which became James and then subsequently Chief Mara who will be joining us over the summer which is very exciting. Our dollars are for charitable work in the community so we have some restrictions around that which are complicated. I would say for us a lot of our philanthropic partnership has been opportunities to find leverage. Leverage against these public resources, federal resources that our colleagues at the state can draw down. We do grant making to fund the Center for Excellence in part, so there is capacity to actually write federal grants. There are a number of federal funding opportunities that we leave on the table. We leave it on the table not because we are not qualified but if those millions came to the Department of Health and Human Services the capacity to deliver, administer and be supportive of, is really tight. Though capacity issues don't just impact the ability to support the existing community, it is the ability to, even when new resources are available to take them and steward them well and quickly, demonstrate the results, and then go get more. I also think that we also need to be cognizant that we remind ourselves that very often in a data conversation we can give people a choice to either do the work and have the impact or don't do the work because we need to take the time and money that you have to go prove that the work you would be doing would be impactful.

As we get into a data and capacity conversation, data is not free. As we segway into that and think about these capacity issues there are tradeoffs there and we should be eyes wide open that if we are going to do that and we should doing it right, means that we make sure that when the Data Taskforce and all of the teams come back and state what they need, there will be dollar figures attached to that if we want it done right and well. Those are dollars we could put into that or put in the community.

We need to recognize that we cannot do data collection on the cheap. We have tried to do data collection on the cheap because capacity has not been there. The Foundation is invested and the best minds in the state have sat around tables but ultimately speaking good, robust data sets, and those smart data minds with the resources they need to go get that information on our collective behalf comes at a cost we need to think about.

I want to keep the conversation around capacity and funding but because we are talking about data I want to jump in the agenda to update people on a couple of things so that you know transparently how this mechanically is going to proceed.

1. We are going to delay the state plan.

- It was discussed and decided as a Commission to release a statement on the State Plan.
- This conversation, the national landscape, a lot is happening right now.
- If we are going to be data driven let's do the work and make sure that when a plan comes out it is grounded in the context of the data we have and the state of the world that we are living in.

2. We have talked about the Annual Report which is due on October 1 per statute.

- Our data workgroup and the Center for Excellence typically lead that work.

- I want to talk a little bit about how that work is going to turn out.
- There is a partnership with the Department and some of those colleagues that the commissioner mentioned.

I want to thank Commissioner Barthelmes because we needed a new chair for the Data Taskforce. Commissioner Barthelmes has offered to serve as chair and with Marty Boldin leading the conversation on data and metrics with state colleagues through the Governor's office. Marty will serve as co-chair of that group.

### **Marty Boldin**

Addiction is a complicated equation and to that end all the commissioners have agreed to help us start the ball moving by providing us with some data points. We essentially want to try to do three things all at the same time.

First: Help us have a much clearer understanding of what the problem is and help collect all of the data sets that we have and list the data sets that we do not have while responding to the statute. Hopefully providing the Governor and general court with a more nuanced picture of how that statute might be revised to provide us a better direction moving forward.

Second: As the Department of Health and Human Services is moving forward in its review of the existing contracts we hopefully will be able to provide some input and some dialog around metrics which would be used to help them find some of those outcome measures.

Third and last: to give us a reasonable direction about how to move forward based on what is known at the same time understanding that just because we know something here and now does not mean that is the true. With process, program evaluation, data collection and analysis what we think is true today may not be true ten years from now.

### **Tym Rourke**

The Data Taskforce will be convening in July to begin the process that Marty just described and it builds off the work that was done in our mid-year report and clearly there is data we are asked to capture. We provided what data that we have and we provided what we didn't have there was some of the data metrics that were in the statute 533 are not the right questions. The collective wisdom of all of us will be that this is useless if it is an academic exercise. Holding this team accountable to the data we collect to get the work done this is about how we manifest the work in a data driven way. We will be engaging this body a little more robust time on the agenda beyond just the short updates.

The Governor, Marty and I agree that we should delay the annual report so that we can deliver the beginnings of that with a little more clarity than what we came out with in our mid-year report. With the mid-year report we were basically trying to deliver on what they asked for and again some of what they were asking for in the statute isn't quite what we need to deliver. I want to make sure that the Data Taskforce has ample time with all of these partners to do the work so when we submit an annual report, which is about this year, it allows us to look at the performance of contractors over the last fiscal year.

I feel like we need to buy time to do that or request that we can buy time to do that. I say that because although the deadline to create the state plan was ours and we have flexibility to pick a new end date based on our needs the delivery of our annual report is in statute as October 1. It was originally in December and I actually asked to push it to January, and then they said let's have it two months early. We would need to ask permission from the Governor, Speaker of the House and the Senate President to delay our annual report. I would like to send a communication to those three with that request this afternoon. That way we can get a response and make sure that everybody is on the same page. I think it is important

in being transparent in reflecting our process and keeping our legislative and elected officials with us in this process as partners. In order to do that I think we need a vote to request to the extent that you support this or may not support that. Motion so moved and seconded. The floor is now open to discussion.

**Question:** Is there a provision in the statute that allows the Governor, the Speaker of the House and the Senate President to waive that statute? There is not language specific to that. I would look to the Attorney General's office for clarification.

**Marty Boldin:** What we are doing right now is to ask that it is okay to send a letter asking for that conversation to move forward. That gives us a couple of months to either respond to this as something that we can commit to and then look at that once we get that information back.

**Tym Rourke:** One of the things that I talked about is we have had instances where we have had the desire to take a little more time to do more work and we opted not to do that. Our annual reports go above and beyond what the statutory requirement is in terms of content but I think if we were to find neither, not approved from leadership and that they want the report October 1, or we were to discover that even if they were okay with it there is a potential legal hurdle around compliance. The Plan B would be we submit a report that it would probably be the basics of what the statute asks us to report on. The data dashboard is actually not required in our annual report. We would probably modify it to ease the burden but I think in querying I am happy to include that question.

A lot of this works falls on the agencies and I think the agency reporting component of the annual report is not necessarily changing. The delay need to be thought about data and outcomes and that is a different section of the report. One school of thought could be regardless if we adjust the timeline to send the template to state agencies because the statute asks us to report on financial and programmatic work in the SFY 17 which is not going to change so it will have to be reported. One option we could have business as usual and send the template to state agencies and request the agencies to compile that information. What we would hold on and be flexible with is the data outcomes dashboard, the metrics that we are monitoring and refining what we delivered in our mid-year report.

**Judge Gordon:** It is not uncommon in the legislature to have statutory requirements but they are consistently weighed in the court system when you look by the parties that it is intended to benefit. The one thing that I do know is that the legislation pass laws intended to be at war with common sense. If the annual report is to be filed with the legislature, speaker, president of the senate and the Governor it seems to be that if they are willing to waive the time frame that we should be able to do that.

**Tym Rourke:** I think there is a motion on the table to request and extension. We could move forward with that, or let's not act yet and let the Data Taskforce meet and then if there is a decision that an actual delay have that dialogue later.

The motion has been withdrawn and there is no more discussion on this. We will let the Data Taskforce convene and then we will manage. The Center for Excellence will send out the template in July and state agencies should be prepared to respond as they traditionally do and then we will see where things shake out with the other data set and then if we have to go forward requesting an extension we can do that later this summer.

### **Return to the funding conversation**

**Tym Rourke:** A couple of reminders. The Commissioner wisely suggested if we are going to think about spending of new resources let's think about that in the SFY 2018 context was the recommendation he brought to bear. Reflect on the

capacity of the department. There are also the other funding priorities that we have talked about over the last several months. I want to remind folks, you were given copies at the retreat, and there was a discussion at our retreat with Commissioner Barthelmes and the Department of Safety about some training for first responders. There was a fair amount of discussion the original discussion was an online platform and this group talked about the ability to match that with some face-to-face engagement. The Commission gave me a quick update this morning.

**Commissioner Barthelmes:** The request we brought forward was to provide online training to the EMT's. There are 5,200 of them in the state and they administered 300 doses of NARCAN last year we also know people with substance abuse issues are getting other types of emergency services medical treatment. The idea is they are really good with emergency medicine but they know very little about addiction, prevention, treatment and recovery and having access to those resources. The idea was to do an online training. The discussion that ensued and the feedback that I got was they really wanted to do some face time. We came back with an additional component to have up to three times trainings around the state. The additional proposal is over and above the online and to develop a program and to provide someone to provide in-person training three times a year around the state which comes to \$15,750. This is over and above the online training which is \$5200 to the EMS providers. The original proposal was for development of the online training which was \$55,000.

**Tym Rourke:** That request is on the table and that total with concepts, the online and the live training comes to \$70,750. I will open the floor on the conversation around funding allocations and whether the Commission would like to entertain this concept or other concepts. We have talked about other things, recovery housing, etc. so I would open that up for discussion.

**Melissa Crews:** I would say that it is so important. The EMT's are on the front lines every day.

**Joseph Harding:** folks may or may not know there are groups that come together with folks from the Department of Safety, Bureau of Emergency Medical Services (BEMS), the Department of Health and Human Services, including the Emergency Services Unit, Drug and Alcohol, and through funding made available through the block grant and other resources but not Governor's Commission. We have distributed Naloxone across the state more than 6,000 kits have gone to Regional Public Health Networks doing community events and directly to agencies that come in frequent contact with individuals that are at risk for overdose, their families and friends. These kits are made available to people who do not have insurance that will pay for them. Along with that has been training for EMS with some limited funding. I just want to say I think there 439 drug overdose deaths in 2015 and then 476 in 2016. This is an incredible effort with the EMS on the front lines to be able to the appropriate training to be able to address these issues. I think this is a very important proposal.

**Jeffrey Meyers:** They clearly know what is going on with the opioid and addiction issues. They are really in a lot of ways outside the loop. They are a frontline resource to get people in their time of need to get them the appropriate treatment and provide them with connections to the prevention, treatment and recovery community.

**Tym Rourke:** is there a motion to accept to expend these resources in this way and direct the department to execute any MOU's and transfers to get this done. Motion was seconded and no further discussion. All were in favor.

#### **Task Force Updates**

- Military Task Force
  - We have described who we are and what our priorities are.

- There seems to be the potential to work closely with the Commission on achieving the priorities we have laid out.
- Healthcare Task Force
  - Working on harm reduction strategies in the state.
  - Engaging healthcare providers in IV drug use and strategies to keep the client safe.
  - We are going to create a series of documents for the physicians and the users.
  - UNH is developing guidance for treatment professionals to assist in keeping their IV drug user clients safe.
  - Between now and August the documents will be reviewed by the Recovery Taskforce, \

*The next Governor's Commission meeting was scheduled for August 25 from 9:30 am to 11:30 am  
has now been changed to  
August 31, 2017 from 9:30 am to 11:30 am in the LOB Rms. 301-302.*