

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

**August 26, 2016
Legislative Office Building**

MINUTES

Members Present:

Lorraine Bartlett, *Division of Children, Youth & Families*
Marty Boldin, *Recovery Representative*
Monica Edgar, *Treatment Professional*
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*
Ned Gordon, *Circuit Court Judge*
Joseph Harding, *Executive Director*
Scott Kalicki, *Community College System of NH*
Jennifer Patterson, *NH Insurance Department*
Chris Placy, *Public Member Substance Free Workforce*
Tym Rourke, *Chairman*
Seddon Savage, *New Hampshire Medical Society*
Mary Steady, *Department of Education*
Colonel Todd Swass, *NH National Guard*
James Vara, *Governor's Advisor on Addiction and Behavioral Health*
Jim Wilson, *NH Liquor Commission*
William Wrenn, *New Hampshire Department of Corrections Commissioner*

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

Minutes were approved with two noted amendments.

Tym Rourke: *There was a press conference with Governor Hassan and James Vara on Wednesday, August 24 on the "Opiate/Opioid Public Health Crisis – Update on the State of New Hampshire's Comprehensive Response". We would like to give James Vara a few moments to provide a summary update to all of you. The document was sent to members electronically. The Center for Excellence has also provided you with copies for this meeting. The Center for Excellence also worked with James to lay this document out.*

<http://governor.nh.gov/media/news/2016/documents/pr-2016-08-24-heroin-opioid.pdf>

James Vara – Opiate Response Update

I would first like to thank the Center for Excellence for without their help the document would not have come out the way it had. I also would like to thank all the agencies that were involved.

What the documents intends to do is the following: there are three areas.

- It is a document that is for the public as it has all the information that the state has done over the past twelve months.
- What the state is doing now.
- Short term recommendations.
- It is also a document for professionals as well that do not necessarily work in individual sectors.

- It talks about the crisis hotline which you do not necessarily know about.

We are coming into a new budget cycle and new legislators including a new governor this document will provide the path taken as well. It has been a long labor that has been going on for a long time now. One of the most important things at this time is getting the document out.

We are happy that it is now out there and certainly welcome any questions.

Tym Rourke: *I would just say as well as thanking the Center for Excellence this took a lot of feedback from taskforce chairs of this commission; by commissioners of various state agencies and their staff for pulling this information together. This took several months and for all the many people who worked tirelessly in getting this information in "many, many thanks."*

Governor's Commission Annual Report

Tym Rourke: It is that time of year again. However, it is a slightly different time of year. I would like to draw your attention to the materials that you have in front of you is a document "Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Summary of RSA 12-J.

As you know SB533 <https://legiscan.com/NH/bill/SB533/2016> made a number of changes to this commission. In addition it allocated funding. This is document is a translation of SB533 so that we and the general public will have a better understanding of the new items for the commission.

Several of the changes have real implications on the next several weeks.

The first is the Annual Report which is due October 1. You may remember traditionally we have always had an annual report. Originally the deadline for that report was November 1. It is fair to say in the history of the commission the November deadline has not been met. It has usually had extensions granted by the governor's office. In the process in working on SB533 I actually worked with the legislature in the hopes that they would move the date to January 1. They lovingly moved it to October 1. Part of our panic is we actually have our first annual report due this October 1 based on this statute. The reporting requirements for the annual report are still in there. There are additions particularly around the development of a data dashboard with a lot of metrics that we and our Data Evaluation Taskforce need to begin to accrue.

There is language in here relative to that data that did recognize that to the extent that a particular data point doesn't exist or we do not have access to it all we need to submit is what it would take to actually get that data point. So we have some new work in developing this report. It basically falls into three buckets: 1) reports on state agency and task force activity; 2) Reports on expense finances. Now there is tightness to that so we have to do a better job of reporting every dollar that is substance abuse related and what state agency has it and what they have done with it; 3) Data piece on what are the metrics that we are tracking and what we have. The bad news is it is due by October 1, 2016. The good news is a significant piece of this is already done because of the report that James did.

Here is the plan that we are proposing. Task Forces will probably be asked to review just your section in the Opiate Report and feedback anything else you have done that is not opiate specific. If you read it and it captures everything you have done over the past year then you're done. State Agencies will probably be asked to do the same. We will be bridging to people as quickly as we can. State Agencies will likely be through James as he meets with them on a weekly basis.

On the budgetary side, last year we added to the Commission by statute a Budget Task Force. This will be the time of year we will pull it together. James will reach out to agency commissioners and ask to get your budget directors, and get the LBA in the room and gather together budgetary information so we can include it in the dashboard.

Relative to the data piece and the metrics we have to track that is work that is already ongoing with the Data and Evaluation Task Force which as you know also serves the Department of Health and Human Services as the SOW and Epidemiological Workgroup. Again the data that we have we share and the data that we do not have because what they

are asking for we cannot quite achieve yet, the workgroup will be looking to develop some guidance on how we might report that out. Remember we also have a mid-year report which is due in late winter or early spring.

Our goal right now is to meet our October 1 deadline. James, Amy and I will be monitoring that and Joe will be talking in real time about that. We beg your apologies as we will ask you to take a gander at some specific elements based on your role. Our goal is to be clear, concise and simple. At one time this report just went to the Governor which is not the case anymore. Now the report goes to the Governor, Speaker of the House and Senate President. It also requires the chair of the Governor's Commission make presentations to key legislative committees. Unlike previous reports this one will be read by many groups.

Question: Is the Legislature looking at specific measurements or are we telling them those measurements? The measurements are in the statute. <http://www.gencourt.state.nh.us/rsa/html/I/12-J/12-J-3.htm>

We are certainly not limited to this but we want to be clear the reality is we have three weeks to pull this together to give to the Center for Excellence as they need time to write it. Our first report is not going to include a lot of things we would want it to include but we will meet the statutory requirements.

In the process we will send you a draft so you have a chance to look it over but when that happens you will have a very short time to make changes/additions if you feel it is necessary. This document will also include a slide deck for presentations that we can show when requested.

State Plan Process

All the previous mentioned documents all fit into a revision of our State Plan. We will discuss more fully the State Plan process. I know some task forces have already looked over the State Plan and are starting to think through recommendations to be included in the revision.

Governor Commission Meetings

We would like to remind you that we are taking our full Governor's Commission meetings on the road. We will be in Bartlett, NH co-located with the Behavioral Health Conference for the October meeting. We will have a presentation on an innovative initiative that is being done in the north country "Leadership Through Adventure;" ; December will be here in Concord and we will be doing other visits early next year to hear about other initiatives going on in the state.

Governor Commission Membership

We did not add any new members because of SB 533 as a reminder it has been changed how members are chosen. There will be seven public members, two of whom shall be professionals knowledgeable about alcohol and drug abuse prevention, one of whom shall be appointed by the governor and one of whom shall be appointed by the speaker of the house of representatives; two of whom shall be public members who are not professionals within the alcohol and drug addiction prevention and treatment system, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives; and one member in long-term recovery, appointed by the governor.

The commission shall elect one of its members to serve as chairperson. In the past the governor chose who would serve as the chairperson. The executive director of the commission shall be the director of the appropriate division responsible for alcohol and drug abuse prevention and recovery. This structures us more like other commissions are structured.

BDAS Updates

At the Governor and Council meeting on Wednesday there was a discussion on capacity Medicaid waiver. This is for people who are within the Medicaid population or at risk of being part of the Medicaid population. This waiver is to build capacity within the state on a regional basis. The idea being that this is money that is going to infrastructure. The contract that went before the Governor and Council was for "integrated delivery networks." There are seven IDNs (Integrated Delivery Networks) that were selected. The seven regions are: Region 1 is Monadnock, Sullivan County and the Upper Valley; Region 2 is the Capital area; Region 3 is Nashua; Region 4 is Derry and Manchester; Region 5 is Central NH and Winnepesaukee; Region 6 is Strafford County and the Seacoast; and Region 7 is the North Country and Carroll County. The next step is they will start to get those dollars. Over 60% of the dollars will be going out to the IDNs to start their

work. Their initial work is to develop budgets. They will be evolving their project plans and once they are evaluated by an independent assessor the funding will start.

Question: Are projects entirely prescriptive or is there an opportunity for IDNs able to select separate projects?

They will have a little bit of latitude but they are going to have to select three projects from a menu that reflects community priorities. One must be focused exclusively on SUD population and IDN-led based on how best to implement in their communities.

They will have an IDN Core Competency Project. IDNs will participate in a mandatory project focused on integrating behavioral health and primary care.

They will have state-wide projects. The IDNs will participate in two state-wide projects. One will strengthen mental health and SUD workforce and one to develop health information technology infrastructure to support integration.

Question: In terms of selecting projects is it from a menu that is entirely prescriptive or is there the opportunity for IDNs to develop separate projects. What is the latitude?

They will have a little bit of latitude. The Project Plan is divided into two main sections. Section I focuses on the IDN's Service Area Community Needs Assessment, its overall programmatic vision, its composition, and its governance structure. Section II asks IDNs to provide detailed project-specific plans.

Joe Harding: Even though the emphasis and funding comes from CMS on Medicaid this is going to have far reaching influence on the integration of primary care and behavioral health services across the state. It had to be state agencies involved in the RFP because of the competitive nature of it. It has provisions around SBIRT and medication assisted treatment (MAT) and the treatment priority given to pregnant women and women that are parenting young children. So all of that and IV drug use, and all the risks associated with drug use and communicable diseases all of that language is in there and is consistent with our efforts overall.

June Meeting

Tym Rourke: James, Joe, Katja, Abby, myself and many folks from HHS have been in ongoing conversations with some of the stakeholders in Manchester around some of the work that was presented to us in June. I don't think it has happened yet but I think shortly after our June meeting Governor and Council has approved additional treatment capacity funding that went to providers in Manchester. Already there has been an influx of resources coming but we were unable to talk about them as they were in procurement. We are continuing to be in dialogue with them and the ways in which some of those new resources and existing resources are being brought to bear. This is a much more expansive role of that WRAP care initiative program which is housed at Serenity Place. Funding is going out through the department with other resources.

Department of Insurance – Jennifer Patterson

In February we gave a presentation on work that we were doing and background information on how we regulate insurance companies. We now on our website we have an SUD (substance use disorders) landing page which has a lot of the information about the work we are doing.

<http://www.nh.gov/insurance/consumers/substance-use-disorder-coverage.htm>

We will also continue to update this page as more information becomes available.

A big piece of our involvement in this is because of our oversight of health insurance carriers and our role in assisting consumers as they navigate their private insurance carriers. One big step that we talked about at least on a preliminary basis back in February was the "Market Conduct Examination.

<http://www.nh.gov/insurance/media/pr/2015/documents/112515.pdf>

What a market conduct examination is basically and enforcement mechanism that the department has for those fully insured insurance clients that we oversee. We do not regulate every aspect of what insurance companies do. Some of the coverage is called self-funded employer coverage which is regulated by the US Department of Labor even though it is subject to the same standards with mental health parity. The Market Conduct Exam that we are doing is looking at how our insurance carriers handle pre-authorization, claim denials, utilization review practices, networks, appeals practices and we also talked about to start looking parity and medicated assisted treatment. The market conduct exam is just now being

wrapped up and it is a lengthy process. There is a statute that governs the conduct of these market conduct examinations. We hope to complete it mid-September. We do have an avenue under our statute to make our findings public. The next time this group meets there should be information about the market conduct examination.

The other piece that we as an insurance department spend a lot of time doing is analytical work which is really intended to bring a factual basis to the discussion of public policy. New Hampshire has an all claims payer database. The carriers both in terms of their fully insured coverage but also in terms of the coverage where they are acting against the claims administrator submit information to the database so that we can actually go in and look at what is being paid and what types of procedures are being covered in the state. You can see what the cost looks like. Back in February when we did the presentation there was some analytical work that had been done on what the health insurance companies had paid health providers with respect to opioid SUD coverage. It showed there were some differences for example between the fully insured and self-funded coverage. What Tym has referenced in terms of the more recent work was a report that we released earlier this month that was looking specifically at reimbursement rates. What we found was that health providers were being paid less than Medicare rates for the most common services associated with treatment and substance use.

http://www.nh.gov/insurance/consumers/documents/021916_nhhd_analysis_2014_sud_claims.pdf

It is important to understand what this was. This looked at the fully insured and the self-funded. It does not look at the issue of parity. This analytical work was prompted by what we had been hearing in the state. What we found in that report doesn't really have a legal indication in terms of parity. The next step that we are planning on taking is to have a new market conduct exam. Basically the original market conduct exam is so close to completion we don't want to hold it up. Our plan is that we will go and look specifically at parity in reimbursement rates. Another thing that important to keep in mind is that with respect to private insurance coverage the insurance department typically doesn't regulate the rates that insurance pays to providers. Those are the subject of private contract negotiations between the payer and the provider. The Mental Health Parity Law does include language about looking at rates. Going forward when we start this new market conduct exam and that is something that we will look at in the context of parity enforcement. Self-insured plans are governed by the US Department under ERISA (Employment Retirement Income Security Act).

<https://www.dol.gov/general/topic/health-plans/erisa>

The majority of insurance plans in this state are ERISA. Self-funded employee plans such as what the state has is not ERISA so it is not regulated. The other piece is the department recently applied for a Federal Enforcement Grant. These are grants that recently became available and one of the main focuses of these grants is on mental health parity. Our hope is that we will be able to get this grant money. The grant will be awarded in October and it will enable us to drill down on these parity issues and do the second round of market conduct exams.

We are also doing is we are convening an advisory committee on insurance coverage for behavioral health and addiction services. That committee which has twenty members is holding its first meeting next week.

<http://www.nh.gov/insurance/media/pr/2016/documents/081816.pdf> This is broader than just SUD treatment. It is looking at all of behavioral health and look at what the commissioner can do within his regulatory authority with respect to these issues. This will also start the communication between the insurance carriers and the providers.

Upcoming Event: On September 7 from 2:30 to 4:30 Gabrielle de la Gueronniere from the Legal Action Society is going to be in the state. She is going to be running a parity session that will be on the national level regulations. The Commission members will be invited for the event.

SFY 17-18 Budget Process; Alcohol Fund Discussion

Tym Rourke: Just for folks who are new to the process the budget process is a multi-phase dance. There is the agency phase where usually some directive is given to state agencies and the agencies create their own budgets. The agencies then submit their budgets. Our line in the budget is at the Department of Health and Human Services. Katja Fox, Joe Harding and Commission Meyers are go too on that. The agency phase then concludes and the Governor takes all that and develops a budget. Then we move into the legislative phase starting in the House and then going to the Senate. We are at the beginning of the budget phase and election year which makes things a little different because the Governor's phase will be a different Governor which will shift the directions given to agencies.

We want to think about our resources in the context of other resources. New Futures has released a five point advocacy agenda. One of the things they are going to advocate for is a return to the 5% allocation for the alcohol fund. To be clear we need to think about what we have right now. What we got in the last budget was 1.7% as opposed to 5%. We got an

influx of \$2.5 million this year because of SB 533 it did raise the percentage but certainly not to 5%. We need to spend time thinking about if we had 5% of the alcohol fund which is roughly \$19 million over the biennium how would we spend it.

I want to talk about at least what my vision is for some of the philosophical underpinnings would be as we start this conversation. Then we can open the doors a little bit on what we have done, and begin to get some thoughts from the group.

Please see the spreadsheet that was handed out that includes at the top the funding that we were given. In the budget process this is only SFY 17. If you take that number \$3,406,526 (Total Governor's Commission Appropriation in budget) and double that is roughly kind of where we are at. The second section are the dollars we received through SB 533 as well as some additional resources that you will note went directly to the Department of Health and Human Services for peer recovery supports, that is the RFP that launched on Monday and those dollars are not ours. There were given to the Bureau instead. You will notice as well that SB 533 gave \$2 million dollars to NH House and Finance Authority so again those dollars are not in our hoppers but we have advocated for them. That RFP has also gone online and the deadline is in early October. Those dollars are listed here but they are not ours. What we received from SB 533 are \$2.5 million.

I would suggest to you that we need to think about the alcohol fund if fully funded in two ways: 1) we need to do everything we can to sustain what we have done. You may recall over the last few years the department has redeploying Block Grant dollars as a result of better utilization of Medicaid. We need to be careful not to take advantage of the largesse of the Bureau of Alcohol and Drug Services over the last year. We need think about taking both the expenditures that were listed for the baseline for SFY 17 and SB 533 and make a commitment that this is part of what we are asking for next year to continue these investments. In recovery supports investments have been made in a facilitating organization to subcontract with at least five recovery centers. If those funds do not exist in the next biennium those 5-7 recovery centers have nothing. If you work in non-profits or fund non-profits you know that asking an organization find another source of dollars in six months is unrealistic. With a number of things of which we put our resources we need to be cognizant that they continue into the next biennium.

That leaves us a bit of a delta potentially. It is the delta that I believe we need to start thinking about how we utilize those dollars. What areas of investment are there not resources for? Where have we wanted to go but we haven't? The one thing I think will be complicated we need to be able to justify them against recourses in other places. We have to be able to put our arms around things that nobody else can fund. They cannot be funded by the Block Grant, nor another General Fund appropriation, that for some reason we can make a link that the utilization of the Alcohol Fund is uniquely suited to do that thing whatever it is. We have to be certain on the bar on what we suggest for the Alcohol Fund is high. We are continuing to get pressure to justify the way in which these dollars are spent in isolation from everything else. Some of the things we have funded in terms of sustainability and infrastructure. The historical contracting over the last several years has been treatment contracts with Alcohol Funds and Block Grant funds in them. That's the advantages if they have the Alcohol Fund. If the federal government takes the Block Grant away we won't have a treatment provider close overnight. The downside is when a legislature asks us "how many individuals have been treated with dollars by the alcohol fund?" we have to do some formula to arrive at some generalized number and they do not like that.

We also need to wrestle with "where is the evidence based." We are hearing about innovative community strategies and the evidence is not clear on them. Even though they seem to be working there is not a lot of appetite for things in experimentation mode. We are going to push for innovations but how are we going to do that and what do we package as metrics to give us some sense of what we are actually going to get there. As the Data Task Force begins to move we are going to get more data here at this table in a way that we can digest in real time. The Medical Examiner also releases a report on a pretty regular basis with updated death tolls to projections. Let me know if you want to be on the notification list and I will forward it to you when I get it.

If folks have ideas that have not been expressed at this table please send me a quick email so I can get them down. This is extremely helpful to map out over the next few months. We will spend more time on this in October.

Communication/Media

Randy Moser was introduced as the communication/media person for the Bureau of Drug and Alcohol Services. It is a position that has been unoccupied for some time. We are happy he is here. There is a reason I wanted to introduce him. This Commission releases a lot of information: white papers; guidance documents; etc. One of the things we want to make sure of to the extent that we are in the process on any of our taskforces that are developing documents, particularly ones that Health and Human Services are particularly engaged, it is important that Randy gets eyes on them. As a matter of policy before documents comes to the Commission for vetting and approval to be made public please make sure that Randy gets a copy of it and weighs in on content and format. He brings a neutral eye to the extent he is not involved in the weediness of our work. He comes representing making sure what we create increases public awareness. We want to make sure that our communication as a Commission is consistent with the Department of Health and Human Services.

Task Force Updates

Prevention – Traci Fowler

We have a lot going on. We had identified a gap in information that was being provided specific to child safety. We developed documents and we are happy to have Randy look them over. They are still in progress. We have been meeting with DHHS staff that oversees the ATC to hopefully get an idea and we are hopefully going to be able to hand them out when a new patient gets their medical marijuana registration card. We want to make it very specific for the tips with regards to child safety. We are also working on getting a family focus on the Partnership for a Drug Free NH website for therapeutic cannabis.

Treatment – Monica Edgar

We met last month and participated in a presentation on “Human Trafficking.” With that we are hoping to send out to treatment folks more information on trafficking. There has been some work by New Futures and the UNH Institute of Health Policy in practice and the Department of Insurance has been involved as well, in advising in the creation of a “Parity Tool Kit,” consumer facing so the consumer can understand how to access services, understanding how their insurance works, if denied a claim what are the steps I take, etc. That is in a final draft form and has been circulating and the Treatment Task Force reached out to folks and offered up some edits over to New Futures as they are dealing with the final version of that document. The next meeting is September 9.

Recovery – Marty Boldin

Cheryl Pacapelli is working with a pretty impressive work group to try to come up with housing standards for recovery based housing. There is another work group with Holly Morris that is working on a recommendation to the state to standardized what is a recovery coach and what are the necessary elements of recovery coach training. We are trying to be more strategic about the way we train people to do recovery coaching. There is also a workgroup that is working on a draft of the recovery section of the next five year plan. We are feeding in on the whole piece that been done by the Partnership around stigma reduction and things like that.

Health and Medical + Opioid – Seddon Savage

The Opioid Task Force has pretty much completed its work on their vision of optimum roles and different factors of the community in addressing the opioid crisis with a parallel to addressing substance use disorders in general. It will be a nice compliment to James’ work.

Is there a formal process to appoint a co-chair on the task force? We have an attendee, Ben Agati from the Attorney General’s office that we would like to co-chair. Tym Rourke approved the appointment.

The Healthcare Taskforce is trying to figure out how they can take advantage of all the work that is going on in the integration of care. We are getting the principles and models out into our various organizations and professions. We are also working on the 115 Waiver and other things that are being done in the state. The second thing we are focusing on is obstacles health care providers are experiencing in prior authorization and approvals. We have created a list of some of those challenges and they will be presented at the Behavioral Health Insurance meeting.

Prenatal Exposure – Dr. Ewing

There are ongoing conversations with DCYF regarding the unintended conflict of reporting and consistency between hospitals around reporting. Another topic we are working on is we have a very large recidivism rate with regards to women who have issues with losing custody of children who become pregnant again. Reproductive health is incredibly important in that population.

Military Task Force – Todd Swass

Administratively a second vice-chair and secretary have joined the task force. A two-page fact sheet was recently reviewed and edits were recommended. A subcommittee will be meeting next week to finalize the edits and draft a request for technical assistance from the Center for Excellence to help with the format, graphs and tables. Three subcommittees that were developed and reported out on the current status of Tri-Care and Veteran's Choice approved substance abuse providers in NH. The availability of military culture training on-line and locally and a review of the substance misuse area.

The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is

October 28, 2016, 10:15 am to 12:15 pm

at the

Grand Summit Resort and Conference Center

104 Grand Summit Drive, Bartlett, NH.