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

August 31, 2017

LEGISLATIVE OFFICE BUILDING

CONCORD, NH

MINUTES

Members Present:
Marty Boldin, *Governor's Policy Advisor on Prevention, Treatment and Recovery*
Jeb Bradley, *Senator*
Melissa Crews, *Public Member*
Frank Edelblut, *NH Department of Education*
Monica Edgar, *Treatment Professional*
Todd Gardner, *NH Nurses Association*
Helen Hanks, *Department of Corrections*
Joe Harding, *Executive Director*
William Hatch, *Representative*
Martha Hennessey, *Senator*
Kevin Irwin, *Recovery Representative*
Timothy Lena, *Prevention Professional*
Gordon MacDonald, *Attorney General*
David Mara, *Governor's Advisor on Addiction and Behavioral Health*
Jeffrey Meyers, *NH Department of Health & Human Services*
Gary Moore, *NH National Guard*
Jennifer Patterson, *NH Insurance Department*
Chris Placy, *Public Member*
Tym Rourke, *Chairman*
Seddon Savage, *NH Medical Society*
Stephanie Savard, *Treatment Professional*
Chris Sununu, *Governor*
Shannon Swett Bresaw, *Substance Misuse Professional*
Mary Steady, *NH Department of Education*
Jim Young, *NH Liquor Commission*

Tym Rourke opened the meeting with introductions around the table.

June minutes will be tabled until the end of the meeting.

Thank you all again for coming. I know we had to adjust our meeting time and appreciate everyone's flexibility in doing that and having a full house this morning is great.

Governor Sununu
A couple of things I do want to talk about. There are some declarations out of the White House and it is a not the hottest topic but it is something that we have been working with. We are hearing this on the media and radio that we have more spikes in overdoses and deaths. We are trying to figure why those spikes are as it is not very obvious. There are ideas about why we are seeing it in certain areas and then there are other parts of the state that are going down. In June we heard they were up and in July we heard they were down. In August we are hearing they are back up again. Every overdose and every death is real and I think everyone gets this. Policy decisions are based on data and when you see things going down and then see things going up and we hit the panic button enough we all understand the severity of the crisis.

President Trump is talking about $45 billion that is out there. The president, his administration and his drug czar put out the money last December which was completely idiotic. The idea that they gave all these states money to fight opioids and it was per capita based made no sense and New Hampshire got completely short changed. I think we need better advocacy explaining why that didn't work and why that was a feel good way of putting out a few billion dollars. I can't tell you the amount of money that was wasted around this country. Very little was utilized fighting this crisis. I think our message has been heard. They are looking at a new way of doing it and we have the opportunity to be at the forefront with the right advocacy in the White House. Make no mistake that the president will have a lot to say on where that money goes. We need advocates right now

Every overdose and every death is real. I think everyone gets this. You don't want to make rashpolicy decision based on a month of data. When you see overdoses going down you cannot claim a victory and when overdoses go up you can't make policy decision based on one week or month of data. You cannot hit the panic button when you see overdoses going up. I think we have hit the panic button enough and we all understand that it is a public crisis that we are in.

With the president's declaration it presents opportunities for us. Whether you agree with his words or whatever it is completely immaterial to the fact that he does understand it. We might not like how he talks about it, I know I don't but he does see the reality to it. When we talk about things like funding or policy decisions that come out of federal law there is no doubt that New Hampshire can have a very real voice into where we go nationally on this. They are looking to us as the testing ground for what might work and what might not work. They know we are small and we can be nimble and innovative. We talk about it a lot but now we have to be able to back it up with a system that can show real output based data not just the number of people in our system. The number of people that Safe Stations is treating is great. It's a huge success. We also need the second half of that which is what are the outcomes of the folks that are starting through that system. Are the outcomes showing the kind of accountability that we are demanding of the non-profit and government based entities? If we can show the results of that innovation how we do it better than other folks the sky is really the limit in terms of what we are doing here in this state from a federal perspective. President Trump is talking about $45 billion out there for this. The number one message I said to the President, his administration and the drug czar was the way they put out the money last December was completely idiotic. They gave all these states money that was per capita based and it made no sense. New Hampshire got completely short changed and I think we just needed better advocacy on why that formula is not going to work. That was a feel good way of putting out a few billion dollars. I can't tell you the amount of money that was wasted across this country.

I think that message has been heard. They are looking at a new way of doing it and we can have the opportunity if being in the forefront with the right advocacy in that White House. Make no mistake that the President will have a lot to say on where that money goes. We need advocates. I am not asking everyone to stand up and start chanting. The fact of the matter is there will be a lot to say about where this money comes from and to get out there and to try and make an enemy of the White House is not the smartest move for the state right now. We do have to show data. We do have to show how we can do this differently and better.

Shifting gears we have been talking a lot about prevention now that the school year is upon us. We are really going to start looking at new structure and we also would like some funding recommendations. In terms of funding prevention specifically schools but also the work of making sure that we actually have a workforce problem. We all know that. One way we can place people back into the workplace is giving them a structured support with the workplace and a recovery program which identifies employers who have been trained and understand the tools and resources that they have in promoting folks in recovery in bringing back and adding to the workforce. They need to know that they are entering the workforce in a place that they will be supported. It really makes so much difference to a lot of folks who are just taking those first steps beyond treatment and the initial phase of recovery in getting back into a healthy environment. An aware workforce is something we want to push with prevention and is a long term action on how we are going to deal with this.

Another issue we are going to be dealing with as a state is every fall as school gets started a whole set of issues start coming out. New Hampshire Hospital they basically on par with their census right now but as every September, October and November

there can be a spike in adolescents mental health issues. It always seems to happen at this time of year and there is the potential for drug abuse and misuse that comes with that it is right there. There are seasonal fluctuations in this crisis that we are in. I think we need to push the right messages and make sure that we have the right resources. They are aware that they could see spikes here and there of certain issues because of the timeframe that we are in. We want to make sure that the information is out there and that we are vigilant about taking those next steps.

The next thing is getting ideas on where we should go and what we should be pushing especially on the federal level. I will be in Washington in the next few weeks to talk with the President and Vice President about what their ideas are for the next steps and we want to make sure we are in the front. If you have ideas please let us know. You can contact Dave Mara or you can talk to Marty Boldin and help us make the best argument that we can for being the landing ground for the bulk of the money that comes in so we can show that we have the ability to get the results.

Tym Rourke
We would like to welcome David and his role in the Governor's Office and joining us at this table. I told David I would give him a few minutes to say hello and introduce himself.

David Mara
My background is I was Chief of Police for seven years in Manchester, NH. I was a police officer here in New Hampshire for a total of 29 years. I was last in Portsmouth as the Chief of Police. While in Portsmouth I was asked to meet with the Governor and I didn't know exactly what he wanted me to talk about or meet with him about. After talking with him it got me really energized and I was ready to take the position without even talking with my wife first. I've been on about a month or so and I have had the opportunity to meet a lot of you and I've known a lot of you from my professional life. I've always known that there is recovery, treatment and prevention people but I didn't know the extent. One day I drove around 270 miles and I spoke with a lot of people. What struck me is right now we are in a crisis situation but we always had drug addiction and I think it has gone under the radar what you and your colleagues have done. You have carried the flag and now everybody else knows what it is about and we need to keep working on educating. I think we have to continue to do education. I think that is something everybody should know exactly what is going on around the state as far as the dedicated people that we have.

As Chief of Police if you would have told me that tens years ago that I would be talking about how I favor needle exchange, drug court I would have said no, are you crazy? Things have evolved and people have evolved and we have to do all these things because I really believe that we are working on saving the next generation.

When I was on the SWAT team sometimes I would feel like we wouldn't get through it but we did get through it but the difference between that and this crisis is that addiction is more insidious. You just don't go to treatment and then you're cured, you have go several times; you have to get mental health treatment too. You have to do the various treatments at the same time. A lot of people don't realize is that opioids are more available and cheaper than taking pills. As law enforcement we saw this coming. When we dug into it and started crunching data into real stats we found that most of the people involved were addicted to pills, which quickly turned to heroin and of course fentanyl and carfentanil. That is what we are facing and I have talked to the law enforcement in Massachusetts and other states and they ask what is going on in New Hampshire? I remind them that it is happening across the country. What is ironic is that we are number 2 and as far as overdose deaths and we are also one of the best places in the country to live. We have a crisis and we just have to continue doing what we are doing now.

I have been very impressed with all of the people I have met across the state. I look forward to working with all of you.

Tym Rourke
I would like us to dive in and I want to give a chunk of time to the Department of Health and Human Services following on the conversation we had at the June meeting where we talked about having ended the legislative session and taking a moment and stock on where things are at. What work is ongoing? What have we been able to accomplish? Where do we take it from here in doing that? We had talked about giving time to Commissioner Meyers and his team to update you on the status, not just the

Alcohol Fund and the work that we are charged with in supporting the department in managing but just broadly the activities that are ongoing in the department and the resources that are out. What the landscape is looking like.

DHHS Commissioner Jeffrey Meyers
There are several issues that we want to cover. Back in June one of the things that I talked about at that time was recognition that with all of the different funding provided to New Hampshire by the legislature, to the Governor's Commission, to the Bureau of Drug and Alcohol Services and from the federal government block grants and special funding opportunities with that came a need for transparency as to how this money was being allocated and also accountability with respect to providers that are receiving this money and standing up services throughout the state with respect to both prevention, treatment and recovery.

I want to begin this morning, there is a packet of information in front of the you and the pages are not sequentially numbered but I am going to use the sheets that is a single sheet of financial reporting and it is titled "SUD Financial Activity SFY 17" and it has columns for the Governor's Commission, Clinical Services and Prevention Services.

The department receives funding from several sources. It receives an appropriation to our Bureau of Drug and Alcohol Services by the legislature. We receive funding by the federal government through our SAMHSA (Substance Abuse and Mental Health Services Administration) grants and other special funding like the CURES Act. There is money that appropriated from the legislature to the Governor's Commission. What this particular sheet is intended to do is to provide a snapshot of where we are right now as of the end of July. Clearly everybody know SFY 17 ended on June 30, 2017 but our counting system continues to allow billing to be done against these accounts up until the state consolidated financial statements have been finalized, so the claims and billing run out as some of the providers know. The numbers here will be finalized over the next several weeks as the CAFR is finalized and when it is issued in the coming weeks then we will have final numbers we can present for 17' and we will come back at the next meeting and start presenting specific numbers for SFY 18. This is an accounting of all the contracts that were approved and in effect during SFY 17.

For example with respect for the Governor's Commission at the top of the page:

- Appropriation by the legislature for SFY 17.
  - Approximately $5.9 million (5,906,526).
- Funds brought forward from SFY 16
  - Almost $2 million ($1,996,346).
  - This was money that was appropriated for use in SFY 16 and were not expended in SFY 16.
  - The Governor's Commission funds carry over and do not lapse into the General Fund was carried over for use in SFY 17.
- Money in contracts that was not expended by the providers.
  - About $774,000 ($773,920) that was available for use in SFY 17.
- Total roughly about $8.7 million ($8,676,79200)
  - It was available for allocation and expenditure in the Governor's Commission account for SFY 17.
  - Of that amount as of the date of this report $5.5 million ($5,434,565) had been encumbered in contacts.
  - $1,119,000 ($1,119,581) was pending and brought to the last Governor and Council meeting and as the Governor knows the Council approved all of those contacts. This money now has gone out in contracts to the providers.
- I think most folks know that there was a set aside of $2 million to develop and implement the 36 bed impatient SUD treatment unit for adolescents at the Sununu Center and later today we will address where we are in that process but that money was held aside for that purpose. We committed $8.5 million dollars which left a balance that was not allocated in SFY 17 of $122,000.
- The $5.4 million was encumbered prior to the last G & C meeting, $4.1 was actually billed and spent by providers as of the date of this report.
  - That left an amount of funds unspent of roughly $1.3 million.

- As I said at the outset there are millions that have/and will occur before the state consolidates financial statements and finalize and those accounts are open for those bills to be processed.
- That is normal practice that I understand goes on at the end of every biennium.
- That $1.3 million will come down.
- There is money that will be billed against that, that will be recognized when we run the final report.
- I don't know exactly what that amount will be yet because there are bills still coming in and being processed but that will go down and the amount actually spent will go up with the reconciliation that will be done and the states consolidated financial statements.
- By law Governor's Commission funds roll over to the next year. Whatever balance that is left and unspent will roll over for use in SFY 18. The next time we meet we should know what that number is.

- Clinical and Treatment Services.
  - LBA actually breaks out this money and has accounting units.
  - One accounting unit is the Governor's Commission. Another accounting unit is Clinical and Treatment services. The third accounting unit is Prevention Services.
  - There is actually an appropriation made in every budget., including one for
  - For Clinical Services. This is primarily SAMHSA Block Grant Funds and General Funds.
  - The amount appropriated from those two sources is $11.5 million ($11,507,350) for SFY 17.
  - There was a balance forward of $2.7 million ($2,673,853).
  - There were liquidations from the prior year that were not spent of $2.9 million ($2,915,072).
  - The total available for Clinical and Treatment Services $17 million ($17,096,275).
  - The amount encumbered through contracts is $16.8 million ($16,825,463) leaving $270,000 that was not encumbered for SFY 17. Of that total of the $16.8 million as of the date of this report $12 million had been spent with $4.7 million unspent however as in the case for the Governor's Commission money there are bills still coming in that will reduce that amount of $4.7 million by the time that our financial statements are finalized.
  - Whatever the amount is left, depending on the source of the funds, if the source of the unspent money is from the Block Grant then depending on what year the Block Grant funds initiated, because we basically carry over one year, that money will roll over to the extent that there are some General Funds some of that money could lapse to the General Fund. That is a discussion that we are going to have with the legislature and Administrative Services. In the past some of that money has been carried over to a new budget so we will have that conversation, but I fully expect that $4.7 million to be reduced by the time that our financial statements are finalized.
- Prevention Services
  - Appropriation $3 million dollars ($3,069,350).
  - Balance forwarded from 6/30/17 $444,577.
  - There was some liquidation of about $565,000 ($565,706).
  - Making the full total available of $4,079,633.
  - We encumbered and put out in contracts $3.6 million ($3,696,299).
  - $2.8 million was spent leaving an unspent balance of $896,000.
  - It is anticipated that the amount will reduced at the final accounting.

I have had conversations with my CFO and DAS (Department of Administrative Services) and in the past there has been a mechanism to allow that money to remain in the accounts for future use. There is a way to do that, that is lawful but that is a conversation we have to have with Administrative Services and the legislature.

Bureau of Drug and Alcohol Services SUD Financial Activity – Governor's Commission – Jeffrey Meyers and Joseph Harding

The first page is identical to what I just went over the second page is the contracts. This is a breakdown about appropriation. The page we are going to look at says GOVERNOR'S COMMISSION CONTRACTS ONLY and is dated 8/29/17. On the left hand side has the date and item number of the Governor Council approval of each of the contracts. The next column is the contact name (which has been shortened) . The third column is the amount that was encumbered. The fourth column is what has been expended to date and the final column is the remaining balance for each of the contracts.

Joe Harding and I met with all of our SUD providers about six weeks ago. We presented this financial information through the month of June at that time. We wanted all providers to know that we were going to be providing this level of transparency and accountability not only to this Commission but to the Fiscal Committee, Governor and legislature. We are going to be reporting on a monthly basis starting now what is expended on their contacts. The purpose of the conversation was not only to make them aware that this level of transparency is going to occur but we wanted to hear from them in terms of what barriers they were seeing in terms of getting the money out the door.

The point of these with regards to the legislature, what the Governor is doing, and the federal government is to attack this crisis and deliver services as quickly, efficiently, professionally and as carefully as we can. I know all you providers in the room want to do that. We have got to get the money out the door and services delivered if we are going to have an impact on this crisis. The department does not run those services day to day. We have to oversee it, be accountable for it, and we are accountable for it. The providers are the ones delivering the services and getting this money to good use but you needed to understand what the barriers were. We have talked about workforce. We have talked about the fact that some of these efforts were brand new and it took time to stand them up and we are going to continue working with all the providers for this fiscal year, meeting with them on a regular basis to ensure that we understand what the issues are so that we can do whatever the department can do to help facilitate getting this money out the door and getting this money actually spent.

Joe Harding

Starting at the top with the

- G&C, 12/16/15 #11 was funding that was identified in the budget for the "Seeking Safety" program under the Department of Corrections.
- G&C 6/24/15 #22 is to support a website that has two portals. One is for professionals working in prevention, treatment and recovery field and the other portal is for the public around public awareness and education.
- G&C 6/24/15 #28 NH Interscholastic is the "Life of an Athlete" prevention program that was approved by Governor's Commission.
- Dec. 16, 2015 #28; Aug 24 JSI is our contract with the Center for Excellence that supports our training, technical assistance, data analysis and grant writing.
- Mar 9 #22 Southwestern Community Services which is for Regional Access Point services in the Monadnock area.
- Mar 23 #6; June 7 #19A SUD Treatment. We have 15 contracted Substance Use Disorders (SUD) treatment providers across the state.
- Mar 23 #18 CADY. Approved for $20,000 for prevention services.
- Mar 23 #19 Juvenile Court Diversion which is an intervention program for youth involved with the Justice System.
- Apr 6 #9 NCADD (Serenity) Greater Manchester for regional access services.
- Apr 6 #9A Governor's Advisor that was also identified in the budget.
- June 1 #12 Goodwin Community Health is substance use disorder contract which just didn't make it with the first round of contracts that went through.
- June 1 #13; June 7 #20 Harbor Homes for the Peer Recovery Support services that provides technical assistance and back office functions for a number of peer recovery support programs across the state.
- Sept 21 Late Item A New Futures for peer family support services.
- Nov 18 #18 Juvenile Court Diversion (SB533) additional funding that the Governor's Commission identified,
- Dec 21 #24A Bi-State MAT primary care association to make Medicated Assisted Treatment (MAT) to develop capacity which is a critical services.

- April 19 #14B Harbor Homes BDAS $500K for the Bridge Program which are services the Governor's Commission approved to make some limited for up to 90 days for individuals coming out of correction facilities for housing support.
- June 21 Late item B Prevention Direct Services approved by the Governor's Commission.

Question: Could you speak a little on the remaining balance in Bi-State's MAT contract.
As you look through these and see the dates a lot of these came into contract throughout the year at different times. There were challenges as far as the timing for how long it took them to get subcontracts in place. The idea is that they would subcontract with all of the different Community Health Centers across the state to develop capacity for medicated assisted treatment (MAT) and it took longer than anticipated to get those contracts in place. They have made great progress and that work is ongoing.

All of in the is coming from different buckets prevention, treatment, recovery, and administration. We are tryint to strike the right balance on the onwhat funding goes into prevention, treatment, recovery, overhead and administration to make sure we are getting as much of this money into the field for services as possible. One reason they show up in multiple locations is for instance the SAMHSA funds that go to vendor for services in one part of the state but then there are general funds going to the same vendor or other vendors in another part of the state that are coming out of a different accounting org.

Question: Is there any way to visualize these services in the state?
Commissioner Meyers: Commissioner Bartholemes isn't here today but we have the ability with the department and I know he does within the fusion center to be able to plot a lot of information visually and geographically and so that is a great take away and I think we can but we have to do it in a way that would be visually to understand so we might have to work on that a little bit. We will look into how we can do that.

Commissioner Meyers
I mentioned in explaining the allocation of the Governor's Commission funds up to $2 million was allocated to develop the 36 bed inpatient treatment unit at the Sununu Center. One of the things I enjoyed most recently was signing the construction plans for the unit which I did in the last few weeks. I want to pause now and ask Brady Seraphim who is the director of the Sununu Center to talk about what is happening down there and the schedule also the realization of this unit.

Brady Serafin
We have been talking about this for quite a while so I am excited to give you an update. I believe if we do not start addressing this need with our juvenile population we will continue to see an increase in the crisis in our state. As far as the plans for the Sununu Center go, the RFP (Request for Proposals) for the construction has been completed and went out on the 29th. We expect to have the vendor selected sometime in November. It is not the best construction start time but we are hoping for a mild winter at the Sununu Center. We expect the construction to be completed mid-year possibly June and services would start almost immediately.

We have been very engaged in the process and several meetings have happened. We have engaged the youth in our meetings also. We had a very insightful young man that provided us with a lot of information in terms of what has worked and more importantly what hasn't worked for him. Incorporating all of those details and all those services that he believes that a successful component of treatment into the RFP. Certainly the RFP has evidenced based practices in mind. We want this to be an acceptable program for him and young people. I think everybody probably knows there are no residential services for young people in the State of New Hampshire. In talking to this young man one of the things that struck me the most was not only was he insightful about the services provided to him but I asked him "how many of your friends would benefit from in service such as this?" He looked at us and said "everyone". This is a young man who lives in a small community and not from the city of Manchester, when he means everybody he means everyone he was associated with and none of them were engaged in services. We know people who are involved in the justice system and come into our facility and we have not seen a positive drug screen for heroin in the last year. It is now fentanyl. I think that shows us where our young people are at in the big picture.

I've talked to the Commissioner and the Governor and it is a population that leaves me very concerned and we need to tackle head on and turn the opioid crisis. This service that we are going to provide at the Sununu Center or that the provider will provide at the Sununu Center is going to be critical in terms of whether or not as a state we have success in really tackling this crisis.

Commissioner Meyers
Just to clarify part of the work that has to occur some is construction and some of it is internal and renovating the space internally for the unit in but in order to be eligible for Medicaid reimbursement which we want to be able to tap into obviously which is essential for the financial viability of this outcome effort we have to separate this part of the building from the correctional side of the building. This means we have to cut it a separate entrance to the building and we have to make some adjustments to the parking lot and some other outside work. So I am hoping for a mild winter down there too. To the extent that it is mild we can get it done earlier but I hope that at the very latest this will ready to go and operational in June.

Question: Are you looking at continuing care plans like re-entry into their own communities and that aftercare piece? Absolutely. That is the only way this is going to be successful.

Question: I want to ask whether some of those services where you are targeting those embedded and educational systems we have always had separate treatment systems. I think the idea of embedding treatment and embedding prevention in a system I think it would secure you interest in these issues. It would be wonderful to have a conversation about where do the youth go from treatment, or for that matter where does an adult go from treatment and where do they get their ongoing care and support? Our hope is to get these young people into treatment and back into their schools. The reality is folks that require this level of care haven't been in school and have caused disruptions. If we want to have success going forward we need to treat them and get them back in so we absolutely have to have those conversations with all schools in the state and develop plans that involve them.

Tym Rourke: It may also and I do not know if this is already planned with the Bureau but is may also be a thought to make sure that the Continuum of Care facilitators that are within the Public Health System are briefed on this and can start, if they aren't already. There are people in regents whose job it is to help understand some of systemic issues across populations and so I think some of these avenues of conversation is there is a role they could play or some analysis they could give from some of their strategic plans. Do we have a handle on the answer to that question on the youth side because I know there has been a lot of conversation on the continuum of care for adults and perhaps those facilitator might be able to go after some information that could form some of those things? In advance of the system opening recognizing part of the challenge is with adolescent treatment in our state when we had it and it has been difficult to get kids to it even though it seems logical that we know we have a need.

Commissioner Meyers
I just want to let everybody know that Joseph Harding will be serving in a new position at DHHS as the new Director of the Substance-Misuse Systems Planning and Evaluation in the Office of Quality and Improvement.

Joe Harding
I just want to say that I have appreciation to you for this new opportunity. As soon as you started to talk to me about this quite a while ago I was immediately excited and felt that this is really something I can get enthusiastic about. We all know it has been one of our greatest challenges to be able to demonstrate that the resources that we are putting out there are effective and doing what they are supposed to. It's been an honor to serve as the Director for the Bureau of Drug and Alcohol Services, being involved with the Commission. I have been involved since it's inception as the Representative for Recovery although it was a treatment slot for the first four years. I was then hired into my former position in 2004. I am looking forward to continuing to work with everyone.

BDAS Program – Contract Executive Summary Section

Please look through your handouts for the document titled "BDAS Program – Contract Executive Summary Section". This is a lot of information that we need to go through and try to make it make sense. Starting with the first page I want to acknowledge, as it was mentioned earlier, talking about the prevalence and consequence of alcohol and drugs in our state, we know that there is something like 110,000 people that are misusing alcohol and or drugs or that meet the criteria of substance use disorder. Our admission rates for opioids have gone from 17% a decade ago and are now around 50% of admissions today. We know naloxone administration by EMS has quadrupled over the last few years and the most important statistic of all is the number of drug overdose deaths. There were 40 overdose deaths in 2002 that number has quadrupled to over a 160 in 2012 and has tripled since that time to 476 in 2016. It has had a devastating impact on families and communities across the state.

I also want to convey through this document looking at the first page what we have been doing and putting out there, there is rhyme and reason to what it is we are doing utilizinga conceptual framework that is promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is a strategic planning model and it uses the public health approach, we use the acronym ACPIE (Assessment, Capacity, Planning, Implementation and Evaluation). This model identified What the impact is at the state level, at the regional level, as well as the impact of that misuse of alcohol and drugs is having on our communities and on the state as whole andon state institutions? What is the capacity to be able to address these issues, whether it is financial resources or services on the ground, what is the plan to address these issues, implementing plans and evaluating whether or not they are effective. We have put a lot of resources out there for a full continuum of care of services. We have population strategies that target the general population to try to reduce the risk for people starting to engage in the misuse of alcohol and drugs and becoming addicted.

Prevention services that target the individuals we know are at risk. We know youth are coming from homes with active addiction or serious mental illness or they are experiencing academic performance with behavioral problems at home or school. We know that people with a history of trauma are at great risk. Our objective is to target some of these individuals to reduce that risk.

We are trying to intervene early for those who have already started to misuse alcohol and drugs but not yet addicted. So having things like screening, brief intervention, referral and treatment (SBIRT) in healthcare settings so we can intervene early and change the trajectory before it becomes a serious problem. Then of course people do end up going on and having problems with drugs and alcohol and having a full array of substance disorder treatment services is valuable.

Treatment services are everything from outpatient to intensive outpatient, partial hospitalization, crisis intervention. Many times when you talk about treatment services most everyone thinks about the number of residential beds available, even though that level of care is is not always what's needed. Medication Assisted Treatment (MAT) is an important part of the treatment. We are facing and epidemic and we have had almost no capacity in the state for medicated assisted treatment or withdrawal management services. We have also have had very limited capacity for services across the continuum including treatment services. People can spend 2-3 weeks trying to get somebody into treatment and they finally get them into treatment and two days later they leave because they are unable to cope with the withdrawal symptoms. Medication Assisted Treatment is a critical component for these services.

Last but not least are the Peer Recovery Support Services (PRSS). We know this is not a system where we are putting people in the treatment car wash and expecting them to go out the other side and skip happily through the rest of their lives. They need continuum of supports and the peer recovery supports are way to do that, utilizing people with lived experience. It is inexpensive and efficient way To support people in early recovery.

There is also a fiscal benefit to this model if we can do all of these elements and do them well. Our strategy is based on the premise that the better the outcome in each of the earlier efforts around prevention, that are less expensive and target a greater number of people, the fewer the number of people that start misusing and that go onto to addiction that require increasingly more intense services. We know that once it gets to the point where people become addicted, that these are the folks wreaking

havoc across multiple systesms, including police investigations, prosecutions in the court, corrections, and having problems at home, greater healthcare costs and child welfare issues with child protection. There has been a study that suggests that the misuse of alcohol and drugs in the state costs the state around $2.3 billion a year. What we are trying to do with the full continuum of strategies and services is a small fraction of that cost.

If you look on the second page it tries to give a pictorial of all of the services that we have talked about. Starting with population strategies at twelve o'clock and moving around there is prevention, early intervention, crisis intervention, specialty substance use treatment, withdrawal management, peer recovery and training and technical. All of those as you go around that circle require more intense and costly services. At the center of the circle it talks about resiliency and recovery oriented systems of care. Resiliency is described as innate capacity the operates best when people have resiliency building conditions in their lives. This is important to mention that recovery oriented systems of care are networks of organizations, institutions and community members that coordinate a spectrum of strategies and services. We are trying to put systems in place out there that work together in a coordinated manner because substance use disorders and co-occurring disorders are complicated issues. A good example of that is what happen in Safe Stations in Manchester and Nashua with the coordination of services, In Derry they decided the safe station model didn't quite work for them but through our continuum of care facilitator they put together folks from their local mental health provider, their recovery organization, the fire department, government officials, the hospitals and they set up a system so there is better community awareness and coming together in planning based on what is available and what the unique capacity and circumstances in that community to better prevent these problems but to also improve crisis coordination and treatment services in their area.

Substance Use Prevention Public Health Networks

Looking at page 3 under Population Level Strategies with our Federal Block Grant funds we fund a substance misuse prevention coordinator and a continuum of care facilitator in each of the thirteen public health networks across the state. The idea is that they are a resource in each of those regions to convene people across the sectors to identify a plan for their area to reduce substance misuse behaviors and related consequences for individuals, families and their community.

I am not going to have time to go through all this but if you were to look all of the different pages in this document and compare it with graphic on the second page you'll see that there are services that we are putting forward in a full continuum of services in each of the regions. Our biggest challenge today is to make sure that the services going out there are doing what they are supposed to be doing and have the effect that we want. That is easier when there are services that have been in place for a long period of time. We do a good job but of course we can always make improvements particularly around regional access point services, peer recovery supports and even medicated assisted treatment. Family support services which are designed to have people who have experience dealing with a loved ones addiction to alcohol and drugs to provide some support and guidance to help families who are just starting to deal with these issues, . The Recovery Support services the recovery community has come together and are helping us design the metrics that we should be capturing and measuring to demonstrate the effectiveness of these services.

High Level Overview of Contract Outcomes

On page 18 for example Alcohol Use in 1005 is 45% it is now down to 30% in 2015. This is all gathered from the Youth Risk Behavior Survey (YRBS). Binge drinking has gone from 28% down to about 14%. You can see the downward trend but there is one exception here in marijuana. We have not seen much inroads in being able to prevent the misuse of marijuana among youth. On the opposite page it shows some of our treatment outcomes. These are all based on some of our actual measures which are abstinence, employment, criminal justice involvement, stable housing and peer support, you see that this information is only for progress from admission to discharge but last year we started collecting post use data for three, six and twelve months to see how people are actually doing after they have had treatment and hopefully many of been able to access recovery support services. We had almost no capacity in this state for recovery support services and now we have recovery community organizations that are being funded throughout the state, supported by federal block grant funds and Governor's Commission funds. That is something we should all be proud of.

Tym Rourke
I would like to ask if folks would take the time to read the BDAS Program – Contract Executive Summary Section – August 30, 2017 that Joe has gone over briefly and then in a couple weeks read it again. The night before the next meeting please read it again. This foundational underlay of how the department is approaching the system has not changed since the day I started eight years ago. If you think about everything we have done collectively and what Joe had led under his departments' leadership it wasn't too long ago when we had prevention contracts strewn all over this state with no outcomes complete in consistency and through a fair amount of metaphorical bloodshed Joe and his team develop what is considered by many people one of the most advanced prevention systems in the country. I travel all around the country and when states hear this is how we approach prevention they cannot believe it. I think very often in the weeds of managing the moment and thinking about the gaps we have we fail to recognize the system that we built, what it is intended to do, the fact that it is working and we have things to build on top of it the fact that we are able to today having the department and the commissioner opening up this new area of work it is all because we built this and Joe has built this and I want to thank you. I cannot emphasize enough that we individually make sure that we have the framework. This will make it easier for us and our ability to think about the policy recommendations, the work of our task forces how we allocate the resources we have at our disposal in partnership with the department. It has got to have this as its underlay because this has been the march for quite some time and the fact that we have the system that we do have right now even though we have a lot of work to do is a testament to that vision.

Quick Reminders – Tym Rourke
As I said earlier eight state agencies your deadline is tomorrow to submit to the Center your templates for the annual report. As you reflect we will deal with the minutes later. As we talked about in June we will take that information and then probably have a discussion on where we are at in terms of meeting our October 1 deadline. It is super important that the Center gets that information so we can look and see where we are at and then a few of us can have a conversation around that.

In June we decided with the Governor's blessing and the work from his team and in appreciation of David joining the system as well take a moment and pause the State Plan process so we are going take some time and assess where we are with that and develop the timeline to move that forward but we need a little bit more conversation.

Have the Conversation: Caring for People Who Inject Drugs a Guide for New Hampshire Healthcare Providers by the Harm Reduction Coalition
Tym Rourke. You were sent these in advance with two documents you have seen before and this is to engage some work in this space but what we are really talking about is the bigger document. Hopefully you got a chance to read it but I will give Seddon and I know that Kevin has also been part of the group that worked on this as well. Often times there documents that groups create and we usually focus on endorsing and having you all approve documents that are obviously created by our task force. If he Governor's Commission is to support the Harm Reduction Coalition in putting out this material we e can take a motion to accept and do that so they feel they are communicating that the Commission has viewed this and sees that it is keeping with the work that needs to be done.

Seddon Savage. There are actually two issues and they are very specific is whether this document can receive the approval of the Governor's Commission. The smaller issue is endorsement and what does that mean. Endorsement is support for this mission as a whole from the task force that was engaged in some way in reviewing a particular document. The reason I raise that issue is because these first two documents were created fully by the Healthcare Taskforce but they are attributed to nobody because we needed to get them out in ten days. Thinking a little of the process in what it is we are asking you to do. This is out there and is not from the Healthcare Taskforce or the Governor's Commission and it has logos on it to assist people in how to get help.

The Guide for New Hampshire Healthcare Providers was created by Kerry Nolte, Kevin Irwin, Jason Lucey, Dean LeMire and Karen Prazer. The Healthcare Taskforce became aware of it and thought it was very innovative and there is nothing like it across the nation that I know of. It is developed for healthcare providers and talking to them about how to engage people who

inject drugs in conversations about safety and reducing harm even when they are not ready to stop. Harm reduction is all about that.

The Healthcare Taskforce has reviewed this and we suggested some revisions which were integrated, some minor content changes but the people who created this document did a fabulous job. We think it is needed and we will distribute it. The Healthcare Taskforce has people who are in Community Health Centers, major health systems in the state, Medical Society and others so we have venues to distribute any of the products that we create very rapidly. Having the honor of the Governor's Commission support would strengthen the content of this document.

New Hampshire Harm Reduction Coalition has just launched itself and Kevin Irwin is going to say a few words about that.

Kevin Irwin. The coalition itself as you know is a program that was authorized a few months ago absent any specific earmarks for funding for training and support for opening programs. The coalition is a group of folks who have met several times over the last few months with stated objectives of supporting and integration of harm reduction across any number of services and many of which we have spoken about this morning. Services, programs are around and integration into clinical services, law enforcement and all kinds of folks who come in contact with people who use substances. A web site has been launched http://nhhrc.org/ and we are sponsoring and delivering a couple of events in September, Training of Trainers for Overdose Prevention for example, working with the department and the Department of Infectious Disease. I and a colleague of mine have best practices for services that we have accumulated and there has been acknowledgement of evidence of over the last 25 years that will be out in September.

Tym Rourke: in review are there any questions that people have about the content, the direction, the focus of it?
Comment: I think this is a very good document. Medical schools still talk about genetics. We know so much more about adaptive behavior. The way we communicate this is very important and it is necessary to get across the education.

Kerry Nolte. I think the problem is that there are different pathways that people take in using drugs. Trauma in a childhood event, pain, parental substance use and the list goes on and on. Talking about all the reasons is challenging but starting to ask about that having more of a conversation and help to engage the client. This handout is really about setting goals.

Tym Rourke. This is a brief and it is meant to be a brief. I think we need to flip one statement around, "A lot is known about the multiple pathways to addiction, etc." As a funder who has funded significantly in the medical community one of the biggest points of resistance in engaging has been the perception that we don't know why and it overwhelms and scares. Perhaps if there is a way to flip that one statement on its head and then somewhere that is not too onerous something about we recognize we have a challenge in the workforce around education and so the extent of which we actually do know a lot I would hope that part of the guidance would be to make sure Practioners avail themselves of ongoing professional development in this space because there is actually a lot. There are a lot resources and tools and to not create something that is right off the cuff is going to scare them. That is the one thing I have thought of in reviewing this.

The process question that Seddon has recognized about who does what has been an ongoing process at this Commission that we cannot deal with today because I think it is much bigger in terms of where do we need the Commission to say yes. We want a stamp put on this first and we want to empower a taskforce to say "Boom! We think as a group of collected experts on this issue we have imprimatur. So I would just like to park this as an example of that nevertheless I think it is pretty fair to assess our Healthcare Taskforce wants to see this saturate the marketplace and have our guidance and support of it. I think in reflecting on our state planning conversations to date harm reduction has been a significant piece of discussion that we have had loosely. We are not there yet in terms of developing a state plan that has that statement in it but my assessment of our discussion has been that train is moving on that station so I would certainly entertain anything in terms of how this Commission would like to codify that this body is supportive of this document. That would be a motion or we just say "good job" to it.

Senator Bradley made a motion to accept and Monica Edgar seconded. All were in favor.

Review and approval of the minutes are tabled until the next meeting as they were not copied properly.

Taskforce Updates

- Prevention: The taskforce is realigning some of our workgroups to align them with our three year plan. We have a great update from the Governor's office on the workplace initiatives that we are looking at.
- Treatment: We are very similar to the Prevention Taskforce. We are actively prioritizing our options for the state plan. We are taking a couple of meetings to do this as we are really getting down in the weeks on it. Hopefully at the next meeting I will be able to give a better picture on the state plan.
- Recovery: The main activity is planning the Recovery Retreat. It is event for folks who see themselves participating in the recovery field and all will be welcome.
- Joint Military: The leadership has changed. We are looking at a new Adjunct General for the National Guard. Jessica Blasé will be leaving the taskforce in the near future but still stay on for a time yet.
- Prenatal Exposure: We have been working on the strategic planning piece and the Neonatal Exposure Program. The document had a lot multi-disciplined across the state that worked on it and it is being piloted in several hospitals.
- Data: We are working with all of the department collecting data. We have a meeting with the Department of Health and Human Services today. Basically trying to think of a more nuance way of telling the story of addiction in this state and how we are responding to it. We know there are several reports ordered by statute and we are doing ongoing work with Senator Hartman and all the other departments involved.
- Opioid: we bring people from all the different systems. We haven't been able to engage education very well. We want education represented. We need the various systems represented because utilizing the existing networks to embed prevention and care of services is so important.
- Healthcare: will continue to work on harm reduction and trying to support those efforts. Our overall is taking substance abuse disorders and prevention into the healthcare system with SBIRT and those kinds of things. In looking at that work plan for the next we recognized that the barriers are ubiquitous and they include frustration for lack of understanding for how to deal with people in distress. We are focusing on developing a meaningful education that will address stigma, burnout and the barriers within the healthcare system.

The next Governor's Commission meeting
October 27, 2017 from 9:30 am to 11:30 am in the LOB Rms. 301-302.