Members Present:
John Barthelmes, NH Department of Safety
Marty Boldin, Recovery Representative
Gary D’Amour, NH National Guard
Monica Edgar, Treatment Professional
Katja Fox, NH Division for Behavioral Health Director
Todd Gardner, NH Nurses Association
Ned Gordon, Circuit Court Judge
Helen Hanks, NH Department of Corrections
Joseph Harding, Executive Director
Timothy Lena, Prevention Professional
Chris Placy, Public Member Substance Free Workforce
Dan Potenza, Suicide Prevention Council
Tym Rourke, Chairman
Seddon Savage, New Hampshire Medical Society
James Vara, Governor’s Advisor on Addiction and Behavioral Health

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

Minutes were approved.

Presentation: Youth Leadership Through Adventure (YLTA)
The Youth Leadership Through Adventure is an innovative regional initiative focused on the prevention of youth substance misuse by fostering positive development and leadership skills.

- Positive youth development programs are approaches that seek to achieve one or more of the following objectives:
  - Promotes bonding
  - Fosters resilience
  - Promotes social competence
  - Promotes emotional competence
  - Promotes cognitive competence
  - Promotes behavioral competence
  - Fosters self-determination
  - Fosters spirituality
  - Fosters self-efficacy
  - Fosters clear and positive identity
  - Fosters belief in the future
  - Provides recognition for positive behavior
  - Provides opportunities for prosocial involvement
  - Fosters prosocial norms
• The Positive Youth Development approach has been shown to be effective at reducing substance use among youth under the age of 18 in a number of Peer Reviewed Journals.
  ➢ Positive Youth Development is a strengths-based approach focused on youth rather than the substance; it allows us to be proactive.
• The Youth Leadership Through Adventure Program received a “Promising Practice” designation from the NH Service to Science expert panel in April of 2015.
• Youth Leadership Through Adventure Components
  ➢ Common Elements
    o Leadership Academies
    o School Group Meetings
    o Annual Conferences
  ➢ Action Plan Components
    o Kids in Prevention Retreats
    o School Climate Projects
    o Service Learning Projects
    o Chem-Free Events
    o Environmental Prevention Activities
    o Celebration Events
• Leadership Academies
  ➢ Multi-day experiential education training retreats for prospective YLTA students to prepare them for participating in their school YLTA groups in the coming year.
    o Three day, two night leadership academies during the summer.
• School & Regional Group Meetings
  ➢ Self-governed out-of-school time meetings consisting of facilitated activities, and planning of substance misuse prevention and school climate enhancement related strategies.
    o Weekly/Bi-weekly, 60-90 minute meetings throughout the school year.
• Annual Conferences
  ➢ Two day event focused on developing participants, leadership, facilitation, public speaking, self-awareness, coping, relationship building and planning skills.
    o Topics promote the importance of positive leadership and its role in improving school climate and increasing awareness of the importance of making healthy and chem-free choices.
    o November 10-12, 2016 (High School) and in the spring (Middle School).
• Action Plan Components
  ➢ Kids in Prevention Retreats
  ➢ Service Learning Projects
  ➢ Environmental Prevention
  ➢ School Climate Projects
  ➢ Chem-Free events
• North Country Health Consortium is currently seeking an outside evaluation team to partner with as we seek national evidence-based designation

Health and Human Services Updates
Funding and Contracts – Director Joe Harding
• Members of the Commission and others know that SB533 passed and made an additional $3 million available. Actually it made an additional $5 million available.
  ➢ Two and one-half million dollars was allocated to the Governor’s Commission.
  ➢ One-half million dollars was allocated to the Department of Health and Human Services for “Peer Recovery Supports\ Services”.
  ➢ Two million dollars to the New Hampshire Housing Finance Authority for “bricks and mortar” recovery housing.
• The Commission decided over a year ago how we would utilize these funds.
  ➢ The Commission decided it would use $819,327 dollars to support prevention direct services that were identified in Regional Public Health plans.
    o There are 13 Regional Public Health Networks across the state.
Each of those networks were required to identify the more significant challenges from a community perspective on what was most needed in those communities for prevention direct services.

These funds are going out for that purpose.

The department posted a RFP (Request For Proposals) in September and proposals were due in early October.

Right now they are in the procurement process and we expect that they will potentially be approved next month.

The second set of services was to contribute additional funding for efforts (some are already underway) to make medicated assisted treatment (MAT) available in the state.

This is a critical type of service that is for individuals with all substance use disorders in particular with the opioid epidemic to help individuals maintain and prevent them from going into withdrawals.

Treatment admissions went from 17% for opioid addiction to more than 50% for opioid admissions.

During that same point of time the number of people that completed treatment is going down. Many times the client was leaving because they could not take the terrible symptoms from withdrawal.

This is a critical service and the department has allocated about two million dollars in additional federal funding. There is funding the Commission identified for this purpose and there are negotiations in place with to make these services available in communities across the state.

Some contracts are already in place through the federal funds.

The Commission identified $258,000 for juvenile court diversion programs and those contracts are in place. The Commission had previously funded juvenile diversion programs so these contracts are in place and we are anticipating going to G&C in November.

The Commission also identified a half a million dollars for alternative sentencing programs.

Some work that Tym, James and others have done with the Department of Corrections, Department of Safety and Judge Nadeau those funds will be made available through a MOA through the Department of Justice. These are to support “New Hope” alternative sentencing program.

“New Hope” is not an organization but is an adult alternative sentencing program that currently exists in Manchester but there are desires to expand access to that particular type of initiative in this state.

The Department of Justice has offered to conduct the RFP process on behalf of the Commission.

As you know typically with our resources the Bureau of Drug and Alcohol Services does all the administration of those resources but in this instance, given particularly DOT’s unique space in the arena of helping do contracting in the court and justice system they are really well suited to rapidly deploy those dollars.

The MOA process is to transfer funds from one state agency to another.

As the Attorney General prepares to put out the RFP there will be a review process and the Department of Justice (DOJ) has asked for assistance with reviewers from the Commission who could serve in a review capacity.

The “New Hope” program had federal grants through the Department of Justice and was the agency that allocated the process.

Questions regarding the “New Hope” Program should be directed to Alex Casale.

The next item the Commission identified is public awareness and targeted education is $200,000 and that is in the contract development process.

It will be directed at helping individuals understand the great risks involved in the misuse of alcohol and drugs and some of the resources available to prevent those and provide treatment and recovery.

Peer Family Support Services. $105,000 went into contracts in September.

Recovery Supports and Infrastructure will receive $116,000.

We had put out a $1,500,000 from federal funds. From the Commission about $800,000 and from the department about $700,000 from federal funds for Peer Recovery Support Services made available through a facilitating organization. That contract was awarded several months ago.
This additional $116,000 will be going forward with a contract amendment with the facilitating organization for additional recovery community organizations.

- We also identified $145,250 to the Center for Excellence to support efforts.
  - The Center contract provides a training component and technical assistance.
- That adds up to $2,500,000 from the Governor’s Commission.
- The other $500,000 made an allocation specific to the department for peer recovery supports services was awarded in contracts yesterday. In fact it was $600,000.
  - They had the $1,500,000 that was awarded before. $600,000 that was awarded yesterday and another $116,000 going out the door.
- Some pretty specific resources that have resulted in our being able to support numerous organizations across the state to develop the capacity for these critical services.

- Other funding sources that have gone out.
  - A number of pregnant and parenting programs that were awarded in three different contracts in different parts of the state.
  - There have been two separate awards for student assistance program counseling across the state.
  - There was some funding made available for crisis residential respite shelter care for people in crisis with substance use disorders that needed a respite or a shelter temporarily until they were able to get into the right level of treatment services.
  - The Department of Health & Human Services has worked with the Department of Safety in the statewide naloxone distribution and training initiative and that is making the naloxone kits free of charge to people that cannot afford them that are at risk for overdose, or their family and friends. We’ve done that distribution through our Regional Public Health Networks.
    - We went through 6,000 kits and we just recently ordered an additional 6,000 kits.
    - We have done an evaluation that people will see soon that has an executive summary that numerous of those were used to save a life.
    - We want to thank Commissioner Barthelmes of the Department of Safety and Nick Mecuri from the Bureau of Emergency Medical Services as they conducted the trainings for many of these events across the state along with other community partners.
    - In addition to the MLADC’s (Master Level Alcohol and Drug Counselor) the funded through other funding in the past we put additional MLADC’s in the Department of Health & Human Services District Offices.
    - We have also put other funding towards Medicated Assisted Treatment (MAT).

- Other updates from the Department of Health and Human Services – Katja Fox
  - There was a presentation on the “building capacity” for the 1115 Waiver which can go up to $150,000,000 over five years.
  - There are five years to build the capacity for integration of primary care and behavioral health. Including substance misuse services as well as mental health services.
  - While we distribute the first round of funding that allows them to hire staff and build their own infrastructure they are busy with their plans.
    - The plans need to communicate to us which project they are going to go forward with and those are based on community acceptance.
    - We anticipate those coming in on Monday. There is a review process with an opportunity to have a conversation on where they need assistance.
    - There is an independent review panel.
    - There is $30,000,000 for the rest of this year to be distributed.
Annual Report/State Plan Process
The New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery each year creates a report as required to aggregate progress toward the Commission’s strategic plan and to set forth recommendations to continue the momentum. [http://www.dhhs.nh.gov/dcbcs/BDAS/documents/gc-final-september-2016.pdf](http://www.dhhs.nh.gov/dcbcs/BDAS/documents/gc-final-september-2016.pdf)

Our goal is to release the State Plan in June and the next State Plan will be a three year strategy not a five year strategy to allow us to be in a tighter time frame.

- Data Dashboard *(see annual report pages 14-26).*
  - Includes indicators specified by RSA 12-j:4, III
  - Data is categorized into three categories.
    - Selected morbidity and mortality indicators.
    - Selected criminal justice and social consequence indicators.
    - Selected prevention, treatment and recovery indicators.
  - Each section includes:
    - Important data notes.
    - Opportunities for improved data collection.
  - Includes a final section on Additional Data Access and Availability Opportunities and Challenges.
  - Data collection has been a collaborative, multi-departmental effort.
  - Selected Morbidity and Mortality Indicators: *(See Annual Report pages 16-20)*
    - The projected number of drug overdose incidents is projected to reach 3550 in 2016.
    - Increase of 204 since 2015.
    - This is the lowest rate of increase over a one year period since 2012.
  - Selected Criminal Justice and Social Consequence indicators: *(See Annual Report pages 16-20)*
    - The top three drug/alcohol related offenses between July 2015 and June 2016 as indicated by the number of charges were: Acts Prohibited; Controlled Drug Act (3356). DUI Driving While Intoxicated (2850). Controlled Drugs: Acts Prohibited (2406).
  - Selected Criminal Justice and Social Consequence Indicators *(see Annual Report pages 16-20)*
    - Diversion
      - In SFY 2016, 266 adults participated in a treatment drug court program.
      - 702 youth participated in juvenile court diversion programs in 2015.
    - Consequences of Substance Misuse
      - Approximately 20% of incarcerated individuals as of September 2016 had active sentences that included drug-related offenses.
      - 44% of accepted DCYF child abuse and neglect reports between January-April 2016, had alcohol or substance abuse as a risk factor.
  - Selected Prevention, Treatment and Recovery Indicators *(see Annual Report pages 21-25)*
    - A total 5,543 people received alcohol and other drug use treatment services through state funded programs from July 1, 2015 to June 30, 2016 (SFY 2016)
    - 96% of treatment clients were without arrests at discharge.
    - 74% of treatment clients were participating in self-help or support groups.
    - Prevalence of alcohol use and prescription drug misuse over a 10 year period has decreased significantly; while the trend for marijuana use is essentially flat (no statistically significant change over time).
  - Additional Data Access and Availability Opportunities and Challenges *(see Annual Report page 26)*
    - Improve surveillance capability for:
      - Incidence of individuals seeking but unable to find timely treatment and recovery services.
      - Individuals seeking treatment in other states as a result of barriers in NH.
      - The gap between available services and treatment need across all services in the continuum of care.
    - Goals:
      - Make the data collection/aggregation process more systematic.
      - Develop an on-line dashboard.
Data will be used to inform planning and drive recommendations for the next state plan.

2016-2017 State Planning Process

- **Background**
  - The new plan will build off of the current plan.
  - The new plan will:
    - Focus on all substances.
    - Cut across the continuum of care.
  - Who and How: Via a template, recommendations will be obtained from:
    - Commissioners – engaging agency/department.
    - Task Forces - focus groups, key informant interviews and other mechanisms.
    - Enforcement – Ad Hoc groups.

- **Proposed Timeline & Steps for Plan Development**
  - When: October 2016 – June 2017
    - October 2016 - Present proposed planning process to the Governor’s Commission.
    - November 2016 – Convene Task Force Chairs to gather input in order to develop a plan template and convene representatives from law enforcement to gather additional input in order to develop a plan template.
    - December 2016 – Distribute plan template to Task Forces, law enforcement and Commissioners.
    - December 2016 – Mid-February 2017 – Make recommendations for state plan through the completion of the plan template.
    - Mid-February to Mid-April 2017 – Aggregate recommendations and information collected through plan template and draft plan.
    - April 2017 – Present first draft of plan and recommendations to the Governor’s Commission.
    - Late April 2017 – Obtain feedback on first draft.
    - May 2017 – Complete final draft.
    - June 2017 – Print and disseminate final Strategic Plan.

- **Comments**
  - There was a comment that the treatment numbers were lower but they are not dramatically lower. It is in fact because instead of getting services through our contracted funding many more people are accessing services because of the New Hampshire Health Protection Program and also because the substance use disorder benefit has been made available through expanded Medicaid. Overall the number of people getting services has more than doubled. We will be putting out an issue brief that compares the total number of people in New Hampshire identified with a substance use disorder and where and how they are getting services and what is supporting those services.

  There are about 105,000 people in New Hampshire identified with substance use disorders. In the past we only had the funding through the contracts which has always been around 5,000 to 6,000 people. Under Health Protection we are anticipating that an additional 8,550 people will be able to access services and under New Hampshire Medicaid almost 11,000 people. As you can see it has gone up dramatically with the resources made available in those two programs.
NARCAN – James Vara.

The Governor through Executive Order established a drug overdose fatality review committee. While that in many ways will talk about fatalities which we certainly will be talking about as a group. I will be asking for all of your input as part of this group. It is going to be run by the Attorney General but most agencies here will have a member as well as prevention, recovery and treatment. We will go through some of these exact things with the relationship with the SEOW (State Epidemiological Outcomes Workgroup) which is collecting most of the data.

That is one part of the group to collect the data and mine the data. The Drug Overdose Fatality Review Committee will examine trends and patterns of overdose-related fatalities and make recommendations to ensure the efficient allocation of state resources; identify high-risk factors, current practices and gaps in systemic responses; recommend policies, practices and services to encourage collaboration between stakeholders; improve data collection and information-sharing; and provide education about overdose-related fatalities and effective intervention, prevention, treatment and recovery strategies.

New Hampshire Drug Monitoring Initiative (see handout September 2016 Report)


• The NH Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and abuse. In line with this approach the DMI will obtain data from various sources (to include, but not limited to, Public Health, Law Enforcement and EMS) and provide monthly products for stakeholders as well as situational awareness releases as needed.

  ➢ The report contains information on:
    ▪ Opioid Related Emergency Department Visits
    ▪ Heroin and Rx Opiate Treatment Admissions
    ▪ EMS Narcan Administration
    ▪ EMS Narcan Administration Map
    ▪ Drug Overdose Deaths
    ▪ Drug Overdose Deaths Map
    ▪ Situational Awareness
    ▪ Substance Abuse Treatment/Recovery Directory.

  ➢ The DMI and SEOW are working collaboratively together to make sure we are not over duplicating.

Regional Access Points

The Regional Access Points will work in tandem with the New Hampshire Statewide Addiction Crisis Line (1-844-711-HELP (4357) and 2-1-1) to identify and help individuals receive appropriate treatment services.

• The Commission has provided funding for two different pilots for Regional Access Points Services.

  ➢ One of those is in Manchester and that proposal was unique as it connected with resources that the city made available including Safe Stations and Crisis Respite.

Task Force Updates

• Prevention


  o We are working right now on a dissemination plan.
  o We are hoping to get these pamphlets passed out when clients pick up their cards for medical marijuana.
  o We also are making these available to the alternative treatment centers.

10/28/2016
- It will also be going out to the Partnership for a Drug Free New Hampshire.
- In December the commission will be advised on the taskforce work for “early childhood”.
- The Taskforce has been working on the top five documents and looking at creating an appendix to the top five strategies that schools can do for prevention.
- We are also trying to create some user-friendly workbooks for schools for model policies.

• Prenatal Exposure
  - There are new requirements for babies that in withdrawal in hospitals to have a safe discharge plan.
  - The Task Force is going to create the template for hospitals to have to assist in safe discharge.

• Recovery Task Force
  - Cheryl Pacapelli is leading the group that is working on housing standards and that will be hopefully done when the money is ready for distribution.
  - One of the things that happened within the last week was the first Community Practice meeting around recovery and the membership jumped from 30 to 60-70.

• Healthcare Task Force
  - Focusing on opioid prescribing rules.
    - Gathering information to help work with the board to change opioid prescribing rules.
    - We have finalized the rules to be approved by JLCAR and the joint legislative committee on administrative rules.
    - These will go in effect on January 1, 2017.
  - The other focus is Medicated Assisted Treatment (MAT).
    - We have been working to identify all the barriers to payment for that and discussing with the Insurance Department committee.
  - We are supporting education and distributing information on clinicians getting waivered.
    - There will be the first state-wide training next Friday.
    - There is a grant through the Bureau of Drug and Alcohol Services (BDAS) to support practices to implement buprenorphine treatment.
    - It is one thing to get waivered but then coordinating care and making sure people are getting the psycho-social services that they need are challenging.
  - Stigma is something that comes up over and over again in our discussions.
    - On December 8, 2016 there will be the first day-long stigma program conference exploring the impact of stigma. It will be held at the Dartmouth-Hitchcock in Lebanon. [http://www.dartmouth-hitchcock.org/classes_events/eventdetail/29518235838](http://www.dartmouth-hitchcock.org/classes_events/eventdetail/29518235838)

• Opioid Task Force
  - Has a strategy document that has identified strategies for all different sectors to address opioids.

Comment (Tym Rourke): Just a few weeks ago our Prescription Monitoring Program (PMP) has achieved interoperability with our surrounding states. In fact James, Joe and I were at a conference at Dartmouth together and James announced it, because it was happening that day, and Joe’s colleague from Vermont had already been able to do a quick message with their office and found they had 6 or 7 hits that were positive across the New Hampshire/Vermont border. Interoperability has been a big issue in terms of the border communities and we have achieved it.

• Military Task Force (this is a joint task force with PTSD and TBI)
  - We are advocating for Military Culture Training for providers.
  - We are coordinating technical assistance for Tri-Care and Veteran’s Choice providers.
  - We have identified and recommended substance use disorder resources.
  - We are discussing mechanisms for access to healthcare for all of our service members’ veterans as well as their families.
  - Tri-care is working parity with the Affordable Care Act.
  - We also have gathered data on which provides can become Tri-Care Providers.
    - In that process the level of comfort providers have in treating the military affiliate community.
  - At the Task Forces last meeting we updated the commission on post-traumatic stress disorder and TBI.

• Data and Evaluation Workgroup /SEOW
  - At this time there are no updates.

10/28/2016
The next meeting for the Governor’s Commission on Alcohol and Drug Abuse Prevention and Recovery is

December 16, 2016
Legislative Office Building
9:30 am to 11:30 am