

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

**October 23, 2015
LEGISLATIVE OFFICE BUILDING
CONCORD, NH**

MINUTES

Members Present:

John Barthelmes, *Department of Safety*
Lorraine Bartlett, *Division of Children, Youth and Families*
Marty Boldin, *Recovery Representative*
Cheryl Ann Coletti, *Business and Industry Association*
Scott Dunn, *Liquor Commission*
Rebecca Ewing MD, *Public Member*
Joseph Foster, *Attorney General*
Traci Fowler, *Partners in Prevention*
Monica Edgar, *Treatment Professional*
Ned Gordon, *Circuit Court*
Joe Harding, *Executive Director*
Molly Kelly, *Senator*
Timothy Lena, *Prevention Professional*
Deb Martone, *Senate Legislative Aide*
Chris Placy, *Public Member*
Dan Potenza MD, *Suicide Prevention Council*
Timothy Rourke, *Chairman and Director of Program, NH Charitable Foundation*
Seddon Savage MD, *Medical Society*
Stephanie Savard, *Treatment Professional*
Mary Steady, *Department of Education*
Todd Swass Col., *New Hampshire National Guard*
John Tholl, *Representative*
Nick Toumpas, *Department of Health and Human Services*
Jack Wozmak, *Governor's Office- Senior Director of Substance Misuse and Behavioral Health*
William Wrenn, *Department of Corrections*

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

Review of the August 28, 2015 minutes. Minutes approved.

Alcohol Fund Appropriations SFY 16 and 17 (see handout)

Tym Rourke: *"It has been our traditional practice to focus in on high level strategy around where these dollars should be allocated and provide high level guidance and endorsement. We also allow the Bureau of Drug and Alcohol Services who administers these dollars go through the technical work of drafting the RFP (Request for Proposals) and start gathering necessary feedback from our Prevention, Treatment and Recovery Taskforces and crafting the details in how those dollars will be administered.*

We should not kid ourselves that the resources we have been given are enough. We need to include in our discussion not only the ways that we think we can have an impact with our investments and the kind of impact we think we can confidentially deliver to the legislature and the citizens of the state but also have a very clear understanding of what we are going to leave on the table and what is not going to get done. The financing is such that it does not fully fund our state plan. I want to emphasize that most of what is on this spreadsheet are suggested priorities, things that have been in discussions with for a while. I really do want people to approach this with fresh eyes and feel welcomed to raise concerns

or at least flag those decisions that we are making that are going to have consequences in terms of areas of service that we are not going to be able to make new investments in given the resources at our disposal.

By that token we are in the middle of a crisis and time is of the essence and I would love to leave the meeting with a plan of attack so we don't have to do this again in December because I think our communities have waited long enough."

The document has an excerpt from HB1 which is the actual state budget. You will notice in the spreadsheet that one of the items up for discussion which will be discussed at the end is the Senior Policy Director position in the Governor's office which is Jack Wozmak's. Jack will be here throughout the meeting up until that point and then when we get to that piece of the budget process Pam Walsh, the Governor's Chief of Staff is going to come in and spend time with us and Jack will leave. I got a clarifying point from Senator Forrester which was confirmed with the LBA that I wanted to make sure people understood about that part of the process. For folks who have been monitoring the process that when the Senate made their decisions around the budget they did not create a general fund appropriation for that position in the Governor's budget. They looked to the Alcohol Fund line for us to decide the continuation choice around that. You will notice when you look at this document you will see estimated source of Governor's Commission funds you actually see two lines one is agency income and in SFY2016 \$3,187,757.00 that is the alcohol fund, funded at 1.7% of gross profits from the sale of liquor. Underneath you notice general funds and you will see \$61,239.00 in SFY16 and \$123,136.00 in SFY17. Those are not from the alcohol fund. Those are a general fund appropriation. That is the appropriation that was made to us at the request of Senate Finance so that this Commission could address the possibility of continuing that position. I wanted to highlight that because it has been my understanding up until this was clarified that we were being requested to take money from the alcohol fund statutory formula to potentially fund that position and we are not. We have been given a general fund appropriation that would allow us to continue that position if we so choose."

Question: If it is decided that the position should not continue will that general fund money (\$123,136.00) go away or will that be added to other choices for other things? *It will be added to our fund. We have discretion over it.*

BDAS Director Joe Harding to discuss the spreadsheet.

To give a bit of context for this the GC has a plan called "Collective Action, Collective Impact," at a high level the objective of that plan is to implement the comprehensive approach to address the misuse of alcohol and drugs. That is everything from population level strategies; we have parity requirements; in the law from public and private benefits for insurance; things like HB271 that made naloxone standing orders available; Prescription Drug Monitoring Program (PDMP); safe storage and disposal; safe prescribing practices; those are all kinds of population level strategies that we are looking to implement. Then we have direct prevention services. We know there are individuals that are of particular risk for using alcohol and drugs. People with a history of trauma are at risk for misusing alcohol and drugs. We have folks that are misusing but are not yet addicted. Those are particularly at high risk. We then have an array of treatment services for those that have become addicted and the all-important recovery support services to help. That is the approach we are trying to take. In this spreadsheet you will see that it is not just the Governor's Commission funding which is the which are the two columns in the middle shaded in gray but we wanted to give a context for all of this. This is all of the funding that is under the Bureau of Drug and Alcohol Services to support this comprehensive approach. This is only the funding within the Bureau and the Department. There are other things out there supporting this effort. Manchester is supporting student assistance counseling in their school budget. There private insurance with benefits. We really want to look at this particularly at the Governor's Commission level, with anything and anything with public and private sources, federal, state, local county, business, anything that we can do to support a comprehensive approach is what we are trying to promote. We have broken this out into different sections to try to get a sense of where we are allocating those resources. Under current training, current services, capacity being implemented, proposed new service and capacity, those first two pages are for SFY 16. It is the same format for SFY 17.

- Governor's Commission allocation
 - What we have proposed is treatment at \$2.683 million. Prevention at \$565,648.00. If you look at the column on the right you will see that that is the appropriation amount of \$3,248,996 is for SFY16.
 - Under the first category Current Trending and Technical Assistance that is the amount of funding that is allocated for training and technical assistance \$242,000 on the treatment side and \$187,000 on the prevention side.

- We should mention that the Governor’s Commission chose a number of years ago to fund the Center for Excellence which is the Public/Private Partnership with the Charitable Foundation at this point the Charitable Foundation is contributing more money. The Center and the Training Institute on Addiction Disorders supports everything that we do for the all the prevention, treatment and recovery support services that we do.
- The next section is what we have historically funded. Starting under current services, which starts on row 30 going down on the treatment side we historically funded \$1,527,697.00.
- You will see that we are adding \$36,000 for medicated assisted treatment under the Governor’s Commission. The department is also adding resources for reducing the amount of funding for these contracts. The reason for that is we have a set capacity for treatment services and when Health Protection came on our providers are enrolling people that are under the Health Protection Program and billing that program which is essentially an unlimited resource for services for people that are eligible for that program. They are then billing the Bureau of Drug and Alcohol Service for individuals that are not eligible for that program. Health Protection covers people from 0 to 138% of poverty and our contracted services including the contribution by the Governor’s Commission covers people from 139% to 400% of the poverty level. It is on a sliding fee scale. We actually reduced those contracts. With providers billing Health Protection they didn’t need that funding from the Bureau. If there was additional capacity they would need that funding.
- Another piece that we are working on building additional capacity. We are trying to optimize all the different resources that we have available. Treatment services end up being \$1.419 million; Prevention services \$250,000. That is the funding that has gone to support the “Life of an Athlete Program,” which the Governor’s Commission has funded for the past few years.
- **New Services and Capacity**
 - These are things already being implemented. The Governor’s Commission is right now not contributing to that area. Health and Human Services have put in \$1 million for developing capacity in Community Health Centers for SBIRT, which is an early intervention strategy.
- **Regional Public Health Network**
 - We have added a \$1,040,000 and \$260,000 on the prevention side for \$1.3 million a continuum of care coordinator under each of our Regional Public Health Networks. That is for each of our communities to help identify what they have for capacity for the full continuum of services, what’s missing, what’s needed and how can they develop that additional needed capacity, and what are all the different public and private resources that could support those kinds of efforts.
- **Proposed New Service Capacity**
 - These are not yet implemented that we are looking to do this year. The whole top area is for services that are proposed to be supported by the Governor’s Commission. Under the treatment column (row 134) we are proposing \$200,000 for Medication Assisted Treatment (MAT). MAT is a critical service to address the opioid crisis that we are currently experiencing in the state. We are also allocating \$200,000 from our Block Grant for that as well.
 - The next three rows (135, 136, and 137) are all relative to Peer Recovery Supports Services. There has been great effort over the last several years to try and get some footing to develop capacity for Peer Recovery Support Services. When you look at row 135 that FO is the Facilitating Organization. What we know that people who have lived experience and have some training can provide an invaluable service to helping individuals get into recovery and maintain their recovery. What they don’t typically they don’t do so well is all the technical pieces such as how to enroll and bill Medicaid. The next line (136) resources to support Recovery Community Organizations. These are peer run and led by individuals in recovery and family members and so on. This would support the operations of some of those community based recovery organizations. Line 137 for \$50,000 is under the Block Grant to support some of the services.
 - If you look over the Governor’s Commission contribution and the Block Grant contributions is that we would be looking to fund \$650,000 to support Peer Recovery Support Services in SFY16.
 - There is some funding that is being made available, and there would be a contribution on the prevention side of \$100,000 for a Public Awareness Campaign.
- **Regional Access Pilot Project**

- We have to thank Senator Kelly for bringing this to our attention. A number of people attended a meeting facilitated by Senator Kelly and the Southwest Community Services came to Senator Kelly with the idea that there are resources out there but people who are suffering from addiction and their families and friends are often not in a good place to navigate a system that is not all that friendly to navigate. There is a potential role, a one point contact that anybody who is looking for help or services that there would be a facilitated process to help these individuals to access information, resources, and services to find recovery. It was talked about a pilot for that area but since that time we have heard about other things going on. We are not sure how it would be put out there at this point. It is new to us but we would like to develop a pilot that could be used in other areas.
- One of the things we are suggesting is that we actually try something. One of the things that is intriguing is what CAP is proposing is that they do a broad array of care coordination for vulnerable individuals. One of the things that CAP has done quite successfully, given the nature of the role that they play in this region of the state and the role that the CAP play in connecting with folks who are particularly economically vulnerable, with their homelessness initiative that the Senator referred to they're catching people who are showing signs of being at risk for homelessness and actually intervening before they become homeless. Part of the reason why CAP in this region put out the thought about potentially trying something they are right now dealing with a population who is walking in their door in need of addiction services. The nature of the population that they see already for some of the other services they provide. There has been a conversation with stakeholders in the community and this particular organization to think about a way, given the fact that this is an organic place where folks who are economically vulnerable show up. Is there a potential value added of housing someone there in this region of the state that might be able to do some of this network weaving with the right service array. What I would suggest if we were to pilot something, this idea aside, I would like us to consider trying something. Obviously we would want to look to say if this is something we want to do they would need to demonstrate evidence on how this system would work in that region and who they are connecting with. Making a motion or proving something like this does not mean we can't write them a check. There would have to be further work to flush out the pilot. There is a network of the CAPS all over the state in varying degrees of complexity and structure and relation within their region. I think the idea is compelling and if we had a little bit of money we could put in to a rapid cycle solution in the Monadnock Region might lend itself to replicability elsewhere.
- We do not have a mechanism in place for the number of people who are calling for help to make sure that the first call they get gives them the right answers on what they need to do to start. Jack is talking about assessment centers all over the state but we do not have the money to build that. If there is a way that we could try it to see if it works with a little bit of alcohol fund resources might just avail ourselves of other opportunities we could achieve that goal of having centralize points of contact that could do some of that care coordination that providers that are at any level of the system, even themselves struggle with because that is one of the missing links in the treatment and recovery service array is navigating the services. We need someone at the front end to be able to do that.
- We could potentially match Block Grant funding for that so we could potentially do two sites.
- **Special Projects Under Row 140**
 - At one point we had talked about potential pilots for Drug Courts and it still could be used for that or other purposes. A number of you may know that Senator Boutin and Senator Bradley introduced a bill that would provide funding for Drug Courts that would be supported by State and County. Depending on where that goes those funds could potentially be used for something else.
 - The idea is that if we had a bucket of resources where we could respond in a rapid way to something innovative whether it is the idea of Senator Kelly's idea but I think as we are watching other communities coming up with localized solutions for this group to feel like you might have some resources that you might want to contribute to some of that work we thought that we should have some flexibility there.
 - We had originally set aside these dollars to support at least one drug court. Given the nature of that bill and having talked with Justice Nadeau we want to let that bill process play itself out depending on that outcome we could certainly revisit. If we leave ourselves some flexibility in our resource allocations whether or not we want to make a contribution there or again or respond with some kind of piloting effort.

Question: *In row 146 services for pregnant and postpartum women from the Block Grant. I am just curious what that would entail?*

It is a priority for our Block Grant. We do want to put some additional funding for enhanced services for pregnant postpartum women. Under Health Protection there are benefits particularly for that. I should mention that same benefit package will be expanded to regular Medicaid is the idea right now in SFY17.

- Outside the Governor’s Commission funding but these are some other things that we are doing.
 - We received at the department a very significant grant “Partnership for Success” that is what the “PSS” stands for. This is a federal SAMHSA Grant and is being utilized for additional student assistance program counseling under the “Project Success Model” which is an evidenced-based model. We are currently supporting 26 schools and looking to add an additional 20 schools and identify a significant amount of funding to target young adults. Young adults are in college, in the workforce, etc. they are our highest users. This will help the prevention efforts in that area.
 - These will be supported by the “Partnership for Success” Grant.
- At the bottom under Governor’s Commission the two different columns you will see that there is an additional capacity \$959,265 for treatment services and \$120,000 additional on the prevention side.
- Additional Amount of Funding needed to support the new initiatives relative to training and technical assistance.
- Line 163 is the total of all of the funding across all of those different funding sources including the Governor’s Commission.
- Down at the bottom it gives a breakdown the amount of funding by category across all of the different funding.
- We will hold off on line 142 for now.
- Lines 143 and 144
 - The budget that passed included two footnotes directly allocating funding to these two projects. One of them being the **Katy Organization** and the other one for Shea Farm to implement “seeking safety” which is an evidenced based program. Because they are footnoted they are not under our jurisdiction. We are in the process of getting those dollars to the respective parties right now. The Bureau has been in touch with DOC (Department of Corrections) in move for “Seeking Safety” resources and looking at adjustments to Katy’s contract.
- SFY17
 - Under the two columns for the GC the funding for current services is the same for prevention and treatment.
 - On the last page there are some additional funding available in SFY17 so some of these amounts have gone up.
 - They should be self-explanatory.

Question: *Is there any funding for SBIRT (Screening, Brief Intervention, Referral to Treatment)?* What we did with that is put over a millions dollars of our block grant into the Division of Public Health contracts with the Community Health Centers to fund the infrastructure development. The only SBIRT in those centers or will be soon be doing that. The nice things about SBIRT are it is a covered benefit under Health Protection and will be under Medicaid and also under many private insurance plans. We are not funding the services themselves because we believe the significant resources for the services we focused our efforts on developing the infrastructure.

Comment: We are trying to optimize all the resources and make them available. All of this is based on Health Protection. It’s fundamental to this whole approach if Health Protection goes away it will dramatically change everything that we are talking about here today. It is a reminder that this strategy is entirely predicated on the existence of insurance coverage for treatment and some levels of recovery support services.

Comment: *When you look at SFY16 versus SFY17 it looks like we lost 3 ½ million dollars.* It is important that we mention the reason why this is not the set amount of funding that we have typically available. For many years, we get a block grant every year from the federal government and we have two years to spend that down. Historically we have spent that down in the second year. More recent years, if we weren’t careful we were going to lose some of that money when we critically needed it. What we decided to do is we could take a significant amount of an award to help develop some of the capacity for the services that we are talking about. For this one time we have significant additional resources mostly that

we are putting in to SFY16 but also could carry over into SFY17 to develop the capacity for the continuum of services. So the major reason you are seeing a difference between SFY16 AND SFY17 is mainly for that.

Comment: *Would that be representing somehow in this budget what Commissioner Toumpas is saying the document is accurate but it is not complete?* With the amount of fiscal scrutiny that is going around we need to make that sure that this document makes a strong economic argument.

Tym Rourke: from a process standpoint we file an annual report every year which includes a request around this kind of information. However this financial information is limited to resources that are going through the department and specifically the Bureau of Drug and Alcohol Services (BDAS) and certainly the Medicaid office and the Department of Health and Human Services. It does not include for instance if there are significant prevention funding coming through the Department of Education (DOE) right now and Mary being a very close partner, DOE and BDAS on some of that because it is actually very parallel, very complimentary initiatives with other federal resources that are not represented here. So this is not intended to get a full picture of all state allocations towards addiction. That said that is the job of the Senior Policy Director. As we move forward to the next annual report he will be working with Lisa Muré and reaching out to state agency budget directors so we can get the kind of fiscal analysis that speaks to the states entire expenditures. Perhaps by December than possibly the meeting following we might be able to provide you with a much more robust picture across state agencies on where is addiction specific money, where is it going and where is it being spent.

Just as a reminder a couple of things that are represented here again so we are clear on the choices we are making. We have our state plan and our big dollar ask. Then we came up in December prior to the beginning of the budget process and came down to something a little more refined looking at a fully funded alcohol fund. We included things in there such as: juvenile diversions supports and programs, and supporting the juvenile diversion networks and expanding those because we have some parts of the state that do not have juvenile diversion programs at all. We talked about some adult diversion programming. Potentially through DOC (Department of Corrections) such as “New Hope” which is already active in Manchester but replicating and expanding that and none of that is included here. We talked about added funding for prevention services to specifically to support the priorities that are identified in the next wave of the Regional Public Health Networks Substance Abuse Prevention Plan. There is no money in here to do that. Those were the bigger ones where early in our discussions, prior to the beginning of the session those were priorities in this mix as well, as well as some broader work in the space of workforce, training and technical assistance. We have here but in a much more scaled back fashion.

- **MAT (Medicated Assisted Treatment)**

The Bureau of Drug and Alcohol Services and the Center for Excellence convened a small group of folks including Dr. Savage, Dr. Mason (Upper Valley area), Molly Rossignol (Addiction Specialist), to come together to strategize about what are some of the things that we can do to help substance use disorders specialty providers to assist in primary care settings to provide medicated assisted treatment services. We have a pitiful number of doctors that are certified for suboxone in the state. We have an opioid crisis and nowhere need the need to address those issues. Some of what we are trying to do is make it more doable. We are using some of our block grant funding in a complimentary way in primary care settings. What are some of the services we could provide to make it more doable for those settings to provide those services? It could be a medical assistant or direct on-call consulting that a physician could call if they have a difficult case. This will make it doable for doctors to take it on. We need to have communities to our local healthcare providers that they have to do this because we have people dying. That is the idea around this collective effort.

- **Tym Rourke HB1** (see handout)

If you flip to the second page look at the top you will see something will refer to 1 of 2. You notice in there that the language, the second and third bullets there is the language around the funds footnoted to the allocated in the state budget. I draw your attention to the top one. What this states is the alcohol fund is non-lapsing. That is important because what that means is if there are funds in 2016 that we do not expend (such as the pilot funds, or as Joe alluded to how the contracting works and sometimes the funds do not get used but liquidated), that money comes back into the fund and is available in 2017. This footnote has been there some years and not others. I bring your attention to it now so you have a real time understanding of funds we have available so we can deploy as we see fit. I will make sure that we commit to ensure that we are getting to you regular updates on the balance of the funds as we start moving money around. If we find ourselves with a windfall we want to be able to get moving on it.

Question: *Is there an opportunity for a special allocation to use of it for juvenile diversion?* Yes there is. This is based on where we have come as a collective. We do not have to do it. We can have a conversation on do we move resources around. This is the next conversation we want to have. Recognizing that we will take money from something to pay for something else. We do want to address this.

- **Line 142 – Governor’s Senior Policy Advisor**

I would like to go back and address line 142. This is on the second page of the big spreadsheet. We will just deal with the 2016 budget as it is the same in 2017. Line 42 is the “Governor’s Senior Policy Advisor” position. Pam Walsh who is the Governor’s Chief of staff is sitting in on the meeting and Jack Wozmack will be leaving for this part of the meeting.

- As you know this position is currently funded by the Charitable Foundation. Tym Rourke will not be voting on this particular line. About two years ago the Governor convened a Commission on Government Innovation and Efficiency to look at ways in which New Hampshire government could be tweaked to improve outcomes, save resources and streamline things and improve the functionality of state government and benefit to New Hampshire citizens. That taskforce came out with a couple of recommendations in a couple of different buckets. One was on ways to save the state money; one was on ways to improve outcomes.
- In the arena of improving outcomes that commission’s recommendation was the creation of a senior level policy position in behavioral health, substance misuse and mental health and put it in the Governor’s office. It was believed given the cross agency ways those issues impact the state and many of the ways various state agencies, various publics are working on that, to have a position in the Executive Branch in the Governor’s office would allow some potential efficiency, better crosspollination, better collaboration and better coordination amongst state agencies, fiscal dollars and budgets. It was in that spirit of recommendation that a conversation began with Governor Hassan and the Charitable Foundation about might there be the ability given we were not yet in a budget year to seed that kind of a position as we were looking at both the emergence of the heroin epidemic and opioid crisis. Also the state had settled the mental health litigation which was going to require some significant transformation in the mental health system. The donor had a specific interest in increased and increased presence in the public sector on this issue that the foundation offered to make a one year grant to the office of the governor to create that position. With the understanding and expectation that we would fund for one year and then expect it move into the public side for continuation of funding. It is highly unusual for private foundations to fund government positions generally speaking.

Pam Walsh

- The Governor did seek funding in her budget for the position but it was removed. Doing things this way was not our preference. The Governor believes having someone in her office focusing on this issue who could work with stakeholders, state agencies, and the community. The focus has been on substance abuse. Jack has been bringing relevant state agencies in every week to meet on this issue to organize the first opioid conference that is being held next month. Work on the Narcan distribution plan and encouraging Narcan distribution, legislation we are hoping to move this year, and addressing a variety of issues have been the focus of this position.

- **Open Conversation on Line 142**

Question: *When I listen to some of the things that have not been included in the budget, and look around the table and I look at people who are doing a lot of work with very little, my question is, in fact I have a few questions, why does the governor need this position? Second question: what has this position done that members on this commission have not done? I hear this position on TV, radio touting NHtreatment.org, go on to the website and look for these sites. That is something that was done with the Center for Excellence with the Providers Association and with New Futures. I hear him talking about a 211 number that has been in existence. I hear about a pilot program that Senator Kelly is sponsoring which sounds like an amazing opportunity we could take the funding for this position and add two more pilot programs for the state and do something effective immediately without just another layer of conversation. If in fact, the vote is to have this position I would suggest we need a different person for this position.* The media has been looking for people to talk to so he has taken a public relations role and that is part of it. In terms of what else he has done he has been working on Narcan, standards for drug treatment facilities and what their rules are and whether they should be revised. He has worked with Commissioners to get additional funds, work to get Manchester grants to help them with law enforcement effort. When we thought about it our model is really, if some of you remember the Kids Cabinet, which was under Governor Shaheen where state agencies were brought together to better coordinate their resources. Part of what this role is bringing the work to the highest reaches of state government and making smart moves. When he comes back to this meeting or from a meeting with agencies and says “hey, there is a contract that we are waiting to get out” the Governor can move that along a lot quicker.

Question: *What has been done in the last twelve months with this position?* He has been working with doctors and EMT’s and they are having the first conference. He has worked with the Governor’s office to draft legislation; he hasn’t actually been on the job twelve months, on a number of issues such as fentanyl, ASAM criteria, insurance companies use to evaluate appropriate substance abuse treatment. He has worked on prescriber in-patient treatment rules revisions. He has recently been asked by people in the provider community, inside and outside New Hampshire, on how we can get more treatment beds into the state.

Question: *What results have those conversations had?* There is a conference scheduled for November 2nd or 3rd. The legislation is drafted and we are speaking with legislators about it. The Narcan distribution plan he has worked on getting a letter out to providers encouraging them to actually give standing orders for Narcan. Rules are being revised as we speak for inpatient treatment; Manchester now has a grant to work with the state police on enforcement efforts.

Question: *None of that would have happened without this position?* This position has helped to make a lot of those things possible.

Commissioner Barthelmes: I am in support of this position. I would suggest that if we are going to continue with the right hand not knowing what the left hand is doing I believe we need somebody in the state to coordinate, and deal with the issues nobody else is dealing with. This is really complex and there are so many gaps that are still not being addressed our best hope is this position. None of us have the time. We know we have prescribing issues. He is spending a lot of time with hospital CEO’s and pain clinics. The last two to three weeks there has been a lot of discussion on insurance. The Insurance Department has been working with the Governor’s office and HHS to really make sure that the rulemaking in our laws will deliver the maximum benefit for prevention and treatment and that those dollars are going to be able to be spent. It is very complex. This problem began fifteen years ago. We need to give it time.

Attorney General: I also support the position. I think it is critical that we have somebody who wakes up every day in state government and thinks about this problem. I spend time on it. Commissioner Barthelmes does, Commissioner Wrenn does. Commissioner Toumpas does. We have many, many other things that can divert our attention. He forces us to stay on focus. I met with the Massachusetts Attorney General’s office and they have fifty-five people working on the opiate issue. I have myself and James Vera. We need that position to keep us on task, on focus, but there are a lot of other things that each of us do. I think he doing a good job, he has taken some hits in the media for various different reasons. I think he has been a very valuable resource.

Representative Tholl: Like the Commissioner of Safety I go back a long way in law enforcement. My concern is that I hear things like the Chief of Concord, saying he didn’t even know there was a drug czar. I hear other police chiefs saying that they don’t get any contact from him and then I see in the press that the Medical Society has a real issue about not

being contacted about some of these things. That concerns me greatly. I am not necessarily against the position but I do not see that it has accomplished a whole lot from what I know and I very concerned about that. Unless someone can convince me otherwise I am not going to support it.

Pam Walsh: he is one individual and has met with hundreds of people. He had met with the Medical Society Executive Director had phone calls and emails over 18 times. He has spoken with the Board of Medicine fifty-two times. The president of the Chiefs Association was out of town when the whole chief's thing happened, I have met him a few times, and we're never going to reach every single person with one person. Part of why he is bringing people together as other people are meeting with other people: the Attorney General, the Commissioner of Safety meets with the police chiefs on a regular basis. The Governor wants to force some uncomfortable discussions. The Attorney General was one of the people who said we are having trouble prosecuting opioid prescribing abuses because of the Board of Medicine rules. It is an important discussion to have and we will continue to have it. I don't think we can blame one person for forcing that discussion. I think we have heard that from other people as well. During this crisis we have to have uncomfortable discussions and if you are going to punish someone for bringing up uncomfortable discussions that would be unfortunate.

Commissioner Toumpas: Frankly I share some of the concerns that people raised and I have thought long and hard about this. This Commission focuses on issues pertaining to substance abuse. Several years ago we were dealing with a crisis in prescription drug misuse. Couple of years later we were dealing with methamphetamine. Couple of years ago we were dealing with "spice". Now we are dealing with opioid addiction. Lord knows what we will be dealing with two years from now. What Pam just indicated that the position has not yet grasped their hands around that. This is the one that right now is the priority piece of it that we need to deal with. This has taken me to the "Wayne Gretzky" analogy that you have go where the puck is. Where it is right now is this is front and center and on everybody's radar but where we have to go we know people suffering from mental illness have invariably co-occurring disorders. The promise of a more cohesive way that impels me to say I am going to support this. This has nothing to do with the performance of one individual versus another right now it is structurally what we need in terms of the state. I have a good working relationship with my fellow commissioners. The Governor convenes a mini-cabinet to talk about some of these that get us together to talk about this very issue. The idea of the piece that has not yet been actively explored and dealt with that there is a critical need for this type of a role to convene and bring people together to focus on this. That is so critical.

Marty Boldin: I often walk away from this table feeling a little worried because I know that none of us are doing our job the way we are supposed to. That doesn't mean that we don't want to it just means that we are overwhelmed. Like Senator Kelly I receive phone calls all the time and I do not have answers for the people who call. I agree with the Attorney General and other Commissioners that this is an absolutely critical piece of infrastructure to be in government. It is necessary for the Governor to be able to react and respond to what's being said at this and a dozen other tables around the state. We are battling a weird fight here because the people that control our ability to respond to this fight are very far removed from the realities that people like me and Senator Kelly have every day or else we wouldn't be talking about \$650,000 for recovery services or why there are two people out of the Attorney General's office in the state working on that; or why there aren't adequate treatment resources for people in prison and on and on. I do want to say one of the issues I have heard come up today that is that everybody here is doing way too much without not enough resources. I am going to vote for the position but I want to be on the record as saying that I think it would be important for me at this table to know what the measurable are. It would also be important for me that part of the job of the drug czar for the state to be having many sub meetings with members of the recovery community. There should be a convening of people in the recovery community outside of the task force that those people have access directly to the Governor's office through that position as well.

Representative Tholl: Basically I am not against the project I agree with Commissioner Toumpas that the mental health issue is a major issue. I have been working on the mental health issue for over ten years. Dual diagnosis is a major issue with the opioid and any other drug use because people try to self-medicate. I am not against the idea. Maybe I feel I am left a bit out of the loop because I haven't heard or seen anything. Some of the things I have heard here have tended to change my position on this a little bit. I'm frustrated because for ten years I have been given copies of the Mental Health Consensus Project that I have given out because there are a lot of things that could be implemented at no cost that might have helped some of the people and this is frustrating. I am not against having someone in this position.

Seddon Savage: There are two questions on the table. One is: is this position needed? What is the potential of the position? I think almost no one would disagree that it is a needed position. That we need someone in state who is focused on these issues every day. The second question is: who is the right person to be in this position? I do not think that is a question that this group can process. Some of the questions that I think that are important to ask is: whoever ever fills this position has the depth and understanding of the issues that they are dealing. Do they use the available avenues that we have to address addiction? Does the individual seek out and use expert resources that are available to them? Is the individual balanced in addressing these issues? Do they take care in talking about the issues? Do they recognize and celebrate the work that other people are putting in and credit those who are doing that work? So are just some of the things that I would think about. I do not think this is the forum to do that but I think the Governor is doing that. I think we need to separate the issues.

Tym Rourke: I would like to set this a side for a moment the consideration of the position and go back to the spreadsheet as a whole and make sure that we captured other questions, concerns, ideas. Tracy had a comment on the table with regards to Juvenile Diversion. Do we look at potentially not having this certain open pilot fund and dipping in to Juvenile Diversion or other things?

Question: *When we talk about the block grant and selected further funding can you give me some examples on what you are projecting that will look like.* The original idea on that was for providing resources for infrastructure for specialty substance use disorders treatment. So in-patient, intensive outpatient, partial hospitalization. Federal block grant cannot be used for real purchases but if there was an organization that was providing services and wanted to expand their capacity or if there was a new organization that was not providing services but could some of those upfront costs such as hiring staff, making changes to the IT systems, development of the infrastructure, training, technical assistance all of those things the funds could be utilized for.

Question: *This has to do with the relationship between prevention and treatment and looking at the amount of monies that are being expended on prevention. We have the Life of the Athlete Program. When I look at new initiatives I see another \$8,400 attributed to prevention I am wondering if that proportionate to what we are going to be spending on prevention?* That is proportional. It is around 7%. The only thing I would say relative to prevention services fundamental to this whole comprehensive approach starting with population level strategies which probably costs about \$4.00 per capita going to prevention services that cost from \$60 to \$90 per person to early intervention like SBIRT which costs \$250 to \$400 per person, to treatment which averaging around \$1700 per person, and \$3,000 to \$4,000 per person for residential. The further up the ladder you the higher the cost and the fewer people served. Relatively speaking with the investment that we have made from the Governor's Commission and significant resources from the federal block grant and Partnership for Success which is \$2.5 million that we have proportionately we have made a good investment in prevention services relative to everything else and the cost of those things.

Tym Rourke: We have a few options on how we can potentially proceed and I think we do so in the thick of the reality. However let me go over what I think the options are right now.

- Option A: is we take a motion and vote on the entire proposal as presented and we vote on it as a single block.
- Option B: is we go line by and we can vote on things group feels consensus on or not we do not have to be at consensus but we can take a vote on things individually. We could select to move forward with motions on some things and not others and come back in December and do a portion of this again.
- Option C: is we divvy this up into two chunks. One specifically the vote on line 184 around Senior Policy Advisor needs to be separate as I don't sense consensus here and we want to be sure to capture that to the extent that that needs to be recorded in the vote. Maybe there is consensus but we do that separate.
- Option D: is we do not vote at all and we decide that we want to continue this conversation in December.
- I would certainly entertain guidance from the group on how you would like to put forward a decision point here.

Question: *Does Option A mean there is still space to discuss diversion next time?* I would remind folks that what is in the budget as described is a slush fund in essence. So to that extent we have the ability to have some real time conversations about those dollars going forward.

Marty Boldin: I move that we vote with Option A with the provision that next meeting we come back and we hear a presentation from the Diversion Task Force and that we have some kind of proposal from DCYF. The motion was seconded from the Commissioner. *Discussion:* I would just motion that we opt for Option D to vote on the budget as a block and separate the Senior Policy Advisor position out as a second vote because I think those are very important discussions so that we can transparency about those two issues.

Marty Boldin: I will amend my motion to that as long as the provisors about Diversion and DCYF remain.

There is a motion on the table to vote on the full block except for Line 142 which is the Senior Policy Advisor position. We have a motion and we have a second. Is there a discussion on that? All voted in favor.

I would love to do then is take a motion on the budget as proposed with the exception of Line 142.

There is a motion to approve the budget as presented with the exception of Line 142. The motion was seconded. Any discussion? No discussion and all in favor.

We can entertain a motion to support the allocation on Line 142 for the Senior Policy position. There is a motion on the table from Marty. Do we have a second? Second. Any discussion? I like what Seddon said about the two separate issues. Make a motion to approve the position with the expectation a portion to assessing the person in the position meets the criteria that Seddon suggested. I would say so that it becomes a function of the responsibility of the Governor's office to make sure for the Commission.

Marty Boldin: it can't be done. My motion is not to advise the Governor on whom to hire in her office or not hire. I think that is the prevue of the Governor's office. My motion is to approve this position and I don't think that means that comments made about the position, I mean about the person in the actual position but I think my motion is about approving the position as an essential and necessary part of government structure to address this issue in the Governor's office. Any further discussion? **Seddon Savage:** I just want to clarify this is approving the position? Yes, it is approving the position. Approving the funding for the position. Any further discussion? **Judge Gordon:** when the original legislation passed to create the position the whole purpose was to expend the Governor's fund and the idea was from the way it was structured was to avoid having to use any of the monies from the fund for administrative purposes. The position is good. Anything that is focused on addressing the problem I have to support. The legislature should support this the way it was originally intended but what it had done is take the funding out of the Governor's fund. I support the motion because I think it focused on what it needs to do. **Tym Rourke:** there is a general fund appropriation on top of the alcohol fund that was given to us with this option however Judge Gordon's point is appropriate in terms of the intention of the fund.

Representative Tholl: I agree that we should be looking whether we fund the position or not and not the person that is there because it is actually is up to the Governor to pick the person for the position since the position is in the Governor's office. It is not my job to second guess what the Governor does. We are here to look at the position itself not necessarily the person itself.

Any further discussion on the motion on the table? **Marty Boldin:** I hate to do this but actually what Judge Gordon said are we acting outside of what we are allowed to do by statute? No. The question is fair to the extent that Judge Gordon is right to the historical intent of the legislation but the legislation does not restrict the Commission from taking the resources and putting it towards administrative support for the work. We actually looked at that.

So there is a motion on the table. Is there any further discussion? So the motion is to approve the expenditure of funds in line 142 to fund the Senior Policy Director position. What I would like to do is get a hand vote. Can I get a show of hands in approval of that motion? **Joe Harding:** I would just like to add that it is a different line for SFY17 but it is funding the position over two years. Motion to approve: motion passes. Abstention of Tym Rourke noted for the records.

Before we adjourn I want to thank you all for the work. In December I want to just to bridge back to what we have been asked to deliver on. In December we will reach out to the Diversion Network and see if we can bring some further information on that. We can bring some further details on the Monadnock opportunities so we can put some movement in

that. I will ask the department to update us on their progress for getting these approved funds out the door. The Insurance Department has asked for time in December to update us on parody.

The meeting is adjourned. Thank you for coming.

The next meeting for the Governor's Commission on Alcohol and Drug Abuse Prevention and Recovery is December 18, 2015 at the Legislative Office Building from 9:30 am to 11:30 am in Room 301-303.