

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

October 27, 2017

LEGISLATIVE OFFICE BUILDING

CONCORD, NH

MINUTES

Members Present:

Marty Boldin, *Governor's Policy Advisor on Prevention, Treatment and Recovery*
 Jeb Bradley, *Senator*
 Monica Edgar, *Treatment Professional*
 Annette Escalante, *Executive Director*
 Todd Gardner, *NH Nurses Association*
 Ned Gordon, *Circuit Court*
 Helen Hanks, *Department of Corrections*
 Kevin Irwin, *Recovery Representative*
 Timothy Lena, *Prevention Professional*
 David Mara, *Governor's Advisor on Addiction and Behavioral Health*
 Jeffrey Meyers, *NH Department of Health & Human Services*
 Jennifer Patterson, *NH Insurance Department*
 Chris Placy, *Public Member*
 Dan Potenza, *Suicide Prevention Council*
 Joseph Ribsam, *Division for Children, Youth and Families*
 Tym Rourke, *Chairman, NH Charitable Foundation*
 Seddon Savage, *NH Medical Society*
 Stephanie Savard, *Treatment Professional*
 Todd Swass, *Colonel NH National Guard representing Brigadier General David J. Mikolaities*
 Shannon Swett Bresaw, *Substance Misuse Professional*
 Mary Steady, *NH Department of Education*
 James Vara, *Attorney General's Office*
 Jim Young, *NH Liquor Commission*

Tym Rourke opened the meeting with introductions around the table.

May, June and August minutes approved with May's minutes to be amended. We also want to shorten the format to meeting minutes. All approved.

Tym Rourke: We have undergone a transition with the Executive Director of this Commission. Joe Harding has moved into a different position within the Department of Health and Human Services and Annette Escalante has been appointed as the new director for the Bureau of Drug and Alcohol Services.

Commissioner Jeffrey Meyers: As we discussed at the last meeting Joe Harding has transitioned into the Quality Improvement Division and he is leading up our effort for outcomes for the Substance Use Disorders (SUD) Programs and metrics which is a very important function. We are very fortunate to have Annette Escalante agree to come and serve as the new Director of the Bureau of Drug and Alcohol Services (BDAS) for the department. Many of you know by statute she also serves as the Executive Director of this commission. We are thrilled that she is here and really looking forward to her serving in this role.

Annette Escalante: Thank you very much. For folks who have known me for many years I do recognize a lot of faces out here so it is really great to be here sitting on this commission. One of things that I do want to say is that my hope is to be able to go out and meet folks in the community and to get feedback so we can take a look and see how we can assist and be more helpful.

Tym Rourke: The president made an announcement declaring the opioid epidemic a public health emergency. We were represented by the Governor and partners from Safe Stations.

David Mara: It was a very good meeting with the interim drug czar. He stressed that funding is needed to expand assistance.

- He talked about Safe Stations and building up prevention.
- Enhancing the metrics in the state.
- He also talked about enforcement which was formerly known as Granite Hammer which was supported by the legislature with the Governor's support.
- Collaboration across the border with Massachusetts.
- States need more flexibility to do what is best for the state.
- On November 1 the President's Commission is going to be releasing their final report and hopefully there will be more information about the funding: sources and how much.
 - We will update you as more information becomes available.

HHS Presentation and funding update

In August we had the first opportunity to look at the new Dashboard and the way which the Department of Health and Human Services is approaching, analyzing and presenting how substance use related funding is manifesting contracts and communities. We have made a commitment as a commission to keep that as a standing agenda item.

Commissioner Meyers

This is the entire Dashboard for the department. It reports on caseloads and various information across our programs that are given to the legislature and the public every month. Generally in connection with the Fiscal Committee meeting which happens every month. About a year ago CMS (Center for Medicaid/Medicare Services) made available to the states some new guidance that would allow states to apply for a waiver through Section 1115 of the federal Medicaid statute that would allow for reimbursement of SUD (Substance Use Disorder) treatment services in facilities that had more than 16 beds and that is relevant under federal law and previously prohibited. Our department is finalizing an application that would go in under the Governor's signature to CMS, through the federal government sometime soon. It is a public process that will occur shortly and after that is completed it will be finalized and submitted. It will allow New Hampshire to capture Medicaid reimbursement for services including SUD services at New Hampshire Hospital and other facilities around the state for up to 28 days.

We are now making adjustments to our Managed Care contracts that will go to the council sometime before January that will allow us to capture Medicaid reimbursement to the Managed Care program for up to 15 days a month. That will be enlarged under the terms of the waiver. We anticipate that once the waiver is approved by CMS which should be rather shortly around the end of the year and that CMS has approved similar waivers in other states and this will open up various important resources for our state. Next month we should have more to update at that point and on that waiver application as well.

What was passed out was the monthly dashboard for the Department of Health and Human Services. You can see the reports on our budget, caseloads, significant programs that we have undertaken including our Development Disability (DD) Waitlist, the mental health measures under HB 400 and HB 517 and then there is a series of tables that show demand for services from everywhere from the children services to long-term care, Medicaid, etc.

The last three physical pages of the Dashboard are the SUD financial reporting. Table 15 is entitled *SUD Financial Activity* is the summary page and the following two pages is reporting on the individual contracts. As we started doing last month we are reporting on expenditures of the Governor's Commission funding, treatment appropriation in the budget as well appropriation for prevention. What this does is report expenditures through September 30 of 2017 of the monies that were appropriated and carried over by SFY 17. The 2018 appropriation is not on this table and that was an oversight. The report will be made available next month and we will also plug in the fiscal 2018 funds. One of the reasons it was not listed is we are still spending down the money that was appropriated in 2017. Essentially you can see the total available between appropriations for 2017 and balances carried over from 16 of about \$8.6 million. You can see the amount encumbered and the carry forward amount for 18 was \$1.6 million, about \$456,000 has been spent leaving a balance of 2017 money of about \$1.2 million. You can then see the total \$8.6 million is money that has been allocated but still hasn't been spent.

Most notably there was \$2 million dollars set aside in the budget for construction of an in-patient facility at the Sununu Youth Services Center. We have essentially divided the Youth Services Center into half. There are four pods down there each has the capacity for 36 beds. We are maintaining two of those pods (1/2 of the facility) for a total of 72 beds that will serve our correctional needs. We have a contract going to council for the next meeting that will authorize construction of an in-patient treatment facility of 36 beds. In order to capture Medicaid reimbursement for that facility we have to have a separate entrance. It cannot be a secure correctional facility in order to capture the Medicaid reimbursement. There will be supervision but it will not be a locked secure facility. It will have a separate parking lot, entrance and internal renovations will also be made. We anticipate it will be up and running by July 1, 2018. We are developing a Request for Proposals (RFP) that will go out by early January that will solicit proposals from vendors that will actually provide the SUD treatment and services. Once it is up and running then we will map out how we can expand on some outpatient services as well. It will be the first dedicated treatment center in New Hampshire for adolescent SUD services. The \$2 million for this was set aside by the legislature.

With respect to the treatment contracts you can see that there was a total of about \$17 million available for 2017. The amount encumbered was \$16.7 and then what has been spent to date. The unspent for 2017 was \$1.7 which was carried forward. We have now spent \$2.5 leaving a balance of \$3.2 and that again is monies that were sitting there in 2017.

As we talked about last month I think there is a variety reasons for this. Part of this is that the Medicare Expansion Program from the New Hampshire Health Protection Program is providing coverage for SUD services and that is filling a role that was not fully realized at the time that monies were appropriated. We also know we have some challenges with some of the providers in terms of workforce and other issues. As we move in to the fiscal year to the extent that there are monies that are not spent and there is an analysis of where that money is not spent in the contract (in the two pages that follow this). The Summary Chart will have to look at repurposing some of that money to the extent that may be needed.

You can see on the prevention side that the amount that was relegated was relatively small at about \$386,000 that is carried over and then in 2018 we only have about \$250,000 of prevention monies that was specifically appropriated for prevention services are now unspent. We are working on contracts right now that will spend that money. Next meeting we should have the 2018 numbers available.

I want to take a minute to discuss where we are in overall funding which are the funds that come to us. There is the Governor's Commission that is appropriated by the legislature; we draw down money from our block grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall when we compare where we are in SF 18 to where we were in SF 17, in SF 17 there was approximately \$29 million that was available for SUD services outside of the managed care program that originated from the Governor's Commission, from the appropriation for the Bureau of Drug and Alcohol Services (BDAS), and from our SAMHSA block grant which is roughly \$6.9 million a year. So there was about \$29 million available in SF 17 for prevention, treatment and recovery services. There was some one time money appropriated in SF17 that we got from the federal government through the CURES Act as well as SB 533 that appropriated a few million dollars for substance use disorder programs. That non-recurring money was part of the bucket that totaled up to \$29 million. In SF18 the CURES Act money has not been reupped and there has not been any additional appropriation from the legislature. So we have just under \$25 million overall between the Governor's Commission, block grant and the appropriation to BDAS. We have approximately \$4 million left overall to allocate to prevention, treatment and recovery services in SF 18 than we had in SF 17. Obviously there is an ongoing need for a variety of services, prevention, treatment and recovery as that need has not abated and we understand that but the department is in the position in the absence of additional funding of having to make some tough decisions because we cannot fund every single contract exactly how it was funded in SF 17. As Dave Mara pointed out the governor and I have been engaged at various levels in Washington to make our case that we do need federal resources here in New Hampshire.

We have had to make some decisions that we want to be able to discuss with you today.

- We have accessed \$700,000 of Commission funding to be able to extend our treatment contracts through the third quarter of SF 18.
 - We are still looking at the process to fund the contracts through the fourth quarter of SF 18.
- We have sat down with Safe Stations to really trying to understand what there take-up rate was.
 - I was impressed with some of the data they presented to us.
 - The Safe Stations programs in Manchester and Nashua are the front door to the opioid crisis in New Hampshire.
 - People from across the state and out of state are going to Safe Stations for help.
 - Safe Stations is not turning anybody away.
 - The reality is there needs are growing because of the number of people they are serving.
 - To keep the program going we need to get them some extra funding through this calendar year so they can continue services.
 - There is \$150,000 through the Governor's Commission that I think will not be spent at the Sununu Center for renovations.
 - We plan on getting this request to the Executive Council at the next meeting.
 - I am asking you today if you would ratify this decision so those resources can continue.

There is a request on the table specifically Safe Stations was referenced. There was some funding that has been already appropriated in order to keep contracts in place through March, 2018 that we are being asked to ratify those. The contracts have already been approved out of order but we want to support that to keep the contractors moving forward.

We are looking to have the treatment contract extensions for an amount of \$807,000 that will keep the services going and \$150,000 for Safe Stations in Manchester.

The motion was made to authorize the funding request and was seconded. All were in favor of the extensions.

Letter from Joint Military Task Force

10-27-17

Todd Swass. I am not a member of the military task force. Unfortunately due to unexpected illness and scheduling conflicts members of the task force were unable to be here to share this letter with you today. To be clear in my official capacity I am not able to officially endorse this request but I can at least pass on a few things from the Advisory Task Force. The letter is a request for funding for the Military Liaison Model.

Highpoints from the letter

- This presents a low cost solution that improves access to care based upon a proven that received national attention and has also achieved success in the state.
- There are approximately 112,000 veterans residing in New Hampshire, and just over 30,000 of these veterans receive care at the Department of Veterans Affairs (VA).
- National and state-wide data, many of these veterans struggle with substance misuse.
- There is a shared task force between this commission as well as the Commission on Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).
 - Their goal is to enhance awareness and advocacy as well as improve access to affordable, relevant substance misuse treatment services for veterans, service members and their families through education and collaboration.
- This is modeled after a Military Liaison Initiative through the New Hampshire Community Mental Health Centers (CMHC).
 - This 1st in the nation model creates an internal Military Liaison in each of the 10 CMHCs.
 - We now know that 15% of clients served at the CMHCs in NH are military connected.
 - This new data is helping to create “intentional” strategies to serve the military by generating military culture trainings, developing internal military staff meetings, coordinating client referrals with the VA and adding Mental Health 1st Aid Trainings for Veterans to community outreach initiatives, and provides greater supports for military families.
- The Military Task Force of the Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, in partnership with the Commission on PTSD and TBI would like to request that the Governor’s Commission consider funding a Military Liaison model for the 15 Substance Use Disorder service providers, that contract with the Bureau of Drug and Alcohol Service.
 - 15 Military Liaisons: 15 agencies x 8 hours per month = 12 months per year x \$65 per hour = \$93,600 (staff costs only – no travel or other costs).
 - 1 Statewide Coordinator: 1 agency x 8 hours per week x 52 weeks x \$65 per hour = \$27,040 (staff costs only – no travel or other costs).

The task force as we have done our state planning work have referenced the Military Liaison program that they have used on the mental health side and seeing some potential opportunity there. As we move forward to the extent that we find ourselves with resources that is available this is one of the other things on the list that we have all created to consider.

Task Force Updates

- Prevention Task Force
 - Working on assigning subcommittees for each of the priorities that were listed on the state plan.
 - We want to remind folks in terms of the priorities that we came up with for the Prevention Task Force we really looked at lifespan approach and did some categorization of each groups through early childhood, school age youth, young adult, adult and older adults.
 - We have some specific tasks that our Prevention Task Force members will take on over the next year.
 - They will focus on each of the previously mentioned categories.

- We are also looking at the Community Coalitions across the state and as part of that we are looking at student assistance and interventions in schools.
- Treatment Task Force
 - We had three priority areas that we had recommended to the state plan.
 - Increase access to treatment and recovery support services.
 - Enhance culturally competent care provided across the state.
 - Increase workforce.
 - We created the action steps for each of those goals under the priorities.
 - Identified folks who'll serve to facilitate the conversation.
 - We expect two meetings over the next few months to work on our marching orders.
 - As we move forward we will be able to report out on the goals and action steps.
- Recovery Task Force
 - The task force is pulling together to get a report out on the state of recovery and the recovery field.
 - We are hoping to share that in December, 2017.
 - The focus right now is on the CRSW recovery support worker credentialing.
 - The pipeline for those credentials.
 - Supervision.
 - Implications of the credential for the recovery community organizations and partner organizations.
 - Billing for Medicaid. What that means for organizations and how to support that process.
 - Legislation that is out that speaks to the regulations.
- Prenatal Exposure Task Force
 - We are currently polling our membership and finding new leadership.
 - We are hoping to pull a meeting together in the next two weeks.
- Data Task Force
 - Working to find a time to meet.
 - We are thinking about the data dashboard that is due in our March mid-year report.
 - Behind the scenes work going on trying to flush out deliverables on that.
- Opioid Task Force
 - We are discussing what is happening across our opioid issues in New Hampshire and the nation.
 - We are trying to let the left hand know what the right hand is doing across law enforcement, the justice system.
 - We spend a lot of time tracking.
 - We are focused on three things.
 - Notifications to patients that get opioids. They should have key information given to them regarding the opioids at the level of the pharmacy.
 - Target high-risk populations and make sure we are meeting the needs of people with high risk and clearly justice involved individuals are a high-risk population. We are mapping all the stages that people encounter and seeing if there is anything more we can do and where there are gaps.
 - We created over the past couple of years what we considered a map of actions that different sectors are working to address and the challenges that we have. We have strategies for each sector and those were formed using existing models at the time we created them.
 - There is an inter-state Governor's document that we recently became aware of that has strategies for the state and we are looking at our maps to see if there are any gaps.
- Healthcare Task Force

- Our mission is to make sure that within general healthcare systems they are addressing these issues.
- We have identified is the major factor is stigma.
- We also are discussing burnout because it is affecting EMS, ER, in-patient settings.
- We have a subgroup looking into developing educational interactive modules that will be disseminated to address those issues that are happening on the frontlines.
- We have been discussing prescribing for a diagnosis that does not arise to the level of severe pain that requires the use of opioids. We are looking at how to address those issues by presenting guidelines and encouraging appropriate prescribing.

Tym Rourke. A reminder to task force chairs that membership to the task forces is appointed by the chair of the Governor's Commission and the terms are annual. Between now and the December meeting I would like to request that all task forces take a moment and review your membership and make sure that people who are your identified members are committing to continue on in the work next year. If you are bringing on new people now is the time to do it. If you could get me two things before the December meeting: 1.) an updated list of the membership. I will remind folks that the way the statute is written we have made some changes to the statute to afford more flexibility. 2.) We will need an updated meeting schedule for 2018 at the December meeting. We as a body always review a calendar of our own meeting schedule for the coming year and improve it.

I would like to propose that we pick back up the remaining work necessary to complete the state plan. We had a goal this year to release a new state plan on October 1, 2017. We are not statutorily required to do so. We have to have a plan and we have one and it sunsets at the end of this year. We opted to do so on October 1 so that we could submit a plan at the same time we submitted our annual report. In the spring recognizing the volatility at the federal level and things of that nature we felt it was premature to do this until we had a little more clarity from Washington. I think the task forces have validated this that we are ready to move. We are talking about the things we need to do next.

The last thing I am going to be stepping aside as the chair of the commission at the end of December. I have been in conversations with the Charitable Foundation and Governor Sununu over the course of the last year around wanting to position this commission for change. I have been chair of this commission for eight years. Additionally my work at the foundation is growing. We received a gift of \$3 million from an anonymous donor to focus on supporting women who struggle with a substance use disorder particularly pregnant women and new moms. That is an example of what I hope will be more examples of deepening work on the part of the foundation in substance use disorders and working on behalf of kids and families. I need to dedicate more of my time to that.

I also think now is the time for numerous reasons. This is one of the most highly organized infrastructures in the United States to address addiction. There are about two hundred volunteers aside from all of you who dedicate unbelievable time that many do not have to sit at this table every other month. There are hundreds of volunteers who give their time and expertise to all of this work that we do. Youth substance abuse has been in decline since 2011. The ME reported at the end of this week that we may actually see a decrease for the first time the epidemic began in overdose deaths. The work we are doing is working and we have more to do and I recognize if we are going to move forward with a new state plan we need to think about not only what those action steps are that the plan is going to focus on but what are we going to do with it. How do we structure ourselves to best meet the needs of the other challenges that we need to continue to go forward with? So for the foundation it feels like the right time for us to be me making a change with our role at this table. The foundation has a permanent seat at this table and I am designee and that will not change. If we are going to have a conversation about a state plan we feel it is important that you have the conversation in the context of that structure with that body which will include a different person sitting in this chair.

*The next Governor's Commission meeting
December 15, 2017 from 9:30 am to 11:30 am in the LOB Rms. 301-302.*