

**GOVERNOR'S COMMISSION ON ALCOHOL & DRUG ABUSE
PREVENTION, INTERVENTION AND TREATMENT
December 15, 2017
LEGISLATIVE OFFICE BUILDING
CONCORD, NH
MINUTES**

Members Present:

John Barthelmes, *NH Department of Safety Commissioner*
Marty Boldin, *Governor's Policy Advisor on Prevention, Treatment and Recovery*
Melissa Crews, *Public Member*
Frank Edelblut, *NH Department of Education Commissioner*
Annette Escalante, *Executive Director and Director of the Bureau of Drug and Alcohol Services*
Todd Gardner, *NH Nurses Association*
Helen Hanks, *Department of Corrections Commissioner*
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 Commissioner*
David Mikolaities, *NH National Guard Brigadier General*
Joseph Mollica, *NH Liquor Commission Chairman*
Jennifer Patterson, *NH Insurance Department*
Chris Placy, *Public Member*
Dan Potenza, *Suicide Prevention Council*
Joseph Ribsam, *Division for Children, Youth and Families Director*
Ann Rice, *NH Department of Justice Attorney General's Office*
Tym Rourke, *Chairman, NH Charitable Foundation*
Seddon Savage, *NH Medical Society*
Stephanie Savard, *Treatment Professional*
Roger Sevigny, *NH Insurance Department Commissioner*
Abby Shockley, *NH Department of Health and Human Services*
Chris Sununu, *Governor*
Shannon Swett Bresaw, *Substance Misuse Professional*
Jim Young, *NH Liquor Commission*

Tym Rourke opened the meeting with introductions around the table.

October minutes approved.

We are going to take up the question of leadership transition as a reminder this is the month where that might happen. My intent as I have noted at the last meeting for those of you who weren't here to step down as chair at the end of this month. I would like to talk about next steps in this role. I want to invite us to not only think about who the next chair might be but also collectively who needs to sit in this seat moving forward but how we all collectively engage maybe differently on going forward in terms of executing on our work.

Governor Sununu

The work that this group has done as a whole speaks for itself in terms of what has been achieved. Ideas are one thing; leadership is another; finding funding is a third; maintaining and managing all the internal fiefdoms that come with all of the issues that the state deals with is a fourth and being able to truly put all of that together and get results. I think we all appreciate that Tym has been able to do that in putting all these things together and get results. We all know that we could throw a billion dollars at this problem and we are not going to solve it tomorrow. This is going to be a decade or more long issue that the state has to deal with and we are making good strides but there is still much work to do and to get things done you need good leadership. We need to make sure that the dollars that we invest get a return for that investment and this group has done a tremendous job.

I want to reiterate and thank Tym for his leadership. When he came in to meet in August or September and we had the conversation I realized it was not going to go the way I wanted it. I do accept it and we had to discuss it for a smooth transition.

My hope is to keep working with the president and the administration. I am very hopeful right now and I wish it was more than just hope but we are advocating very strongly with the White House, the president directly, the interim drug czar and the best part was we were able to show the return on that investment that they can make here. This is an issue the president gets. When I was in Washington DC and he walked in and he gave his speech on opioids and what his vision was and the fact that he made this speech first that almost never happens. That showed me right there that this is a family issue. The president went off script and started talking about his brother and most of us didn't realize he lost his brother. The reason I bring that up is to promote the fact that on this issue I think the president is genuine. He has to come up with some money and then he will heed to our request and use us as the pilot. We are doing things other states aren't and not only do we do it but we are putting money out there to do X, Y and Z. I think we have people who have passion behind it and it is a very powerful thing. There is virtually no one in recovery or treatment, be it a provider or some who provide services that we do not know. We know these people. You can't do that in California, New York or Ohio. That community atmosphere is what is getting us a lot of results.

I do not know when the funding is going to come out but it looks like they are going to come out with a nationwide prevention program. They have asked us for our input and we are sending down not just ideas but little clips for them to see how we are doing it. If they are going to put money in prevention programs, marketing efforts, everything from our workforce recovery ideas which really plays into prevention and the best way to play into prevention is making sure you have a full message.

In terms of who replaces Tym. This group works very well. My opinion and what I would like to see is Annette Escalante take over chairperson. Making sure we have true connectivity we always have had representation with the Bureau of Drug and Alcohol Services (BDAS) as executive director. Real connectivity I believe we have fallen short of it in some areas in making sure we truly maximize the funding resources. The vision of this group, and making sure of the timing of all that is critical. Timing means everything when it comes to funding these programs. Annette obviously brings a tone of experience as a former provider and being in that field understands managing cost and quality control in working 1 on 1 with folks that are seeking treatment and recovery and have gone through it sometimes time and time again. Annette in her new role as the Director for the Bureau of Drug and Alcohol Services has an independent eye helping managing the dollars and can be that independent voice. It is a tough thing to do to make sure everyone has a bite at the apple so to speak and we know how much the apple is and the funding sources and my sense is Annette has a lot of experience in that and will be able to really coordinate and integrate moving on.

I love the idea that the chairperson at one time was a provider that lived in this world and I believe this will make all the difference when we talk about dollars and cents, cost control, how the money is being spent, where the billing can come from, where the billing can't come from, and what avenues there are for us to pursue whether it is national or state. Annette understands policy and has a good working relationship with Commissioner Meyers. Lastly we all have to start thinking even broader than this group. We have to think beyond the opioid crisis, mental health, behavioral health, DCYF (Division of Children, Youth and Families). We have talked about all these different pieces and how they cross over and having Annette manage that nexus not that we want to broaden the scope of this group but we always have to keep that in mind.

I hope you will support Annette Escalante for leading the charge here but either way we have a great group and we need to make sure we all stay involved and get the desired results.

Tym Rourke

We have a lot to discuss I've sent a lot of materials this week but I also want to follow up with something I was unable to send. I was on "The Exchange" with a colleague from NAMI NH (National Alliance on Mental Illness) and a person in long-term recovery around a report called "Pain in the Nation" if I can give any final directives as chair I would like to ask you all to read it. <http://www.paininthenation.org/> it is a pretty stark projection of what the future population looks like relative to those who will die by overdose or suicide over the next decade in the United States with a subsection that is broken down specifically for New Hampshire. In the absence of what the report calls the "National Resiliency Strategy" I was excited when I read it as it is what we are doing. It speaks exactly to what Governor Sununu is challenging us about really thinking about how as we have done in the process of the State Plan, the intersect between our work as an addiction specific Commission and these other issues that we know relate both to the genesis of addiction and what successfully helps support our recovery partners sustaining long-term recovery among their peers. Please read this report because I think it speaks exactly to what the Governor just said.

Another thing I want to say before we dive in just to recognize and ask for forgiveness in how we manage this conversation because I will recall for folks again that this will be the first time this Commission will chose its chair. In the past that was done by the Governor and Executive Council and that is how I got in this seat. We are going to learn as go and how we want to do this process. What I think would be helpful in following on the Governor's introductory comments is I would like to open the floor to nominations, discussion and I will also say one last thing which is I am not going to vote. It is up to you on how you would like to move forward.

Helen Hanks: Thank you Tym for being our fearless leader. I echo what the Governor has said but I would also like to add in asking you to consider nominating Annette Escalante as chair. I have had the pleasure over the last decade to watch the unique way in which Annette approaches projects. She takes the concept and brings the right partners to the table and she takes it to action. She really works to create a path to treatment and continuity of care. I would like to nominate Annette Escalante to take over the chair position.

Jeffrey Meyers. If I may I would like to second that nomination. I have also seen and worked with Annette over a period of time and most recently she is the Director for the Bureau of Drug and Alcohol Services in the department and is doing an excellent job. Before that through her work at the Cynthia Day program in Nashua I saw what she was doing down there and I think she is unique for the position to lead the Commission. I second the nomination.

Seddon Savage: I have a structural question on how leadership has been provided to the Commission. Joe Harding had the same position with a co-chair and then there was a second person who was the chair. Is this a change in that leadership structure that would have only one chair if that is possible? I am just asking for clarification.

Tym Rourke: In theory yes. The statute references two positions but I do not think it contemplates one person holding both which means it doesn't suggest you can't. That is my read when you look at the statute but it would be one person.

Statement: there is the chair from the drug and alcohol services.

Tym Rourke: There still is. The statute reads the executive director is the Single State Authority. In front of you is the Summary of Key Information on NH RSA Chapter 12-J The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. This is not verbatim of the 12-J statute but it is a summary document that the Center for Excellence has created for this group at our request some time ago. If you look at the second page at the top it excerpts the language around the chair and the executive director but I do not think that would preclude us from having one person play both in terms of compliance with the statute.

Seddon Savage: Did the Legislature or does the Commission have any reason to believe that the Commission provides some kind of balance in the structure? I am not taking a position. It strikes me that this would be a change as this Commission has been somewhat separate.

Tym Rourke: From a precedence standpoint I am the third chair of this Commission. The prior chair was Joe Diament who at the time was not with the state he was with the New Futures organization. The first chair of this Commission was Judge Kelly. There is precedence in terms of public versus state where we did have the Commission chaired by a state employee while the executive director was also a state employee. I think in that regard there is a least precedence as that has been practiced in the past and that is two people and not one to your point.

Question: How would it work procedurally if we were to have discussions from which the chair would need to recuse herself? Who would step into that role?

Tym Rourke: I do not know.

Jeffrey Meyers: Speaking as a lawyer now I do not see any issues. Should there be an occasion, and I do not know if there would be many if any at all, but should there be an occasion where there was some appearance of conflict of interest and the chair wished to not participate then the Commission as a body could designate somebody for the purposes of that particular issue. Annette at this point has no relationship financially or otherwise to her prior employer. I do not know if that would raise any issues at all to the extent that the Commission considers funding to programs that she had responsibility to before. My understanding is there is no financial relationship and I do not know if there could be any conflict that would arise but to the extent that there ever would be one I think the Commission could deal with that very easily.

There is a nomination on the table. It has been seconded and we have had some discussion around the table, are we ready for the vote?

The motion is to make Annette Escalante the chair as of January 1, 2018. All are in favor and there is no opposition. Annette Escalante will be the chairperson as of January 1, 2018.

Abby Shockley and Annette Escalante – Funding Update

Annette - Last month Commissioner Meyers discussed the dashboard for the Department of Health and Human Services (DHHS) and one of the things that we are continuing to do is to monitor the different expenditures from all of the contractors and really taking a look to see what is available out in the community so that we can target funding to areas and communities that are lacking currently. I have asked Abby Shockley to go through the dashboard.

Abby Shockley – We will start with the packet titled SUD Financial Activity – Governor’s Commission, and then we will go on to Clinical Services and finally Prevention Services. These show for SFY 2018 what was appropriated in each area and what was carried forward. The amount at the bottom shows what is unallocated amount. The unallocated amount for each of these is the balance available not necessarily meaning, for example, for Governor’s Commission it shows \$2 million, there are items that were voted on and they are not shown yet. I want to go over the first page which is the accounting page or each area and then on the second page each contract is broken down by the amount that encumbered in SFY 18 and what has been expended to date and what is remaining.

At the last meeting the Commissioner presented the plan for SFY 18. We are looking at contracts and trying to balance those with what was allocated and what is being spent. We also are trying to reconcile about \$4 million less than we had in SFY 17. We are trying to manage that internally and again looking at where it was spent and where we might be able to eliminate redundancy through the 1115 Waiver and other federal grants that we have received.

At the last meeting some additional funding was approved for the substance use treatment contracts as well as Safe Stations and the Commissioner had noted that we are trying to manage the last quarter of funding for those same contracts.

I am here to ask today if the Commission would agree to approve from the \$2.1 million in the amounts of \$1, 103,756.00 to continue the support substance use treatment contracts and continued support Manchester and Nashua Safe Stations through the end of SFY 18.

Question: Where does the money for Safe Stations actually go?

Annette Escalante: The Safe Station contract in Nashua, Harbor Home has that. Serenity Place has the Safe Station contract for Manchester. Right now we are looking to see if it really is effective. We do know that Dartmouth is in the process of to do some research for the Manchester Safe Station and they did receive funding for that. What we want to make sure that we know the number of folks coming in but we really want to follow folks and see what the outcomes look like. We all know that data really drives the funding sources. Right now part of the issue with the Safe Stations regarding the funding that they are receiving is that we continue to have folks coming in and then numbers are increasing so that is the reason why we are doing this at this particular time.

We are hoping for the next meeting to get Dartmouth to come in and give us a presentation. I also will try to get the data from Safe Stations for Commission members.

Tym Rourke. We want to take this a step further. We want to tie these things together on the flow of these individuals on where they go after and that is the story and are we collectively getting that right. I am mindful obviously our urban centers and the nature of urban centers is it is provider rich that you don’t find in rural settings. I’ve spoken to leaders in Manchester, also providers in Manchester and Nashua and we as a state have to wrestle with that reality of the burden that places on providers in those communities because it is dramatic the volume of the individuals coming to these places who are not residents of those two communities to get help. There are many reasons why but going into the urban setting

makes sense. It's not necessarily a bad thing but are we then balancing capacity in other regions so systems will not be overburdened, and how do we make sure our partners in Manchester and Nashua are scaled to capacity.

Annette Escalante. We really need to look at the system to see if it is or is not working. It's really important that we do that but we also need to recognize and remember that folks are coming anyway and it is the one area that they have of hope. We have already begun to have a conversation in some of the communities to try and make sure that if this is what we have and our doing it effectively and it works for everyone. I will make sure that I get the last data that I currently have out to folks here and then I will then work on getting Dartmouth here for the February meeting.

Tym Rourke. I would like to ask one thing. What you just proposed to us if the Commission allocates these resources that addresses the short fall issues through the fiscal year. What is the end time of existing treatment contracts? Do they expire at the end of the fiscal year?

Abby Shockley. The current end time for the treatment contracts is March 31 and we worked to figure out a plan to fund the last few months. This a difficult question to answer because we cannot talk about contracting processes at the department but it is unlikely that we will have the time to do anything other than extend these contracts. The amount that will be spent to support the treatment contracts to the end of the SFY is \$1,103,156 this is in addition to supporting the Nashua and Manchester Safe Stations.

Tym Rourke. Do I have a motion? There was a motion and it was seconded. All in favor of approving the funding.

HB1743-FN (FN means there is a footnote attached)

This bill increases the percentage of money distributed to the alcohol abuse prevention and treatment fund. The bill also repeals the ability of the Commissioner to get fiscal committee approval to use certain funds to pay for the operational costs of the Sununu Youth Services Center.

We have had ongoing conversations around this groups' role in advising the legislature and how we mechanize that. The logistics of that is a conversation that we have to pick up in 2018 for various reasons. In the meantime this bill has been filed and it is anticipated that this bill is going to be heard early in the session. The bill does two things and it is also fairly confident from the sponsors that they are going to be seeking this Commissions' position on this bill.

The first thing the bill will do is increase the alcohol fund from 3.4% to 5%. The second thing as you may recall at the end of the budget season there was a footnote as you know. There was an earmark of \$2 million in the alcohol fund that was directed to the construction work to be done at the Sununu Center to retrofit a portion of it to serve as an adolescent treatment program. There was a second footnote that gave the Department of Health and Human Services certain authorities to be able to designate and spend alcohol resources on covering the operational costs of the Sununu Center. That involves and potential treatment operations as well as core operations at the detention center itself. This bill would increase the alcohol fund and remove that footnote.

What I would like to do is be able to ensure that to the extent that this bill is heard early in the session that this bill is represented. Who represents it is a different issue. Knowing that we have been asked I would like to know from this Commission on whether we support it, we are against it or that we have no position.

If this bill were to pass we would get an injection of funds on July 1, 2018.

Helen Hanks made the 1st motion to support. Seddon Savage seconded. No opposition. No stance. All voted in favor to support.

Governor Commission Meeting Schedule for 2018

We would like to get this approved so we can get it on the calendar.

- We have scheduled February 23, 2018 to keep it out of school vacation week.
- The December meeting is a year from today basically to accommodate the holidays.
- I am recommending a March retreat for March 23, 2018 which is an added meeting to discuss the State Planning Process.

We need to take a vote to get this to the house in a timely manner. There was a motion to approve. Motion seconded. No further discussion. All in favor.

Mid-Year Report/State Plan next steps.

The mid-year report contains the following:

1. Governor's Commission Fiscal Spending Update for SFY 2018
2. Data Dashboard
 - A. Selected morbidity and mortality indicators.
 - B. Selected criminal justice and social consequence indicators.
 - C. Selected prevention, treatment and recovery indicators.
3. New Hampshire Agency Updates July – December 2017
4. Priorities and Recommendations.

The schedule for completing the report

- January – template and reminder.
- February 12th – templates due.
- February 23 – Commission Meeting. Discuss draft and review priorities and recommendations.
- Report due March 1, 2018.

Task Force Updates

Opioid Taskforce & Healthcare Task Force – Dartmouth will be holding a symposium on “Harm Reduction in an Opioid Era: *Promoting the Health & Dignity of Affected Individuals & Communities*”. The symposium is January 18th 2018 from 8:30 am to 4:00 pm in the Arthur D. Kehas Criminal Justice Training Facility, 17 Institute Drive, Concord, NH 03301.

Joint Military Taskforce – I want to thank our chairman for the military task force. One of our challenges is leadership challenges across our state regarding military. We have a new Adjutant General of the Guard. We have a new director for the Office of Veteran's services. The challenges regarding our military community regarding leadership changes are pretty significant. Changes are also taking place within our Military Task Force. Our new leadership team and our task force include: Staff Sargent Rick Frost from the NH National Guard; Victoria Babcock Senior Care Coordinator for Easter Seals; Dr. Bruder who is former Chief of Staff from the Manchester VA and Jo Moncher from the NH Department and Health and Human Services. In terms of our goals one of them is to operationalize “ask the question.” Ask the Question encourages civilians to identify military at intake by asking the question. We need to do a better job of operationalizing

that. Another thing we are doing is we have two drug forces that are being established in Lancaster and Ossipee, NH. We currently have six veteran tracks. The best way to create a better track is to align it with a mental health coordinator or drug court structure. We are working with the drug court leadership in hopes to possibly partner with them in having a veteran's track within that. We currently have six veteran tracks across our state: three are in Grafton County; one in Rockingham: one in Manchester and one in Nashua.

***The next Governor's Commission meeting
February 23, 2017 from 9:30 am to 11:30 am in the LOB Rooms 301-302***