

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

**December 16, 2016
Legislative Office Building
LOB Room 301 & 303**

MINUTES

Members Present:

John Barthelmes, *NH Department of Safety*
Marty Boldin, *Recovery Representative*
Cheryl Coletti, *Business & Industry Association*
Melissa Crews, *Public Member*
Monica Edgar, *Treatment Professional*
Joseph Foster, *NH Attorney General*
Katja Fox, *NH Department of Health & Human Services*
Todd Gardner, *NH Nurses Association*
Joseph Harding, *Executive Director*
William Hatch, *Representative*
Timothy Lena, *Prevention Professional*
Jennifer Patterson, *NH Department of Insurance*
Chris Placy, *Public Member*
William Reddel, *Major General NH National Guard*
Tym Rourke, *Chairman*
Seddon Savage, *NH Medical Society*
Stephanie Savard, *Treatment Professional*
Mary Steady, *NH Department of Education*
Shannon Swett-Bresaw, *Prevention Professional*
James Vara, *Governor's Advisor on Addiction & Behavioral Health*
Jim Wilson, *NH Liquor Commission*

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

Minutes were approved.

I want to thank the Center for Excellence and the Bureau of Drug and Alcohol Services. There is an issue brief on the New Hampshire Substance Use System. It is available electronically and there are hard copies available. <http://www.dhhs.nh.gov/dcbcs/bdas/documents/issue-brief-treatment.pdf> It contains helpful background information on what the system looks like and where resources are being placed.

Updates on the Medicaid Waiver – Katja Fox

As a standing order we have had updates on the Medicaid Waiver. After talking with Katja Fox I offered just to give a quick update because on Monday and Tuesday of this week I was asked to participate in an independent review panel that worked with the independent evaluator that was assessing the strategic plans of all the IDNs (Integrated Delivery Networks). These are the Integrated Delivery Networks that are going to be the hubs to coordinate all of the integrated care work in communities across New Hampshire. We are pleased to report that all of the networks plans were approved and they are now moving on to the second phase with more training and implementation that brings additional resources from the waiver out into those communities. I have to say, having read a lot of documents over the last week or so I think it is incredibly exciting and if anyone in this room was a part, or is a part, etc. in the final role of these integrated delivery networks “congratulations” and thank you”. There were regions that received perfect scores. Many of the regions even if

they did not receive perfect scores gave really clear plans as to their priorities, challenges and how they are going to address them. The Department is going to have a lot of work to do to support them in that but to see such clear, cognizant driven strategic thinking in the midst of a crisis people too the time to think deeply and strategically. As I understand it the summary documents from the independent evaluator those will be publically posted. Once posted I will send the link around to the Commission members and I encourage you to look at them. The Summary Documents that the assessors did it is very brief but very tight, clear and easy to understand.

<http://www.dhhs.nh.gov/section-1115-waiver/independent-assessor.htm>

Governor's Commission Meeting Dates for 2017

I want to just mention two other things. First is our colleague, Jim Wilson from Liquor is retiring at the end of the month. He will be around part-time doing some legislative projects for the Commission. Particularly focusing on our licensing chapter and making it more navigable for businesses. Congratulations and thank you for all of your work.

The last item I want to discuss is you have in your packet of resources a "Draft Meeting Agenda for 2017". These are certainly up for discussion but just to give you some background. There are no meeting locations identified because Representative Tholl secured this room for us so as we have new legislative sessions turn over we have to once again secure space. So once we have the dates confirmed than I can work with our House colleagues and the House Clerks office to confirm a location in this building.

One of the things I wanted to mention as we have been taking every other meeting on the road. In June we were in Manchester, NH and in October we were in the North Country. We talked about continuing that work into next year with a possibility of taking our February 2017 meeting out of the Concord area and having it at the Seacoast or elsewhere. That is still an option on the table that we could look to some locations in the communities. I will say this is a very intensive legislative session and I recognize that when we travel sometimes it gets difficult for commission members to make it. I am on the one hand really want to be out in the community but on the other hand I think that this body needs time to make some very important decisions over the next year. If we are out in the region sometimes it is hard for people to logistically to get there. Another thing I would raise is that these are Friday's; we have always met on Fridays at least for as long as I have been attending this commission in my various roles, and that very often conflicts with JLCAR (Joint Legislative Committee on Administrative Rules). More often than not we have legislative partners who are on JLCAR or who attend JLCAR. So I just want to raise that. We have tried in previous years to move to other days and have not been successful in securing something that works for everybody. The reason there is a date in May is because we wanted to avoid school vacation week. From a timing perspective this puts us right past the budget date from when the budget moves from the House to the Senate. This puts us meeting right when the budget is moved into the Senate which gives us the May date. The December date is of course is not the fourth Friday of the month but an earlier one to accommodate for the holidays.

What I would like to do is if this schedule works for folks with all conflicts noted and other things people want to consider, if you would like me to start a doodle poll and look at something different, the one thing I would say if we decide that we want to meet in Concord in February we will need to secure a space in the LOB which can take a lot of time because of the busy legislative session we need to nail down a calendar relatively fast so we can get appropriate space in the LOB. One more thing is you will notice that the May date is an extended meeting because what we are going to do is have a half-day retreat to give the task forces and ourselves to time for some free discussion around priorities for the State Plan with the goal of releasing the State Plan October 1, 2017.

If we are agreeable to the calendar we can accept a motion and I will start the process to securing space here in the LOB for the upcoming meetings. A motion was made to accept the calendar and seconded. We do not need to make decisions on where to have the meetings in the future. I will follow up with you offline to discuss this further and decide at a later date.

Presentation and Discussion on Prevention in Early Childhood – Traci Fowler, Laura Mellikan and Sarah Shanahan

The Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery Prevention Task Force have a “Call to Action: Prevention Across the Lifespan” presented by the Early Childhood Workgroup of the Prevention Task Force.

- **Presentation Goals**
 - Increase awareness of key research on brain science; particularly as it relates to the prevention of substance use disorders.
 - Increase awareness that intervention in the early childhood years is critical to preventing substance misuse and substance use disorders.
 - Strengthen the connection between New Hampshire’s Substance Use Disorder (SUD) field and the Early Childhood field as a strategy for prevention.
- **Facing Addiction in America: 2016 United States Surgeon General’s Report**
 - The experiences a person has in early childhood and in adolescence can set the state for future substance use and escalation to a substance use disorder or addiction. These predictors show much consistency across gender, race and ethnicity, and income.
 - Well-supported scientific evidence demonstrates that a variety of prevention programs and policies that address these predictors prevent substance initiation, harmful use, and substance use related problems. These programs and policies are effective at different stages of the lifespan, from infancy to adulthood, suggesting that is never too early and never too late to prevent substance misuse and related problems.
- **In March 2016 NIDA (National Institute on Drug Abuse) came out with research “Principles of Substance Abuse Prevention for Early Childhood, A Research-Based Guide <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index>**
- **Early life stressors increase addiction risk.**
- **In adolescence – The brain is particularly vulnerable to substance exposure.**
- **What and how development in the brain happens**
 - The brain’s architecture is like a house and built from the bottom up. Early experiences set the foundation for the architecture of the maturing brain, establishing a sturdy or fragile base for all the development that follows.
 - Strong brain architecture is formed the “serve and return” relationships children have with supportive adults. When children reach out for connections and communications, and adults reciprocate, this back-and-forth process wires the brain with the connections needed for healthy brain architecture.
- **Toxic Stress derails development**
 - Unlike mild, short-lived stress that can be good for growth, certain types of stress can weaken the brain’s architecture. Experiences such as exposure to violence can cause toxic stress responses in the brain with lifelong consequences in health, learning and behavior.
 - **Adverse Childhood Experiences (ACE)** is stressful or traumatic events and includes: physical abuse; sexual abuse; emotional abuse; physical neglect and emotional neglect.
 - A male child with 6 ACEs has a 4,600% increase in the likelihood of later becoming an IV drug user.
 - People with an ACE score of 4 are: 7 times more likely to be addicted to alcohol; and 10 times more likely to inject street drugs.
- **The 2000 Nobel Laureate in Economic Sciences has calculated a 7% to 10% return on the investment of early childhood intervention and a study he came out with this week shows a 13% return on investment in early childhood intervention on the most disadvantaged children.**
- **The Prevention Task Force, on behalf of New Hampshire’s prevention field is requesting that the Governor’s Commission on Substance Abuse Prevention, Treatment and Recovery adopt early childhood as a target population in the 2017-2020 State Plan.**
 - This will influence work in the SUD field.
 - Align and strengthen advocacy efforts.
 - Influence allocation of resources.
 - Promote a coordination of systems.
 - Support needed programs such as: high quality early learning and child care programs; home visiting programs for families at risk; community programs targeting sources of toxic stress; elementary school

prevention programs and innovative programs addressing children who are “secondary victims” of the opioid crisis.

Question: Are there any screens for ACES best practices?

The Pre-Natal Exposure Task Force is looking into that and the engagement of pediatrics, early learning programs and family resource programs.

Presentation and Discussion on Young Adult Prevention Project – Jill Burke and Rachel Kohn

Young adulthood, also referred to as an “emerging adulthood,” represents a unique developmental state that bridges the late adolescent and early adulthood years from 18 to 25. The young adult years are often represented by an extended period of independent exploration, transition and instability.

- Background and Why Focus on Young Adults
 - The percentage of individuals in the US with past year illicit drug dependence or abuse was highest among young adults 18-25.
 - Young adults in NH have higher rates of alcohol and drug misuse when compared with young adults nationally.
 - According to the National Survey on Drug Use and Health, Young Adults in NH (18-25 years of age) are using prescription painkillers non-medically at higher rates (9.8%) than other states in the Northeast region (7.8%) and the rest of the nation (8.3%).
 - New Hampshire young adults also have a higher rate of illicit drug dependence and abuse and non-marijuana illicit drug use than the rest of the country.
- Rapid Assessment Process (September to December 2015) and why it was done.
 - Recognized we needed to do a deeper dive to better understand the substance use behaviors of young adults.
 - In order to develop a plan to address the adverse risks inherent in the young adult years, leaders in the State of New Hampshire
- Why was this done?
 - To make data driven decision for prevention and early intervention efforts for this age group.
 - To ensure prevention strategies are culturally sensitive and relevant to the target population and subpopulations.
 - To help inform prevention efforts for early childhood and youth.
 - To establish baseline data to track implemented prevention efforts.
- Demographics
 - 18-20 - 27%
 - 21-25 – 39%
 - 26-30 – 34%
- Assessment Design
 - To develop a plan to address the adverse risks in the young adult years, leaders in NH engaged them in conversation.
 - The focus of the assessment was on the risk behavior, perceptions, and attitudes as they related to binge drinking, prescription drug misuse, and illicit opioid use among young adults.
 - The 13 RPHNs (Regional Public Health Networks) were asked to host and co-facilitate at least one focus group with different types of young adults; college students, working, minority, etc.
- Themes and Key Messages
 - Community
 - Community and characteristics, dynamics, and functions of a community play an essential part in the lives of young adults.
 - Young adults in NH want to be heard and appreciated being asked for perspective.
 - Physical Environment
 - Participants expressed ambivalence about living in NH which can contribute to their decision making.
 - The young adults voiced concerns about inaccessibility to physical amenities, social groups and lack of transportation services.

- People who do not want to be outdoors lack activities to engage in and may be potentially vulnerable as a result.
- Job Opportunities and Growth
 - Many expressed an interest in moving out of state to access opportunities that don't exist in NH.
 - They want educational opportunities to translate into work opportunities but often lack awareness about what is available to them.
 - The sense is the opportunities available provide low wages and few to no benefits.
- Generational Differences
 - Young adults are still facing economic and social barriers today and consequently restricting physical, family, career, and economic success.
 - Participants recognize that a strong family structure contributes to better choices and more stable foundation but is not prevalent in their generation.
 - The perception by some that they are more likely to be burdened by financial hardship.
 - Other expressed that they are more optimistic and open than past generations even while expressing concerns about how their sense of safety has changed and that there are heightened concerns about safety and security.
- Consequences of Substance Misuse
 - Participants indicated that they are attuned to the consequences.
 - Being exposed to misuse directly and seeing the impact on others was a deterrent for many.
 - They were aware of the impact on job access and opportunities and on social relationships.
 - Alcohol use is still seen as a rite of passage, but there is a line they don't want to cross.
 - Sixty percent (59.8%) perceive moderate or great risk of binge drinking once or twice a week.
 - Ninety percent (87.8%) perceive moderate or great risk from using prescription drugs without a doctor's order.
- Communication Approaches
 - Encouraging open communication among young adults creates positive relationship building and understanding within families and communities.
 - Youth and young adults are more connected with peers, friends and family through social media and texting.
 - The finding of the focus groups indicated that NH young adults prefer using social media and texting while engaging with their friends and family communication usually relies more on in-person conversations.
- Key Messages: Key Strategies
 - Education should start early, info about other drugs and not just alcohol.
 - Mental health should be part of the curriculum.
 - Peer to peer message are really successful and have greatest impact.
 - Stigma prevents communications and strains relationships, creates psychological burden preventing recovery and treatment.
 - Need for a comprehensive approach/collective response.
 - More trusting of medical providers due to confidentiality laws/not willing to talk to family.
 - Want to see effort from state/local government, feel they're working for the "common Man".
 - YA (young adults) are encouraged that law enforcement is shifting to help them rather than prosecute them.

Alcohol Fund Discussion: Mechanics, 5% Spending Plan and Policy – Tym Rourke

Entering into a budget year and a conversation around the alcohol fund I want to give you a couple of parameters as reminders to folks because we have new people at the table around how this process works with the alcohol fund. I sent an email out last night from Commissioner Mollica who was unavailable to join us today, but the alcohol fund which the original statute called for 5% of the gross profits from the liquor sales in the state liquor stores to put into a dedicated fund to support prevention, treatment and recovery services. The current structure of that fund is 1.7% allocation. The position of this commission has been to seek full funding and by full funding that means funding of the alcohol fund at the original 5% allocation. When we talk about full funding we are talking about the 5% allocation not a 1.7% allocation.

In the memo that Commissioner Mollica sent us last night the Liquor Commission was able to estimate what a 5% alcohol fund would look like in the next biennium. In SFY (state fiscal year) 2018 the first year of the biennium the total amount of the alcohol fund, if funded at 5% would be \$10.17 million; in the second year of the biennium it would be \$10.71 million. We are looking at a request of around \$20 to \$21 million. The full amount of the alcohol fund right now includes the original 1.7% that we were given in the last budget cycle and an additional \$2.5 million that was given to us in SB 533 which brings the total for this year \$5.9 million roughly. Comparatively speaking we are looking at an additional request of \$4ish million on top of the resources we already have would take us to that 5% allocation.

From a process standpoint there is a lot of conversation we would need to have. For instance if we were to say based on our presentation this morning, and we do think we need to do something around early childhood, what would that be? That is not a question we can answer today. It has been our practice when we have engaged the legislature on the alcohol fund we have tried to talk in high level buckets. “*We are going to put this much in treatment.*” “*We are going to focus on recovery centers.*” “*In prevention we are going to focus on one or two initiatives.*” To afford the commission and its task forces some flexibility and time to dive more deeply. As we talk about what are the kinds of things this commission wants to put forward as recommended strategies we seek the legislature’s discussion at a high level with flexibility so that the commission can change its mind should new opportunities arise. We don’t need a blueprint at this moment of how we are going to spend every dime. What we want is an understanding of “what are the key priority areas that this commission wants to begin to make some investments.

The last thing I want to say is you have a document that I sent yesterday some guiding principles around the alcohol fund. What is most important to pay attention to are the four policy principles at the bottom.

1. Support a state budget that provides that the full 5% of gross profits of liquor sales be dedicated to the Alcohol Fund.
2. Support associated language in budget that ensures that the funds are non-lapsing and cannot be swept from the fund for other purposes.
3. Support the role of the Governor’s Commission to oversee the prioritization of needs and services and the delivery of funds for alcohol and drug abuse prevention, intervention, and treatment services throughout the state of New Hampshire.
4. Oppose any earmarked funding within legislation or the state budget that circumvents the role of the Governor’s Commission to coordinate the prioritization and delivery of drug abuse prevention, intervention and treatment services.

The goal of this commission has been to return to a 5% allocation and to treat this as a designated fund that is administered by this commission. These principles really assist us in working through with the legislature efforts to retain this commission’s ability to implement the utilization of these dollars based on our collective thinking. We want to make sure those dollars are structured in such a way that we can really fulfill our statutory charge which this commission has supported since its inception.

- Allocation of Governor’s Commission Funds for State Fiscal Year 2017 and Allocation of Funds under SB 533 (*see handout*) – *Joe Harding*
 - The top half of the document is what was originally appropriated for SFY-17 and the bottom is addition funding under SB 533.
 - We have talked about a comprehensive approach. There are resources coming from the Governor’s Commission, the Block Grant and other federal discretionary grants that we have that support that approach.
 - Population strategies, public awareness, prescribing practices.
 - Our Regional Public Health networks are supported by Block Grant and the Charitable Foundation but there are targeted prevention services that the Governor’s Commission supports.
 - Some are in procurement now.
 - There is early intervention, recovery support services, training, and crisis services.
 - There are a lot of resources from the Governor’s Commission but there are other resources that have been put in.
 - We have the 21st Century Cures Act which will be putting in additional funds.

I would love to open the floor to task force chairs or to someone who wants guidance or recommendations on how we shape this request.

Question (Seddon Savage): What is the timeline for deciding on the allocation of funding?

What we did last time, which was a relatively good process. Usually we will be asked to present in front of House Finance pretty quickly in January/February. The last time we had 3-4 high level buckets without a lot of detail and then as we began to work through the process with the legislature we honed in as we went along. I think there is fair flexibility in that regard because we also sensitive to as Joe said that there are a number of other things we are looking at. There is the CURES law which was signed by the president last week. It's roughly \$5 million dollars that may come to the State of New Hampshire. There are some parameters around how those dollars are can be utilized but there is fair flexibility. There needs to be a study, a stakeholder engagement process to look at how those dollars will be used. I think we have a ways to go before we get our "down in the weeds" articulation.

Tym Rourke: The other thing I would say is we have traditionally sent the legislature whatever plan we put forward in February, March, April and a lot can happen between February and July and to that extent we've always asked the legislature to dialogue with us around priorities we have identified that the commission has given flexibility that if something changes based on decisions of the CURES Act or another funding source comes through, or we hear from our stakeholders in the community that there is something emerging that we need to attend to, that they do not look at our plan as set in stone. To date they have been relatively open and flexible with that to the extent that if that were to change we would need to come together again as a body and work to engage you in that.

Comment (Seddon Savage): The reason I ask that is because each of our taskforces is either at the very beginning or just in the process of developing our priorities. We did have a meeting of the Opioid Taskforce yesterday and there are some things that a rising to the surface but we have a couple of more meetings before we really finalize.

Comment (Joe Harding): What we need to think about is what does the commission want to sustain? What are the new and new kinds of programs that might be considered?

Comment (Marty Boldin): It would just be helpful for me if the department or you could help in presenting a rationale for what we are spending the money the way we are.

Joe Harding: I think when we talk about a comprehensive approach we are talking about all those things from population strategies that we talked about before the work of the Regional Public Health Networks making sure we are informing things. Population level access to services, resources to pay for services things like prescription drug monitoring programs, prescribing practices, all of those things that are important in the population that are the least expensive and the broadest approach that we could take.

Next we go to selected prevention services. We know they are at risk. When you saw the presentation on early childhood and the adverse experiences and how people are at risk we can target those groups before they go on to misuse. The same with the young adult's early intervention is a perfect example. Young adults have the highest use in the state. They are on the cusp of addiction. The crisis intervention services are put into place designed to help people access those services. Individuals that are in crisis and do not have the wherewithal to be able to navigate the system that sometimes that is not very easy to navigate. There is an array of substance use disorders that are receiving the services and we all know it consists of: outpatient, intensive outpatient, and residential. When you hear about it in the news that everything is residential that is just a misnomer. When you have an opioid epidemic you have to have other medications to help address those and recovery support services.

The last thing I would say is the further you go up the ladder of those services the more intensive and the more costly. The old adage "an ounce of prevention is worth a pound of cure". This is our strategy for putting these services into place.

Comment (Marty Boldin): What would be helpful is if we can take a look at what is on this list and see how it reflects because all the services you mentioned many of these services are mentioned on this list but not all of them. It would be

interesting to say “OK, percentage dollar wise this is why we are going here, this is why we are going there, and this is what it looks like.”

Joe Harding: what we are putting out there is coordinated. There is nothing that we are saying that is a program that really has nothing to do with anything else. Everything we are doing is connected into one larger system and is part of that system.

Tym Rourke: One of things I would like to ask folks to think about is this body has flexibility in terms of how you advise these dollars be spent. I think because we are challenged in some ways with having \$26 million has come out of the department over the last year between additional funding that came out of the special session of the legislature, new federal grants that were successfully awarded, the CURES Act is going to bring additional resources that nobody was expecting. We are also going to be challenged to not only justify the system language but to justify why more is needed when other sources of more funding are coming in. One of the things I would challenge to just think about is to really remember that the alcohol fund has flexibility. It does not have the kind of the restrictions that the block grant has in terms of what you can do and not do with it. We do not come even with some of the restrictions that the general funds come with. It gives us the ability to think about how to pay for things that no one else is funding.

Comment (*Timothy Lena*): The Prevention Taskforce is talking about the programs that we are already funding we are going to continue to do so. The need for more innovative kinds of approaches in getting outcomes and good evaluations is needed. There are a lot of good programs out there that are extremely creative and have very good outcomes.

Comment (*James Vara*): Is there extra funding? Where should we go with the funding that we have? It certainly is a collective group that has been having this conversation but we certainly should be having further conversation and broader on how things should go forward. Many of these contracts have only come out since July so these are very new programs that are now determining the efficacy of those things takes time. It takes real time to have the conversation to see if the money is being spent not only properly but effectively and how should that continue in the future. This conversation should not only be with the taskforces but the community as well regarding community level programs.

Comment (*Joe Harding*): There are a number of things going on so the commissioner has asked us to look at that. Are these new programs and services that are going out there are doing what they are designed to do? You’re right they are in their infancy and it is too early to say. The department has directed resources to its core contract with UNH to do just that and we have convened, UNH and folks from the Center for Excellence. Yesterday New Hampshire, Vermont and Connecticut went on a joint proposal ask “all of these things that we have out there from the whole continuum of services are they working together? Are they going to have outcome that we want from what was expected?” These things are in process and because they are in the infancy stage we are not going to have an answer tomorrow.

Tym Rourke: From a process standpoint in getting some of this information to this table for a discussion and it segway's into something I was supposed to mention in the beginning is that this commission has a mid-year report due in March that is part of the new requirements in SB 533 which includes updates on state agencies executing on new work that was to begin in the new State Fiscal Year (SFY) as well as an updated dashboard. I would refer folks to our annual report from December that had some in it that needed to be flushed out further. One is an FYI for state agencies you are going to be asked to again complete an update template that will be coming from the Center for Excellence and you’ll probably have until the end of January to complete that and get it back so that there is time to compare the report from March 1. I am also looking Amy to suggest that because the commission will meet right prior to March 1 it would be good if the commission has a draft of that mid-year report because it will answer some of these questions beginning with some of what Marty has framed and what James has asked for. What are we doing now? The rationale behind it. Where have we gotten? Where are there gaps and questions that we need some more answers on so we can more fully flush out that next phase of the conversation?

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

***February 24, 2017
Legislative Office Building – Rooms 305 & 307
9:30 am to 11:30 am***