

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

**February 23, 2017
Legislative Office Building
LOB Room 301 & 303**

MINUTES

Members Present:

John Barthelmes, *NH Department of Safety*
Marty Boldin, *Recovery Representative*
Jeb Bradley, *Senator*
Monica Edgar, *Treatment Professional*
Joseph Foster, *NH Attorney General*
Todd Gardner, *NH Nurses Association*
Valerie Goodno, *NH Liquor Commission*
Ned Gordon, *Circuit Court Judge*
Helen Hanks, *Department of Corrections*
Joseph Harding, *Executive Director*
Timothy Lena, *Prevention Professional*
Sherman Packard, *Representative*
Jennifer Patterson, *NH Department of Insurance*
Chris Placy, *Public Member*
Dan Potenza, *Suicide Prevention Council*
Tym Rourke, *Chairman*
Seddon Savage, *NH Medical Society*
Stephanie Savard, *Treatment Professional*
Abby Shockley, *NH Department of Health & Human Services*
Mary Steady, *NH Department of Education*
Todd Swass, *Colonel NH National Guard*
Shannon Swett-Bresaw, *Prevention Professional*
James Vara, *Governor's Advisor on Addiction & Behavioral Health*

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

Minutes were approved with noted corrections.

A couple of items before we dive into our agenda. You may recall that Senate Bill 533 that was passed last year added to the Commission a media report which is due on March 1, 2017. I want to thank all the state agencies for contributing your information into that report. If you review the statute you will note that the vast majority of that report is actually the Data Dashboard so the work to really compile the report was mainly with the Center for Excellence and our Data and Evaluation Task Force. They are finalizing and culminating all of that information together. We do not have a preview of it for you to look at today. I did get a quick glance at it and actually saw the Data Workgroups charts and graphs on efforts to date which was actually shared with House Finance yesterday. As soon as that gets into final draft stages we will send it around, because it really looks at the Evaluation Task Force to complete most of that work. I do not think it requires a vote on the full Commissions part but we will make sure to get you a draft so if there are any catches or observations that you want to integrate we can do that in the final hour before it is due. This was a new effort for us in the middle of managing budgets and ongoing work for the state plan. Again I just want to thank everybody particularly the state agencies that are doing significant work relative to the state budget and preparing for their conversations with the House. We are on track to deliver it to the requisite committees, Senate President, Speaker of the House and the Governor on Wednesday.

The other business at hand is we have some changes to membership here at the Commission. Cheryl Coletti from the Business and Industry Association (BIA) has stepped off the Commission and she has moved on to a new job and a new role. I would like to thank her for her time with us. I've spoken with the BIA and they are in the process of selecting another candidate and will be in touch with me. They should have someone to represent them at the next meeting. I will keep you apprised.

The other item I would like to share if you saw the news last night or read the paper, we are losing and gaining Marty Boldin. From the Governor's Budget Address that he was interested in expanding his offices capacity to support all of us and leading this work alongside the fine work that James Vara does and it was announced that Marty will be taking over a piece of the work out of the Governor's office. So this will be his last meeting as the Recovery Representative on the Commission. We have a new appointee Kevin Irwin, who could not be here today. For those of you who do not know Kevin he is in long term recovery. He has been one of the folks who have been leading the work in Strafford around SOS Recovery Support Services. James, I and others also worked with Kevin on the Syringe Access Needle Exchange Commission over the course of the summer and Kevin represented the Recovery Community. He comes with extensive experience with systems building, harm reduction and he will bring a lot of perspectives to us.

The three main things we want to accomplish today are to give you an update from Jennifer Patterson from the Insurance Department on work that they are doing on market conduct on addiction parity. We will spend the bulk of our time talking about the budget, the alcohol fund and where strategically we are seeing priorities for investment in the next biennium.

Update from Insurance Department – Jennifer Patterson

Just about a year ago the Insurance Department came and gave preliminary findings on the Market Conduct Exam. If you were not here for the presentation it is posted on our website.

https://www.nh.gov/insurance/consumers/documents/021916_nhid_sud_preliminary_exam_results_presentation.pdf

On February 7 we issued our final order in the Market Conduct Exam. The Market Conduct Exam is a very lengthy process set forth by statute and there are multiple phases to examiners to submit their findings and recommendations. The reports were finalized on February 7 and we are planning on releasing the results soon possibly sometime next week. They will be posted on the website. The exam was looking at the carriers' practices on network adequacy, prior authorization claims and appeals, and grievances, as well as medication-assisted treatment and mental health parity. The Advisory Committee will look more broadly at behavioral health and mental health issues. The next Advisory Committee is on March 10 and I expect we will do a presentation at the March 10 meeting. This was three different examinations and different companies the base line of what is happening was looked at. We do expect to have a higher level of information available.

The NHID had applied for and received a grant for consumer protections, and the Department was starting to go through the state approval process. If the grant is approved, she said, the Department will move forward with the next market conduct exam.

THIS IS NOT OFFICIALLY IN THE MINUTES BUT BELOW IS THE LINK TO THE REPORT OVERVIEW THAT JENNIFER REFERRED TO

New Hampshire Insurance Department market conduct exam on substance use disorder results overview can be found at <https://www.nh.gov/insurance/consumers/documents/030217-presentation-nhid-substance-use-disorder-exam-results-overview.pdf>

Now we will get into the meat of our discussion around the forthcoming biennial budget. What I want to do is try to go in some type of chronological order as there are a lot of moving parts that inform our discussion with our task force colleagues. What I would like to do is start with having the department give us an update on our current funding, current contracts and the status of all of that.

HHS Current Funding/Contracts Update – Joe Harding

As you are aware through SB533 there was an additional allocation made to the Governor's Commission of \$2.5 million and addition \$500,000 to the Department of Health and Human Services particularly for recovery support services. Then \$2 million went to the NH Housing Finance Authority for recovery housing. For the Prevention Direct Services folks may recall that the Governor's Commission decided to allocate \$819,000 for those services. The Prevention Direct Services are identified as being most critically important through the Regional Public Health Networks through community stakeholder input and the department an RFP (Request for Proposal) and there were three vendors selected and we anticipate those going to contract in March. There still remains \$303,000 that we will be reissuing an RFP giving some priority to regions to have not yet received Prevention Direct Services funding.

- The Commission also decided to allocate out of the \$2.5 million, \$356,000 to Medication Assisted Treatment (MAT) and a contract for those services went into effect in December with Bi-State which is the Community Health Association to make medication assisted treatment available in the Community Health Centers.
- The Commission decided to allocate about \$258,000 in additional funding toward Juvenile Court Diversion Programs and that is for youth that are involved in the justice system. A contract went into place in November for those services.
- There is some additional funding other than what has been allocated previously for Public Awareness and targeted education of \$200,000. That is anticipated to go before Governor and Council in March.
- Additional funding for Peer Family Support Services about \$105,000 and that funding went into contract last September.
- There is also a portion of the funding for Recovery Support Services for Peer Recovery Services other than the contracts that are already in place.
- I should also mention that the Commission through the appropriation through the budget process, allocated \$800,000 for Recovery Community Organization supported through the facilitating organization which now has subcontracts with six Recovery Community Organizations throughout the state.
- The \$500,000 I mentioned earlier from SB533 that went directly to the Department of Health and Human Services specifically for Peer Recovery Support Services in the Recovery Community Centers. It went into contracts about two months ago. It was two contracts supporting four different Recovery Centers across the state.
- All of the funding from the Commission that went to Peer Recovery Support Services there is \$116,000 that is going to be added to the facilitating organization contract for additional Recovery Community Organizations.
- From all of the funding that the legislature has made available both through the department, federal block grant funds that we had and through what was appropriated to the Governor's Commission originally we went from having no funding to support the Peer Recovery Community organizations across the state to now having ten Peer Recovery Community organizations across the state.
- There is some funding allocated by the Governor's Commission for additional training and technical assistance to support these new contracts going forward and that went into contract in September.
- SB533 also allocated \$500,000 for alternative sentencing and looked where the money was needed for housing, people re-entering the community from state and/or county correctional institutes and it will provide three month's rent and utilities for folks with substance us for men and women who have been identified as eligible to receive housing services as well as care coordination and connection to services in collaboration with the Department of Corrections (DOC). (*Abby Shockley*)
 - **Comment, James Vara:** Part of the conversation of course is this is not a significant amount of money. But what it can do is we can take this information that we have from this \$500,000 and say this is a population that we know is in need of services. One thing we hear very frequently is that those that are exiting our correctional facilities have no place to go. It becomes a revolving door back to the state prison or the house of correction. We can use the data that we collect to really show what progress we are making in this area.

CURES Act Proposal – Abby Shockley

The state's grant proposal seeks money to fund new initiatives working with pregnant and postpartum women as well as adolescents, young adults and parents struggling with addiction. It also outlines a proposal for a new re-entry care coordinator working in the New Hampshire Department of Corrections to help formerly incarcerated women re-entering society access treatment, and funding for targeted prevention services for young and school aged children whose parents are addicted and who are under the care of New Hampshire's Division for Children, Youth and Families.

- The response to the opioid crisis was the funding opportunity that was provided by the CURES Act. It is about 3-5 \$3.1 million a year for two years. It has some similar restrictions to the Block Grant around what money could be spent on and what it couldn't be spent on. There are some required activities that have to be committed to regarding communities and populations. Our proposal was validated by the recommendations for each Task Force which came out after the proposal was submitted.
- Fifteen percent (15%) of the funds are available for prevention resources.
 - Prevention programming with a generational approach for early childhood and school age for youth involved in DCYF.
 - Parent peer-based who have gone through substance use issues but also involved with DCYF.
- Eighty percent (80%) of the funding is for treatment and recovery services.
 - For treatment projects one of them is Integrated Medicated Assisted Treatment for Pregnant Women in primary care and social enhancement through parenting education and other items such as that.
 - There is also an MOU (Memorandum of Understanding) with the DOC to allow for naloxone distribution for folks that are identified at risk of overdose prior to release into communities in transitional housing, both men and women.
 - Care coordination for women leaving incarceration who need additional support.
- For the recovery projects there are two.
 - One is for pregnant women and parents in recovery.
 - Another is a program for school age children in recovery.
- There has been incredible collaboration between DHHS (Department of Health & Human Services), DCYF (Division of Children, Youth and Families), DOC (Department of Corrections), DOE (Department of Education), Public Health as they are all touching the same population through a variety of different efforts and pulled together a statewide collaboration.

Tym Rourke: Just a technical point that people may not realize. This is not a competitive grant program. Also the deployment of these resources will come much faster.

Joseph Harding: In the spirit of appreciating Abby's work in putting this application together, this was a crazy process in this period of time and to really meet the requirements of the grant and take in consideration all the things that we have been hearing, we have been fortunate that we have this process going on in developing the new plan for the state because we are getting all this input about all these things that are needed, we think Abby did an amazing job and we want to "Thank You" for that.

QUESTION: Are these continuing dollars?

James Vara: There was \$485 million dollars total. Each state was given the amount of what they would receive. Our state was \$3.125 million dollars but this is a one-time response as far as we know.

QUESTION: What next?

Abby Shockley: Specifically this is to target programs that would be able encumbered by existing providers or systems. We have 5% of the funding available for technical assistance and training that was part of the administration so we intend to look at how we can build up sustainability into the process. We will be looking at where programs are working and where we may be able to plan for the future knowing where the block grant dollars are spent out as well.

Tym Rourke: For us to understand it and as it relates and intersects with the priorities of this Commission and our task forces obviously these resources can be leveraged for the next two years. Without further congressional action we have a strategic suite of work which we may think about with the funds we get from the state over the next two years but then

how does this work feeding into our own thinking, not only what we advise on using the alcohol fund but what we advise on other ways in which we need to seek resources. It is incredibly important at this point because these are time limited dollars. I would like to add many of us have traveled or visited with our federal delegation.

Seddon Savage: A lot of what is happening now with this infusion of money is that we are beginning to change cultures enormously.

Governor's Budget

James Vara: The Alcohol Fund last year by statute was 1.7%. In the Governor's budget he has proposed to double that to 3.46%. In HB 3.4% of the previous fiscal year gross profits derived by the Commission from the sale of liquor shall be deposited in the alcohol abuse, prevention, treatment and recovery fund provided that at least 80% of the money in the fund are encumbered in any fiscal year, 4% of that fiscal years gross profits shall be deposited in the fund. It is a process and the Governor and I certainly spoke of this where it is moving toward getting us that 5% starting this year at 3.4% within the next fiscal year being 4%. It is an important move forward. What gross profits they shall be defined as total operating revenue minus the cost of sales and services as stated in the State of New Hampshire comprehensive annual financial report. That as of last year was a little over \$3 million dollars or 1.7%. Looking at that we are talking over \$6 million dollars. From my calculations it will be around \$6.5 (possibly a little more) for each year in the alcohol fund. When you are dealing with General Fund money our ability to do things is quite different from what Block Grant funds can do. When we talk about innovative ideas we certainly as a group can have those conversations understanding that it would be General Fund dollars versus federal fund money that somewhat hampers us. One thing is our inability to use any of these monies for brick and mortar because federal funding does not allow us to do that. It certainly is a move in going forward.

A few other areas I want to touch on that the Governor addressed in his budget. There is \$5 million dollars towards workforce initiative program working with the Department of Health and Human Services where we can really take some of that money and put toward the shortages of clinicians in the workforce. This money will help build a robust workforce initiative which will really help the field move forward. Another area is \$3 million dollars to strengthen our community mental centers. For those that are in the field the big issue is co-occurring disorders. We need to not only deal with co-occurring disorders but mental health issues. Working more collaboratively is something I think we should do as a state in general but really but one of things as I work with the mental health centers is really bridging the gap between what are substance use disorders services and monies working in tandem together. There were also five additional troopers over the biennium, and five in the second biennium to focus on drug interdiction. Finally fully reinstating "Granite Hammer" which is part of the progress as well. I will end with this providing targeted student loan debt forgiveness for clinicians and nurses working on the crisis.

Tym Rourke: To be clear this is the first time where the Governor's budget has followed the formula. Again over the previous budget processes the alcohol fund formula has been suspended so the fund itself is "0", then a General Fund appropriation is put into an accounting unit in the department that we manage with our partners at the department. In this instance this is not a General Fund appropriation this is the alcohol fund funded pursuant to the statute in the Governor's budget. This is the first time this has happened due to the good work of our colleagues in Senate Finance. In the last biennium it went back to following that formula adjusting the percentage but at least we have an alcohol fund. To James' point at least it affords us the ability to use it innovatively because of the nature on how the fund is structured.

Alcohol Fund Priorities

Joe Harding: We are going to go into the discussion about the priorities from the different task forces. You will see in your packet a handout titled "NH DHHS \$30 M + Investment in the NH Substance Misuse Service Delivery Continuum

December 2016.” This is to give you a visual demonstration of where we have put the resources. Between what the Commission made available through its appropriation, the funding from HB533, General Funds, discretionary grants and even TANF funds (Temporary Assistance for Needy Families) more than \$30 million dollars were put out in calendar year 2016. The funding supported all the different areas of the continuum. The three small circles in the upper left hand corner talk about some of the challenges. It one thing to have the resources to put out there and we have great benefits under the Health Protection Program, Medicaid, private insurance but the biggest challenge we face today are programs on the ground that can provide these services and the skilled workforce that can work in these programs.

- Treatment Taskforce Funding Recommendations
 - Continuation of existing work in prevention, treatment and recovery supports.
 - Safe and affordable Recovery Supportive Housing.
 - Detoxification supports.
 - Special populations.
 - Pregnant and parenting women.
 - Criminal justice population.
 - Youth and young adult.
 - Therapeutic and recovery supports for children and parents with SUD (substance use disorders).
 - Additional funds to increase infrastructure development with agencies that the state has identified with proven track record and smaller agencies that may have the potential to grow their treatment services with supports.
 - Workforce development.
 - Training.
 - Rates/compensation.
 - Recruitment and retention – student loan reimbursement.
 - Funding the compensation of interns.
 - Infrastructure development salaries (administrative and clinical).
 - Continue to increase MAT (medicated assisted treatment) providers in primary care settings and enhance the collaboration with specialty SUD providers to be able to access the resource.
 - Development of Treatment Capacity Tracking System – identifies what current residential services are available.

- Healthcare Task Force Funding Recommendations
 - Incorporate screening, brief intervention and referral (SBIRT) into high yield practice settings (primary care, OB/Gyn, emergency rooms, pediatrics, inpatient admissions for substance-related conditions).
 - Integrate support for recovery into routine, SBIRT-R(recovery).
 - Increase awareness of SUD assessment and treatment referral resources.
 - Engage insurers in incentivization of best SUD practices, e.g. billing codes, incentive pay for routine screening, MAT, etc.
 - Implement induction of MAT (buprenorphine) and refer to treatment in settings where persons with opioid use may be in withdrawal and/or distress, e.g. ERs, inpatient-settings, etc.
 - Develop and launch a campaign to change the culture and reduce stigma within healthcare systems.
 - Expand harm reduction interventions.
 - Development of needle/syringe exchange programs.
 - Study the feasibility of supervised injection sites for IV opioid users.

- Opioid Task Force Funding Recommendations. There are nine different domains are represented and each domain has its priorities.
 - Increase high quality, evidence-based, and consistent SUD assessment, treatment and recovery capacity, including medication-assisted treatment as appropriate across the continuum of the justice system, from pre-trial services to probation and parole.
 - Harm Reduction strategies.
 - Programs, policies, and practices that strive to minimize death, disease and injury from high risk behaviors, while recognizing that the risky behaviors may continue.
 - Supportive Housing.

- Prevention Task Force Funding Recommendations
 - Prevention strategies across the lifespan: 0-8, middle school-aged students 6-7-8, high school-aged students and young adults.
 - Public awareness and education.
 - Partnership for a Drug-Free NH.
 - Juvenile diversion network.
 - Innovative programs addressing children and families who are “secondary victims” of the Opioid Crisis.
 - There are many innovative approaches that are being implemented across the state to help mitigate the negative consequences of the opioid crisis.
 - The Prevention Task Force would like to see a mechanism in place by which an innovative program that has had positive initial results, could apply for funds to help expand and/or enhance program implementation. Data collection and evaluation would be required with these funds.

- Perinatal Task Force funding recommendations.
 - Prevention
 - Public education: harms of opioid use; potential for dependency and risks during pregnancy for mom, fetus/newborn.
 - Public education: harms of cigarette and marijuana smoking, and alcohol misuse in pregnancy/parenting and potential harms to fetus/newborn including growth restriction, developmental and delay and SIDS (Sudden Infant Death Syndrome).
 - Education in relation to marijuana on safe storage of marijuana products in the home to avoid accidental poisonings of children.
 - Universal SBIRT screening.
 - Intervention
 - Train providers to screen and deploy behavioral health clinicians to OB practices to provide brief intervention and address behavioral health needs.
 - Housing
 - Transportation
 - Childcare
 - Treatment
 - Residential treatment for pregnant and newly parenting women with substance use disorders.
 - Evidence based treatment interventions.
 - Provide treatment prior to release for incarcerated women.
 - Regional concerns: Northern
 - Services for treatment that specializes in parenting and pregnant women.
 - Lack of mental health services in the North country are lacking.

- Military Task Force funding recommendations
 - Introduce, strengthen, and support the “Ask the Question” Campaign among substance use treatment providers.
 - Promote and advocate for Military Culture Trainings for substance use treatment providers.
 - Coordinate technical assistance supports to substance use treatment providers on becoming Tricare Providers and Veterans.

- Participate and support the Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery – and the task force (subcommittees) on programs and issues that support and strengthen the mission of the Joint Military Task Force.

Tym Rourke: Two other Task Forces whose feedback to bear in mind. The first is the Data Evaluation Task Force. When we release the mid-year report I would recommend that everybody really pay attention to the dashboard. In part because what the statute asks us to comment on this not only the data sets and the progress we are making but where is data that we cannot collect. Where are there questions that legislatures' are asking us for some outcomes data and we simply do not have it? Is it an infrastructure issue? Is it the fact that the question is incorrect and that is not a viable data source? The mid-year report will reflect some emergent priorities for us to think about to the extent that we are taking some of our resources and investing it in data collection to validate our strategy.

The last one is that James Vara, Joe Harding and I spent time with the Recovery Task Force a couple of weeks ago. I will look to Marty Boldin to make sure I capture some of the key elements that came out from the recovery community. Much of what has already been discussed was there but I would highlight two things that I have only heard a little bit on and one of those is regional issues. There was a decent amount of conversation around services and not just recovery services, in rural areas. Are we thinking strategically enough about investments that may be needed in more rural parts of the state? We have some strategies that specific to rural communities in prevention but obviously being in a rural area makes delivery of services complicated. If folks in the recovery community could do a landscaping of: are there: are recovery interventions specific and unique to rural communities?

The other thing we heard in reference to the CURES Act proposal from the state is the lack of services for adolescents both on the treatment and recovery side. Where are the practices around adolescents in recovery specifically? There is some real interest in moving in that direction. Then there is the adolescent treatment issue which we have had as a perennial challenge in our state.

Marty Boldin: There is a desire to work with DOC and local jails to provide Recovery Support Services. Another issue that came up was something that would also need to be worked out with public relations and awareness are recovery services and what does that mean. The last thing, and it only relates to Recovery Support Services, but look to the director of BDAS (Bureau of Drug and Alcohol Services) to ascertain as to what resources are needed moving forward to look at the way that the state is addressing this.

James Vara: One of things we've been talking about was the veteran community and do we have Peer Recovery Support Services directly for veterans. Two final things are workforce capacity and what funding should be available for Peer Recovery Support Coaches. Is it a workforce issue? Is it a funding? Is it salaries? Finally, Recovery Housing, what are those standards? What are they going to be? Will there be a coalition that? I directly make note of a Recovery Housing Coalition and what models are they? How can they coach themselves?

Joe Harding: This is only related it is something that came up yesterday in the House Finance meetings, I think everyone here is familiar with Peer Recovery Supports and why it makes sense to utilize these resources with people with lived experience that have faced the challenges and been successful in their own recovery, helping individuals that are struggling with addiction. I was a little surprised to find out that that is not universally well known or accepted. I think we need to do a much better job and not only identify what data is available that suggests the effectiveness of that and it is fairly new and there is some and we need to do a better in explaining why this makes good sense and why it is cost effective.

Discussion, Reactions, Early Thoughts

Commissioner Barthelmes: At the beginning of this meeting we touched on co-occurring. I know in the prison system the majority of folks there have co-occurring disorders. So really it is a question about investment, and coordination with our Community Mental Health Centers. As I've listened to the different presentations, lack of mental health services up in the North country. There are so many questions really, where do we want to make investments? Some of the Community Mental Health Centers are also now investing in hiring LADCs, and really dealing with the issue of co-occurring disorders. If we make investments in the Community Mental Health Centers it will multiply our efforts. \

Treatment is not available for the vast amount of people who need it. Part of that I believe is to try and have treatment that has high levels of acuity in various circumstances which probably increases the likelihood of dual-diagnosis, but if for nothing else in the face of this enormous workforce issue that we have I think we really have to talk on both sides and really have them start to think about how to work together.

Tym Rourke: There is many people waiting in emergency rooms for NH Hospital today as there were at the height of mental health crisis we have an opioid crisis that is seizing peoples' attention but that crisis is still there and I do think it is to our good thinking about what role this Commission charged to substance abuse can play in helping break down some of that myth of separation.

Judge Gordon: The issue of not having the workforce out there to accomplish what we want to accomplish. It seems to me if we are going to have an influx of money with regards to the alcohol fund maybe we can find the funds to help the capacity rather than putting it out in the programs. The second thought I have is when the Governor's Commission first started all of a sudden we had this influx of money we put it into programs and tried to find a way to spend the money. We spent the money over time. What I have learned unless you can go back to the legislature we may be getting 3.4% or 4% but the fact is there is nothing to prevent the legislature from doing exactly what they have done in the past. How do we go about addressing that? I heard from each of the taskforces from the committees saying that we need to have evidence based practices. I hear this over and over again. This is also the common complaint that we get from the legislature, "show us that you are having some measure of success in what you are doing." We quite frankly have never been able to do that. We have anecdotal evidence. I cannot tell you how many people come in front of me and say "Judge, I know I committed a crime but that is really not what the issue is, the issue is I have a substance abuse problem." I say "OK fine." They agree they are going to go to a program. They go to the program (residential treatment) and the next year I see them again. Then it starts all over again. Sometimes I see people three or four times. The idea is you can't just be committed to do the program; you have to be committed to recovery. They have to change their lifestyle. The long and short of it is I think what we need to do if we are going to be spending the money, making sure that there is some measure that we are measuring our success.

Abby Shockley: Back to the co-occurring disorders. I love the idea of collaborating with Community Mental Health Centers. It has taken us years to figure out how to collaborate with the Community Mental Health Centers. They also have a workforce issue. Just to acknowledge we are stealing from them all the time. I just want to acknowledge that they have a workforce issue also.

Task Force Updates

- **Prevention:** The task force has a subcommittee for state planning and we have split that subcommittee up based on prevention through the lifespan. We have folks focusing on collecting data observations around early childhood, middle school age, etc. We have meeting have a meeting this afternoon to present the information. Our next step will be looking at strategies that will address the risk factors/
- **Treatment –** We have reviewed the data regarding treatment and narrowed it down to two differing trends in each of the data sets, and we are noticing gaps. The next steps are to work on the strategies to address those trends. In the meantime we are doing some mini-focus groups with clients, direct services, staff, and we are asking them some key questions about what they think some of the trends and needs are around treatment.
- **Recovery:** We are trying to make sure we get a lot of feedback on the Recovery House standards before they come here. What are the concerns? We are hoping these standards will help pull this together.

- Health, Medical and Opioid: We are seeing how we can take advantage of what is already happening. In the Opioid Task Force we are already at the point of looking across the domains just to see what flows to the top.
- Pre-Natal Exposure: We met this past Wednesday we discussed everybody's thoughts and observations. Our next task force in March we will develop strategies.
- Military: We are working with an expert on Tri-Care which is incredibly complex. We have a call with him on Thursday morning and we have more questions than we went in with. What we are trying to do right now is how we ask the questions that help us that help us get untangled. We ask the question what network are you in and exactly what insurance you accept.
- Data and Evaluation: One thing I would add as a group it really have become what I have asked where we go through the four points. Commissioner Barthelmes really highlighted "what data do we have?" "What do we need?" "What does it tell us?" "What do we do with it?" We really start with the final question first. The dashboard is coming together.

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

***March 31, 2017
Legislative Office Building – Rooms 301 & 303
1:00 pm to 3:00 pm***