

**GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS**

**March 22, 2019**

**Governor & Council Chambers**

**CONCORD, NH**

**MINUTES**

**Members Present:**

Governor Chris Sununu

Steve Ahnen, *NH Hospital Association*

Cheryl Coletti-Lawson, *NH Business and Industry Association*

Bill Conway, *NH National Guard*

Scott Dunn, *NH Liquor Commission Division of Enforcement*

Monica Edgar, *Treatment Professional*

Annette Escalante, *Executive Director and Director of the Bureau of Drug and Alcohol Services*

Katja Fox, *NH Department of Health & Human Services*

Helen Hanks, *NH Department of Corrections*

William Hatch, *NH State Representative*

Keith Howard, *Recovery Representative*

Tina Nadeau, *NH Courts*

Tim Lena, *Prevention Professional*

Gordon MacDonald, *NH Attorney General's Office*

David Mara, *Governor's Advisor on Addiction and Behavioral Health*

Michelle Myler, *NH Department of Education*

Chris Placy, *Public Member*

Robert Quinn, *NH Department of Safety*

Seddon Savage, *NH Medical Society*

Stephanie Savard, *Treatment Professional*

Patrick Tufts, *Granite United Way*

David Watters, *NH Senate*

**1. Welcome and Opening Remarks**

Patrick Tufts opened the meeting, welcomed the Governor, Commission members and the public. He then asked the Governor to provide the opening remarks. Governor Sununu welcomed the Commission members and thanked the public for joining today. He stated that there has recently been an announcement that there will be another 11.9M dollars available to the State as an extension of the State Opioid Response Grant funding. This investment has the same rigorous accountability, requirements and emphasis on evidence-based practices. He noted that there are still kinks to work out across the State but in general things are going very well. Governor Sununu also said they are preparing to complete a preliminary risk assessment for capacity related issues for the system. He noted that the system needs to be flexible and responsible to the State well in to 2020.

**2. Approval of Minutes**

There was a motion by Senator Watters to approve the minutes from January 25, 2019. The motion was seconded by Keith Howard. The minutes were approved with all in favor.

**3. NH DHHS Commissioner's Update provided by Katja Fox**

Katja provided a brief update on the State Opioid Response Grant funding and programming by providing a data fact sheet. She noted that age of person interacting with the Doorway system will start to be collected on April 1, 2019.

#### **4. Executive Director's Update**

Annette Escalante presented the financial dashboards, outlining what is currently in contracts and obligations to date. She noted that there are little to no changes since last meeting. Annette requested the Commission clarify an item from a previous meeting, stating the current prevention funding for the early childhood work is listed to be allocated to the crisis centers across the state. She requested that the Bureau could potentially contract with one organization for these outcomes instead of multiple. Cheryl Coletti-Lawson cautioned the group to note any shift of funding to support the umbrella organization's overhead. Seddon Savage asked Annette if this type of contracting has been used in the past and if it worked well. Annette indicated that yes, it has, and it has worked well. Cheryl Coletti-Lawson made a motion to approve this request. The motion was seconded by Tim Lena. The motion passed with all in favor.

#### **5. Presentation by Guest Speakers: Concord Hospital and Wentworth Douglass Hospital**

Sarah Gagnon, Vice President of Clinical Operations at Concord Hospital opened by thanking the Commission for inviting them to today's meeting. She also introduced Peter Fifield from the Doorway at Wentworth Douglass. She went on to describe the partnership with Riverbend that exists in Concord that forms the Doorway in that community. Sarah noted the Doorway in Concord provides services across the substance use continuum and has served 86 people so far. Peter Fifield then also thanked the Commission for welcoming them and shared that the Doorway at Wentworth Douglass is located across the street from the hospital. He shared that this was done intentionally, as some folks have had negative experiences and/or interactions with the hospital or hospital systems in the past. He also shared that they partner with SOS Recovery to provide recovery services to the individuals who access the Doorway in that community. Peter shared that many people are presenting with an alcohol use disorder, which can be very complicated to treat. He noted that individuals are using multiple points of entry, including: 2-1-1, the fire department, walk in, walk in with coach, and also drive by where people are dropped off suddenly. He shared that they complete a full assessment for clinical purposes and also for housing, childcare, and employment. Peter then shared what the client experience is like, demonstrating the steps through a flow chart noting that the entire process is client focused and client led.

Patrick Tufts asked about serving the homeless population if there are specific ways to support them with their immediate housing needs. Sarah Gagnon stated that flex funds can be used for short term stays. Tym Rouke asked if the show rates varied between folks who engaged during the day verses the overnight/weekend. Peter stated that it is hard to tell with the current level of data, but anecdotally, yes it would make a difference for someone to be connected to the Doorway during the day. Sarah went on to share that the Doorways are part of a learning collaborative in order to make improvements across the system. Tina Nadeau shared that homelessness is a problem for drug court clients as well, noting that an unstable home environment is problematic for recovery long term. Dave Mara noted that it seems that many Doorways are referring people to the Farnum Center in Manchester and asked if this was due to a lack of services in other parts of the state. Peter stated that the referrals are made based on the level of care needed and that sometime the only place that level of care is available in in Manchester (3.5-3.7, for example). He also noted that for 4.0, people have to leave New Hampshire to receive treatment unless they fit a specific subpopulation. Seddon Savage asked if e-consultation had a role in solving this capacity problem. Sarah indicated that telemedicine options are being explored but the client engagement is essential in this process and is made more complex when utilizing technology.

Sarah then went on to share the Global Performance Results Act (GPRPA) requirements for this work. GPRPA data is collected at intake, as well as at 3, 6, and 12 months. Each Doorway is required to maintain an 80% completion of this tool. Peter stated they do their best to integrate GRPA with bio/psycho/social to improve the client experience. Peter then shared a success story about an individual with Opioid Use Disorder (OUD) who also had colon cancer. This highlighted the complexity of the situation when individuals have pain and OUD. Peter shared that they were able to place him in a treatment center that worked for him and also provided support to his wife. He also highlighted a gentleman, who was originally on a waitlist for inpatient treatment but in the meantime, received MAT and did not

need the inpatient bed when it was available because he had improved so much. Peter summarized by noting that the system still needs work around demand for services, sustainability, workforce bottlenecks, increasing providers for MAT treatment and billing.

Patrick thanked Sarah and Peter for the presentation and asked them to keep the Commission in mind as gaps are identified that they could potentially help sustain. He also commended them for taking on this new work and noted that the community of practice model to improve the system is encouraging. Senator David Watters asked a clarifying question about what substances fall in to the “other” category in the data. Sarah indicated that marijuana use, and cocaine are examples. Dave Mara asked if there is a natural connection to the Corrections system for this work. Peter indicated the primary interaction at this stage is when individuals are on active probation or parole. Chis Placy asked about services for family members, noting that the longer you wait to treat the whole family, the worse it can get. Sarah replied that mostly, services for family member is outpatient therapy. She also noted that they are looking at how to better support parents and grandparents within this system. Tym Rouke suggested that family resource centers could potentially be helpful with the family support aspect. Keith Howard asked what the role of the Doorway is when someone is brought to the Emergency Department after an overdose. Sarah indicated recovery peers are on call and come in to meet with them and do a rapid triage. She also indicated that Wentworth Douglass has peers on call as well. Tim Lena noted that it will be particularly important to pay attention to the data of children and young people within this treatment system. He also mentioned that tracking the treatment of young people at the Sununu Center via the Doorway would be important. Stephanie Savard shared that private insurance is part of the problem and recommended a conversation with Jenny at the insurance department to gather more details. She also noted that the treatment task force met with Doorways and is establishing a provider forum for all spoke services across the state. Monica Edgar asked what the status is of inpatient waitlists for SUD treatment. Peter indicated that it varies based on insurance status. For private insurance, there may not be a wait, with Medicaid the wait is typically a few weeks. Helen Hanks reminded the Commission that the Corrections Department is currently dealing with a large amount of suboxone abuse and misuse within their system. Patrick again thanked the presenters noting that the entire Commission now knows a lot more about the Doorway system.

## **6. Other Business**

Keith Howard shared that a week prior he visited a hospital that is not connected to the local Doorway with his family member after an apparent overdose. He chose not to disclose the name of the hospital as there are many hospitals across the state that are not “hubs.” Keith shared that this experience at the hospital was extremely negative and his daughter was treated only as her overdose symptoms and not as a person in recovery. He noted for the group that after an overdose there is a small window of opportunity where someone may be willing to examine their choices and embrace change. Keith distributed additional written information on the experience for the Commission members and stated with the resources and common good in the state, this should be able to be fixed so that no other family has to experience what his family experienced that night. Patrick thanked Keith for sharing and asked if any members had questions that they connect with Keith after the meeting. He also noted that this is a call to action from Keith that needs to be followed up on by the Commission.

Dave Mara noted that there is now a State data dashboard for over prescribing and this data was presented to the data task force. Patrick indicated this data would be shared with the Commission distribution list after the meeting.

## **7. Public Comment**

Public Comment was made by Susan McKeown sharing that there is a current program at the Currier Museum of Art featuring a partnership with Drug Free America. She highly recommends people look into it. She also asked if there

was an update from the Treatment Task Force on involuntary admissions for substance use disorder. Stephanie Savard indicated the group is still completing preliminary research and is completing a proper nationwide literature review.

***The next Governor's Commission meeting  
May 10, 2019 from 9:30 am to 11:30 am at the  
NH State House  
Governor & Council Chambers  
Concord, NH***