

GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

January 10, 2020

Governor & Council Chambers

CONCORD, NH

MINUTES

Members Present:

Governor Chris Sununu

Steve Ahnen, *New Hampshire Hospital Association*

Mark Armaganian, *New Hampshire Liquor Commission Division of Enforcement*

Mary Forsythe-Taber, *New Hampshire Suicide Prevention Council*

Monica Edgar, *Treatment Professional*

Annette Escalante, *Bureau of Drug and Alcohol Services*

Katja Fox, *New Hampshire Department of Health & Human Services*

Keith Howard, *Recovery Representative*

Benjamin Jean, *Department of Corrections*

Tim Lena, *Prevention Professional*

Chuck Lloyd, *Community College System of New Hampshire*

Gordon MacDonald, *NH Attorney General*

Dave Mara, *Governor's Advisor on Addiction & Behavioral Health*

Matt McKenney, *Business & Industry Association*

David Mikolaities, *New Hampshire National Guard*

Alex Casale, *NH Courts*

Chris Placy, *Public Member*

Robert Quinn, *New Hampshire Department of Safety*

Tym Rourke, *New Hampshire Charitable Foundation*

Seddon Savage, *New Hampshire Medical Society*

Stephanie Savard, *Treatment Professional*

Chris Tappan, *Division for Children, Youth & Families*

Patrick Tufts, *Chairman, Granite United Way*

David Watters, *Senator*

1. **Welcome and Opening Remarks** Patrick Tufts opened the meeting by welcoming the Commission members and the public. He greeted Governor Sununu and opened the floor to him to provide remarks. Governor Sununu shared that he sees resources starting to meet the need in the state and that they are continually working with the hub and spoke model to do an internal review to see where the gaps are and how to close them. Governor Sununu continued that funding is not a problem right now and that his office is in constant contact with the Federal government to see how money could be used more effectively. He strongly emphasized that prevention is the only way to solve this crisis and it's how to get to long-term solution. He acknowledged that workforce is an issue in all parts of the continuum. Governor Sununu shared that Recovery Friendly Workplace is going like gangbusters, the numbers of participating businesses are sky rocketing. He shared that the biggest asset of the initiative is the cultural change around Substance Use Disorders, and it is taking root across communities. He also commented that culture within this field is also changing, there was a lot of infighting in the beginning, and now what he's seeing across the state is a coalescing of goals and partners. Part of that, he said, is there is more financial opportunity but also people are realizing that rising tide really does raise all boats. Patrick asked the Governor if he anticipated needing more for partnerships with the Recovery Friendly Workplace. The Governor replied that he didn't think it was a current need but something for discussion in the future. Patrick then welcomed new members to the Commission, Matt McKenney from Hypertherm filling the Business & Industry Association seat, and Kathie Sarri filling the Faith Community seat. Patrick also acknowledged that with the New Hampshire Hospital Association becoming legislatively mandated the public seat will become vacant.
2. **Guest Speakers- Manchester Emergency Operations Center: Anna Thomas, Public Health Director, City of Manchester; Ann Landry, Associate Commissioner, Population Health, DHHS;**

Former Commissioner Nick Toumpas, Executive Director for the Seacoast/Strafford Integrated Delivery Network, Region 6 Integrated Delivery Network

- **Anna Thomas: Director of Public Health, City of Manchester** Director Anna Thomas spoke first and shared that Manchester is an epicenter for a whole host of issues. Director Thomas provided handouts titled: *Facing the Addiction Crisis in Partnership with the National, State and Local Level: What the City of Manchester had Learned to Date and How the Governor’s Commission on Alcohol and Other Drugs Can Continue to Assist Us*. She said they look at substance use holistically because it spills over into other issues like homelessness. Last night the shelter was a full capacity and 19 people were in a surge facility. The city of Manchester is growing and changing like many communities. They’re learning a lot, but they felt a strong need to have planning integrated with the state. The City of Manchester was contacted by the Center for Disease Control (CDC) to be a part of their Opioid Rapid Response Team. Director Thomas said the first question from the CDC was “Have you been participating in the Overdose Fatalities Review Board?” and “Have you activated an Incidence Response for Emergencies? Director Thomas shared that they had not and did not know that was an available resource before this conversation. She said they know that they need to have more real time data; from what beds are open tonight, to all the surveillance data through Doorways, etc.

She recognized that the Doorway is trying to expand its spokes and they want to continue to see that expansion of services, because people are finding their way to them but they’re not able to keep up with the need. They are no longer able to keep up with the need in the ERs. Their hospitals are seeing up to 85 people in the ER, with a 5 hour wait. Hospitals cannot hold individuals experiencing homelessness and area hospitals will now start discharging people without housing. Director Thomas went on to share that the Greater Manchester area is a part of the High Intensity Drug Trafficking Area (3 major highways intersect in Manchester).

At the end of her presentation Director Thomas asked for stabilization and shelter beds and to expand the doorways to be 24/7. She also inquired what the future is for youth treatment options, because they do not have options for youth and there are 600 homeless youth in Manchester. She also noted the fact that there’s a wait list of 150 families for services. She requested that an addendum be made to the strategic plan with it being tailored to areas that are “hot spots”. Director Thomas asked that as the Commission is making funding decisions, is there room to make a funding hub model, is there a way to leverage dollars in a funding collaborative. She wished to know if there is a way to bring more resources to the community, to co-locate resources. Director Thomas asked if there is an emergency task force for the Commission. She finally shared that the Manchester Health Department is looking to create an epidemiologist position and emergency preparedness position.
- **Associate Commissioner Ann Landry** Associate Commissioner provided a handout titled *DHHS’ Partnership with Manchester*. The Associate Commissioner shared that the Department of Health and Human Services is looking to provide support in a different way. She said the first step was to build trust by working with Chris Tappan and Dr. Ballard to integrate their work. To achieve this integration, they created a Manchester focused team. The Associate Commissioner shared that her number one goal is to be responsive to build that trust and integration. Associate Commissioner meets weekly with Director Thomas and attends EOC meetings to see how they can align resources. She shared that they deployed subgroups to see how they could resolve issues and work in new ways.
- **Nick Toumpas – Executive Director for the Seacoast/Strafford Integrated Delivery Network, Region 6 Integrated Delivery Network** Former Commissioner Nick Toumpas aids the Region 6 Integrated Delivery Network (IDN) in the Seacoast Region. Mr. Toumpas said that it’s important to identify the gaps and barriers and where they want to go from there. Mr. Toumpas introduced John Burns from SOS Recovery and Peter Fifield from Wentworth Douglas Hospital.
- **John Burns – SOS Recovery** John Burns is the Director of SOS Recovery which provides peer-based recovery supports in Strafford County and the Seacoast. SOS Recovery is a funded partner in the Recovery Friendly Workplace. Mr. Burns shared that Recovery Friendly Workplace has been successful, bringing in the business community on changing stigma and has helped with workforce growth. They engage 75 business and are doing a leadership training with Granite State College. They have been utilizing the IDN funding for some of their recovery supports and services. They have a pre-arrest program with intensive case management. This is a non-traditional program that meets people where they are at, often in people’s tents. This increases success because it maintains relationships. Mr. Burns would like to see that expand because there is very little cost to the police department, and they’re keeping people out of incarceration, which is very expensive. He also shared the need for housing, low-barrier, housing first model housing. He noted that there’s a silo

between housing resources and substance use disorder services, and that there are silos between mental health and substance use. Mr. Burns also shared that the state doesn't have any true treatment programs that work with dual diagnosis; it treats one disease or the other, but not both, which isn't successful. Mr. Burns elaborated that case workers are very impactful. He encouraged Administrative support with funding, because he thinks DHHS works hard but is understaffed. He concluded that by the time they get the funding it's many months later and makes it difficult to spend it in a sustainable way.

- **Peter Fifield – Wentworth-Douglass Hospital – Doorway** Mr. Fifield shared that it's wonderful to be a place for people to land. They're struggling to get people into placement. There is a 2-3-week waitlist just to meet with a therapist. There's only a handful of therapists in the area. There are zero high intensity treatment centers in the area and zero withdrawal management resources. Mr. Fifield identified the need for more options in terms of what an individual wants for their recovery, but they don't have multiple options to offer people, stating that they're a hub without spokes.

Wentworth-Douglass Hospital is offering bridging in the hospital, but they need more same day MAT options because they only have one PHP. He shared that the Harm Reduction Coalition is distributing 600 Narcan kits a month. He shared that presumptive eligibility has helped a huge number of individuals access care, but mental health is siloed still. Mr. Fifield also shared that workforce is an issue. Often, they are hiring someone from another organization. He stated that we need to train non-specific masters level clinicians in a faster way so they can treat individuals. Our Doorways are seeing more and more people every month. Mr. Fifield concluded that they are not being efficient in their process because they can't get them support in the community.

Alex Casale asked, "Are syringe exchange programs in your areas affecting your programs.?" John Burns replied that harm reduction must be looked at as a part of the continuum. He continued that Hands Up does a tremendous job of helping people stay alive and that it's a critical need. Director Thomas answered that harm reduction is necessary, but the limitation is there isn't any oversight in these programs. She shared that it's not integrated into their work. Director Thomas also shared that in one homeless encampment they stopped counting after collecting 45 needles. She said they don't know if people are getting trained, because they aren't regulated. She stated that there is more regulation in hair salons than needle exchanges. She asked that there be more planning around this.

The next question posed was, "Would the Commission be interested in establishing a Recovery High School?" Tim Lena answered that the Prevention Task Force has considered this need. Senator Watters asked why case management funding is used to help fill gaps in Medicaid. Peter Fifield answered that a provider needs to have a certification in order to get reimbursed by Medicaid and it's not reimbursable to do case management. Katja Fox also replied that this grant would give funding for the things that aren't reimbursable through Medicaid. Tym Rourke requested that any group that is working on the youth treatment gaps present before the commission so that we can review it to ensure that it is evidence based and built well.

3. **Approval of Minutes** Steve Ahnen moved to approve the meeting minutes from December 13, 2019 without any changes. Chuck Lloyd seconded this motion. The minutes were approved, with all in favor.
4. **DHHS Commissioner's Update – Katja Fox** The documents, "*Overview of Doorway Activities Reports*" were shared with the Commission. Data shows that all new client calls are trending up and over the last three months and opioids are the number one referral reason. ASAM 3.5 is the highest referred to treatment. In 2019 there were 39 State Opioid Response contracts. In 2020 there were 52 contracts.

5. **Executive Director's Update – Annette Escalante**

Financial Dashboard SFY 19/20 The Bureau of Drug and Alcohol Services (BDAS) had challenges getting a contract with a provider out in the community for funding on the Criminal Justice Housing Program. They want to find a better way to treat people from corrections. The Executive Director stated the goal was to have the department of Corrections and Judicial system work together (\$950,000). It was determined that the funds should be used to provide housing vouchers through the drug court. The Executive Director clarified that these funds are separate from the Recovery Housing funds. Tym Rourke made the motion to transfer the funds (\$950,000) to the Judicial Branch. Steve Ahnen seconded this motion. Alex Casale abstained. The transfer of the funds to the Judicial Branch was approved by the Commission.

The Executive Director provided an additional document titled "*BDAS Programs Expiring in 2020*". Executive Director Escalante explained that 13 previously funded programs are set to expire in 2020 or 2021.

She shared she was looking for some direction on the prevention initiatives and core prevention contracts seeking renewal. Tim Lena shared he would like to see these contracts continue. Steve Ahnen asked if they would be approving for July 2021. Patrick Tufts answered that yes, they would be renewing for the next fiscal year. Senator Watters asked if there would be funding from this fiscal year. Mr. Tufts answered that the Commission will still have a conversation on new investments in February. He shared that there is over \$3 million dollars in unspent dollars for 2020 and additional dollars for 2021. Tym Rourke stated that it would help in the future to share where these programs are impacting geographically. Steve Ahnen disclosed that one of the programs is operated by the New Hampshire Hospital Association. Seddon Savage also disclosed a program. Senator David Watters made the motion to approve all the expiring programs for continued funding. Chris Placy seconded the motion. The motion was approved with a unanimous vote. Senator Watters asked what the minimal amount members would feel comfortable having in reserve. Patrick Tufts answered that he plans on meeting with the Task Force Chairs to ensure that the Commission expends all the funds and leave only a small portion for emergencies.

6. **Cost Effectiveness Report – Jonathan Stewart, Center for Excellence & Amy Pepin, JSI** Jonathan Stewart and Amy Pepin provided two handouts titled, “*Cost Effectiveness of Substance Use Disorder Treatment Services*”. The first document was a summary written by Mr. Stewart and the second document was the full report. Amy Pepin shared that this report was mandated by legislation. Currently, this report covers the five agencies that are providing this service and the study period was the last fiscal year. The clients studied were government sponsored 3.5 ASAM level care. 236 clients in New Hampshire met that criteria. The study used the national outcome measures (NOMS) to measure effects. The median age of those clients is thirty-five and mostly male. Fifty-four percent of clients identified opioid use as their primary substance of use. This report found that the costs for a median stay of fourteen days was \$3,300. This shows a statistically significant change in a positive effect from treatment. The positive increase in odds for a positive treatment outcome is peer support services. This is publicly posted on the Center for Excellence website. One recommendation from JSI is to review the WITS reporting system and its limitations in collecting data.
7. **Task Force Updates**
 - **Prevention** – Tim Lena reports that the Prevention Task Force had a retreat last month to be prepared for potential federal funding and other funds with the help from CHI.
 - **Treatment** – Stephanie Savard reported that the Treatment Task Force would like to host a listening session with other stakeholders and be prepared to have a funding recommendation in June.
 - **Recovery** – Keith Howard ceded his time.
 - **Joint Military** – Adjutant General Mikolaities shared that the Joint Military Task Force has developed a fact sheet and they’re trying to integrate/embed in other task forces.
 - **Healthcare** – Seddon Savage shared that the Task Forces primary focus is studying technology-based services and coming up with a summary of findings for policy makers.
 - **Perinatal Exposure** – Monica Gallant shared that the Task Force has developed patient information in English and Spanish and that they needed to look for a new location to meet because about 45 people are attending.
 - **Opioid** – Seddon Savage shared that the Opioid Task Force is trying to do a comprehensive review of state syringe services. They are meeting with EMS because some roles overlap and are looking at the potential for partnership. Several people have come to this group looking for acute crisis housing for women in Nashua. Seddon asked if there is room in recovery funds for acute care shelter. Patrick Tufts asked if there was an opportunity for the two tasks forces to meet to discuss this need. After speaking with a police chief Senator Watters shared that there was an increase in overdose deaths. Seddon Savage replied that there is fluctuation month to month and that they can’t say it’s a trend until it’s reviewed over a length of time.
8. **Other Business – Patrick Tufts**
 - **February meeting will be focused on making funding decisions.** Patrick Tufts recommend that Task Forces provide as much information on recommendations before this meeting. He stated that it is important to have funding priorities before the meeting.

Next Meeting:

March 6th, 2020

Time: 9:30am-11:30am

State House, Governor & Council Chambers
Concord, New Hampshire