

**Governor's Commission on Alcohol and Other Drugs**  
**Meeting Minutes 04/21/2023**  
**9:30am- 11:00am**  
**NH State House**  
**Executive Council Chambers**

**Attendance:** Steve Ahnen, James Boffetti, Glen Bullock, Russ Conte, Jen Doris, Annette Escalante, Traci Fowler, Katja Fox, Carrie Gendreau, Commissioner Helen Hanks, Keith Howard, Timothy Lena, Chuck Lloyd, David Mara, Major General David Mikolaities, Jason Movsessian, Robert Quinn, Seddon Savage MD, Kate Thomson, Patrick Tufts, Lori Weaver

**1. Approval of Minutes (VOTE)- Patrick Tufts**

Patrick welcomed everyone to the April 21<sup>st</sup> meeting and asked for a motion to approve the minutes.

First: Steve Ahnen

Second: Annette Escalante

Abstained: Chuck Lloyd and Kate Thomas

Motion carries

**2. Commissioners Update- Lori Weaver**

The Chair, Patrick Tufts, pointed everyone to the midyear report, then turned the meeting over to Acting Commissioner Lori Weaver. Commissioner Weaver provided an update on the Department's vacancy rate, which is currently at 18.67%. The dental benefit for Medicaid/ Medicare was recently rolled out, and one consumer said they were able to have their first dental appointment ever. Lori noted that HB49 had passed, and that next week they will be releasing more information about site recommendations. It will be a 5-week process, as it is hard to get workers and building supplies are expensive right now. The Acting Commissioner added that a snapshot of Medicaid showed that as of April 17, numbers were just shy of 25,000.

There will be a PR Campaign kicking off soon concerning behavioral health and wellness. It will be a general public type of campaign rather than a particular target. More materials will be available about this at the next meeting.

**3. Chairman Patrick Tufts**

The Chair asked Dave Mara to speak about the "No Safe Experience" Campaign. A discussion ensued about the ongoing fentanyl awareness campaign. The group emphasized that there is no safe way to take fentanyl. Printed materials are being given to schools and posted on social media as part of the campaign. The National Guard is helping with materials being distributed to public schools throughout New Hampshire. The campaign's goal is to make everyone aware of what fentanyl is, how potent and deadly it is, and that it has made its way into cocaine and other drugs as well as heroin, even pressed into pills that people may think are Adderall.

Dave Mara mentioned that the target audience of the campaign is not someone who is seeking fentanyl, but someone who is considering using substances like cocaine or Adderall. It is also directed towards

parents so they can talk to their kids. Jen Doris said multiple letters have gone out to parents from superintendents. The social media kit is on the website.

Commissioner Quinn said that moving forward we need to make this more readily available. He referenced a list of drugs that come into the agency. Along with a rise in fentanyl and meth, cocaine is coming back. Toxicology cases on DUIs, which contribute to cases, show a high number of marijuana results. They are also seeing more poly-drug cases, which makes the turnaround time slower.

There was a question of if there is a plan to have a lab analysis that detects cannabinoids. The lab currently has a list of profiles they can run. They must identify it as a need and be sure it is not just generating more work. Anything they cannot test for gets sent out. Xylazine, for instance, can be detected on the criminal side, but not toxicology. He had asked the same question about xylazine, but their response was that it is not illegal. Their priorities are heroin, cocaine, and other illegal drugs.

#### **4. Executive Director's Update – Katja Fox SOR Presentation Dashboard**

Katja said she reposted the position for Bureau Chief and the application is open until May 22<sup>nd</sup>. She encouraged people to take a look if they are interested. Katja then referenced the dashboard in the packet, adding that it looks similar to last month. The state fiscal year 2024 funding decisions were made, and \$2.9 million remains for allocation. In reference to the Alcohol Fund, it is in line with what the commission had hoped for, which is that they would be fully funded at roughly \$11 million over the first 2 years. Hospital contributions will go through December. Patrick asked if there was an ideal time for recommendations for the approximately \$3 million left until 2024. Katja said sooner is better, because it can take a long time to get a contract through.

Medicaid was expanded to a two-year window but will ideally be expanded without a sunset in the future. The DHHS committee will hold an executive session on that, which would separate Medicaid expansion from the Alcohol Fund.

#### **5. Public Comment-** Chairman Tufts opened up the meeting for public comment.

A member of the public stated that with the added funds in the past two years, since the GC has level-funded in the past, it would be great to increase all of them, so they do not have to be level-funded. She also brought up that there will be two new programs starting. The first involves a clinician well-being network, which would have a wellness coordinator working with clinicians. This program will focus on peer collaboration and help for clinicians who are struggling with "compassion fatigue." The other program will support those who are looking to obtain their LADC or LICSW. They are hiring two clinical supervisors to go into agencies and provide the necessary licensure training.

Laurie (Keene Doorway) said the Medicare issue is important to her. She brought it up in January, highlighting it is vitally important to her work and all Doorways. In the last 5 months, she has had to send at least 20 people out of state to Georgia because they cannot use their Medicare in New Hampshire. Around 80% of patients are there for alcohol. It is upsetting that we cannot take care of people in our state. People are surprised to learn their Medicare or supplemental will not cover treatment. She added that if the people are on a high dose of Methadone, she cannot help them at all. There was a conversation about past money that was slated to support those diagnosed with Alcohol Use Disorder and is there any information on when that money be able to be accessed.

Lisa (Nashua Behavioral Health Strategist) asked for more data collection for emergent substances like Xylazine, stating that if they wait until they get it to the medical examiner's office, that means people have already died.

Jennifer Sabin (NH SOR Director) wanted to talk about people having to leave the state to access treatment. She has been working with many people and organizations to help people with Medicaid/Medicare. She wants to remind folks it can be complicated, but there are in-state options for funding as well which can be used if treating the person in their home state is deemed essential to their recovery. Using case summaries has been helpful for getting this funding. Any advocacy at the federal level is appreciated. Telling stories helps show these are real people. Chairman Tufts said he would issue a letter with the group's support, if the Governor's Commission is in favor.

There was a question asked about timing of some money to help Doorways with Alcohol Use Disorder (AUD). It was stated that as more people come in with AUD, funds run out quickly. The hope is by summer, the Doorways who run out of funds will have access to the approved funds. The group followed up by asking if there is anything that speeds that up since \$550,000 is approved, and the Chair said he will advocate for speeding that up.

NH SOR Director, Jennifer Sabin, introduced her new employee, and said they still have one open position but are excited to have Paul. He is a clinician, which is helpful. Next, she referred to some handouts, noting that the main focuses are to reduce overdose fatalities and increase medications for Substance Use Disorder (SUD). FDA approval for medications for amphetamine use disorders is pending. Every jurisdiction has this funding and is focused on reducing fatalities. In NH in 2013, that was interpreted to mean we have a problem accessing our system. A focus in NH has been making an easy place to access care, which is the Doorways. This should make the first step as easy as possible. They are also looking to standardize care across the state, so people do not have to go to Manchester to access care. Specific locations are set up across the state so anyone can get access to care within an hour of driving time.

She added it is important not to duplicate work that is already happening. Doorways are 40% of funding received. It is also important to coordinate with corrections with regards to reentry into the community. We need to provide Recovery Community Organizations, subsidize folks on Medicaid, and make sure people have access to care regardless of funding status. The data improvement project will help, as NH has struggled with this. The collection process can be invasive, long, and not very trauma-informed.

According to the CDC, the medical examiner's office said that of the folks who died in 2021, 87% of those deaths missed an intervention. It is important to look at data and ask, "what else could we have done?" Many cases had a potential bystander present, or someone who was nearby during the overdose event but was unable to intervene. The state continues to purchase Narcan and is looking at how to get more of that out.

People who need access to Narcan should go to Doorways first, so the market can be monitored. It might go from prescription to over the counter, which could increase the price, so they are looking into generic brands. Doorways is in a continuous process of improvement. They have a contract with Pacific Policy Group, which is looking to refine their services.

SAMHSA and other grant funding involves two things that are important in NH. The first is that calculations are only focused on fatalities. Even though the deaths in NH increased, some states have had a 33% increase in fatalities. NH is not in the top 15% of states anymore in terms of per capita deaths, so it could potentially lose funding. SOR has been bringing in \$28 million a year to the state. NH is currently the 23<sup>rd</sup> ranked state in overdose fatalities and could potentially receive only \$4 million dollars. The main reason that NH has not had as big of an increase is because of the work being done. That needs to keep going.

Keith Howard asked if Jennifer had an idea of the priority that recovery supports would get moving forward. Jennifer said there is an increase for that in SOR 3B, but it is mostly for the cost for running the actual centers. The SOR funding that pays for that contract is limited to operations. Community organizations are open to anyone in recovery, so SOR can fund operations like rent and utilities.

## **6. Task Force Updates – (Co-Chairs)**

Patrick turned to the task force chairs updates.

**Budget:** Traci Fowler addressed the budget, saying she greatly appreciates Jennifer’s transparency. The Budget Task Force has an amazing group that has been meeting regularly to look at the budget, knowing it is partially funding those things. They are looking at other funding streams, mainly federal dollars, that support infrastructure. They are also looking at which are the most efficient recommendations, and what adjustments will make it more sustainable. By December of 2023, we need the Fiscal Year 2025 recommendations. Traci said they have been working with other task forces to develop standard processes to get recommendations from the field. Patrick noted the Budget Task Force is doing work sometimes two fiscal years in advance and applauds their effort and commitment.

**Coordination & Cooperation:** Helen Hanks mentioned their first meeting where they learned they can enhance communication about what is happening. We need to become a more fully-informed state. Many people are not aware of the changes in the corrections facility. She sent members off with an assignment to go through the strategic initiatives and provide feedback. Opioid Abatement is relevant to her and Steve’s task force. One thing that keeps coming up is issues around insurance.

**Data & Evaluation:** Dr. Savage spoke next, saying they need to complete an inventory of valuable data sets to use, identify gaps in data, and address how to fill them. Then they are looking at metrics around DUI, as we have not historically had those measures. She would like to find presenters to look for good recommendations for that and try to decide what other agencies could be represented, like DHHS for example.

## **7. Governor’s Commission and Opioid Abatement Crosswalk- Amy Daniels**

Next Chairman Tufts asked Amy Daniels from JSI to talk about the Crosswalk. She asked that everyone turn their attention to the packet, where the last six months are summarized regarding preparation work that the commission has been doing. She said there is an effort to understand what the GC is currently funding and how it matches with the new strategic plan. There is also an effort to understand where there can be synergy with the Opioid Abatement Committee. The team put together what they are calling the Crosswalk, and the preliminary version is in packet. There are 50 strategies, which have been shortened to key topics. The second column shows the duties of the Opioid Abatement Committee. The third column is what the Governor’s Commission is currently funding. It indicates partial funding for all of

them because either that contract has blended funding, or we have no way of knowing if that funding is adequate. Recovery Community Organizations get blended funding. Even with all of that, they are probably not adequately funded, but we do not have the data to quantify that now. When the first rounds of grants are public, perhaps in the beginning of May, that column can be added.

The caveats page contains a snapshot of specific information, does not give a global picture of all the information that would be needed to identify where there are gaps that need to be filled. They will be supporting the Task Forces and Commission in gathering more of that information and assisting coordination and cooperation on what progress is happening on those strategies and which strategies are in place. She stated they are hoping to have preliminary substantive information by the fall. She added that the word “synergy” is very intentional in the title. There is an incredible opportunity for coordination between these Commissions to have a greater impact than the two Commissions funding separately.

There was a question about if the Crosswalk is available on the website and Amy said it will be after today. Dr. Savage asked if there is a step to formalize avenues of input. Chairman Tufts said it is in the charter to provide counsel and advice to the Governor’s office and other Commissions. Amy said they were able to put some language into the SB32 amendment that formalizes alignment with this Commission and statute.

Amy said Task Force Co-Chairs are going to be having conversations about how to elevate recommendations to the GC that could be shared with the Opioid Abatement Commission. Task Forces are in their initial phases. Amy has been in each meeting and has talked about providing thoughtful recommendations, and saying which parts they can do, where the holes are, and where anybody else could potentially help. SOR is the most important, but not the only source of funding. Additional efforts need to be made to understand others. Matt McKenney asked when that funding will be available so they can start thinking about what is next. A discussion took place about settlements with Walmart, CVS, and three other businesses, which could bring in over \$100 million.

The estimated spending on opioid abatement is \$150 million. Tim Lena urged that every dollar spent on prevention will save money in the long run. Chairman Tufts said if people want to be part of the conversation, all the Task Forces and the Abatement Commission allow for public comment. It is important that people come and provide comments at every opportunity. Chairman Tufts noted that there is a copy of Senate Bill 239 in the packet and asked the board to confirm that he will be writing a letter on behalf of the group and asked for a motion:

First: Helen Hanks

Second: Steve Ahnen

No abstentions. Motion carries.

Jennifer said that she brought Detera bags, which are meant to dispose of medication and pills properly. SOR is focusing on making sure we have overdose prevention supplies on hand and is purchasing CPR face shields for people experiencing overdose complications due to xylazine. She asked everyone to feel free to disperse them into the community. The state has ordered 700 NaloxBoxes and has already started installations in some regions. These boxes are being distributed by public health networks, harm reduction, and the Recovery Friendly Workplace (RFW) initiative. Dr. Savage asked if there would be an

app for people to find the NaloxBoxes Jennifer said that they are looking at mapping that out and have been exploring coordinating with 911 to help people locate it. Jennifer added that they are also co-locating bleeding kits so all these overdose prevention supplies can be available in the same place. She explained that local communities should decide where the supplies will go.

Chairman Tufts asked for a motion to adjourn the meeting.

First: Chuck Lloyd

Second: Dr. Savage

Meeting was adjourned at 11:03 AM



## GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

BUREAU OF DRUG AND ALCOHOL SERVICES  
105 Pleasant Street, Concord NH 03301  
603-271-5818 TDD ACCESS: 1-800-804-0909

June 8, 2023

The Honorable Sherman Packard, Speaker  
N.H. House of Representatives  
State House, Room 311  
107 North Main Street  
Concord, NH 03301

Re: Support for Long-Term Medicaid Expansion Reauthorization included in Senate Budget

Dear Speaker Packard and Honorable Members of the House of Representatives:

On behalf of hundreds of thousands of individuals and families across the Granite State, I am writing today to urge you to support long-term reauthorization of the Granite Advantage Health Care Program, like the seven-year extension included in the Senate budget proposal.

As you know, since its inception in 2014, Medicaid Expansion, now known as Granite Advantage, has provided health insurance coverage to nearly 220,000 Granite Staters in need. As of April 30, 2023, more than 81,000 individuals were enrolled in the program. To these individuals, who earn less than \$18,075 per year (\$36,908 for a family of four), this program is a lifeline, ensuring access to primary and emergency care, mental health and substance use treatment, dental care, and other needed services. Long-term reauthorization of Medicaid Expansion, like the seven-year extension included in the Senate budget proposal, will provide the stability and security that families, health care providers and insurers need to protect the health of the Granite State. Funded with a 90 percent federal match, this program brings hundreds of millions of dollars to the state each year. This funding is critical to the financial health of our care providers and extending the program through 2030 will help them to build the workforce we need to ensure access to care across the state into the future.

With this in mind, I ask you to support long-term reauthorization of this critical program and include the seven-year reauthorization of Granite Advantage in the final State Budget. We look forward to continuing our work together to improve the health of our state and our communities.

Respectfully,

A handwritten signature in blue ink that reads "Patrick Tufts".

Patrick M. Tufts, Chair

Cc: Jeb Bradley President of the Senate