



# RECOVERY TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

Task Force Chair: Marty Boldin/Kevin Irwin

May 12, 2017

9 am- 11 am

Agenda

**Attendees:**

*In-Person:* Marty Boldin, Kevin Irwin, Cheryle Pacapelli, Donna Marston, Elizabeth Curry Miller, Ginger Ross, Lindy Keller, Kristine Paquette, Carolee Longley, Holly Cekala, Courtney Tanner, Katy Shea, Tim Zalc, Debbie Love

*By Phone:* Melissa Crews

**Welcome & Introduction**

**Updates from Priority Areas:**

Priority Area	Lead(s)	TF Tasks/ Other	Status/ Accomplishments	Updates
<b>Introductions</b>	Kevin Irwin			Went around table with introductions
<b>Co-Chair Update</b>	Kevin Marty Boldin	4/14/17 minutes reviewed for approval	Minutes approved	
<b>Legislative Report</b>	Courtney Tanner			<p>Courtney indicated that SB157 passed in the Senate and went to House. It includes three items: 1) requires annual communication to consumers to access coverage, 2) Requires notifying consumers right to obtain out-of-network carriers if cannot find someone in timely manner "in network", 3) requires notifying consumers of their right to appeal when coverage is denied. SB157 went to HHS and then was pulled back – went to House of Commerce. Courtney indicated that she is hoping it will pass next week.</p> <p>Kevin indicated that syringe bill came out of House with very strong approval. Senate concurred. It was asked when this would begin. The response was that guidelines need to be crafted about what program would look like. There is no specific amendment to this only an addition to the restriction around schools. The expectation is that there will be pretty rapid implementation with programs beginning possibly in the fall. Lindy indicated that once law is in place, the Dept. would develop rules. State bureaucracy is slow. Depends on where it falls in the queue, but background work has been done which is a plus. Holly asked if this outreach will be mobile or</p>

	<p>just from a primary source. Kevin indicated “yes, but the nature of the situation in NH indicates that the lion’s share of funding will happen in the peer community. Lindy asked if this will be geographically dispersed. Kevin indicated “yes and that is why secondary exchange is such a great model.”</p>
<p><b>Governor’s Commission Retreat Update</b></p>	<p>Kevin Irwin</p> <p>The event took place last Friday. Governor was in attendance for the first hour. Each Task Force (TF) had opportunity to share priorities with three minutes each to do so. After that, discussion – went into full agenda and a deeper dive into priorities and how they fit together (themes across TFs). There was approval of the edits to the mission of the Governor’s Commission TF. Working with Seddon Savage to craft vision statement and principals to be put out to the whole Commission for consideration which includes the hope in renaming the Commission by removing the word “abuse” from the title.</p> <p>Kevin asked other members to provide their observations of the Gov. Retreat that were around the table:</p> <p>Katy – TF chairs did a great job of staying to their 3 minute allotment to speak. It was nice to see the TF chairs speak rather than the Center staff taking the lead. Liked Amy’s style of allowing people to just talk freely.</p> <p>Courtney – Center did a great job of facilitating. Amy Pepin did a good job keeping us on schedule.</p> <p>Kevin – There was the right balance of structure and place. It raised awareness of PRSS. Value of importance of already started services, lots of love for recovery housing – moving ball forward as quickly as possible as budgets are happening now.</p> <p>Cheryle – Happy with outcomes – everything talked about was included. Kevin did a great job.</p> <p>Melissa – Kevin did an amazing job describing needle exchange efforts of Recovery TF, oversight for Tx providers – many nodding heads in the room. Joe needs more money for BDAS oversight. Interesting how things will be incorporated and come together. Kudos to Amy.</p>

<p><b>Budget</b> Kevin</p>	<p>Funding recovery – strong continuation of last budget. Added funding. Alcohol Fund not to bed yet – slight chance to be bumped up. Courtney indicated Governor’s budget says 3.4 right now. A lot will happen between now and our next meeting.</p>
<p><b>Recovery Housing</b> Kevin</p>	<p>We need to be on top of this now. People still have questions: 1) What does oversight look like? 2) How do we do the quality assurance? It’s important to be clear about these.</p> <p>Carolee – went to meeting of the IDN in the Winnepesaukee Region about housing. Only one there to talk about recovery housing. Good conversation. They are planning to build in Laconia and she inserted her bit about recovery housing.</p> <p>A member asked if the guidelines for recovery housing were still in draft form. Kevin indicated that Advanced Level 1 and 2 are waiting to be turned into guidelines. Need to figure out who will be monitoring the housing. Cheryle asked if the draft guidelines could be shared as she receives requests for this information. Marty indicated that that was fine to share draft but with the caveat that it has not yet been formally adopted by the NH Housing Finance Authority yet. Melissa indicated that it is a good idea to share this information as there are often other government entities trying to create their own - not knowing this is already in the works.</p> <p>Lindy asked for clarification on if respite housing was short-term. Description of the levels were given:  Level 1 – Oxford House model, democratically run, peer driven  Level 2 – House is peer-run, no clinical services, house meetings</p> <p>There was discussion around taking people in directly from ER as is done in neighboring states. The consensus was that we are not there yet, but that there is a huge need for respite.</p> <p>Marty discussed the SB400 which looks at the behavioral health side of things. Joining workgroups working on SB400 system changes. Work on this idea of waitlists for SUD services and monitor that along with mental health services. Some people are bouncing back between these services. People could</p>

be on multiple waitlists and we are not tracking that. Manage that more artfully. Do better job of getting these patients to the appropriate level of clinical care. There needs to be better integration. That answer is awhile away.

**IDN Attendance**      Kevin

Kevin posed the question to the TF of how many attend the IDN meetings or know what the IDNs are. IDN stands for Integrated Delivery Network. There are seven regions in the state. Kevin is the Director of Operations in Region 6 (Seacoast). Each region has an admin lead (which vary depending on the region. Five leads are hospitals, ours is Strafford County and North Country Health Consortium is another.) There are six projects going on (3 state-run and 3 community-driven). IDNs work differently across regions. The seacoast one is the most community-driven of them all. Some regions are doing RFP process. There are 21 community-based projects and out of the 21 – all but 2 are similar across regions. Now is the time to be present in these meetings.

Katy asked how do we connect with the IDNs? Lindy responded with contacting your Continuum of Care (CoC) Facilitators. All questions/information can be obtained by them. Katy will draft an email to send to TF with IDN websites and CoC contact information.

Melissa asked how can we go to so many meetings to build meaningful programs and still do our work? Kevin said there are 43 initiatives happening across state. Lindy indicated that there are a lot of players at these meetings. Just let folks know if something comes up that you are the contact for Recovery Supports and to reach out. You shouldn't have to attend all these meetings or you wouldn't have time to do your work.

Marty indicated that the organizations at the table have institutional capacity and strategic planning because they have infrastructure. Part of our job is to make sure we're thinking about services provided at these levels. IDN is a big deal and may be we put this on the next agenda. The broad plan for IDNs is that each region has to have some plan of recovery support in the model. Kevin indicated that all advocates at the table – if you are in the region that is not getting traction – reach out to him. Lots of voices need to be at the table. Courtney indicated that the Providers Assoc. is revamping their website with primary focus to have calendar link to CoC

	<p>meetings. Working with Rob O’Hannon closely on that. Holly asked about an education piece for small recovery centers to approach an IDN? Kevin indicated “yes, but he can’t go to every town.” Katy suggested a webinar option. Consensus was this would be a good idea. Kevin gave examples of what they are doing within his IDN around ambulatory detoxification and care transitions. Kevin indicated that members should contact him about where opportunities lie and he would help in making connections and introductions. June 30<sup>th</sup> is the deadline for IDNs to have all project plans due to the state. The state then needs to evaluate those plans and make recommendations to CMS.</p>
<p><b>Respite</b> Kevin</p>	<p>There is one facility in NH currently (Harbor Homes). It is worth exploring what neighboring states like CT are doing. Discussion focused on the difference between medical respite vs social detox.</p> <p>Harbor Homes has the whole continuum of care at their disposal. The idea was for hospitals to refer to them but it has shifted to Safe Stations filling the 11 beds available. Carolee indicated the need for Alcohol detox. Kevin agreed that that was a need.</p>
<p><b>Recovery Retreat</b> Everyone</p>	<p>Date determined was September 12 from 1p to 7p</p> <p>Kevin brought up that there were some retreat themes that got attention: “lots of discussion around family and support services for them”, and “overall lack of engagement of the faith-based community”. Kevin asked the group how we are doing with our voice and representation. Are we penetrating emerging communities and giving voice to folks? Cheryle – they know who we are. I pass out the minutes from these meetings to my recovery coaches.</p> <p>Marty – How can providers communicate more actively in engaging the recovery community? Might be a welcome thing to get a day/in-person workshop for the opportunity to put names to faces. Have an inaugural meeting – look at and identify the workforce.</p> <p>Courtney – will craft agenda for next meeting for everyone to react to. Encourage everyone to go to a CoC meeting where everyone is at the table.</p> <p>Lindy – Is this retreat intended to be statewide or regional as regional is happening already. Retreat would include everyone in recovery community, people in recovery, working in field, recovery support workers – not just workforce (peers and allies). Courtney indicated that Providers Assn. and</p>

		RTF could organize together. Intent of Retreat is to see who we all are. Kevin volunteered to provide structure questions and circulate specific to meeting location, time, funding, etc. The date of event was chosen to be held prior to the full day retreat that Courtney is organizing and will be held at the Radisson on November 6-7 <sup>th</sup> . Conference has behavioral health focus. The request from Marty was to find a neutral location for this retreat outside of Concord.
Miscellaneous	Courtney	July 20 <sup>th</sup> from 9a to noon at Mill Falls in Meredith will be the annual meeting. Registration is needed as it will be capped, but event is free. There will be a confidentiality training following the annual meeting which does have a cost associated with it. CEUs will be available.
Upcoming Trainings	Cheryle Pacapelli	There will be a Recovery Coach Academy in Nashua on June 26-30 <sup>th</sup> . It is free. Ginger Ross is the trainer. All information can be found on the New Futures website under the Advocate tab and recovery coach menu option.

**Next Meeting: June 9, 2017 9:00-11:00am**  
**501 South Street, Bow, NH**  
**Call-in Number: 1-866-210-1669**  
**Passcode: 9060313**

***Vision:** All persons affected by SUD seeking recovery support will be able to access services in their local communities.*

***Mission:** Promote effective community based Recovery Support Services by recommending to the Governor's Commission policies, practices and funding to address unmet needs in the continuum of care for SUD.*

**Goal #1** – Support BRSS-TACS initiatives to identify recovery community and increase capacity to deliver Recovery Support Services

**Goal #2** – Identify funding sources for community based recovery services

**Goal #3** – Increase delivery of peer recovery support services by supporting workforce development initiative