



RECOVERY TASK FORCE

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

Task Force Chair: Kevin Irwin / Co-Chair: Marty Boldin

July 13th
9 am- 11:30 am
MEETING MINUTES

Meeting Location: 501 South Street, Bow, NH
NEW UBER Call-in Number: 1-719-373-6861
NEW Passcode/Pin#: 81422

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.

Recovery Task Force Goals #1, #2 and #3: Currently being updated.

Attendees: Kevin Irwin (Chair), Cheryle Pacapelli, Lindy, Keller, Kristine Paquette, Carolee Longley, Polly Morris, Dean Lemire, Debbie Love, Dianne Pepin, Elyssa Clairmont, Dave Mara, Jay Ruais, Doug Griffin, Sarah Ward, Michele Merritt, Joshua McCabe

Updates from Priority Areas:

Priority Area	Lead(s)	TF Tasks/Other	Updates
Approval of Meeting Minutes	Kevin	Approve June Meeting Minutes	<p>Edits requested included Lindy's suggestion of Recovery report where she asked that we change her quote to: "Lindy suggested that, in addition to the report, it would be helpful to develop a two-page bulleted or charted summary with a link to the full report."</p> <p>Edit #2: Under Upcoming Trainings/Events section – correcting the name to read "Addiction Policy Forum" from Addiction to Policy Reform Nationwide Hotline.</p> <p>Polly made a motion to approve minutes as corrected. Kristine seconded the motion. The June minutes were approved.</p>
SAMHSA State Opioid Response funding	Michelle Merritt		<p>State Opioid Response Funding Opportunity Announcement https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm The New Hampshire Department of Health and Human Services (DHHS) is seeking public input on its plan to submit a proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Opioid Response (SOR) Grant. DHHS is eligible for up to \$22,897,347 for the purposes of increasing access to medication-assisted treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).</p> <p>DHHS is required to submit its final application to SAMHSA no later than August 13, 2018. In order to obtain public input to aid in the development of the Department's proposal, DHHS will accept recommendations for the use of the funding by email at SOR@dhhs.nh.gov until July 27, 2018.</p> <p>For more information about this funding opportunity, read SAMHSA's Funding Opportunity Announcement</p> <p>Lindy indicated a press release went out today. She will email Debbie the release to circulate to task force. Press release gives info on website to</p>

			<p>provide feedback for public comment. Do not sent feedback to DHHS. Funding allows for recovery housing for first time, but cannot be used for bricks and mortar. Dave added that you get awarded funding and then apply and explain how you will spend the money. Lindy reiterated that proposal does not have to include content of who is on project. Once awarded that level of detail would need to be provided. The concern is the unfortunate short timeline. Carolee also brought up the issue of transportation in the North Country and how that will be addressed. Lindy responded to include that in the public comments.</p> <p>Cherlye stated that the Public Hearing is scheduled for July 23 from 5:30 to 7:00 in the Brown Building’s Auditorium at 129 Pleasant Street, Concord. Due to limited seating – those who wish to participate must RSVP via public office@ dhhs.nh.gov. All public comments must be submitted no later than July 27th.</p> <p>Kevin urged those at the table to look at what IDNs are doing already. These funds should be mutually supportive of work already going on. IDNs cannot apply for this funding. This funding could leverage work already being done in areas of workforce capacity, credentialing, etc. Dianne Pepin also urged folks to make sure to include “training” in their proposals as many cuts in funding to training have occurred and it was noted that training funds won’t be sustaining in the next few years with these current cuts. Michelle urged all not to get bogged down by restrictions. This is money is something we have not had before. These funds cannot be used to replace state funds. Doug Griffin (from Addiction Policy Forum) indicated that the US Dept. of Agriculture is offering funding for brick & mortar.</p> <p>Lindy gave a brief update that the CDC grant is very similar to the SAMHSA grant offering but it’s for 3.6 Million and that’s is only funding for one year. Planning has been ongoing with workgroups developed by Public Health and today, they are making a decision on final recommendations on what grant will be for. It’s not a done deal yet.</p>
<p>CDC funding</p>			
<p>Granite Advantage</p>			<p>Public meetings are happening now. The State will submit the revised Granite Advantage Health Care Section 1115(a) Demonstration Waiver application to CMS in late July. Work requirement has complications as do presumptive eligibility along with Navigators losing their funding as of September.</p> <p>Michelle reported that the Medicaid Expansion Bill was signed by Governor two weeks ago and is now law. Work requirement goes live on January 1 provided the court system doesn’t intervene because of a Kentucky ruling that was made the same day this bill was signed. Gist of ruling is the explanation on how the work requirement impacts access to care as NH has no evidence to back this up. The NH Hospital Association’s 5-year funding (\$50 million) commitment to replace alcohol funds does help to insulate this issue. Someone asked if there was a signed MOA between state and NH Hosp. Assn for this and no one was aware if there is a written/signed commitment in existence. Dave Mara will follow up to find out.</p> <p>Michelle noted the second Medicaid Expansion piece is regarding MCOs and the fundamental shift that takes Medicare from private insurance to the Exchange causing a discrepancy in reimbursement rates. Private</p>
<p>Legislative Updates Report</p>			

<p>Brief Highlights</p>			<p>insurers had higher rates of reimbursements. The provision is for the state to do an analysis that rates were sufficient for access and meet adequacy requirements. Medicaid Expansion population moves back to MCO as of January 1st. Contracts rates work on a fiscal calendar starting July 1, 2018 through June 30, 2019. So, we are locked into current rates for six months which is problematic. Governor's Commission may be able to help with this funding. There is currently no solution for outpatient treatment right now. The fiscal implication for state for 6 months would be \$3M just for outpatient services. PHP's gap is huge.</p> <p>SB570 passed regarding childcare scholarship for those in treatment, who would not have to comply to work requirement (qualifies under special eligibilities). Goes into effect July 2019.</p> <p>Recovery Month passed. Signed by Governor.</p> <p>Study Commission on monument – moved to interim study which translates to bill has died.</p> <p>Establishment of Medical Advisory Committee to oversee Cannabis Program – adding a condition of therapeutic benefit to a condition. Making sure when cannabis is sold at ATCs that they are being tested for pesticides. (this passed)</p> <p>Licensure bills – CRSW removed from LADC Board – bill was remodified and amended. Due to significant changes – Recovery TF no longer opposes this.</p> <p>Collapsing of MLADC/LADC and LMHC/CRSW boards – Michelle indicated this was not a good time to collapse these boards. There is lots of work between the two licensing boards. Major difficulty is that the LMHCs have 5 different guilds to the LADCs one. Also, mental health board is unwilling to license someone with no Master's degree. NHADACA is planning to create language/rules for legislation around this issue specific to alternative paths for licensure from other states that don't require you to "start from scratch".</p> <p>As of July 2nd – new 400 rules are adopted about what is required for supervision and recertification. They are not yet posted on the website but should be within the next month.</p> <p>Bill passed on creation of a SUD system. Allowing the billing for unlicensed interns by establishing a designation for them.</p> <p>Bill passed on DCYF reporting with a NAS Syndrome – education campaign to stop this embedded practice of reporting everything to DCYF. Michelle noted they are working with Hospital Assn and UNH Law to create info packets for hospitals and case workers to know proper procedure for reporting safety plans. Current terminology around reporting confused every provider in the state.</p> <p>Syringe Service Programs – Michelle indicated we should be looking out for this legislation coming out this year as the way bill was written is being misinterpreted and limiting funds that support these programs. The legislation listed State Funds rather than General Funds. Therefore, it's important to make sure these programs continue to be eligible to continue to receive funding in future. Have on this on folks advocacy agenda when</p>
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			<p>this comes up.</p> <p>HB 1775 – listed at very bottom of this bill is Voluntary Registration for Recovery Housing. Criteria to be registered is still being drafted, but if you are not registered – referrals from other services should only be going to registered houses in the state. This will go into effect July 1, 2019.</p> <p>Dave spoke about Teen Challenge wanted to open in Pittsfield and getting a “not in my backyard” feel from the town meeting that occurred recently.</p> <p>Lindy indicated that we should be paying attention to SOS in Rochester, who is being challenged by the community and is handling it the right way.</p>
BRSS-TACS PRSS Update	Cheryle, Kevin		<p>Still working on 513 rules. Small meeting made a bunch of changes that were sent to Abby Shockley, Annette Escalante and Jaimie Powers. Getting ready to put out for draft before goes to public. Will be done by November 2018. Both Kevin and Cheryle’s specific groups did not meet, but they both have two meetings each scheduled for next week.</p>
Oxford House State of Recovery Committee	Dean Lemire		<p>Dean provided the proposal that Oxford House is submitting (handout provided at meeting). He had reached out to them. The Oxford Housing includes 6 to 8 houses, with 7 to 8 beds in 1 year – facilitated by one “hands on” person teaching residents to self-regulate. They provide a report every six months. Model is replicable and just a matter of paying rent as it will eventually be self-run.</p> <p>Process is finalizing activities for the Task Force. CHI has offered to format report. Dean has not rec’d any new edits to date. Brian/Katy Shea and Dean still need to meet to review as Dean realized that was a “to do” from last meeting he did not get to. Dean noted that recovery housing is priority 1 for this task force. He indicated that our baseline is for men’s 497 beds in NH, 20 providers and \$991 average cost. Funding is tied to treatment. Women’s housing, we have no baseline but there are 19 providers for them.</p>
Upcoming Trainings/Other Events			<p>July 23 - Recovery Coach Academy is being held in Nashua for \$100 fee and covers Motivational Interviewing, HIV, and Suicide Prevention.</p>
Other Business Kevin Stepping Down as Chair Addiction Policy Forum	Kevin Jay Ruais		<p>Kevin informed group that he and his family are relocating to Martha’s Vineyard, MA and although will be continuing his work in NH for a bit - is pulling back on volunteer positions which includes his seat on Governor’s Commission and his positions on Recovery, Data & Evaluation and Policy Task Forces. He has recommendations for the seat(s) on Governor’s Commission – one being Cheryle Pacapelli. This seat is appointed by the Governor’s Commission. No mention of who would become chair of the Recovery Task Force. This was Kevin’s last meeting as he will be unable to attend in August.</p> <p>Jay gave a brief overview of their organization and services they provide free of charge. They want to be collaborative. Their priority focus is on patients and families. They also provide educational materials (open-sourced) on their website (addictionresourcecenter.org) Jay’s contact details are: VP, Federal and National Initiatives, jruais@addictionpolicy.org 718 7th Street, NW Washington, DC 20001 Cell 603-475-0332 Office 202-969-8879 x705</p>

<p>Qualidigm/New England Quality Innovation Network – Quality Improvement Organization</p>	<p>Doug Griffin</p> <p>Joshua MCabe</p>		<p>Work on Addiction Policy Forum and is part of the Faith Task Force based in Hooksett. He indicated that 30 orgs are part of this Task Force and they want to help and could help with the transportation issue. He also noted that 5% of parishioners are being trained across the state paid for by the Task Force. Doug’s contact info is: State Chair, NH – phone: 603-944-1377, email: doug@addictionpolicy.org</p> <p>Joshua provided a quick overview of his organization that he is new to as of a few months ago. Formerly a nurse at the ER dept. at Concord Hospital. Spoke about free program offering on chronic pain management. Project ECHO was also mentioned. His focus is on opioid education programs.</p>
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<p>2018 Meeting Schedule Monthly – on 2nd Friday from 9:00 am to 11:00 am</p>	
<p>February 9 March 9 April 13 May 11 June 8 July 13</p>	<p>August 10 September 14 October 12 November 9 December 14</p>