



# RECOVERY TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Chair: Keith Howard

## Meeting Minutes

February 8, 2019 – 9:00AM-11AM

UBER Call-In Number: 1-719-284-5708 Passcode: 80169

**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.

**Present:** Keith Howard, Lindy Keller, Elyssa Clairmont, Polly Morris, Matt Huusko, Mark LeFebvre, Carolee Longley, Donna Marston, Cheryle Pacapelli, Elizabeth Atwood, Joe Harding, Rachel Eichenbaum, Gayle Lee-Babineau, Abbie Shervinskie, PRESENTERS: Elizabeth Ropp, Laura Cooley & Jaime Powers.  
Phoned in: Kathy Tufts

## Introductions

### Review and Approval of December Meeting Minutes

*All*

- January minutes were reviewed. Add one edit that the phone number for Doorways that Pam Littlefield was providing was specific to the Concord Doorway.
- A motion to approve minutes was made and seconded by Cheryle Pacapelli as edited.
- Minutes approved for posting.

### Approval of Pam Littlefield as a Task Force Member (tabled item from January meeting)

*Keith Howard*

- It was shared that Pam spoke to Riverbend IDN Leadership, and it was determined that someone else on the IDN Leadership Team would be better suited for a membership role on this task force. She will continue on the RTF as a public member.

### Presentation on Ear Acupuncture as an Adjunct to Recovery

*Laura Cooley, Registered NADA Trainer, Acupuncturist and Elected Official & Elizabeth Ropp, Acupuncture Trainer*

- All but one present at meeting participated in having ear acupuncture done and provided their experiences at the conclusion of the meeting. Presentation indicated that this service is for all stages of recovery for substance use disorder; issues related to mental health and behavioral health, post-traumatic stress disorders supported by SAMHSA Tip #45.
- It was indicated that Commissioner Meyers is talking about Medicaid potentially covering this service.

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- There is 85 to 90% pain reduction with acupuncture – more effective when done in a group for 30 to 45 minutes at least 3 times a week. Adding a ritual builds trust and spreads impact. Does not treat treatment issues but provides a system of relief.
- Upcoming training in Lebanon on March 2<sup>nd</sup>. It's a 4-day training. (Two Sat/Sunday sessions to complete training) For more information about trainings, contact Laura at [Laura@AcuAid.net](mailto:Laura@AcuAid.net) or (603) 276-9158.
- A motion was made to recommend to Governor's Commission the following:
  - Support the expansion of ear acupuncture services that follow the NADA protocol or equivalent training throughout New Hampshire to Peer Recovery Coaches and Peer Recovery organizations. **THIS ITEM TABLED TILL MARCH MEETING DUE TO LACK OF A QUORUM.**
  - **Keith to circle back to Patrick Tufts to determine if those proposed members to Recovery Task Force were approved. Also, determine what the definition of a "quorum" is.**

## Doorway Model Presentation

*Jaimie Powers, BDAS presenting on behalf of Abby Shockley*

- NH Doorways has three components: 1) 211; 2) the Doorways; 3) on-call providers.
- 211 provides information and referral 24/7 and will determine if a doorway is appropriate. If doorway is appropriate a warm-hand off is made with client still on phone to The Doorways or an on-call provider if after hours.
- On-call support (managed by DHMC) provides crisis stabilization, screening and assessment of immediate needs
- Doorways provides additional screening, clinical evaluation and determines level of care. The Doorways DO NOT provide treatment. They utilize the services already in the community.
- The client can choose ANY doorway to go to.
- Doorways is determining current barriers (i.e. financial, transportation, medical clearance, formal identification, etc.) Also, working on "flexible needs funds" for assistance with these barriers. Doorways also provides insurance enrollment assistance.
- Once in services – the Doorway is charged with continuous recovery monitoring with clients with weekly check-ins for a year (that include the 3, 6, and 12-month GPRA data collection).
- Doorways provides Naloxone distribution to those they serve and community organizations.

Questions Submitted to Commission Specific to Doorways - ANSWERED

**Q1 – If someone goes to a Doorway and presents with symptoms for extreme alcohol use or crystal meth or anything other than opioid use disorder symptoms – what is the process for that person? Can they get services? Do they need GPRA?**

ANSWER: If a client does not have an OUD, they do not have to complete a GPRA. Also, a client can have an OUD that is current or from past history and the OUD does not have to be the primary diagnosis to receive services.

**Q2 – If someone shows up at spoke presenting with AOD symptoms, does that spoke need to refer to the Doorway so the Doorway can refer back to the spoke? How will providers in spokes know if someone looking for services needs to go to**

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**Doorway first?** ANSWER: Only if identified needs of client result in needing to contact the Doorway, otherwise not necessary.

**Q3: If the Doorways are collecting patient data and the spokes are collecting data, are we duplicating the data?** ANSWER: It's the responsibility of the Doorways and spokes to be working together to avoid duplication of effort.

**Q4: If someone presents in Laconia Doorway and lives in Rochester and wants ongoing services who does GPRA and who does follow up? How will transfers of information be handled?** ANSWER: BDAS is working on a solution for this currently.

**Q5: Since we're building an airplane while it's in flight, where should troubleshooting notes be going? That is, if someone is turned away, for instance, from the Berlin Hospital, told the facility doesn't handle alcohol problems, who should be informed to make sure this doesn't happen again?** ANSWER: All troubleshooting notes should be directed to Barry Sandberg, SOR Project/Program Coordinator at [barry.sandberg@dhhs.nh.gov](mailto:barry.sandberg@dhhs.nh.gov)

**Q6: Given that many folks with SUD may have just one bite at the apple, what are we doing to ensure folks don't simply slip through the cracks?** ANSWER: Already answered in above responses.

**Q7: Folks walk into recovery centers every day saying they want help to either cease or reduce their use. At what point is the center required to refer someone to the Doorway?** ANSWER: Already answered in above responses.

## **Other Business/Announcements**

*All*

- Reminder that all references to the Crisis Line need to be removed on all printed material and websites ASAP as 211 should be replacing that messaging going forward.