



# TREATMENT TASK FORCE

## Governor's Commission on Alcohol and other Drugs

Task Force Chair: *Stephanie Savard*

July 17, 2020 Meeting Minutes		
Welcome & Introductions	<b>Participants:</b> Stephanie Savard, Paul Kiernan, Amy Daniels, Jessie Daigneault, Sara Cleveland, Sue Thistle, Jake Berry, Dawna Jones, Emily Robbins, Jaime Powers, Joe Lindbeck, Kerran Vigroux, Richard Castrucci, Lynn Fuller, Stephen Noyes, Monica Edgar, Susan McKeown, Peter Burke, Danni Bultemeier, Sue Latham, Dianne Castrucci, Alex Casale	
Agenda Item	Discussion	Action Steps
<b>Review of May Minutes</b>	<ul style="list-style-type: none"> <li>Susan Latham made a motion to accept the minutes. Monica seconded.</li> <li>There was no further discussion and everyone was in favor.</li> <li>Motion carries to accept the minutes as written.</li> </ul>	<ul style="list-style-type: none"> <li>CHI will post the May minutes on the Center's website.</li> </ul>
<b>Policy/Legislative Updates</b>	<ul style="list-style-type: none"> <li>Jake Berry provided legislative updates from New Futures.</li> <li>The Senate reviewed priority bills. Most of these bills have passed.</li> <li>The House of Representatives did not vote to extend the voting deadlines.</li> <li>Provisions were made to telehealth <a href="#">HB 1623</a> and the bill passed unanimously.</li> <li>Governor's advisory commission for emergency relief and the recovery board for the CARES act have agreed to spend \$6 million on SUD treatment.</li> <li>New Futures released a report on the financial impacts of COVID-19.</li> <li>Governor's long term stabilization program was extended to July 31<sup>st</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Jake Berry will circulate the report of the survey results to the Task Force.</li> </ul>
<b>Membership Nomination for Provider's Association Seat</b>	<ul style="list-style-type: none"> <li>Kerran Vigroux is the new executive director for the Provider's Association.</li> <li>Sue Thistle made a motion to nominate Kerran into this seat as a voting member. Jake Berry seconded.</li> <li>There was no further discussion and the motion carries to accept Kerran Vigroux into the Provider's Association seat.</li> </ul>	
<b>Involuntary Civil Commitment Act Review of Listening Session</b>	<ul style="list-style-type: none"> <li>The Treatment Task Force will vote on whether or not to recommend an ICC model to the Governor's Commission by the next meeting on September 18<sup>th</sup>.</li> <li>A majority of the next meeting will be spent discussing as a group the Task Force's final decision for recommending ICC as a model in New Hampshire.</li> <li>Monica Edgar suggested having a conversation with emergency providers, mental health clinicians, and psychiatrists to weigh in on their opinions for ICC. She suggested connecting with Riverbend's ES program and similar programs. Danni</li> </ul>	<ul style="list-style-type: none"> <li>Monica Edgar, Danni Bultemeier, and Emily Robbins will reach out to providers and follow up with Stephanie within the next week to determine a Q &amp; A session in August.</li> </ul>

	<p>Bultemeier suggested contacting mobile crisis units as well. Lynn Fuller suggested having a Q &amp;A zoom session in August where these providers can suggest their opinions and experiences. Stephen Noyes suggested reaching out to agencies who are called in for IEA or crisis management.</p> <ul style="list-style-type: none"> <li>• Danni will reach out to Manchester Mental Health Mobile Crisis management, Monica will reach out to Riverbend, and Emily Robbins will reach out to Access clinicians at Southern NH Medical.</li> </ul>	<ul style="list-style-type: none"> <li>• CHI will send an email to the Task Force including PowerPoints of states' ICC models and overview, Q &amp;A session notes with Dr. David Mee-Lee, the link to ICC listening session, audio script and chat, and google forms for the Task Force.</li> </ul>
<p><b>State Plan and Specific Treatment Task Force Priorities</b></p>	<ul style="list-style-type: none"> <li>• Stephanie, Paul, and Jessie reviewed the Governor's Commission Action Plan's Treatment Task Force Involved Strategies to review and narrow down the most relevant strategies and removed those that have been addressed.</li> <li>• The Treatment Task Force reviewed the updated list to identify which priorities to keep, which ones need further research, and remove those that are not relevant.</li> <li>• Under system and early identification: Implement screening protocols or Screening, Brief Intervention, and Referral to Treatment (SBIRT) in multiple settings to identify problematic alcohol and other drug use. <ul style="list-style-type: none"> <li>○ Jaime Powers suggested to focus and prioritize on specific settings.</li> <li>○ Stephanie suggested one possible population to consider this initiative for is homeless providers implementing the screening tool state-wide in settings where services and shelter/housing are received for those experiencing homelessness.</li> <li>○ The Task Force agreed to keep this priority, adding specific settings.</li> </ul> </li> <li>• Under Treatment: Support practice change to integrate substance use disorder services with mental health services in general healthcare settings including emergency rooms, primary care offices, inpatient medical settings and OB practices, IDN's and MCOs. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this priority.</li> </ul> </li> <li>• Treatment: Utilize technology and innovative practices to provide treatment in limited resource areas. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this priority and collect more guidance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stephanie will work with CHI to submit a survey to send out to voting members in August to narrow down these priorities.</li> <li>• The Task Force will review this further during the meeting in September.</li> </ul>

	<p>moving forward.</p> <ul style="list-style-type: none"> <li>• Treatment: Develop a mechanism for obtaining real-time treatment vacancy data. <ul style="list-style-type: none"> <li>○ Jaime Powers shared the Bureau is pursuing a lot of this work already.</li> <li>○ The Task Force agreed to remove this priority and focus on advocacy only.</li> </ul> </li> <li>• Treatment: Increase specialized treatment services for specific populations (e.g. veterans, youth, pregnant/parenting women and their families, individuals with co-occurring substance use disorder and mental health disorders and citizens returning to the community from incarceration). <ul style="list-style-type: none"> <li>○ Danni Bultemeier suggested adding focus to the LGBTQ+ population.</li> <li>○ The Task Force agreed to keep this priority and add the LGBTQ+ population.</li> </ul> </li> <li>• Treatment: Expand services and increase care coordination for citizens returning to the community from incarceration. <ul style="list-style-type: none"> <li>○ Alex Casale suggested this could use continued extension.</li> <li>○ The Task Force agreed to keep this priority.</li> </ul> </li> <li>• Treatment: Expand services and increase care coordination for pregnant and newly parenting women. <ul style="list-style-type: none"> <li>○ Sue Thistle suggested adding child care and care coordination.</li> <li>○ The Task Force agreed to keep this priority.</li> </ul> </li> <li>• Treatment: Increase the availability and utilization of juvenile diversion programs and adult drug court. <ul style="list-style-type: none"> <li>○ Alex Casale suggested the juvenile diversions could use more attention.</li> <li>○ The Task Force agreed to keep this priority but conduct more research.</li> </ul> </li> <li>• Reimbursement: Assess and address insurance barriers to allow for easier patient access into treatment. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this priority.</li> </ul> </li> <li>• Reimbursement: Engage payors to support best practices and services such as screening (for example, SBIRT), case management and the integration of recovery support services. <ul style="list-style-type: none"> <li>○ Jaime Powers shared MCOs are currently working on this.</li> <li>○ The Task Force agreed there is plenty of work to be done for private payors and to keep this priority. Some learning still needed specifically for private</li> </ul> </li> </ul>	
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	<p>insurances and recovery support.</p> <ul style="list-style-type: none"> <li>• Workforce: Promote core competency training to engage qualified mental health clinicians including social workers in the treatment of persons with substance use disorder. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this priority and combine with this priority: include training on substance use and substance use disorders in undergraduate and graduate professional education programs.</li> <li>○ Task Force members expressed concern for not having enough programs and the current coursework for existing programs are developed by professionals not necessarily in the field.</li> </ul> </li> <li>• Workforce: Actively work with employers to recruit and retain experienced addiction specialists in each of the major hospital systems. <ul style="list-style-type: none"> <li>○ The Task Force agreed to email Healthcare Task Force Chair Seddon Savage before making a decision to keep this priority.</li> </ul> </li> <li>• Workforce: Provide training to all providers and service professionals related to trauma informed best practices and harm reduction strategies. <ul style="list-style-type: none"> <li>○ Task Force members agreed this needs more work and keep this priority.</li> </ul> </li> <li>• Public Awareness: Increase understanding of medication assisted treatment as best practice in the support of recovery from opioid use disorders. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this a priority.</li> </ul> </li> <li>• Public Awareness: Target specific prevention messaging for children and young adults. <ul style="list-style-type: none"> <li>○ The Task Force agreed to keep this a priority.</li> </ul> </li> </ul>	
<b>New Business</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	

**Next Meeting:** Friday September 18, 2020, 9am-11am (Virtually); **Zoom Information:** <https://jsi.zoom.us/j/819262402>;  
**Call-In Information:** 646-558-8656; **Meeting ID:** 819 262 402