



# TREATMENT TASK FORCE

## Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: *Stephanie Savard & Shanna Large-Reusch*

January 22, 2021 Meeting Minutes		
<b>Welcome &amp; Introductions</b>	<p><b>Participating Members:</b> Stephanie Savard, Shanna Large-Reusch, Alex Casale, Dianne Castrucci, Susan Latham, Sara Cleveland, Jake Berry, Suzanne Thistle, Emily Robbins, Danni Bultemeier, Stephen Noyes, Eliza Zarka</p> <p><b>Participating Non-Members:</b> Paul Kiernan, Amy Daniels, John Karikas, Pamela O’Sullivan, Jason Snook, Donna Harbison, Gina Redford, Melissa Magefrau, Kent Thompson, Sydney Lewis, Joe Lindbeck, Joyce Fulweiler, Melanie Boyd, Brooke Holton, Palana Belken</p>	
Agenda Item	Discussion	Action Steps
<b>Review of November Minutes</b>	<ul style="list-style-type: none"> <li>• Dianne Castrucci motioned to approve the November meeting minutes. Susan Latham seconded the motion.</li> <li>• The Treatment Task Force voted unanimously to approve the November minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• CHI will post the edited minutes on the Center’s website.</li> </ul>
<b>Task Force Member Needed – Person with Lived Experience</b>	<ul style="list-style-type: none"> <li>• Task Force members discussed various individuals that they know through their professional and personal networks that would be good candidates to serve on the Treatment Task Force and bring a unique perspective due to their lived experience.</li> <li>• The Task Force decided that they would prefer candidates in stable, longer-term recovery that are not already involved in government affairs. They noted that there is a travel stipend for the position as well.</li> </ul>	<ul style="list-style-type: none"> <li>• Stephanie Savard will accept offers to join the Treatment Task Force from people with lived experiences and make a decision based on the criteria listed.</li> </ul>
<b>Presentation from Joe Lindbeck and Pamela O’Sullivan from Alkermes – Alcohol Use in the United States During the COVID-19 Pandemic</b>	<ul style="list-style-type: none"> <li>• Alcohol use and abuse has increased for many different demographics since February 2020. Despite the widespread prevalence of the problem and impact on health and the economy, only 4% of Americans with Alcohol Use Disorder receive treatment. The amount of existing programs and physicians who offer approved medications remains insufficient.</li> <li>• There are four FDA approved medications:               <ul style="list-style-type: none"> <li>• Acamprosate Calcium – Two 333mg tablets users take 3 times daily. The medicine acts in the brain to fight cravings.</li> <li>• Disulfiram – An oral medication that causes an unpleasant reaction to alcohol in the digestive system. Commonly prescribed to those in recovery with a support system.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Treatment Task Force members are encouraged to reach out via email to <a href="#">Joe</a> or <a href="#">Pamela</a> if they are interested in having additional conversations or having the presentation shared with other audiences.</li> </ul>

	<ul style="list-style-type: none"> <li>• Oral Naltrexone – An oral medication that is often used in combination with other types of treatment.</li> <li>• Extended Release Naltrexone – An intramuscular gluteal injection that is administered once per month. Drinking while having the injection is dangerous.</li> </ul>	
<p><b>Treatment Task Force Funding Recommendations</b></p>	<ul style="list-style-type: none"> <li>• There is approximately \$2.5 million available for funding initiatives of the Governor’s Commission and the Treatment Task Force needs to consider its strategic initiatives to recommend funding. This money can be spread out over multiple years.</li> <li>• Previously, the Treatment Task Force discussed recommending funding for infrastructure funds to increase beds and room and board for transitional living programs. \$1 million has already been recommended for this but not yet awarded to date by the Bureau due to COVID delays in RFPs and request for further clarity. The Treatment Task Force discussed supplementing that money for operational support continued room and board by recommending an additional \$750,000 per year for the next two years to be initiated in the next State Fiscal Year.</li> <li>• Previously, the Treatment Task Force discussed recommending funding for programs focused on support programs that assist with workforce retention and provide compassion fatigue training. \$125,000 for these programs has already been approved. The Treatment Task Force discussed supplementing that training money with additional training-specific TF priorities including Brain Injury &amp; SUD, Harm Reduction and Trauma-Informed Treatment by recommending an additional \$150,000 per year for the next two years to be initiated in the next State Fiscal Year.</li> <li>• The Treatment Task Force discussed recommending for the three priority areas that they previously identified. These priority areas are To Support Practice Change to Integrate SUD Services with Mental Health Services in General Healthcare Settings, Including Emergency, To Increase Specialized Treatment Services for Specific Populations (e.g. Veterans, Youth, Pregnant/Parenting Women and their Families), and To Provide Training to all Providers and Service Professionals Related to Trauma-Informed Best Practices and Harm Reduction Strategies. However, because the Treatment Task Force has not taken the time to fully understand assets,</li> </ul>	<ul style="list-style-type: none"> <li>• Stephanie Savard will update the Treatment Task Force if she learns that other task forces are recommending money for similar programs that will be added to the Treatment TF request . Stephanie will confirm with the Brain Injury Association that the funding recommendation will include a recommendation for the Training Provider to consider collaboration with their organization if interested.</li> <li>• Stephanie Savard will request the money as approved by the Task Force.</li> </ul>

	<p>challenges, and nuances associated with each of those priorities, they agreed to not recommend funding for the first two priority areas and to limit additional funding recommended for the third priority area at this time to the Training Request.</p> <ul style="list-style-type: none"> <li>• Shanna Large-Reusch motioned to recommend \$750,000 per year for two years for transitional living programs and \$150,000 per year for two years for support professional training programs, all to be initiated in the next funding allocation of the Governor Commission’s State Fiscal Year funding. Susan Latham seconded the motion.</li> <li>• Danni Bultemeier and Dianne Castrucci abstained from voting. All other Treatment Task Force Members unanimously voted to approve the funding recommendations.</li> </ul>	
<p><b>Legislative and Policy Updates</b></p>	<ul style="list-style-type: none"> <li>• A number of potentially relevant bills are in development, but at the time of the meeting there is not much information on them. It appears that there will be bills designed to require drug courts to perform mental health screens (already required), to require occupational training in drug courts (already required) to allow reimbursable music therapy for neonatal with SUD, to authorize the judicial branch to establish a state standard for mental health courts analogous to the standards for drug courts, to reform parole, and to provide money to study housing and homelessness, among others.</li> <li>• Jake Berry will provide more information about these bills at the March Treatment Task Force meeting.</li> </ul>	
<p><b>Strategic Plan Action Steps, Governor’s Commission, and Member Updates</b></p>	<ul style="list-style-type: none"> <li>• The Treatment Task Force will be creating two workgroups moving forward. One workgroup will be dedicated towards supporting practice change in SUD, mental health, and integrated health care. The other workgroup will be dedicated towards special treatment services for special populations. Members were asked to identify what workgroup they can commit to supporting and there will be time in future TF meetings allocated to working in workgroups.</li> <li>• Jamie Powers has become the Executive Director of the Governor’s Commission.</li> <li>• The Governor’s Commission will be completing their next strategic plan by the end of the calendar year. Treatment TF will support as asked for Treatment perspectives of the next three years direction.</li> <li>• Emily Robbins has left her role as the Executive Director of Sobriety Centers of New</li> </ul>	

	<p>Hampshire and is now the Head of Outpatient Programs at Southern New Hampshire Medical Center.</p> <ul style="list-style-type: none"> <li>• It is difficult to find recovery houses that offer MAT in many counties in New Hampshire, including Manchester.</li> <li>• The VA is opening housing support for veterans with other than honorable discharges.</li> <li>• Health Care Resource Centers is still accepting new admissions and has expanded into direct admissions.</li> </ul>	
<b>Closing Remarks</b>	<ul style="list-style-type: none"> <li>• Shanna Large-Reusch motioned to adjourn. Suzanne Thistle seconded the motion.</li> <li>• The Treatment Task Force voted unanimously to adjourn.</li> </ul>	

**Next Meeting:** Friday, March 19, 2021, 9am-11am (Virtually); **Zoom Information:** <https://jsi.zoom.us/j/819262402>;  
**Call-In Information:** 646-558-8656; **Meeting ID:** 946 1611 3705; **Passcode:** 989557