



RECOVERY TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Keith Howard Co-Chair: Kristine Paquette

April 9th, 2021 Meeting Minutes

ZOOM OPTION: <https://jsi.zoom.us/j/98102176085>

Call-in Number: 1-312-626-6799 Meeting ID: 981 0217 6085 Meeting Password: 494199

Welcome & Introductions	<p>Members present: Keith Howard, Carolee Longley, Cheryle Pacapelli, Jess Parnell, Mitch Yeaton, Jake Berry, Donna Marston, Lindy Keller, Elizabeth Miller, Brian Mooney</p> <p>Members not present: Kristine Paquette</p> <p>Public participants: Jaime Powers, Kim Bock, Laura McGinley, Bree Norton, Adam Aquizap, Donna Harbison, Gabi Teed, Jon Martin, Rachel Azotea, Daisy Pierce, Bradford Volz, Nikki Haas, Kerry Nolte, Heidi Cloutier</p> <p>JSI/CHI Staff : Melissa Schoemmell, Victoria Babcock</p>
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Agenda Item	Discussion	Action Steps
Attendance	<ul style="list-style-type: none"> Roll call was performed. Quorum was established. 	
Approval of March Meeting Minutes	<ul style="list-style-type: none"> Minutes approved as written. Donna Marston motioned to approve, Mitch seconded. Motion passed unanimously 	CHI will post the minutes as written
Update on BDAS submission for additional SAMHSA Funding Jamie Powers (jaime.e.powers@dhhs.nh.gov)	<ul style="list-style-type: none"> Jaime Powers, director of the Bureau of Drug and Alcohol Services, provided an update on the Bureau's submission for additional SAMHSA funding. BDAS submitted four requests for funding, some of which covered recovery issues. The requests will cover food insecurity, housing, funding/supporting recovery community organizations, and expansion of remote technology apps for recovery. The funding will be available until 2023. The bureau submitted for what they believe the state needs as far as programs and services, but SAMSHA has the final say on funding amounts and restrictions. The funding to support recovery community organizations will get at immediate assistance as well as implementing Medicaid and alternative funding models. NHCORR funding will increase on operational sides and housing. 	

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- Other areas being addressed: investments in workforce development across the continuum of care; student loan repayment, replicating other states programs, better integration of data to understand, SBIRT expansion, Harm reduction expansion (crisis number, statewide crisis response, etc.), developing capacity for treatment and referral in NH's hospital system

Questions/Comments:

- What is the 988 crisis number referenced? *This will replace the current federal crisis line with a general behavioral health line. There are concerns from the mental health community that there is an abundance of resources around crisis response, but not as much around substance use disorder.*
- Suggestion that the new app technology be informed by the recovery community to avoid reinventing the wheel, and to build on what has already been created. Stressed the importance of engaging treatment providers, RCOs, and other in the field experts with lived experience.
- Could you expand on new funding models and working with various states? Will current recovery professionals and community organizations be working with the state to ensure these new models are realistic? *The recovery community will be involved in all new conversations around new models and technology. Mentioned the establishment of a workgroup with the Bureau and recovery community.*
- Can you elaborate on the expansion of harm reduction? *The division of public health has collaborated with BDAS to look at federal funding guidelines and holes that were present. Mobile harm reduction and syringe disposal were gaps identified. This funding should be able to cover syringe disposal, but this is dependent on SAMSHA approval.*
- Creating connections NH is scaling up alternative peer groups, would the proposals that they've submitted regarding harm reductions be included in this? *Response that these are able to be considered.*
- Were recovery stakeholders involved in this planning process? *There was engagement in the harm reduction community through public health. For recovery BDAS leaned on current knowledge of gaps in services.*

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	<p>Next Steps: wait for SAMSHA approval and then go through the state contracting process. The hope is to hear back from them in May. Funding will be put into RFPs with some opportunities for sole source.</p>	
<p>Safe Injection Site Discussion Kerry Nolte and Lauren McGinley from NH Harm Reduction Coalition</p>	<ul style="list-style-type: none"> • As a follow up from the March meeting and in response to recent legislation (SB149). Kerry Nolte and Lauren McGinley from the NH Harm Reduction Coalition provided their expertise on Safe Injection Sites/Safe Consumption Sites in NH. Kerry explained that NH’s harm reduction efforts are still in their infancy. Kerry has been researching trauma informed care and implementing this in NH. When there is a denial of clean and safe syringes then we are taking away the safety of community members who are experiencing SUD. Kerry spoke to injecting in unclean areas in a rush- these instances can be the biggest contributors to overdoses. Safe consumption sites can allow providers to perform interventions, ensure clean syringes, and check the purity of substances. Kerry believes that safe injection sites need to be located in areas where people are already. Partnership with RCOs will be important as well. • There was a discussion around arguments for and against these types of organizations. • The proposal to offer safe injection sites was struck down by the senate and is no longer on the table. • NH Harm reduction coalition offered to circulate materials around implementing harm reduction measures. Lauren will put together resources to distribute to the task force. • Cheryle mentioned that there would be a course on harm reduction for recovery coaches in July. Once the Eventbrite link is available, it will go out to the recovery task force members. 	<ul style="list-style-type: none"> •
<p>Fact Finding Subcommittee Jess Parnell</p>	<ul style="list-style-type: none"> • This will be moved to the next recovery meeting to dive deeper into the topic. 	<ul style="list-style-type: none"> •

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Legislative Update	<ul style="list-style-type: none">• Budget The House of Representatives voted this week to pass its budget proposal The proposal does maintain 3.1 percent increases to Medicaid reimbursement rates from the current budget; does not include needed funding for youth tobacco prevention, Family Resource Centers, Loan Repayment for health care professionals• <u>HB 615, reducing the penalty for certain first offense drug possession charges (New Futures supports)</u> Would reduce criminal charges, maximum sentences and fines for certain first-time possession charges Passed the House by voice vote; hearing scheduled for this coming Tuesday, April 13, 2:15pm, in the Senate Judiciary Committee• <u>HB 511, relative to the penalties for possession of certain controlled drugs (New Futures supports)</u> Would reduce the criminal charges to misdemeanor for certain possession charges House Judiciary Committee voted 12-7 to recommend Inexpedient to Legislate (kill). Will now go on to full House vote• <u>SB 149, establishing a harm reduction and overdose prevention program in the Department of Health and Human Services (New Futures supports)</u> Provision has been removed establishing an Overdose Prevention Program within DHHS, allowing municipalities to authorize safe injection sites within their communities Senate voted unanimously to approve bill without OPP provision• <u>HB 377, relative to the authority of the state fire marshal to grant an exemption from fire code requirements to recovery houses (No position)</u> Would allow the fire marshal to grant waivers to recovery homes that are NHCORR-certified Passed the House by voice vote; passed the Senate by 23-1 vote; now goes to Governor's desk for signature• <u>HB 602, relative to reimbursement for telemedicine (New Futures</u>	
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	<p><u>opposes)</u> Would eliminate audio-only phone as a reimbursable telehealth service; would eliminate the reimbursement parity provision that requires telehealth services to be reimbursed at the same rate as in-person care Retained in House Health and Human Services Committee</p> <ul style="list-style-type: none"> • <u>HB 578, relative to standards for mental health courts (New Futures supports)</u> Would instruct the NH Supreme Court to develop standards for a statewide system of mental health courts, similar to drug courts House Judiciary Committee voted 11-10 to recommend Inexpedient to Legislate (kill). Will now go on to full House vote • <u>HB 544, relative to the propagation of divisive concepts</u> Would ban the dissemination of certain “divisive concepts” like unconscious bias related to sex and race Language was included in the House Budget Proposal, now under consideration in the Senate Finance Committee 	
<p>Other Business/Events/ Announcements, including updates on re-opening status</p>	<ul style="list-style-type: none"> • Lindy mentioned that BDAS is looking to fill several positions. These positions touch on treatment, recovery, and administration. Keep an eye on the <u>DHHS job opportunities board</u>. There will be a new position for a recovery specialist at BDAS. 	