



PREVENTION TASK FORCE

Task Force Chair: Tim Lena Co-Chair: Donna Arias

**April 2, 2021
Meeting Minutes**

Welcome & Introductions

Voting Members: Tim Lena, Dan Andrus, Patrice Baker, Jill Burke, Alissa Cannon, Marissa Carlson, Dellie Champagne, Celeste Clark, Traci Fowler, Rick Frost, Lisa Hayward, Betsy Houde, Melissa Lee, Susan McKeown, Sarah Shanahan, Annika Stanley-Smith, Jeffrey Stewart, Rebecca Woitkowski

Absent Members: Donna Arias, Foad Afshar, Shannon Bresaw, Heather Inyart, Christina LaChance

Public: Jon Delena (DEA), Brian O’Keefe (DEA), Kate Frey (New Futures), Katy Shea (JSI), Aimee Tucker (2nd Start NH), Kimberly Haley (2nd Start NH) Nicole Rodler (NH Juvenile Court Diversion Network), Mark Lefebvre (The Pine Institute), David Mara, Eliza Zarka, Julie Yerkes, Alexandra Burke

Additional Public: Sydney Lewis, Melissa Magedefrau, Melanie Boyd, Tonooka Batts-Settles, Gina Redford, JD, Kerran Vigroux

Agenda Item	Discussion	Action Steps
Review & Approval of Minutes	<ul style="list-style-type: none"> ● The Task Force reviewed February’s meeting minutes. ● Dan Andrus made a motion to accept the minutes as written. Jeff Stewart seconded. ● No members abstained. ● Everyone else was in favor/unanimous and the motion passed to accept the minutes as written. ● In favor: Tim, Dan, Patrice, Alissa, Marissa, Dellie, Celeste, Traci, Rick, Lisa, Betsy, Melissa, Susan, Sarah, Annika, Jeffrey, Rebecca 	Minutes will be available on the Center for Excellence website.
Update on Student Assistance Program Katy Shea, Aimee Tucker, Kim Haley	<ul style="list-style-type: none"> ● The one major funding initiative pushing forward: Student assistance ● NH Student Assistance prog - fully/partially funded by state/Federal (refer to as NH SAP System) <ul style="list-style-type: none"> ○ State funding is very important, some is written into the state plan for specific funding. Since 2013, 14 schools have been funded via federal Block Grant. 39 additional schools funded via PFS in 2016/2017 - another round of PFS ○ 2018 - added 2 schools via Governor’s Commission Prevention Direct Services funding. Currently 55 schools. Additional 26 inquiries from schools that want SAP 	

	<ul style="list-style-type: none"> ● Current SAP system follows the same evidence based model. Implementation guide with an approach to schools based on project success. There is ongoing access to consultation and support (2nd start & JSI), evaluation, and monthly meetings for: learning opportunities, networking, collaborating, cross-sharing, problem-solving ● Data as of 3/24/21, Describing SAP programs to impact individuals and schools. Not tracking individuals directly, but collecting main data overall to show impact <ul style="list-style-type: none"> ○ Individuals across 55 schools ○ 590 referrals from staff, 190 self referrals, Primary reasons: mental health, substance misuse, family problems, peer issues ○ 560 intakes since October (more referrals than intakes). Complete intake - than makes referrals, types of referrals SAP made out: Most, 239, to In-school resources, 122 to other community resources, 104 to MH counseling ○ 3,033 individual sessions, 380 group sessions ● (JeffS) Question on data comparison between in school and remote due to pandemic <ul style="list-style-type: none"> ○ Number of group sessions are down due to remote learning (Oct2020-Mar2021). It is possible some schools have not entered their data yet. (Kim) Number of referrals are not down due to COVID, just harder to track kids down due to hybrid learning ○ (Traci/MarkL) This work is a great example as to why the Unite Us platform should be made available to schools - can we advocate funding available for this? (MarkL) Would this program and providers eventually be part of the Unite Us (closed loop referral prog) platform network that the IDN's are rolling out? Traci suggested having Unite Us present at one of our meetings, talk about multi-system support, and how schools need to make/monitor referrals, building up behavioral health referrals. Jill reminded that they are currently working with Unite Us to include in SAP ● Most SAP programs cover middle/high schools - how many high schools in the state? Some districts fund their progs, some get federal block grants ● SAP impacts entire school community/culture by: Activities to integrate w school (1125) student groups, visit classrooms, comm svc projs, bus duty (to be 	
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	<p>visible/approachable), many one-on-one consults individually, 928 teacher consults, 530 staff referrals made to NH SAPs, Crisis response (212) MH, staff suicide, suicidal ideation, SU, disruptive classroom behavior. Additionally, 241 universal prevention strategies, 89 prevention education series</p> <ul style="list-style-type: none"> ● (Aimee) How SAP aligns with DOE : SAP service fits in w DOE system of support/MTSS-B framework. In schools to minimize barriers, address academic/behav needs. As a program it integrates seamlessly into a multi tier support system. <ul style="list-style-type: none"> ○ Tier 1 - presentation, health classes, articles. ○ Tier 2 - indicated interventions, SAP groups, SU groups, boundary probs, individual sessions w SAP counselors, CBITS/SST cognitive behav intervention in trauma in schools, support for students experiencing trauma. Kids informed by ACES. Group and indiv CBITS, SST group. ○ Tier 3 - individual session w SAP focusing on drug and alcohol, MH, most counselors are clinically trained. Can hold a student while waiting for a therapist or placement in intensive prog, refer to community treatment options ● (Susan) Is there any comparison data to pre-COVID? Aimee advised, not officially, but anecdotally, group numbers are down, difficult for some kids to talk about issues at home virtually regarding certain subjects without privacy. (Jill) We do have data but not to this level of detail. The data we have is numbers served by category of intervention. (Tim) Need has increased, access has decreased. (Susan) Interested to see how numbers change when school is fully back in session. (Kim) Concerns on student mental health has increased ● Kim - SAP and Stability: SAP programs struggle year to year to provide critical services in NH schools. This is difficult due to: <ul style="list-style-type: none"> ○ Time-limited grants, for example: SAMHSA shut down Partnership for success grant in middle of school year. The Prevention Task Force lobbied SAMHSA to extend until June 30th. School budgets vary depending on equipment needs, retirements, can leave SAP vulnerable 	
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	<ul style="list-style-type: none"> ○ Recent costs of COVID - some grants, but costs have exceeded what is received. Merrimack Valley - 1.2M food costs to offer free lunch - strains funds, since also need books, teachers ○ GC Prevention Task Force recommended 1.2M for SAP. Were able to obtain additional \$ to help fund PFS schools for next year. Will use to help launch RFA, to help implement SAP in some schools <ul style="list-style-type: none"> ■ What happens to the PFS schools (55) in the 21-22 school year? Who are the staff going to go to, who will screen at risk students if SAP isn't there? Crisis intervention needed. These schools will no longer be funded, what do we do about it? Can there be a statute by state? ○ SAP is the core of what all schools should have, to support the most vulnerable. Suggest to embed in the system state-wide (a bill similar to the alcohol fund that would assure assistance annually for SAP). Schools provide a perfect place to provide support and be able to intervene. <ul style="list-style-type: none"> ■ (NicoleR chat) - I can speak on the juvenile justice realm that we rely A LOT on SAPs especially when we are on wait lists for community services!! And the SAP role is crucial in the Probation Transformation work for connecting and providing services under MTSSB -- keeping kids out of the system! ■ (Annika) I want to say that Kim and the other SAP counselors are the best resource in my region. Not only do they provide invaluable services to the most in need in our communities they also show up to every community meeting, and are the first to volunteer to help in other ways. I would not have a SMP Leadership team without them and our region would be in dire straits were this program to go away. ○ (Dellie) How does tobacco prevention fit into SAP? Or data on types of drugs? <ul style="list-style-type: none"> ■ (Kim) SAP counselors offer all addiction prevention. Second Start does provide progress tracking. YRBS also tells this info. (Katy) Many of the substance use referrals to SAP are due to vaping in school. (Nicole) Our school District has SAP meetings written into policy for vaping 	
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	<p>cases- a form of restorative justice for schools. (Tim) Vaping, difficult to detect nicotine vs tobacco, main source of referrals in schools for students. (Jill) TCPP is working with NH schools to do formative research with the hopes of launching a prevention campaign. JSI is involved. (Kate) One of the items we are tracking in the budget is to fund \$220,000 a year to fully implement a teen quit line focusing on vaping, also providing additional educational and SBIRT tools for schools. Sounds like it would be a beneficial tool for SAPs. (Sarah) Nicotine is a very commonly used substance for anyone who has experienced trauma, because it both increases focus and reduces anxiety, so having trauma supports is critical to reducing nicotine use. (Lisa) SAP staff should be represented on the Tier committees in MTSS-B schools and districts.</p> <ul style="list-style-type: none"> ■ (Tim) Need to look beyond the alcohol fund, only 10M, need to seek out other piece of legislation to help support/fund SAP 	
<p>Subcommittee Updates Subcommittee Chairs</p>	<ul style="list-style-type: none"> ● Systems (Traci & Melissa) - processes and systems in Task Force and Governor's Commission and in the work <ul style="list-style-type: none"> ○ 4 main goals: <ul style="list-style-type: none"> ■ Data collection, data driven decision making. Approach to roll out middle school YRBS. Elevating info on universal survey vs screening ■ Advocacy and education - not to lobby, but actually take a position, educate on MH and SU ■ Building school and community partnerships - MTSSB, SAP, community coalition ■ Streamlining and clarifying how TF members make.monitor recommendations. Be nuanced/dynamic to be able to recommend ○ (Lisa) Offered she can provide information on tech advisory on non-academic surveys ● Early Childhood (Sarah & Dellie) <ul style="list-style-type: none"> ○ Looked at the statewide plan, and chose specific things to support. Used smart goals worksheet to help prioritize legislation. 	

	<ul style="list-style-type: none"> ○ Plan to meet every other months opposite Prevention Task Force meetings: Rebecca, Sarah, Dellie, Mark ● Children/Youth (Donna, Tim) - haven't met yet ● Young/Emerging Adults (Rick, Jeff) - haven't met yet <ul style="list-style-type: none"> ○ A few initiatives, some for joint military TF, wellness focused RFPs - Fitness, daycare ○ (Anni) Need to expand to include young adults to participate in this group. We have missed the mark in asking for funding for this group. Concerned that we are not following the "nothing about us without us" with this group. Good topics: NH binge drinking, need to provide an extra layer of support to this generation of people in need. Specifically referring to under-represented youth ○ (Traci) This is a perfect systems point: Can we engage ad-hoc committee members or person with lived experience to join these groups (but not to join PxTF) ○ (Lisa) Where can we find these members? Large pop, difficult group to capture. Julie can help facilitate this conversation to include new people or brainstorm. Tim - can add ad hoc team members, lived experience, focus groups etc ● Older Adults (Dan, Melissa, Betsy) <ul style="list-style-type: none"> ○ Reviewed info, currently in a holding pattern. Some funding for kinship care and Reaper programs. Priority became youth focused. Melissa is on systems subcommittee - so group is not 'forgotten' ○ There may be other funding available per Tim 	
<p>A Voice for Prevention - Letter to Governor, SAM NH: Marijuana Legislation Tim Lena - Position Statement</p>	<ul style="list-style-type: none"> ● Taking a more proactive policy stance to state leg/gov regarding marijuana, and how it relates to Surgeon General's warnings. Looking for feedback from systems subcommittee ● (Betsy) struggling with the term 'perception of harm' language, is this prevention jargon or can we use other terminology? ● (Traci) Concerns on how we approach this topic. Marijuana is a very complicated issue, and the approach needs to be nuanced coming from the Prevention Task Force. 	

	<p>Recommendation to dig into the topic deeper before coming up with statement, and getting group endorsement</p> <ul style="list-style-type: none"> ○ How we prioritize our time around advocacy topics: Therapeutic cannabis statue - where are gaps/problems. Missing the criminal justice piece ○ Need to be sure we don't come off as tone deaf, or being a spokesperson for lobbying groups like SAM NH. Would be death for Prevention Task Force <ul style="list-style-type: none"> ● Marijuana bills are mostly dead right now. ● (Delli) Suggestion for concentrating on vaping/tobacco cessation right now. It is needed this session ● (MarkL) As a non-voting member who has lived experience: I have to say it's highly hypocritical to hold this position on marijuana while alcohol has a much more severe impact from public health and public safety points of view ● (KateF) is this a position statement in general? The main focus on marijuana legalization has been retained ● (Annika) Mark, I think we might be in more alignment than you think. We also want to see reduced use in alcohol and with marijuana, and we don't want people to be able to profit off of the sales that we know will lead to increased marijuana use disorders. - (suggestion to make this an agenda item) ● (Tim) Statement hasn't been a very clear stance in general about commercialization of marijuana, discussion on taking a more active stance on advocacy. Perhaps there are other more pressing needs than this. Also look at action steps as a task force to give a clear voice to provide stance on policies ● (Lisa) Reminding us all it is important to have transparent conversations at this task force, Thank you to Tim for starting this conversation ● Hold: Marijuana letter on hold for now, need more discussion - plan to send another document around electronically, to define position on specific issues, to take a more active role in advocacy for these prevention events 	
<p>Emergent Trends - Methamphetamine Jon Delena (DEA), Brian</p>	<ul style="list-style-type: none"> ● Jon Runs DEA operation in New England - 6 states, out of NH ● Current issues of: Adderall, Opioid/fentanyl crisis, increase of meth, deadly combo of meth/fentanyl. Fentanyl laced pills designed to look like percocet, adderall, xanax, oxycontin. But are meth/fentanyl and are being marketed to teenagers. Mexican 	

<p>O'Keefe (retired Police Dept Captain)</p>	<p>Oxy/Dirty 30s are meth pills designed to look like Oxy, can't tell until tested. DEA labs reported that 26% of pills being analyzed contain a lethal dose of Fentanyl</p> <ul style="list-style-type: none"> ● Meth labs: Old meth labs with over the counter prods, 2L 5-10g, very flammable, caused fires. New meth manufactured in high-level labs in MX - almost 100% purity produced. Example: Sinaloa, MX jungle lab has 55 gallon drums filled with liquid meth - producing 7 tons meth every 3 days which goes to NH ● Stats: 16hrs ago - counterfeit pills killed teens in Dallas, Yesterday - fake adderall & guns seized, 1,100lbs was seized in Miami (reminder that 0.1g is a dose). increase of meth in NH (75,196lbs meth seized). 2.5tons meth, 100,000 pills coming into new england ● For first responders it means their job is more dangerous, meth is associated with high violence & weapons proclivity ● Cartels are coming after children: Trying to start addiction young. Adderall is widely used and abused in our schools. Need to make young people of community aware of this ● (drug) Take back day: Sat April 24 10a-2p - 15k lbs usually are received <ul style="list-style-type: none"> ○ Need to have different conversations with kids than with adults ● (Brian) Operation Engage #OpEngageNH: Spin off of DEA 360, it is a proactive approach to a community level collaboration to reduce overdose and addiction. Available in 11 cities around the country, working in NH city. The program share latest in drug trends, has a DEA citizens academy, dance prog, Wahlberg program, includes Drug take back day ● (Mark chat) Prevention Task Force/other prevention focused organizations are needed to provide this very important presentation that addresses the supply side. We do address the demand side with prevention efforts - SAP, ACEs, youth resilience programs, etc.. ● (Tim) There is a 1-pager shared to Prevention Task Force on safe disposal and storage, never sharing prescriptions, take back day 4/24 ● (Anni) Suggestion to add a slide for: What Now? Here are the next steps, resources to talk to your kids with links. Now you need to do your job - talk to your kids, grandkids, community members. Important to have a positive spin to show 'What now steps', we need you to help with 	
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	<ul style="list-style-type: none"> ● Any new posters for upcoming DEA Take back day? Suggestion that it may be better to have community-specific take back day posters instead of older DEA posters. Friends in recovery are advocates for events like this, but need to make sure are using 'safe'/current/updated language, so don't turn them off from this 	
<p>Legislative Updates - Kate Frey, New Futures</p>	<ul style="list-style-type: none"> ● Main focus on prevention focused efforts on prevention and advocacy. It does have a 5 spectrum focus, and budget will head to house next week <ul style="list-style-type: none"> ○ Concerned in lack of funding in: <ul style="list-style-type: none"> ■ Family resource ctrs, comm collab grant - 1.3M not in gov budget, wasn't added to house budget, but gov is considering it with additional revenues coming in ■ 220k for debts tobacco cessation program to fully implement teen quitline, vaping, SBIRT ○ Interested in/Request for letters to editor, stories, or willing to present personal experiences. Meetings are over Zoom, accepting letters or sent testimony as well ● Concerned on the following items added into the budget: <ul style="list-style-type: none"> ○ 545 divisive concepts - opposed to language ○ NH liquor comm - Division 1 finance moving to rename it completely, which will abolish agency (youth prevention of alcohol/prevention) will be at risk to lose federal funds if enforcement goes away ● Dellie/Anni/Kate do have talking points about this specifically ● (Melissa) There are two upcoming "Living Well with Chronic Pain" participant workshops scheduled through UNH Extension. Available online and accessible to all NH adult residents. Please share these with your networks or anyone you feel could benefit. Find related info, dates, and registration here: https://extension.unh.edu/tags/chronic-disease-self-management ● (Tim) \$220k related to Save Your Breath, (extension of My life My Quit) for teens ● Susan wrote letter on house bill 227 ● Patrice wrote a letter to the editor on: The Family Resource Center, also has info from grandparent with experience. 	

New Business Updates	<ul style="list-style-type: none"> ● (Sarah) Working on Portsmouth plan - looking for inventory of prevention programs across the state. Do we have the most recent iteration? Pls email Sarah ● (Alissa) NH Juvenile Court Diversion Network is hosting our annual summit virtually this year on Wednesday, May 19th! The registration will be coming out soon, so watch your emails and share away! 	
Other updates/other business	<ul style="list-style-type: none"> ● (Susan) Noted that in the last 12 days there have been 9 mass shootings in this country. Uphill battle, and a huge public health problem. Recent increase of gun purchasing due to concern of availability squeeze. Need: Talk about gun violence and suicide, counseling on access to lethal means, home safety kits with trigger locks. Must continue to promote awareness <ul style="list-style-type: none"> ○ (Anni) Is there another group that's working on this that we could partner with? 	

Next Meeting: June 4, 2021 from 9:30am to 11:30am at Community Health Institute/JSI (Virtual)

Zoom Information: <https://jsi.zoom.us/j/305105597?pwd=alJaRy9kZGR0a29tQ0VjRm9EQXY2UT09>

Meeting ID: 305 105 597; Password: 975761