



RECOVERY TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

Task Force Chair: Marty Boldin/Cheryle Pacapelli

May 13, 2016

Minutes

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.

Goal #1 – Support BRSS-TACS initiatives to identify recovery community and increase capacity to deliver Recovery Support Services

Goal #2 – Identify funding sources for community based recovery services

Goal #3 – Increase delivery of peer recovery support services by supporting workforce development initiatives

Attendees: Cheryle Pacapelli (phone), Troy Carr, Cheryl Coletti-Lawson, Marty Boldin, Polly Morris (phone), Andrea Rodgers, Ginger Ross (phone), Cori Sheedy (phone), Carolee Longley, Nelson Hayden, Sarah Blodgett, Gabrielle Salter, Jenn Gates-Labadie, Sarah Tracy (phone), Rekha Sreedhara, Katy Shea

Welcome & Introduction: Minutes approved.

Updates from Priority Areas:

Priority Area	Lead(s)	TF Tasks	Status/ Accomplishments	Updates
Legislative Update	Tym Rourke/Cheryle Pacapelli	Need to make phone calls		SB532 (passed House going to Senate)
State Plan	Tym Rourke/ Marty Boldin	Extract from state plan what was included that was related to recovery (Cory will do that). Will brainstorm next time.		Conversation: Recovery TF responsible for recovery portion of plan. Consider the focus on “No wrong door” - focusing not only on access but capacity. Could determine broad “buckets” or categories and have members develop realistic strategy lists.
Facilitating Organization (FO) Status	Tym Rourke	FO to join TF and TF to support FO		FO has been selected. Expectation of 3-5 years. FO will help establish RCs, determine metrics. Recovery TF needs

			to be prepared to guide and support FO.
CRSW Revisions	Cheryl Colletti-Lawson/ Sarah Blodgett		Expect final CRSW rules in place end of July. Subcommittee meeting Tuesday May 17 th at 9:00 – rules and draft final to Board to adopt final rules. Some public concerns include SB 424 (MLADAC), clarification on what trainings/educational institutional where CRSW gains education (example suicide prevention/MH First Aid, how will Educ. Hrs. be broken down by domain, supervision requirements. The Board is accepting applications for those that meet criteria even though rules are not finalized. Applications will be available next week.
Other Updates/Events	All	Cheryle P to send info about recovery coach trainings Get public list of CRSWs - share	<p><u>New</u></p> <p>Recovery Coach Academy May 17th, Healthy Monadnock Summit</p> <p>Generation Found - Recovery High Schools</p> <p>May 24 Seabrook Recreation Center – showing of “If Only...”</p> <p>New Recovery Centers SOS – Durham and Rochester Safe Harbor - Portsmouth</p> <p>CCAR - Nashua (July 25-29), Keene (July 18-22), Ethics June 28-29 (Nelson)</p> <p>Saturday, May 21st – Walk for addiction will include naloxone training. Rollins Park in Concord.</p> <p>HOPE Training - May 23rd</p> <p><u>Previous (still relevant)</u> HOPE for NH Rally, September 17 – Contact Holly Cekala at 603-935-7524</p>

for more information

New England School of Addiction and Prevention Studies program, June 6-9 in Worcester, MA, Recovery Academy will be offered with scholarships available, <http://www.neias.org/>

Walk for Addiction, April 30, even to raise money for HOPE and Serenity Place, call 603-286-8207 for more information

Additional Notes:

CRSW/MLADAC – discussion points

- Does it matter if supervision is provided by MLADAC or LADAC? MLADAC (independent and licensed) is generally better prepared b/c understand limitations of supervising ability
- Where are partnerships? Utilize MLADACs for supervision across organizations.
- Fed govt – moving towards integrated medical and BH care.
- Recommend that NH train 2-3X more CRSWs than need.
- Role of Board - need to know capacity, #s out there, needed, resources available, creating clear orderly pathway
- Supervision requirements – administrative and how to do your job (need more of this)
- Nelson -500 hours, does that include supervision? – no, 500 is all service hours
- Licensing Boards – connect w RPHNs? Yes, with ones that are focused on SUD. This is more easily done by bigger providers
- Utilize NHATICA – find out MLADACs, who?, where? – and then utilize a peer collaboration model
- Identify regions – identify clinicians – build collaborative

Next Meeting:

Friday, June 10, 9:00AM-11:00AM
Community Health Institute, 501 South Street, Bow

Call-In Information:

Number: 1-866-210-1669

Passcode: 9060313#