



RECOVERY TASK FORCE

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

Task Force Co-Chairs: Kevin Irwin/Marty Boldin

August 11, 2017
9:00 am to 11:00 am
Meeting Minutes

Attendees: Kevin Irwin, Cheryle Pacapelli, Donna Marston, Elizabeth Curry Miller, Lindy Keller, Kristine Paquette, Carolee Longley, Nelson Hayden, Brian Mooney, Dean LeMire, Tim Zak, Dianne Pepin, Kim Haney, Karen Collins, Debbie Love

Welcome & Introduction: Introductions were provided for Karen Collins, a new participant who shared that she is a person in recovery that Ginger Ross had encouraged to attend.

Updates from Priority Areas:

Priority Area	Lead(s)	TF Tasks/Other	Status/ Accomplishm ents	Updates
Legislative Report		TBD		No major items to report
Data Workgroup	Kevin Irwin		Data Workgroup is no longer dormant. Reconstituted, especially considering the interest of the Governor.	<p>Governor held meeting convened by Marty Boldin. Meeting representation included DHHS Commissioners, DOC, AG, etc. Each representative will be an active member of this workgroup. The objective of this Data Workgroup is two-fold: 1) produce data for next Governor's Report, 2) be more comprehensive which will form the bare bones of the next state plan. Increased interest to understand the status and impact of the roughly \$28M invested in PTR. Regarding Recovery, the public has vague idea of what our impact is and what PRSS moving forward looks like. We need to tell the story:</p> <ul style="list-style-type: none"> • What's the situation? • What are the trends? • What does it look like? • What are the consequences? <p>Data only tells part of the story. What are the outcomes we are servicing? We need to tell the story of the emergence of the recovery field. Cheryle expressed concerns around the limited data and the no correlation between stand-alone services through the Continuum of Care. Kevin indicated that he is working closely with that effort to tell the whole story. There is a meeting scheduled on Monday that is comprised of departmental members the Data workgroup who are data experts. This group is separate from the Data workgroup with different players at the table. Lindy indicated that we have to consider what we can actually get from the data we have and figure out what we need to tell that story. She indicated there is a real effort across departments to collect this data but it is a huge admin undertaking, factoring in privacy issues and</p>

departments are being overly cautious. Kevin suggested that the best thing to do is provide input in this group, emphasizing what we need and let data group figure the data out. This will hinge on asking the right questions. No one has asked the right questions to get at the social determinants. Brian asked what are the key indicators other than RCI? How are we getting to that point to get to a clear list of compiled data other than survey responses which tend to be episodic? Kevin indicated that we haven't posed the right questions yet and that will be the function of this group to determine. Lindy indicated that there are actually two issues here: 1) completing the story and 2) what is the outcomes of the money invested, which is different for substance misuse and recovery. Lots of recovery orgs don't get funded through the state. You want to include both but need to be clear of what each piece is about. It was noted that this is a public education project. Dean shared that as people get connected to services – it costs more money. We'll need more money till we see a reduction in need.

Kevin indicated he will put together thoughts on framework to engage further on this topic in terms of what we are collecting and what questions to ask. We need to keep the focus on population health and not individual.

CRSW Pipeline Kevin

There was a lot of discussion about the confusion in navigating the process to become a CRSW and what the expectations are after receiving credentials. Many volunteers are getting credentialed and then leaving for other jobs and no longer able to volunteer at the centers that trained them. Reference was made to a checklist that helps make sure you complete the application process effectively, but RTF members indicated that it is not user-friendly and lay persons looking to become a CRSW who may not be tech savvy or just don't know who to contact for resources find the process cumbersome. Shared information from RTF members included:

- Treatment organizations contracted with the Bureau of Drug & Alcohol Services must get their CRSW within 6 months to meet contract requirements
- Approval process is lengthy and creates a clog
- It takes 4 months to approve a perfectly submitted application and if not perfect, could take double that time to approve.

Karen Collins shared that people are not connected to centers – they are going for credentialing in Recovery Coaching – and that's when they become aware of the CRSW, but they soon get lost in that process trying to determine where to find the resources to do so. Things to consider:

At trainings provide a vetted packet of materials that provides the steps of what to do to become a CRSW. There was lots of confusion around what "getting supervision"

means. Many at these trainings just want to volunteer as a CRSW. Language in recovery is always changing. It's hard to get connected. Everyone tries to Google the information. Who is updating the metatags? Those who are not tech savvy – this is a barrier.

Resource: nhrecoverycoach.org – Ginger Ross is a great resource for this.

Googling NHADACA or BDAS will also provide you with resource links.

Dean mentioned the checklist that was referenced as part of the protocol to submit your application to be a CRSW. He indicated that a lay person reading this would be intimidated by it. He said it would be a good project to solicit feedback from those who are navigating this CRSW process now or who completed it to figure out a user-friendly document that we could have posted in place of what is currently on the Office of Licensure website (opl.nh.gov) under the alcohol and drug link and then clicking on application forms to access: CRSW Review Form. Sharing this potential new doc would aid in demystifying this process. Dean L, Karen C, Donna M have volunteered to be on this subcommittee. Kevin tasked them to come up with 2 or 3 priorities or objectives relative to the CRSW Pipeline.

Lindy also provided that Licensure is all about administrative rules. They are aware that they need to define the "how" in this process still. The rules have to be approved by the Committee of Legislature and that takes time. There is no answer yet but hopeful that by the fall the rules will be adopted. A member shared that currently the renewal fee for a CRSW is \$110 with 12 hours of supervision. Renewal is necessary every 2 years.

Kevin reviewed the handout he created this morning. The Recovery Retreat date has been confirmed: 11/2/17. The location will be at the Edward Cross Training Center (<http://www.concordmonitor.com/national-guard-training-facility-opens-in-pembroke-6696440>) . It's a brand new building in Pembroke, NH that is provided at no charge to us for the retreat.

Discussion:
Nelson asked about how to weave in the topic of CRSW. It was suggested that this could be a workshop possibly. Then discussion shifted on how many people we want to be attracting to this event – target audience versus those who are interested in becoming a CRSW. The target audience have been identified as those working in recovery field, such as (but not limited to) program managers, PRSS workers (paid and unpaid), board members and allies. The intent of this target audience is to

Recovery Retreat Planning Subcommittee Notes Reviewed
Kevin et al

not make it so broad that we have too many people, which is hard to manage. The goals of the event were reviewed:

1. Foster connection and support
2. Gain a better understanding of the resources across the continuum in your region
3. Leave with action steps to be taken in support of a larger plan
4. Validate and Affirm “the field” of recovery in NH

There were inquiries regarding having a keynote speaker and CEUs. It was noted that we have no budget. Keynotes would cost money and the fear is with a keynote that it changes the tone of the event and the focus we want to have for interaction and discussion. The setup of this event would not work for CEUs but Dianne indicated there are other options available. Someone noted maybe forgoing the CEUs this year and then if have event next year – then offer them. Kim Haney did suggest that a real benefit to this event would be to have the director of a recovery center as a speaker to share what is like at their center. Kim indicated that this would be valuable information to know.

The fee for this event will be \$10. Cheryle is working on a Save-the-Date, flyer and crafting a Call for Presentations by proposed speakers – so that that could drive the content of the event potentially. Someone also made the suggestion with regards to the expense of providing lunch that New Future sometimes sponsors a lunch with understanding that they could speak to a topic (ex. Advocacy) during the lunchtime. Cheryle indicated she could reach out to them with the ask. Lindy asked how the registration fee would be applied to the event expenses. Per the budget – Kevin indicated he will be meeting with Tym next week about that as well. Carolee indicated that in her notes at one of the recovery retreat subcommittee meetings – a fiscal agent was suggested. She will review and send that to Kevin.

Next Recovery Retreat Committee meeting is August 31 from Noon to 1:00pm at NHADACA on Pembroke Road. Lindy offered support to market event.

Other items regarding the retreat included:

- Moving away from the “visioning session” and focusing more on regional breakouts.
- Use Eventbrite to preregister for event – strongly encouraged by Lindy
- Looking for a name to call this event. Email Kevin with your suggestions and then group will take a vote.
- Dean/Carolee and Ginger are working on a slideshow and are asking for pictures of those in recovery

	<ul style="list-style-type: none"> • Consensus from everyone is that they liked that the breakouts appearing first in the agenda with workshops in the afternoon • Dean likes the fishbowl activity. Indicated that at another event they did this and it was well received. • There will be a note taker assigned to every breakout session. • The feedback (notes) will result in a written report about recommendations/solutions provided to the Governor's Commission
<p>Upcoming Events</p> <p>All</p>	<p>Kevin shared the following upcoming trainings that the Harm Reduction Coalition is sponsoring:</p> <ol style="list-style-type: none"> 1) September 19 (evening event) – Overdose Prevention Train the Trainer in Recovery community. 3-hour condensed version. Limited space 2) Syringe Services Program 101 – can be widely marketed. All interested people welcome. <p>Kevin indicated that locations for both trainings are still being determined. Looking into possibly hosting these at the retreat site. Dianne Pepin indicated she could help in marketing the trainings on NHADACA/NHTIAD website.</p> <ul style="list-style-type: none"> ➤ Donna Marston announced the S.T.A.R.S. 2nd Annual Restore Your Spirit Celebration & Vigil on 9/9/17 from 1:00p to 5:00p at White's Park on 1 White Street in Concord, NH. <p>Carolee Longley announced the following upcoming events:</p> <ul style="list-style-type: none"> ➤ Belknap 4H County Fair this weekend ➤ Hope for NH – Sober Dance on August 19 (3rd one open to anyone in recovery. No charge. Located in Franklin at the new Hope Center) ➤ State Rally for Recovery on 9/16/17 at Veterans Park in Manchester. H.O.P.E is organizing but it is a statewide run event. <p>Cheryle Pacapelli announced the following trainings for CRSWs:</p> <ul style="list-style-type: none"> ➤ Ethics – September 18-19 in Derry ➤ HIV/AIDS – October 5 (also in Derry)

Next Meeting: Friday, September 8, 2017 (9:00am to 11:00am) at Community Health Institute