SUBSTANCE USE RECOVERY TASK FORCE

Minutes of the 4th Meeting
of the 2020 Interim

October 13, 2020

Call to Order and Roll Call

The 4th meeting of the Substance Use Recovery Task Force was held on Tuesday, October 13, 2020, at 3:00 PM, in Room 171 of the Capitol Annex. Representative Russell Webber, Chair, called the meeting to order, and the secretary called the roll. The minutes from the Task Force's September 8, 2020 meeting were approved.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Russell Webber, Co-Chair; Senators Julie Raque Adams, Johnny Ray Turner, and Max Wise; Representatives Danny Bentley, Joni L. Jenkins, and Lisa Willner.

Guests: Van Ingram, Executive Director, Kentucky Office of Drug Control Policy; Mike Cox, President, Isaiah House; Kevin Horn, Vice President of Programs, Isaiah House; Sarah Ann Long, Compliance Director, Isaiah House; Matthew Lorimer, Government Affairs Liaison, Isaiah House; Dr. Tuyen T. Tran, Partner, Chief Executive Officer, 2nd Chance Center for Addiction Treatment; Dr. Marvin A. Bishop, Partner, Chief Financial Officer, 2nd Chance Center for Addiction Treatment; Karyn Hascal, Chief Executive Officer, The Healing Place; Dr. Alex Elswick, Co-Founder, Board Member, Voices of Hope; Shelley Elswick, Co-Founder, President, Voices of Hope.

LRC Staff: Ben Payne, and Christina Williams.

Substance Use Treatment Program Discussion-State Perspective

Van Ingram, Executive Director, Kentucky Office of Drug Control Policy spoke to the Task Force on the opioid epidemic and Kentucky's strategy on addressing the issue through various programs. Executive Director Ingram stated some programs are funded through General Fund dollars or Tobacco Settlement funds and many are funded through The Kentucky Opioid Response Effort (KORE), which consists of federal dollars that the state has received. Those KORE funds rest at the Division of Behavioral Health at the Cabinet for Health and Family Services. Commissioner Wendy Morris has a team to manage those funds and programs. Dr. Allen Brenzel is the principal investigator, and Dr. Katie Marks, is the Project Director for KORE. Executive Director Ingram stated there is communication between KORE and the Kentucky Office of Drug Control Policy on almost a daily basis to ensure dollars spent are complimenting each other, and services provided are not being duplicated.

Executive Director Ingram stated there have been three bills that have attempted to "stop the bleeding" or "narrow the funnel" of the opioid supply in Kentucky through the medical community. House Bill 1 of the 2012 Extraordinary Session, commonly referred to as the pill mill bill, was aimed at the prescribing of opioids for chronic pain. Senate Bill 192, from the 2015 Regular Session, which was called the Heroin bill, created some harm-reduction measures, such as a good Samaritan provision, greater access to Naloxone, allowance for syringe services, as well as tougher penalties for Heroin and Fentanyl offenses. House Bill 333 from the 2017 Regular Session addressed prescribing for acute pain, as well as created harsher penalties for trafficking Heroin.

It became clear that barriers to treatment needed to be removed. There were barriers such as people not knowing where to look for treatment, not knowing what was available, or even where to look for available options. Because of this, the Ky Help call center (1-833-8KY-Help) was created. The call center is in partnership with Operation Unite in the 5th congressional district. The call center is open Monday through Friday, 8:30 A.M. to 5:00 P.M. Because of KORE, those hours will soon be increased due to the uptick of calls since March. The people receiving those calls will be Kentucky social workers that have adequate knowledge, know how to help screen each disorder, and can link that person with the proper treatment.

Executive Director Ingram stated that findhelpnowky.org is a website that provides a list of every Kentucky-based addiction treatment provider currently accepting clients. The website is operated by the Kentucky Injury Prevention Research Center and the University of Kentucky. This has been helpful in providing both patients and providers information on what and who is available. The website is updated daily.

Executive Director Ingram stated Naloxone distribution in Kentucky has been centralized. All distribution is now through the Kentucky Pharmacists Association, instead of the Department for Public Health, the Cabinet for Health and Family Services (CHFS), and the Office of Drug Control Policy. One reason for the centralization is so there is a running total of how much has been purchased and where it went.

Executive Director Ingram stated that they have reached out to residential providers and asked them not to turn people away due to inability to pay. He stated if Medicaid is needed and not yet signed up for, the cost of treatment can be covered until that coverage kicks in. When Medicaid has approved a 28 day stay, often-times that is not long enough. Executive Director Ingram stated the Office of Drug Control Policy has been able to help with the extended costs.

Executive Director Ingram stated KORE has worked with federal qualified health centers (FQHCs) to administer more medication treatment for opioid use disorder (OUD). Additionally, KORE has offered free data waiver training to physicians or nurse

practitioners wanting to take training so they can prescribe Buprenorphine. Bridge clinics have been established within several different hospital emergency departments. Bridge clinics allow for hospitals to treat people in the emergency department that come in with a non-fatal overdose, and then take care of them for a few days until a more permanent solution can be found.

Quick response teams have been developed. Some of these response teams are made up of law enforcement officers or public health nurses. Sometimes a quick response team could include someone from Emergency Management Services (EMS). These response teams will intervene with someone that is having a non-fatal overdose and provide them with resources that can help them recover from their addiction.

The Kentucky State Police Angel Program is also helpful. The latest statistics show that there were over 140 people that have come into a Kentucky State Police post seeking help because they have a substance use disorder (SUD). Through the program, treatment can often-times be reached within hours. Executive Director Ingram stated that Casey's Law training is available. He added that Casey's Law is a way for loved ones to get an individual in for treatment that has been diagnosed with a substance use disorder and use KORE funding for the training of prosecutors or families that may be involved in this type of situation.

Executive Director Ingram stated there has been an expansion of syringe exchange services, as there are over 75 syringe service programs in Kentucky, more than any other state in the country. Even more than exchanging syringes, these programs offer testing for Human Immunodeficiency Virus (HIV), Hepatitis A, and Hepatitis C. The programs also offer Naloxone distribution and wound care.

Executive Director Ingram stated the Restore program is in conjunction with the Administrative Office of the Courts, and provides training throughout the Commonwealth for those in the criminal justice field. He added that there are eight, one day trainings offered through the American Society of Addiction Medicine (ASAM). The ASAM standards are what treatment providers use to determine the level of care someone needs.

Executive Director Ingram stated a program was created called the Strategic Initiative for Transformational Employment (SITE). The SITE program is partially funded by the Office of Drug Control Policy and KORE. The SITE Program places a person in each of the vocational centers around the state that focuses on linking people in recovery with transformational or meaningful employment. Job coaches follow up to make sure the person has the right clothes, and/or transportation to be able to complete the job they have received.

Executive Director Ingram stated the Office of Drug Control Policy has entered a public private partnership with the Kentucky Chamber Foundation Project. They have

hired people to train employers and provide the message that people in recovery can become successful employees. They also help employers adjust policies and procedures for second chance employment opportunities.

Executive Director Ingram stated it was recognized that people coming out of treatment and into recovery needed stable and drug free transitional housing. Because of this, there are now grants for transitional housing that support medications for opioid use disorder (MOUD). The expansion of the Oxford House Model has been utilized as well as State Mental Health Center (SMHC) grants for sober living. Also created were Neonatal Abstinence Syndrome (NAS) grants to support transitional housing.

Executive Director Ingram stated peer support specialists have received a significant amount of training, as peer support has been deemed critical for recovery. A pilot project is operated by the Department of Corrections to allow non-emergency medical transport providers who drive people to medical appointments. They have also been contacted to inquire if they could provide transportation to parolees that may need to get to a job interview or a parole office. Executive Director Ingram added that so many Kentucky counties are rural and do not have public transportation.

Executive Director Ingram spoke about the “I Am Too Good for Drugs” program that is an evidence-based education program now in 214 schools across Kentucky. “Sources of Strength” is also an evidence-based program in many Kentucky schools.

There are over 120 hospitals who have agreed to an opioid stewardship program, which provides patient education, physician and education support, community protection, and patient safety. He added in 2011 there were 371 million dosage units of opioids dispensed in Kentucky. That number has been reduced by 100 million over the past few years.

In response to a question asked by Co-Chair Alvarado, Executive Director Ingram stated that a way to reduce barriers in helping SUD individuals, is to continue to fund the necessary and crucial programs needed such as KORE. He added it is difficult to properly plan programs when there are only one-year grants. He urged legislators to request additional funding from Congress.

Substance Use Treatment Program Discussion-Provider Perspective

Mike Cox, President, Isaiah House spoke to the Task Force on the provider perspective on recovery. Mr. Cox stated that social distancing and the isolation that has been a result of the Covid-19 pandemic has significantly increased cases of depression, abuse, addiction, and overdoses. He added that the good news is more people are searching for meaning, purpose, and hope than ever before. And while there is more left to accomplish, individuals have come very far. Mr. Cox commended Kentucky for leading the way in recovery efforts.

Mr. Cox stated Isaiah House is one of Kentucky's longest running treatment centers, as it was established in 2001. The mission of Isaiah house is to provide hope through healing, opportunity, purpose, and education and employment (HOPE). Isaiah House takes a holistic approach in clinical, medical, spiritual, educational, and vocational treatment of individuals. Isaiah House is listed as nationally accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF). A chaplain is on staff and outside church services are attended as there can be a spiritual component to recovery. All of this is done in a CARF compliant mode that respects each person's belief. Isaiah House was recognized recently by Newsweek as a top five best addiction treatment center, and one of the best rehab facilities in Lexington by help.org. The Isaiah House received the 2019 innovative non-profit award from Kentucky Non-Profit Network.

Mr. Cox stated Isaiah House has a 92 and a 16 bed facility at their main campus in Washington County, 49 beds in Nelson County, 16 beds in Mercer County, and 28 beds in Woodford County for a total of 201 state licensed, nationally accredited beds for both men and woman, providing residential, partial hospitalization, intensive out-patient, and out-patient levels of treatment and care. Additionally, there is an outpatient center in Boyle County that not only treats SUD but is now providing behavioral health counseling for all ages and members of the family. Mr. Cox stated that in the near future, they are going to try to provide primary health care for the community as well as those clients that come through the Isaiah House doors. Medication assisted therapy has been incorporated into the Isaiah House programs, as medications such as Suboxone and Vivitrol are utilized. He added that all Isaiah House facilities include counseling, medical evaluation, drug testing, case management, peer support, and employment services.

Mr. Cox stated the road to long-term success involves addressing education, transportation, job skills/readiness training, full time employment and recovery housing for SUD individuals. Isaiah House provides free GED classes on-site for those whom addiction resulted in leaving high school before they graduated. He added through Campbellsville University, college level courses are offered on site as well. He stated in addition to an academic track, consisting of 12 free credit hours which are transferable to any accredited college or university, there is also a vocational track offered. Ten welding stations have been provided for a certified welding program. Isaiah House is exploring the addition of other vocational offerings such as HVAC, plumbing, and electrical courses in the near future.

Kevin Horn, Vice President of Programs, Isaiah House, spoke to the Task Force about funding sources needed to be able to provide access to quality services. He stated one funding shortage that needs to be addressed is that Intensive Outpatient Programs (IOP) receive no housing reimbursement if those services are provided in a state licensed or nationally accredited program and they live in that facility. They do have the same access to professional and paraprofessional staff as residential clients do. These clients need more

support to remove the barriers. However, the Department for Medicaid Services (DMS) fee schedule does not include a code for housing, room and board reimbursement for those clients. Mr. Horn stated IOP with housing will improve the outcomes for those completing short-term treatment. It will also serve as an entry point for clients to enter a comprehensive long-term program. The additional time is critical for these individuals to become mentally, physically, and emotionally stable.

Mr. Horn stated that most programs that have a long-term component are available if the person comes in through a residential program. That individual is then stair-stepped into a long-term program. Mr. Horn added that long-term programs should still provide access to medical doctors, nurse practitioners, and all clinical staff. He reiterated that creating an IOP with housing would allow an organization to build that program, and could serve as an entry point for someone that is coming in from an incarcerated status. He added that unfortunately, having a Managed Care Organization (MCO) pay for it is very unlikely.

Mr. Horn stated that long-term programs that are professionally driven and include comprehensive reentry services are grossly underfunded. He stated it is common to hear that Kentucky needs quality reentry programs, long-term treatment programs, and transitional living, and for those individuals to receive quality care and career services. He stated funding for these programs is a must if Kentucky expects to properly address reintegration issues.

Mr. Horn shared his personal story of active addiction and recovery, as he was a graduate of Isaiah House. He stressed the impact the long-term Isaiah House program had on his life and recovery. He stated consistent funding is a must, program requirements should be stringent, and programs should be state licensed and accredited.

In closing, Mr. Horn stated peer support, case management services, life skills and job support training, vocational and academic education opportunities, guaranteed opportunities for employment, and transportation to a workplace is critical. Drug screening, and staff that promote personal accountability. Continued wrap-around services are needed as clients head into transitional living. He added that all of these issues are able to be addressed in programs if there is adequate funding available. He added that sustainability for a comprehensive long-term program should come from the DMS fee schedule or a funding source like KORE.

Chairman Webber and Co-Chair Alvarado praised Isaiah House for their efforts and offered supportive comments on the work that is being done.

In response to a question asked by Senator Wise, Mr. Cox acknowledged that there is a stigma associated with addiction and treatment, and the key to getting past that stigma is building relationships with communities by showing them how the people in centers can become successful members of their community.

Dr. Tuyen T. Tran, Partner, Chief Executive Officer, 2nd Chance Center for Addiction Treatment, and Dr. Marvin A. Bishop, Partner, Chief Financial Officer, 2nd Chance Center for Addiction Treatment spoke to the Task Force about 2nd Chance Center for Addiction Treatment and the provider prospective for substance use disorder treatment programs. Dr. Tuyen stated that the name for the treatment center was chosen because they believe everyone deserves a second chance. The treatment center was established in 2012 by Dr. Tran and Dr. Bishop as a response to the addiction crisis. Dr. Bishop stated that the vision of 2nd Chance is that they will partner with community stakeholders to combat the opioid epidemic and alcohol use disorder at the local, state, and national level. The mission of 2nd Chance is to provide comprehensive evidence-based treatment in a dignified manner to patients afflicted with opioid and alcohol dependence.

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Dr. Bishop stated the program treats patients with dignity, uses evidence-based medical therapy, psychosocial therapy, peer support, and case management techniques such as providing transportation needs, housing needs, and direction on situations such as domestic violence or legal concerns. Psychosocial therapy is provided through individual and group counseling. Hazelden protocol is utilized in 2nd Chance Center for Addiction Treatment's psychosocial therapy. Dr. Tran stated peer support provides a great deal of credibility to the patients as they come in contact with people who have been where they are or were. Many patients begin to have the drive to get better so they can become peer support to others.

There is an average of 1,200 unique patients per month with approximately 2,200 average encounters per month. Specializations are offered at 2nd Chance as far as the use of Buprenorphine, Naltrexone, and Vivitrol medications.

Community collaboration with 2nd Chance is provided through several avenues. Jubilee Jobs assists in obtaining gainful employment for patients who have been stabilized. Dr. Tran stated unfortunately, many patients have some sort of ongoing or past domestic violence situation. Dr. Tran stated that 2nd Chance has partnered with The Nest Center for Women, Children, and Families to become involved in helping addicted women. Dr. Tran stated they have also collaborated with the College for Technical Education to help patients who are stabilized receive training needed to gain employment. Dr. Tran stated they have worked with StrongWell, a program that works with Medicaid to help pregnant patients. This is a special group of people who may need a little more than the traditional treatment model. Dr. Tran stated they have worked with National Alliance on Mental Illness (NAMI), and also Baptist Health bridge clinics in bridging the gap and further assisting patients. Instead of offering a bridge clinic, they were able to offer a definitive outpatient clinic. Inpatient consultation services were also offered.

The Journal of the American Medical Association (JAMA) did a comparative effectiveness retrospective study of 40,885 adults with opioid use disorder that compared

various treatment modalities. They studied people that did not have any treatment, patients that utilized inpatient detoxification or residential services, patients that did intensive behavioral health, patients that were prescribed Buprenorphine or Methadone, patients that were prescribed Naltrexone, and nonintensive behavioral health.

The JAMA study found that, in only treatment with Buprenorphine or Methadone, there was an Adjusted Hazard Ratio (AHR) of .24, and a 95 percent reduction ratio in confidence intervals (CI). After 12 months there was an AHR of 0.41, and a 95 percent reduction ratio in CI. In serious opioid-related acute care use there was an AHR of 0.68, and a 95 percent CI. At 12 months, the reduction of serious opioid-related acute care use for AHR is 0.74, and 95 percent for CI.

Dr. Tran stated the treatment with Buprenorphine or Methadone will save healthcare costs, reduce acute care use, reduce emergency department visits, and will save lives by reducing the overdose rates. Dr. Tran stated the OUD success metrics are measured by the initiation of pharmacotherapy upon new episodes of opioid dependence, the use of opioid dependence pharmacotherapy during a measurement year, the maintenance on pharmacotherapy for substance abuse, and outpatient treatment as a first line of defense for at least 90 days of treatment at the beginning of a new treatment episode. Dr. Tran added that success is also measured by the duration of outpatient addiction treatment for selected substance use disorder patients. Dr. Tran added that maintenance pharmacotherapy for opiate dependence at empirically based dosages is offered, filled, refused medication, or contraindicated. Success metrics are also measured on the counseling of psychosocial and pharmacologic treatment options for opioid addiction.

Rep. Bentley stated he understood a one size treatment for opioid use is impossible. He spoke to Dr. Tran briefly on detoxification treatment and several medications associated with it.

In response to a question asked by Co-Chair Alvarado, Dr. Tran stated he wishes there was more support with telehealth issues, and support for accessing telehealth in the rural areas of Kentucky. He added there is a barrier as the initial first appointment must be face-to-face if a controlled substance is to be prescribed, and he wishes there would be some leniency on that.

Dr. Tran stated another barrier is that there needs to be a way to get insurers to ease up on restrictions for quality treatment programs, as treatment approaches for clients are not the same. He stated he wished that professionals could use their judgement with treatment options.

Chairman Alvarado stated it is being discussed to allow for some changes that have been made because of the Covid-19 pandemic to remain permanent.

Karyn Hascal, Chief Executive Officer, The Healing Place stated The Healing Place was started in 1989 primarily as a homeless shelter. Ms. Hascal stated after working with the representatives from The Greater Louisville Medical Society, it was quickly realized that one of the greatest problems facing homeless individuals was alcoholism and other substance abuse. Because of this, The Greater Louisville Medical Society founded what is the Healing Place today. At its inception, there were only 80 beds available.

Currently there are over 1,000 men and women patients that receive services daily through The Healing Place. There are 690 patients at the Louisville Men's Campus, 250 patients at the Louisville Women's Campus, and 102 patients at the Campbellsville Men's Campus. Ms. Hascal stated outpatient programs are also offered.

There have been 70,466 overdose deaths in the United States in 2019. Of those deaths, 1,316 were in Kentucky. There has been a 5 percent increase in overdose deaths in 2020. One in five people that are incarcerated are incarcerated for a drug offense. There are approximately 29 percent-50 percent of workers that report substance abuse issues for alcohol, or recreational and prescription drugs.

The Healing Place is a social model recovery program. The Recovery Kentucky initiative founded in 2015, was based on a model that was designed at the Healing Place. The services are provided at no cost to the client. Traditionally, the treatment is long-term, meaning six months or more, however, most people stay up to 12 months.

The Healing Place offers a range of services from detoxification, transitional living, employment, and reentry back into the community. Ms. Hascal stated they believe strongly that services need to be available to people when they need them. She added that most recently The Healing Place significantly expanded capacity in detox programs, as that is where the journey starts for some people. She added that all of the programs offered at the Healing Place are non-medical. She stated that, if needed, they do use Vivitrol in long-term residential programs. Ms. Hascal stated that at any time there are 100-150 people using Vivitrol in The Healing Place. The care provided by The Healing Place is available 24 hours a day/seven days a week. Ms. Hascal stated that heroin and cocaine use has declined in the previous years, but there has been a spike in methamphetamines. Alcohol use has remained consistent.

The Healing Place program is a 12-step based program, that offers a variety of peer-driven activities. The Healing Place also offers a program for homeless and addicted veterans. In the last five years outpatient services have been a priority. The Healing Place outpatient services are offered through Recovery Louisville, a division of The Healing Place. She added The Healing Places is able to provide housing for all the people that are in the intensive outpatient programs.

The Healing Place offers a residential social model recovery program where addiction alcoholics help one another, the traditional program is a 6-9-month program. Ms. Hascal stated that 90 percent of staff are in recovery. It costs $30 per day to feed, clothe, and house a client.

In response to a question asked by Co-Chair Alvarado, Ms. Hascal stated she would recommend that the continuing of supportive services is considered. She added that as people move through the process, supportive services often have a short time limit around them, and looking at the disease as an acute event, rather than a process, is damaging. She added that it is essential to have ongoing services attached to housing that continue to provide necessary treatment for individuals. She stated that the transitional time is the most critical time, and ongoing support and housing is crucial. She stated transportation needs are also challenging for people in recovery.

Dr. Alex Elswick, Co-Founder, Board Member, Voices of Hope, provided the Task Force with information on Voices of Hope. He stated the mission of Voices of Hope is to promote life-long recovery from the chronic disease of addiction through recovery support services, advocacy, research, and education. Dr. Elswick shared his personal story of addiction and recovery.

Dr. Elswick stated Voices of Hope is responsive to the needs of the recovery community by using a top-down and bottom-up approach. Voices of Hope uses research and evidence-based practices. Voice of Hope uses a Community Advisory Board, and routine town hall meetings to approach the issue and receive feedback. He stated partnerships with the University of Kentucky are extremely crucial in Voices of Hope achieving its goals.

Dr. Elswick stated that one of many challenges is that most people will not go to treatment and therefore exist in a gap. Voices of Hope strives to stand in that gap and reach out to people who need recovery services. Another challenge faced is that addiction is a chronic disease, however treatment seems to be acute care. Voices of Hope provides long-term care in a community setting. A third challenge is that there are many paths to recovery, but abstinence, the most pushed path, is not the normative path to recovery.

To elaborate, Dr. Elswick stated in reference to the treatment gap, that most people will not be engaged in treatment. He stated there are approximately 23 million people in the United States with a substance use disorder, and of them, only 10 percent will receive treatment this year. Unfavorable contact such as arrests, overdoses, and hospitalizations tends to be the way engagement with people with substance use disorders first occurs. This only makes the outreach of treatment even harder. When we wait for people with a substance use disorder to come to treatment or recovery, 90 percent of them go untreated.

To further the second point of addiction being a chronic disease that is mismatched with acute care, Dr. Elswick stated that people may be fully recovered after five years in recovery, however, traditional treatment models provide services for one month to 12 months, and as a result there is a gap in care from that several month care to that five year span where they may likely be fully recovered. In that gap, 40-60 percent of people will relapse. He added that there is a drastic need for community-based and post-treatment support.

Dr. Elswick elaborated that there are many paths to recovery and that abstinence is not the normative pathway to recovery. He stated that most people who will not be engaged in treatment do not want to be abstinent. Of those 90 percent of people who will not get treatment, 96 percent felt they did not need it, and 38 percent did not want to be abstinent. Unfortunately, the current treatment paradigm is almost exclusively abstinence based. Dr. Elswick added that the gold standard for treating OUD is FDA-approved medications such as Buprenorphine, Naltrexone, Methadone, etc. Unfortunately, there is a tremendous amount of stigma from medical providers, the public, and particularly, the recovery community which creates barriers to accessing treatment.

Voices of Hope's solution is to engage people who exist in the gaps within the continuum of care, support life-long recovery from addiction, and to support all pathways of recovery.

Voices of hope believes in the power of peers, as peers have "been there." Dr. Elswick stated Voices of Hope peers help individuals build recovery capital and are an integral part of the behavioral health workforce. Peer services reduce substance use, improve treatment adherence, reduce hospitalizations, improve relationships with healthcare providers, increase hopefulness, improve quality of life, and increase community integration.

Recovery coaching and telephone recovery support is also provided at Voices of Hope. This helps participants meet their goals, and provides weekly check-in calls to offer social support and access to resources. Dr. Elswick added that in 2019 there were 12,000 telephone recovery support calls made. Also, in 2019, $6,000 in scholarships were distributed to people impacted by addiction. In 2019, there were 3,588 square feet added to the recovery community center, and 1,566 attendees attended sober social activity events. Lastly, in 2019 there were 408 recovery coaching participants served, 18 people in recovery assisted by the Benevolence Fund, and four participants in the Employment Readiness Internship who achieved employment with the Voices of Hope.

Dr. Elswick concluded by stating the Voices of Hope's vision is to have a community supporting people impacted by addiction.

In response to a question asked by Chairman Webber, Dr. Elswisk stated that more treatment dollars are always needed, and that the value of meaningful community- based support should be realized.

With no further business to come before the Task Force, Chairman Webber adjourned the meeting at 5:15 P.M.