



# OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

November 14, 2019

## Meeting Minutes

Welcome & Introductions  
**Participants:** Seddon Savage, Rekha Sreedhara, Caitlin Duffy, Ashley Greenfield, Gail Parker, Chris Shambarger, Helen Pervanas, Jessica Parnell, Jeffrey Stewart, Jaime Powers  
**By Phone:** Joe Hannon, Andrea Meier

Agenda Item	Discussion	Action Steps
Review September and October Meeting Minutes	<ul style="list-style-type: none"> <li>September minutes accepted.</li> <li>October minutes accepted with two edits on the first page.</li> </ul>	
Syringe Service Programs  <i>Jessica Parnell, Director, Revive Recovery Resource Center</i>	<ul style="list-style-type: none"> <li>Jessica Parnell presented on the Syringe Service Alliance of the Nashua Area (SSANA). Highlights from the presentation include:               <ul style="list-style-type: none"> <li>The program is a collaboration between different organizations: Southern NH HIV/AIDS Task Force, City of Nashua DPHCS, Revive Recovery Center, and UMASS Lowell.</li> <li>Demand interactions are run through cell phone, which is answered M-F 9am-5pm. Direct deliveries are possible as long as they do not occur within 1000ft of a drug-free school zone.</li> <li>If one of four main partners can't respond, there is a team of 20 volunteers they can reach out to.</li> <li>The city has a van available for the program to use, and the AmeriCorps members are approved to use the van. Volunteers and staff can deliver in a personal vehicle or by foot.</li> <li>The program is trying to transition from an on-demand system to set locations, but does not currently have a bricks-and-mortar operation.</li> <li>They provide a variety of services, including naloxone overdose prevention and response education and safe disposal of used syringes.</li> <li>The local hospital allows them to drop off their sharps, so they don't pay for disposal.</li> <li>Funding is all through private donations, with no city money. However, sometimes the city will pay for supplies (e.g. first aid kits).</li> <li>They are set up as a 501(c)(3) under the Southern NH HIV/AIDS Task Force</li> <li>There is no limit to the number of needles that are distributed, but clients are asked that they return all needles. There is a return rate of approximately 60%.</li> </ul> </li> </ul>	<p>Seddon will clarify with Wendy on if she applied to the same grant as Laura but didn't win it.</p> <p>There will be a discussion on the lack of acute housing for women at the next meeting.</p> <p>Ashley will share Zach's testimony with CHI.</p>



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- 600 Narcan packages have been distributed since February.
- Clients have provided feedback asking that vans park down the street for drop offs instead of in front of their homes.
- Ashley G. shared that there is a legislative push to require hospitals to take sharps. Zach Conway is promoting the creation of regulations that encourage medical centers and hospitals to take sharps and remove needles from the environment and waterways. The cost of sharps disposal is astronomical, but the cost of disposing the syringes that public and SSPs bring in is negligible compared to what hospitals dispose of regularly. She added that nothing has been put into legislation yet, but that Zach recently testified on reducing waste in healthcare. Joe Hannon mentioned that he would be willing to work with legislators to craft a bill on the subject or to help find a sponsor for such a bill.
- Discussion included:
  - Jessica said a good amount of people are referred to treatment services, which she was able to see firsthand at her old position.
  - Jessica's program interacts closely with the NH Doorway because they rent an office from Revive and lease one of her staff's time. The NH Doorway wanted to enhance the work that was already being done in Nashua.
  - NH Doorway data was low from Nashua because there are only 3 full-time staff, and since there was already a successful system in Nashua, the focus and resources were put toward Manchester. Additionally, Nashua residents may be using other entry points to recovery.
  - There will be 12 male-only acute beds in Nashua at the Safe Station Program. There is no longer the respite on 45 High Street that was formerly operated by Harbor Health and Homes, as they lost funding in March and transitioned it into a safe station/stabilization unit, which is now also going away.
  - There is a concern now about the lack of acute housing for women in Nashua; there are plenty of long-care, sober living housing for women in Nashua.
  - Bed counts, particularly acute beds for women, is a big issue across the country and particularly in New England.
  - There are no acute beds at all in the upper half of the state.
  - The state has federal moneys for treatment and recovery housing, which will go out through BDAS as an RFP/RFA.



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Agenda Item	Discussion	Action Steps
<p>Review Opioid TF Strategies and Priorities</p>	<ul style="list-style-type: none"> <li>• By February, the Opioid Task Force will have to make a pitch for where the remaining \$2.3 million dollars in funding should be directed.</li> <li>• Seddon asked the group to identify the priorities of the Task Force. It was decided that the Opioid Task Force would like to focus the ask on:               <ul style="list-style-type: none"> <li>○ Developing a statewide system that can support SSPs so that they can do their work in perpetuity.</li> <li>○ Directing resources to increase the number of acute care beds for women in Nashua and all of New Hampshire.</li> </ul> </li> <li>• The Task Force discussed the possibility of focusing on MAT expansion in jails and protecting them from lawsuits. However, because MAT behind the walls is a national priority, it is likely that jails will be getting funding at some point in the near future. For this reason, and because NH is unique in that it has great SSP models around the state, the priority was selected to be SSPs. SSP funding was also considered a more realistic and accomplishable goal.</li> <li>• Discussion around MAT in the corrections system included:               <ul style="list-style-type: none"> <li>○ Dave Barry at the Sullivan County Department of Corrections and Paul Bergeron in Nashua would be interested in joining the conversation on MAT in NH jails.</li> <li>○ BDAS has been directing State Opioid Response (SOR) funds to prisons in NH, but no SOR money is going to jails.</li> <li>○ In Massachusetts, Essex and Middlesex Counties have MAT behind the wall.</li> </ul> </li> <li>• Seddon wants to create a cost-estimate of what is needed to run different models of SSPs (1-for-1 exchange, brick and mortar, mobile, compensated staff). Joe Hannon said he could share a cost-estimate of his program, Jessica said she would get a budget from Wendy, and Ashley will get a budget from Laura.</li> <li>• Seddon wants to schedule a meeting with EMS (Nick Mercuri and Justin Romanello, among others) to figure out how EMS can support SSP efforts without putting extra burden on EMS.</li> <li>• Jeffrey recommended being careful of scope creep and direct this effort at EMT A levels and above. He suggested we keep the proposal to EMS simple.</li> <li>• The partnership could include needle collection and needle exchange, and potentially simplified harm reduction (referring clients to local recovery organizations).</li> </ul>	<p>Ashley will create a graphic to show the relationship between hospitals, recovery centers, and SSPs.</p> <p>CHI will bring the Prevention Task Force Strategic Planning Budget Template to the next Opioid Task Force meeting to use as a model.</p> <p>Jeffrey Stewart and Joe Hannon will work on creating a budget for SSPs to present to the Commission in February.</p> <p>CHI will schedule a meeting to discuss role of EMS in SSPs expansion in NH.</p>
<p>NH Drug Monitoring Initiative – September 2019</p>	<ul style="list-style-type: none"> <li>• Discussion on the September DMI report tabled to the next meeting.</li> </ul>	



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Other Business & Sector Updates	<ul style="list-style-type: none"> <li>• There is no one to represent the DEA on the OPIOID Task Force at this time now that NH's 360 program was shut down.</li> <li>• Bedford, MA still has a 360 program, and Maine will be getting one soon.</li> <li>• Gail Parker is working with members of the DEA to find a representative to serve on the Task Force, and they are considering calling in when available.</li> </ul>	James Boffetti and Jeffrey Stewart will be added to the distribution and membership lists, and Gail Parker will now serve as a public member.
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**Next Meeting:** December 12, 2019 – 9:00AM-10:30AM // Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

**Call-In Information:** Call-In Number: 719-284-5949 // Pin: 55982