



# OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

January 9, 2020  
Meeting Minutes

Welcome & Introductions

**Participants:** Seddon Savage, Rekha Sreedhara, Caitlin Duffy, Kiera Latham, Lindsay Pierce, Amanda Hoag, Elizabeth Atwood, Djemi Lazarre, Matt Davis, Thomas Donovan, Jessie Daigneault, Chris Shambarger, James Boffetti, Eliza Zarka, Jeffrey Stewart, Joe Hannon, Ken Bradley, Jessica Parnell, Alex Casale  
**By Phone:** Nicole Rodler, Bridget Aliaga, Kerry Nolte, Beth Hughes

Agenda Item	Discussion	Action Steps
Review December Meeting Minutes	<ul style="list-style-type: none"> <li>December minutes accepted.</li> </ul>	CHI will post minutes on the task force webpage.
Syringe Service Programs  <i>Lindsay Pierce, Chief of Infectious Disease Prevention, Investigation and Care Services, NH DHHS</i>	<ul style="list-style-type: none"> <li>Lindsay Pierce presented on Syringe Service Programs in New Hampshire. Highlights of the presentation include:               <ul style="list-style-type: none"> <li>The passage of <a href="#">SB 234</a> allowed for SSPs in NH.</li> <li>Organizations that can operate SSPs in NH include: Federally Qualified Health Centers, Community Health Centers, Public Health Networks, AIDS Service Organizations, Substance misuse support or treatment organizations, and Community Based Organizations (which include hospitals and public safety).</li> <li>The legislation stipulated broad requirements for SSPs, some of which were to register with NH DHHS annually and share data with them on a quarterly basis.</li> <li>There is no requirement in the law for SSPs to be comprehensive.</li> <li>State general funds prohibited unless deemed necessary to prevent disease outbreak.</li> <li>Mt. Washington Valley Support Recovery Coalition registered this month for Conway and is the sixth program in NH.</li> <li>Program data is available on <a href="#">the DHHS website</a>.</li> </ul> </li> <li>Discussion included:               <ul style="list-style-type: none"> <li>We are not able to demonstrate an impact on HIV transmission in NH at this point in time, since we are new to our approaches. However, when looking at a controlled outbreak, you can see immediate impact.</li> <li>Tracking is a challenge for SSPs, even with tracking programs. There is no way to track referrals to services because it is a one-time data point.</li> <li>Lindsay noted that DHHS does not know what organizations are considering</li> </ul> </li> </ul>	



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establishing SSPs, or when, because DHHS is normally contacted when programs are looking for funding and not before.

- Kerry Nolte said that North Country Health Consortium, which is focused on harm reduction, is considering establishing an SSP in either Berlin or Littleton.
- There is no centralized planning structure for expanding SSPs.
- In reference to the Proposal for Expanding SSPs, it was noted that Plymouth would be the stopping point geographically under Project First.
- A community's EMS/Fire falls under the CBO category, which also encompasses medical entities like hospitals.
- The goal in limiting operating agencies was to prevent a business from setting up an SSP for profit, especially considering there is no DHHS oversight.
- Seddon clarified that expanding SSPs is an idea the task force is floating and not a firm proposal, and before making a firm proposal we would want to address concerns that have been raised by organizations that operate SSPs.
- Seddon asked if the threat of an epidemic could be used as a basis for funding, or how DHHS defines a threat. Lindsay replied that general funds are specific to control a disease outbreak over a certain threshold, the baseline for that particular disease.
- NH would not meet that threshold for endocarditis, since endocarditis is not reportable to the state, and they cannot use health systems data at this time. However, Dr. Ben Chan, the state epidemiologist, is looking at endocarditis through hospital discharge data.
- There has not been an increase of HIV infections, but rather we have seen more individuals being diagnosed with HIV who report IV drug use.
- Lindsay does not know of a data source that the state can use to use general funds for endocarditis. Additionally, endocarditis treatment surgery is very concentrated to certain areas of the state.
- Lindsay clarified that general funds can be allocated by the general court, or deemed necessary to control a disease outbreak (determined by Dr. Chan). The Governor would have to declare a state Public Health Incident to use the funds.



# OPIOID TASK FORCE

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<p>Governor's Commission Investment Recommendations</p>	<ul style="list-style-type: none"> <li>• Update on SSP Budget:               <ul style="list-style-type: none"> <li>○ All NH SSPs received funding from the Syringe Access Fund (AIDS United), which is ending in February 2020.</li> <li>○ This funding allowed for the purchase of syringes, so it is a big loss since other funding does not allow for that. Syringes are ~10% of an SSP's budget, but there are also restrictions around other injection supplies, bringing it to 25-40% of the budget.</li> <li>○ There will potentially be a funding gap even if the Governor's Commission decides to invest in SSPs, since a decision will be made at the end of February, and then the RFP process could take a while.</li> <li>○ Alcohol funds are a local tax, not federal, so they might be able to purchase syringes.</li> <li>○ Jeffrey gave an overview of Project FIRST, which is grant funded through SAMSHA and provides education to first responders and the community at large of opioid and SUDs. The program also expands naloxone distribution and works with organizations in the community to get people into recovery and utilizing treatment services. There is a proposal to combine Project First with SSPs.</li> <li>○ Jeffrey is putting together a budgetary template and is working on filling the cost gaps. He is looking for price points.</li> <li>○ Jessica Parnell will put together a supplies/materials/staff budget and will share it with Jeffrey. Jeffrey will send out a list of the data points he's looking for.</li> <li>○ Bridget Aliaga will talk to Laura with the HIV Resource Program to see what data she has and what she can share.</li> <li>○ Elizabeth Atwood is the temporary contact for Keene GROW.</li> <li>○ The Investment Recommendations Template needs to be submitted to the chair of the Commission by Feb 10<sup>th</sup>.</li> <li>○ Kerry raised concerns about the proposed model. The desire to provide harm reduction services comes from a respect for anonymity and engagement. Rolling something out across multiple sites brings up the question of each site's thoughts on SSPs and harm reduction and routine and supportive non-judgmental care and treatment. She noted the difference between a SSP and simple syringe provision. Carrie would like to be involved in the discussions on this proposal moving forward.</li> <li>○ Seddon noted that the model was made to address the limited geographic distribution of SSPs, though there is now some organic expansion towards the North Country.</li> </ul> </li> </ul>	<p>CHI will ask Annette if Alcohol Funds can be used to purchase syringes. It was noted that, since they fall under other funds, it is likely allowable.</p>



# OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

	<ul style="list-style-type: none"> <li>○ The idea to utilize EMS came up after Jonathan Ballard’s presentation on his experience in Kentucky, where almost overnight they covered the state in SSPs by using already in-place public health infrastructure. In NH, EMS/Fire are already trusted in communities.</li> <li>○ Over the last 10 years, EMS has been expanding into community-based paramedicine, utilizing mobile-integrated community medicine.</li> <li>○ Jeffrey Stewart shared that there are people with lived experience on Project FIRST, and more and more public safety personnel are coming forward and disclosing lived experience.</li> <li>○ Project First was selected as an entry point to EMS since they are already engaging in SUD, and they conduct proper training.</li> <li>○ Law enforcement has gotten involved with community outreach, partnering with public health. Ken is canvassing the state and identified some pretty substantial programs across the state involved with harm reduction. He and Kiera are going to put a report together and will present to HIDA and CDC on the outreach being done across state.</li> <li>● Update on urgent housing for women:             <ul style="list-style-type: none"> <li>○ Seddon will bring up the issue at the Governor’s Commission and ask for information on how the funding was allocated. She will note that there are 2 organizations poised to provide those services if funded.</li> </ul> </li> </ul>	
<p>NH Drug Monitoring Initiative – October and November 2019</p>	<ul style="list-style-type: none"> <li>● Manchester and Nashua numbers were down at the end of 2019</li> <li>● Overall Manchester overdoses were down 19%. Nashua’s were down 16%.</li> <li>● Safe station visits were down 6% for the year.</li> <li>● In 2020, deaths in Manchester are up 10%, and in Nashua are up 6%.</li> <li>● There will be a deep dive into this data at the next meeting.</li> </ul>	<p>Governor’s report on other opioid initiatives in the state – 10 minutes on the agenda</p>
<p>Other Business &amp; Sector Updates</p>	<ul style="list-style-type: none"> <li>● Ken Bradley shared that all reports on MAT in the Department of Corrections have been completed, and he is willing to present the findings to the task force.</li> <li>● MA recently opened two OTPs behind the walls.</li> <li>● Educational opportunities: DH has openings in ECHOs. One is on SUD-integration into primary care and begins next week with space still available. One begins next month and looks at SUDs, mental health, and violence in schools, focused on helping students.</li> </ul>	

**Next Meeting:** February 13, 2020 – 9:00AM-10:30AM // Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

**Call-In Information:** Call-In Number: 971-332-8303 // Pin: 55982