



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Seddon Savage

December 12, 2019

Meeting Minutes

Welcome & Introductions
Participants: Seddon Savage, Rekha Sreedhara, Caitlin Duffy, Eliza Zarka, Joe Hannon, Chris Shambarger, Natasha Davis, Jeffrey Stewart, Kiera Latham, Ken Bradley, Jocelyn Goldblatt, Helen Pervanas
By Phone: Nicole Rodler, Beth Sargent

| Agenda Item | Discussion | Action Steps |
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| Review November Meeting Minutes | <ul style="list-style-type: none"> November minutes accepted. | CHI will post minutes on the task force webpage. |
| Syringe Service Programs <i>Jocelyn Goldblatt, Executive Director, GROW Syringe Services</i> | <ul style="list-style-type: none"> Jocelyn Goldblatt gave an overview of GROW Syringe Services. Highlights of the presentation included: <ul style="list-style-type: none"> GROW Syringe Services, whose base organization is Keene Serenity Center, applied for AIDS United funding which helped them purchase SSP materials. They operate a mobile model because they also serve clients in recovery and syringes can be a trigger. Their kit includes 2 syringes, tests strips, tourniquets, alcohol pads, cookers, and vitamin C packets among other items. Naloxone is an optional add-on. The AIDS United endowment is going away, so GROW Syringe Services is looking for new funding. They are looking into the NH Charitable Foundation, which paid for syringe service disposal when their local hospital (Cheshire Medical Center) declined to take their sharps. It was noted that Southern Medical Center and Dartmouth Hitchcock take the sharps of their areas' SSPs. Instead, GROW contracts with Stericycle for disposal. They also help to dispose the sharps that their local Fire Department collects. It was noted that if the Fire Department were connected to EMS, regulations stipulate they should have a medical-resource hospital assigned to collect sharps. To verify how many sharps are being returned, Joe Hannon with Queen City Exchange recommended counting how many syringes are in each size red container and how many fit in regular Gatorade bottles and other commonly-seen containers. Joe Hannon also recommended having the clients pour out the syringes themselves into the counting container because sometime their containers will come with trash at the bottom to pad the return numbers, which can add disposal weight and therefore cost. | CHI will invite Beth Daly to come speak about the work DHHS is doing around SSPs in January. |



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- GROW has a 91% return rate, but are a new program and still dealing with black market syringe sales in the area.
- GROW has served 300 individuals, including secondary distributions.
- There have been 27 self-reported overdose reversals.
- They do not offer HIV testing kits but are partnering with the Discern Study to meet this need.
- They have a good relationship with their Doorway and have had 69 referrals so far.
- Keene Serenity Center offers a HAV clinic once a month.
- GROW provides coaching through grant funds, and clients are referred to the Serenity Center.
- GROW has one paid staff member through AmeriCorps, but otherwise have volunteers. GROW could use 2-3 FTEs, about \$40/hour total for 2 outreach staff.
- To continue their work next year, they need \$15,000. This amount includes the cost for supplies, materials, disposal, and a volunteer stipend for volunteers. This number is smaller because of the size of their program.
- On the other hand, for 5-months of operation, SSANA sought \$130,000. Queen City Exchange also needs about \$30,000 per program for the next year, due to a 28% budget gap from the loss of AIDS United funds.
- Keene partners with the Mothers in Recovery program at Cheshire Medical Center.
- Lessons learned from the 6 months of operation:
 - Excellent outreach workers are not always equally skilled at data collection and entry.
 - Fitpacks were being returned – okay because most didn't like the type they got anyway.
 - Fairly equal distribution of syringe gauges and length preferences.
 - Must have specific print out for volunteers putting kits together.
- Discussion Included:
 - Portland Maine had 2 FTEs a few years ago to provide 100,000 kits per year.
 - Volunteer burnout rate is high for Queen City Exchange.
 - Working in Syringe Service Programs to City budgets would be difficult, but it is possible that they could be incorporated into more robust hospital budgets. SSPs save hospitals on uncompensated care costs. Seddon is meeting with EMS representatives this afternoon to see how their relationships with hospitals can be best leveraged to support SSPs.



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| | <ul style="list-style-type: none"> ○ Dave Mara said that cities like Manchester are worried about their reputations when it comes to homelessness populations, but that data and statistics backing SSPs (including return rate and treatment referrals) would be important to present to city officials. ○ CDC data shows that in cities with SSPs, there are 86% fewer syringes on the street than in cities without SSPs. | |
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| Agenda Item | Discussion | Action Steps |
| Funding Priorities | <ul style="list-style-type: none"> ● Task Force members agree that it would be important to expand SSP services. The Governor's Commission will meet in February to determine how to spend the \$2.3 million residual funds. ● Jeffrey Stewart is putting together an example SSP budget by January 9th that includes brick-and-mortar/mobile operations and unit cost of materials that can be scaled by number of people served. It will include cost for staffing, volunteer and paid. Costs could include: <ul style="list-style-type: none"> ○ Mobile van ○ Kit materials (including water) – costs QCE \$2.11 for a kit that includes 20 syringes. ○ Water ○ Syringes (around 10 cents apiece) ● Wendy LeBlanc with the HIV Task Force is the Vice President of Harbor Homes and runs the SSANA program and would be beneficial to include in this conversation. | SSP Directors will send Seddon a budget of what it costs to run their program in the last year by January 9 th . |
| Discussion on Lack of Acute Housing for Women | <ul style="list-style-type: none"> ● Gatehouse is starting a respite with male-only beds. ● Nashua needs a respite for women as well. ● Rise Above in Nashua has available space for a respite (they have houses in Nashua) and has a plan in place, but needs funding – approximately the same amount Gatehouse received. ● Dave Mara shared that the reason the contract went to male-only beds is because this was an identified gap in stabilization and respite beds; he recommended presenting stats on wait times for women and the number of women who seek respite beds. ● Michelle B. from Rise Above and Jessica Parnell would be the points of contact for this conversation, and Kerry Norton from Hope on Haven Hill. ● Dave Mara will bring this issue to DHHS, along with the fact that there is a need state-wide for respite beds, male and female. However, he noted that New Life Home Residential Program in Manchester offers transitional housing for families. ● Seddon wants to try to address this issue without asking for funding because last year the Governor's Commission approved funding to go to recovery and respite beds, so more funding is unlikely to pass. These RFPs will come down through DHHS, and Lindy Keller is a good point of contact for any questions. | |



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| NH Drug Monitoring Initiative – September 2019 | <ul style="list-style-type: none"> NH Drug Monitoring Initiative Report discussion tabled to next meeting when more recent data is available. | |
| Other Business & Sector Updates | <ul style="list-style-type: none"> Seddon Savage asked that Dave Mara bring back updates from other opioid-focused groups around the state, including the Opioid Prescribing Group and the Opioid Data Group. The Opioid Prescribing Group are making a report that will be out soon related to opioid prescribing. The data collected by the Opioid Data Group will go into a real-time data dashboard. The people on this group are those with knowledge of and control over data sources. Dave Mara shared that there will be legislation coming out for a drug death fatality review board (NH already has child and domestic fatality review boards). When an overdose occurs, they will look at different factors surrounding the case (did they have surgery and get a prescription, did they seek treatment, how many times did they overdose, etc). | |

Next Meeting: January 9, 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