



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

October 8, 2020

Meeting Minutes

Welcome & Introductions

Members present: Seddon Savage, Lauren Chambers, Kathy Bizarro- Thurnberg, Ken Bradley, Ryan Fowler, Stacey Lazzar, Helen Pervanas, Sara Cleveland (as proxy for Jaime Powers), Nicole Rodler, Chris Shambarger, Jeffrey Stewart, Dave Mara,
Members not present: James, Boffetti, Alex Casale, Kate Frey, Joe Hannon, Matt McKenney, Kiera Latham, Paula Mattis, Nick Mercuri, Judge Tina Nadeau, James Potter, Jaime Powers, Chief Denise Roy, Eliza Zarka, Patricia, Tufts
Public participants: Sanyu Nabwami, Paula Holigan, Lynne Sullivan, Mark Cioffi, Joe Lindbeck, Jenny O’Higgins, Scott Brizard
JSI/CHI Staff: Adriana Lopera, Anna Laurence

Agenda Item	Discussion	Action Steps
Welcome and Introduction with approval of September minutes	<ul style="list-style-type: none"> Helen Pervanas motioned to approve September meeting minutes. Jeffrey Stewart seconded motion to approve September meeting minutes. Quorum was not reached, approval of minutes will take place at the next Task Force meeting. 	<ul style="list-style-type: none">
Drug Monitoring Initiative Update- Review of 2019 Overview - <i>Kiera Latham</i>	<ul style="list-style-type: none"> The review of 2019 overall drug monitoring initiative data will be deferred to the next Task Force meeting as Kiera Latham was not able to attend this meeting. The August DMI report will be shared after the meeting. 	<ul style="list-style-type: none"> JSI will share the August DMI report following the meeting



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

New Hampshire Opioid Data Presentation and Discussion – Jenny O’Higgins

- Jenny O’Higgins shared opioid trend data during COVID-19 presentation
- The Task Force is most interested in databases that are being tracked in the data
- The data in the presentation comes from Community Mental Health Center (CHMC) data, Doorways NH, Suicide Prevention Hotline, Veterans Crisis Line, Disaster Distress Helpline, and Claims Data
- Community Mental Health Center data is pulled by week. Week 11 is when New Hampshire declared a pandemic and state of emergency. Weeks 11 and 12 are critical to look at in the data
- Seddon Savage mentioned that the timeline of events only goes through the end of March and questioned if there are events subsequent to that that are sentinel in tracking COVID-19 data. Jenny O’Higgins noted that the slides need to be updated as there is significant lag time in getting the data, particularly with claims data, which you wait 60 days to receive.
- Jenny O’Higgins noted in terms of the timeline, we need to think about when some of the emergency orders went into place and what has happened in the state since to see if there were significant events during that time. When the executive order went into effect, telehealth services expanded and CMHCs were able to ramp up their services. The data starts at zero, since telehealth was not a service location until March 2020. Clients are getting the same number of services across any week compared to 2019, telehealth plays a large role in this. The number of visits is not dramatically different, but the number of units, based on engagement differs.
- The Doorways data presented shows the number of individuals served both in person and by phone, clinical evaluations completed by the Doorways by month. There was a dip in the data but we have seen the data come back up.
- Jenny O’Higgins presented Naloxone distribution data by Doorways. There was a dip in naloxone distribution, which was particularly concerning. DHHS has weekly conversations with Doorways to discuss different ways to make sure naloxone is getting into the communities. The data shows an increase in distribution in August based on these conversations. Distribution from the NH Harm Reduction Coalition also brings that number back up.
- Jenny O’Higgins presented Suicide Prevention Lifeline monthly call volume data.
- Jeffrey Stewart raised a question regarding veterans and suicide numbers and whether this number just reflects telephone calls as opposed to text and chat data.
- Jenny O’Higgins noted that the Veterans data is strictly telephone data. She has not seen text

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OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

data yet. The Veteran line is pulled out to specifically monitor that population. Looking at total call volume by month. It looks like there is a slight trend upwards in 2020. At this point, they had not seen a significant increase in call volume until August.

- Jenny O'Higgins presented Disaster Distress Helpline monthly call volume from NH. The suicide call line usually sees a decrease when disaster distress helpline is utilized. We did initially see suicide call line decline, which was accounted for by the disaster distress helpline. We are now seeing a decrease in disaster distress helpline, but increase in suicide prevention helpline.
- Seddon Savage noted that in NH we have widely emphasized calling 211.
- Jenny O'Higgins mentioned we do also receive data from 211 about calls from reason type, but there are so many reason types that is difficult to see all of them. This may be interesting to information to have Lauren McGinnley from 211 present on.
- Jenny O'Higgins presented Pharmacy Utilization Impact data. This data is pulled out by substance use disorder. There was a slight pharmacy uptick pre stay at home order. Counting prescriptions, not including methadone.
- Kathy Bizarro-Thurnberg questioned whether the pharmacy data is this Medicaid only data. Jenny O'Higgins confirmed that the data is only Medicaid data. Kathy noted that this is only one segment of our population and utilization could be different from the general population.
- Seddon Savage raised a question on how DHHS is using this data. How do you see it being utilized or how is it being utilized?
- Jenny O'Higgins noted each division across DHHS has been collecting data on populations that they serve. They are looking at data collectively internally to see where there may be gaps in services and ensure that services are equitable. DHHS meets with SUD and CMHC providers regularly to find out how DHHS can best support providers and challenges for how providers are serving clients.
- Seddon Savage asked whether the data was being shared with providers.
- Jenny O'Higgins confirmed that CMHC data is presented out to the CMHCs.
- Seddon Savage noted that if the NH Harm Reduction Coalition knew about the data showing reduced naloxone distribution, they would be able to act on this data. How can we make sure the public and private entities that are working on these issues and ensure they are able to access data that they need to create action?



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

	<ul style="list-style-type: none"> • Jenny O’Higgins noted that currently the data is not posted anywhere but that DHHS works directly with local entities to address trends seen in the data, such as working with the NH Harm Reduction Coalition in August when the data showed a decrease in naloxone distribution. • Ryan Fowler mentioned that it would be good to share naloxone distribution information publically. When you see dip in naloxone distribution you seen an increase in fatal overdoses and hospital budget cuts during a public health crisis. Additionally, having other access to naloxone that isn’t contingent on hospital budgets would help regions access naloxone. • Jeffrey Stewart added that Project FIRST has naloxone distribution. The dip in the graph tracking distribution is contrary work done by Project FIRST which saw a significant increase in naloxone distribution. • Jenny O’Higgins noted the data shared is not the full picture since it only includes Doorways. There were an additional 1700 kits disbursed not included in the Doorways data. • Seddon Savage asked if this specific DHHS work is interfacing with Governors Commission Data and Evaluation Task Force. Jenny O’Higgins confirmed that they are not. • Seddon Savage sked if there has been discussion of having reports on a periodic bases from people working more deeply with this data, to have more finalized data submitted to Jenny O’Higgins • Ryan Fowler raised the question about whether there were any concern within BDAS regarding the incoming Medicaid rate increases for substance use providers in January given the increase Medicaid utilization and tax revenue shortfall. Should we be concerned about this at all given the data that was just shared? • Sara Cleveland did not have any updates at this time regarding Ryan’s question, but did confirm that BDAS is also aware of the concerns. • Seddon Savage noted that Ryan’s question is also a concern on the Healthcare Task Force. 	
<p>Discussion on Future of Opioid Task Force mission</p>	<ul style="list-style-type: none"> • Seddon would like to think about whether the Task Force needs to revise our mission and noted the Task Force is not fully engaged with many of the other key opioid efforts happening in the state. • Seddon discussed with Patrick Tufts about how the Task Force can optimize their work. The group could serve as a convening group with representatives of key agencies and initiatives in the state working to find solutions. Since this group formed, there have been new groups that 	<ul style="list-style-type: none"> • Seddon will have further conversations with Dave Mara, Patrick Tufts, and Jaime Powers



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

	<p>are not represented on the Task Force. None of the groups meet regularly to talk about strategies and alignment of initiatives.</p> <ul style="list-style-type: none">• Seddon shared draft charter document for discussion, thinking about how we can reposition ourselves to coordinate key initiatives across the state.• Seddon Savage would like to see leadership from the law enforcement and DEA on the supply reeducation side as well as fresh leadership from the demand reduction side. Seddon proposed we reduce task force members for high level representation from engaged groups with bi monthly meeting.• Other entities mentioned to include in the Task Force included: Doorways, State Opioid Response, Drug Overdose Fatality Review Committee, Opioid Prescribing Advisory Council (OPAC), Settlement Trust Fund Oversight committee• Dave Mara would be willing to help coordinate with any state agencies/groups.• Seddon Savage will set up a meeting with Dave Mara, including Patrick and a representative from BDAS (Jaime). Meeting to determine that we have the best task force structure to support to the governor's commission.• Helen Pervanas agreed that the Task Force should add agencies and representatives from other agencies to make the group more robust.• Ken Bradley noted a study done on methamphetamine in the state. Fentanyl is still a problem but methamphetamine is going to surpass fentanyl. Ken noted this should be incorporated into the agenda of the Task Force.• Seddon Savage mentioned opioids have recently been a devastating challenge in the state and primary contributor to overdose deaths. The Governor's Commission task forces address substance issues across the board, including methamphetamine. Opioid Task Force was created because opioids were seen as a primary challenge. If opioids fade out, perhaps the Task Force could also focus on methamphetamine.• Mark Cioffi agrees that Ken's comment is consistent with what has been seen at the Prescription Drug Monitoring Program. They have seen prescription opioids decrease and prescription methamphetamines increase.• David Mara mentioned OPAC is not just focusing on opioid prescribing, but prescribing practices in general since the drug environment is changing and the state needs to change to keep up with	<p>about the Task Force's focus.</p>
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OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

	<p>it and ahead of the issue.</p> <ul style="list-style-type: none"> • Ryan Fowler agrees with Ken and David. This is an urgent issue with stimulants. Providers don't know much about stimulants and there is a need for training providers on stimulants. A stimulant specific group is needed to update treatment systems and train providers and update information on stimulants. • Sara Cleveland seconds what Ryan noted. People in need of more information and more training around stimulants • Jenny O'Higgins mentioned that the second SOR grant that the state just received includes stimulants, including training and education dollars. 	
Legislative Updates	<ul style="list-style-type: none"> • None currently. 	
Other Business & Sector Updates	<ul style="list-style-type: none"> • The second round survey of impact of substance use on New Hampshire was completed and will be circulated end of October or early November • Investment recommendation proposal for tele-education will be submitted to the Governor's Commission and discussed on October 23rd Governor's Commission meeting. • Nicole Rodler motioned to adjourn meeting. Chris Shambarger seconded motion to adjourn. 	

Task Force Chair: Seddon Savage

Next Meeting: November 12, 2020 – 9:00AM-10:30AM // Community Health Institute (Virtual Meeting Only)

Zoom Information: <https://jsi.zoom.us/j/601328716?pwd=ZmlTaVVJVkdhWTxb2FsQWNnVFBxZz09>

Meeting ID: 601-328-716; **Password:** 394029