



OPIOID TASK FORCE

Governor's Commission on Alcohol and other Drugs

February 11, 2021
Meeting Minutes

Members present: Seddon Savage, Ken Bradley, Chief John Bryfonski, Alex Casale, Mark Cioffi, Sarah Cleveland, Ryan Fowler, Kate Frey, Joe Hannon, Paula Holigan, Donald Hunter, Anna Thomas (Proxy for Stacey Lazzar), Helen Pervanas, Chris Shambarger, Jeffrey Stewart, Eliza Zarka (ad hoc member)
Members not present: James Boffetti, Lauren Chambers, Kiera Latham, Matthew McKenney, Nicole Rodler, Dave Mara,
Public participants: Kerran Vigroux, Megan Schiavone, Alexander Manjounes., Elizabeth McGowan, Liz Quinn, Melissa Magdefrau, Michaela Hedberg, Mina Alrais, Palana Belken, Syndey Lewis, Tonoka Batts-Settles, James Potter
JSI/CHI Staff: Adriana Lopera, Anna Laurence

Agenda Item	Discussion	Action Steps
Welcome and Introduction	<ul style="list-style-type: none"> Anna Thomas attended as proxy for Stacey Lazzar. Quorum was reached. 	
Review and Approve January Meeting Minutes	<ul style="list-style-type: none"> Chief John J. Bryfonski motioned to approve the January meeting minutes, Sara Cleveland seconded the motion to approve the meeting minutes. There were no comments on the minutes and a unanimous vote for approval of the meeting minutes. 	CHI will post the January meeting minutes to the task force web page.
Legislative Updates – <i>Kate Frey</i>	<ul style="list-style-type: none"> Kate Frey, New Futures, presented report on the latest Legislative updates. A few notable bills include, a bill regarding standards for a mental health court, aiming to establish mental health courts similar to drug courts; Bill HB602 relative to the reimbursement for telemedicine, this bill would limit telemedicine to video calls Two other bills of interest to the task force. Bill HB420, an act relative to the use of funds in the drug forfeiture fund. Bill HB603 an act relative to manslaughter and the use of deadly force in circumstances involving the sale or use of controlled drug or controlled drug analog. One alcohol related bill that New Futures is following, is aiming to help small business manage sales during the pandemic by loosening food sale quotas for stores that sell alcohol. 	
Investment Recommendation to Governor’s Commission	<ul style="list-style-type: none"> The Governor’s Commission works on prudent allocation of funds from the alcohol fund, the Task Force is asked to make funding recommendations about every four months. The Treatment Task Force is putting in a large training grant focusing on trauma informed care, for substance use disorder, brain injury, compassion fatigue, and harm reduction. <ul style="list-style-type: none"> As part of that request, the Opioid Task Force requested \$150k in funding for 	



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methamphetamine training for law enforcement and EMS.

- Paula Holigan is working on two different methamphetamine training for first responders and safety personnel. One would be an online class, Methamphetamine Signs and Symptoms. A second is more in depth training. These training are specifically for first responders and safety personnel, but a lot of the training could apply to health care and public health workers as well. HIDTA nationally is also working to produce a training through the Overdose Response Strategy (ORS) for public safety and public health networks. The training focusing on the signs and symptoms of methamphetamine use as well as interventions. This training would be nationally available.
- Chief Bryfonski noted that methamphetamine can have huge impacts on children and families and suggested that perhaps the funding could be earmarked for DCYF and those working on child welfare and domestic violence issues related to methamphetamine.
- There was discussion around the lack of coordination and lack of a collecting point for this type of educational information. Current efforts may reinforce silos and cause mixed messages and potentially issues down the road. There is opportunity for coordination and pooling of all this information.
- Seddon Savage will add two notes to funding recommendation recommending that:
 - The same funding be redirected to provide education for DCYF and other family and child engaged workers on methamphetamine use and how to identify and address the collateral damage for children and families including domestic violence, child neglect or endangerment, and others.
 - Whenever reasonable, methamphetamine educational offerings (whether in person, online or involving disseminated materials) be aimed at interprofessional audiences rather than for individual professional siloes (e.g., healthcare, first responders, treatment providers etc.) so that attendees learn from each other and develop more collaborative pathways of care and so that unnecessary duplication of efforts does not occur.
- The Prescription Drug Monitoring Program (PDMP) has a pilot project with Monadnock Youth Coalition investigating opioid use with youth ages 14-24. Through this work the PDMP found that prescription fills for methamphetamines are 5 times those of opioids in the Monadnock region.
- The Task Force will discuss gaps and needs for funding at our next meeting. Paula Holigan



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	<p>mentioned that Project First is losing funding going forward and this may be worthy of consideration.</p>	
<p>Data Sets</p>	<ul style="list-style-type: none"> • Donald Hunter presented information on Doorway data. State Opioid Response (SOR) funding grant awarded to the state in 2018. SOR funds are utilized through a Hub and Spokes system with nine regional Doorways (Hubs) and a community provider system (Spokes). Collect a variety of data about the Doorways. • A few highlights from the data that Donald Hunter presented include: <ul style="list-style-type: none"> • The number one reason clients contact the Doorways is due to opioids, followed by alcohol (even though SOR does not fund treatment for alcohol, doorways can refer those with alcohol related to appropriate services), third reason is methamphetamine. • The data only reflects the primary reasons for seeking services and does not reflect polysubstance use. Since polysubstance use is responsible for most overdose deaths, it would be interesting to see data comparing polysubstance use to one drug. • In quarterly data, there has been a significant dip in the distribution of naloxone kits. Treatment referrals has remained consistent other than an initial COVID related dip. Most of the naloxone in the community is being administered by individuals in the community and there are still a number of distribution points for naloxone not captured in the data. • When looking at the type of services that patients are referred to, the prevalence of residential services and outpatient services has flipped with more outpatient services being provided • The SOR data is collected from each Doorway completing a master template for data collection each month. • The Prescription Drug Monitoring program may have some data to contribute around MAT data and controlled substance prescription counts across the state. • The Task Force discussed a lack of coordination with state and federal programs. The data for the Doorway is specific to Doorway efforts, not all prescriptions and use of substances. The Doorway data only shows a fraction of MAT data. The DHHS dashboards will aim to reflect and show result of combined efforts. Suggestions for data collection can be sent to Don Hunter. Two suggestions discussed included quality and feedback pieces that seem to be missing from the data. • Seddon Savage shared a Data Crosswalk that the Task Force is working on to identify all the data 	<p>CHI will send out information for next Data and Evaluation Task Force Meeting</p>



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	<p>that we are aware of related to substance use in the state. The crosswalk outlines types of data, who is compiling data, how the data is reported, and whether the data is publicly available or not.</p> <ul style="list-style-type: none"> • Datasets that have not been presented to the Task Force, include TEMSIS and Controlled Drug Force Information. The TEMSIS data is only available to EMS. There were hopes of releasing a public dashboard on this data but that would require a change in legislation. The Task Force agrees that they should advocate for change in this legislation to make EMS data more widely available. Paula Holigan will look into whether the TEMSIS can be presented at a Task Force meeting. Ken Bradley will look into what data can be shared on what drugs are being trafficked in the state. • DHHS Wisdom website includes opioid related data and is publicly available. 	
<p>State Plan to Address Substance Use</p>	<ul style="list-style-type: none"> • Every 2-3 years, the state updates the State Plan. JSI and the Governor’s Commission lead this process. The Task Force was to help find a way to integrate Lived Experience into the plan. Each task force has approximately \$500 to use towards incentive. • Adriana Lopera shared a template that was created for gathering input on integrating Lived Experiences. For this Task Force, Lived Experience could mean on the ground work, those in recovery, those using opioids, anyone impacted by this taskforce that is not in the room. • The Task Force suggested the following ideas for outreach on lived experiences: NH recovery centers, NH EMS Trauma Coordinating Board and EMT Association would provide an on the street first responder perspective. • The Task Force suggested the following methods for data collection: Survey for EMT and face-to-face connection for recovery centers. • The Task Force discussed other populations to consider gathering feedback from, including: Case managers for DCYF to connect with individuals from a family perspective, investigators at some of the drug task forces that have done cause of death investigation. • Suggestions were made around the types of questions to ask when capturing Lived Experiences: Is the individual aware of the individual task forces/efforts going on at the state level?; What do they perceive is lacking in our SUD recovery system? • When asking question to those in recovery, the Task Force discussed asking open ended question, allowing people to be heard. These questions should take a trauma informed 	



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	<p>approach, working with emotion statements to help people talk through traumatic experiences. A sample question that was posed was: What works and what doesn't work in treatment?</p> <ul style="list-style-type: none">• From the client perspective, Syringe Service Programs could also be used for outreach to reach those who are still using.• There was discussion around whether gathering these lived experiences is exploitative. Ryan Fowler noted that there is a lot of apprehensions and mistrust when these groups are convened, particularly over zoom. Zoom is informal and uncomfortable and not the best way to conduct these groups. It was suggested that a person with lived experience serve as a facilitator when collecting such information.	
Other business & Sector Updates	<ul style="list-style-type: none">• No additional updates	

Task Force Chair: Seddon Savage

Next Meeting: March 11, 2021 // Community Health Institute (Virtual Meeting Only)

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

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