

COORDINATION AND COOPERATION TASK FORCE

Meeting Minutes

May 12, 2023 9:30 - 11:00 am

Hybrid: In-person at the Community Health Institute/JSI and virtually on Zoom

Attendance

Name	Attendance
Task Force Members	
Steve Ahnen	In person
Helen Hanks	Absent
Carol Furlong	In person
Lauren Chambers	In person
Suzanne Thistle	Virtual
Kara Morse	Virtual
Meghan Marcucci	Virtual
Jake Berry	In person
Peter Ames	In person
Phoebe Axeman	In person
Ashley Lewis	In person
Thomas Donovan	Absent
Dan Wargo	Absent
Public	
Elizabeth Biron	Virtual
Elyssa Sage	Virtual
Dan Andrus	Virtual
Liaison(s)/ Subject Matter Experts/ Invited Guests	
Center for Excellence on Addiction/JSI Staff	
Amy	In person
Olivia	In person
Cara	In person

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Welcome & Introductions

All participants introduced themselves. Chair reviewed quorum policies and discussed the importance of attending in person.

Review and approve 3/10/23 minutes

Steve Ahnen requested approval of meeting minutes from the 3/10/23 Task Force Meeting. Peter Ames made the motion, Lauren Chambers seconded. It was noted that a correction to be made on Dan Andrus's name. Members were polled and were unanimously approved (All in room in favor. All on Zoom in favor.). Steve Ahnen abstained due to missing the last meeting.

Implementation Plan

JSI provided an overview of the [Strengthening Our Response Together Action Plan](#), which was shared with Task Force members via email prior to the meeting. JSI is working on gathering information from the Departments that sit on the Commission on the work they are starting and planning to do, which will be provided to the Task Force. This will be dovetailed with Opioid Abatement Crosswalk to help the Task Force understand the current landscape of funding and inform their priorities and recommendations to the Governor and Legislature. The Task Force should receive initial information for the plan by the next Task Force meeting.

The Task Force discussed transparency, cohesion, and understanding between Task Forces and the importance of members attending Budget Task Force meetings moving forward. The Task Force Co-Chairs have a meeting following each Governor's Commission meeting but having members attend other Task Force Meetings will be vital for communication.

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Review Opioid Abatement Commission Crosswalk

JSI gave an overview of the updated crosswalk after giving document background: the Opioid Abatement Commission (OAC) is a separate commission with overlapping members. There is money from various opioid abatement lawsuits, and the OAC is responsible for dispersing that money. Some settlements are lump sums while others are annual dollar amounts that will come in over the next 15-18 years. Every year will be a little bit different depending on settlement schedules but likely will be around \$15-20 million with more than that in the trust fund at the moment. JSI was asked to help the OAC understand how their lawfully prescribed duties align with the Strengthening Our Response Together: NH Alcohol and Other Drug Action Plan. The draft version 2 of the Crosswalk includes new Opioid Abatement investments. JSI emphasized the limitations of this document and that it is still a draft. This will be a living document to be updated as needed. The OAC scope covers OUD as well as co-occurring disorders.

Review C&C Prompt/Engaging Community Voices

Chair reintroduced the prompt that Task Force members responded to prior to meeting. The Task Force discussed strategies to engage community voices while bearing in mind important considerations based on Task Force members' experiences in the field.

Prompt: Take the goals of the C&C and put concepts under them associated with their own work and the GC Strategic Plan that they are invested in as well as identify any gaps.

Gaps in Information

- Schools are important to think about and were identified as a population with a gap in information. This population often does not come to meetings.
- Decisions made in organizations need to be by the clients that tell them what is best for them. Anything that an organization brings as a problem or gap should be informed by their clients.
- Historically the systems around mental health and SUD have been very punitive and had a top down approach to giving people care. There needs to be a shift in NH to a bottom up (person centered) approach. Protection and anonymity around who is surveyed is crucial, as well as compensation for their time.
- Going to the population rather than the population coming to the Task Force would be important in the approach.

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- The Foundation for Healthy Communities uses a model for engaging people with lived experience. They have a standing group of people who currently use substances or are in recovery. They are compensated, everything is kept confidential, and the Foundation has worked closely with recovery organizations to recruit participants. The Task Force could do something similar that is OUD specific.
- Member suggested using the Doorways admission process to gather information. GPRA; patients are asked a wide variety of questions upon admission. They follow the person for a year. Most participants are motivated when coming into Doorways for treatment.
 - Individuals who access Doorways are those that want treatment, but it is important to provide care for those who still use drugs. Harm reduction will not be fully captured in Doorway data.

Education and De-Stigmatization

- The lack of understanding of how to best provide care is a recurring problem in the state, and it is important to not trade one stigma for another.
 - A member suggested going straight to the community, e.g. churches, treatment facilities, schools, recovery centers and healthcare.
- Parents often feel very stigmatized if their child(ren) is struggling with a SUD. Emergency Departments should act as a source of information and de-stigmatization.

Harm Reduction

- The state has had a lack of harm reduction efforts and leaves an entire population with unmet needs (e.g. unhoused). The state has had efforts towards recovery but feels that taking a harm reduction lens across the entire strategic plan and continuum of care instead of its own bucket is vital.
 - Important to educate not only the community but people in power.
 - This is important to empower communities to advocate for themselves as well.
- Some perceived issues that may arise with harm reduction, as some people believe harm reduction is only or mostly the use of medication. She cautions the group against pushing medication.
- There are many strategies for harm reduction, including testing drugs for those who use. It is also important to continue to educate those who use about ways to use drugs more safely.

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- Definition of harm reduction as per the [Action Plan](#) was shared with the Task Force.
 - Set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (e.g., providing sterile needles and other injection equipment, disease testing and referrals, providing a safe place to use substances (safe injection sites)). Harm reduction incorporates a spectrum of strategies that includes respectful, non-judgmental, non-coercive provision of services focused on safer use, managed use, abstinence, meeting people who use drugs “where they are,” and addressing conditions of use along with the use itself. (National Harm Reduction Coalition. (n.d.). Principles of harm reduction. Retrieved May 25, 2022, from <https://harmreduction.org/about-us/principles-of-harm-reduction/>)

Engaging agencies and partners:

- Schools are struggling with the mental health of young people. School and college perspectives of gaps and barriers to prevention for young people would be helpful.
 - Discussing universal prevention programs would be important, as well as hearing from youths directly.
 - YRBS data and learning real skills of survey and using that data and how their voice can be heard and impactful in their community
- LGBTQ+, multicultural, and diverse populations are integral and need to be a part of the conversation.
- The Center for Excellence/JSI has the ability to provide compensation for time and travel for those we engage. Travel and time shouldn't be a barrier for people to share with the Task Force.

Public Comment

No public comments.

Legislative Update

The bill to reauthorize Medicaid 263 passed in the Senate unanimously. House votes on Thursday. House committee deadlocked 10:10. Question is whether to reauthorize permanently or short-term (2 years). Pushing for permanent reauthorization. If it passes, it will go to Senate finance review for early June.

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Senate Bill 239 further embeds harm reduction into GC funding and takes other steps to support harm reduction. House vote deadlocked 10:10. Going to House again soon with no real recommendations.

Fentanyl test strips Bill 237. Under consideration in the Senate Judiciary committee. Passed by the House. Pushback since public hearing.

House Bill 639 Marijuana commercialization failed yesterday.

Steve made a motion to adjourn. Lauren Chambers first, Carol Furlong second. Unanimous to adjourn.

Decisions/Recommendations Made

1. It is imperative to connect with and listen to those with lived experience – those in recovery and also those still using substances. Harm reduction becomes a key piece of the work of the Commission.
2. Need to continue to focus on stigma and changing the culture – it is not always just about treatment, but also about the social determinants of health.
3. Must also shift our focus from top down to bottom up, a key step in truly engaging those with lived experience.
4. The task force reinforced the need to develop mechanisms and approaches for bringing recommendations to the full Governor's Commission to inform and advance its work.

Next Steps

- Next C&C Task Force meeting: July 14, 2023, 9:30-11am
- Continue to review C&C Task Force objectives.