Meeting Minutes

July 14, 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	Virtual
Helen Hanks	In person
Carol Furlong	In person
Lauren Chambers	Virtual
Suzanne Thistle	In person
Kara Morse	Absent
Meghan Marcucci	In person
Jake Berry	In person
Peter Ames	Absent
Phoebe Axeman	In person
Ashley Lewis	John Burns - Proxy
Thomas Donovan	Absent
Dan Wargo	In Person
Public	
Elizabeth Biron	Virtual
Dan Andrus	Virtual
Delitha Watts	Virtual
Liaison(s)/ Subject Matter Experts/ Invited Guests	
Center for Excellence on Addiction/JSI Staff	
Olivia Skaltsis	In person
Cara Griffith	In person

Welcome & Introductions

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

Review and approve 5/12/23 minutes

Commissioner Helen Hanks requested approval of meeting minutes from the 5/12/23 Task Force Meeting. Carol Furlong made the motion to approve, Jake Berry seconded. Members were polled and were unanimously approved. John Burns abstained as a proxy.

Engaging Community Voices

The Task Force discussed engaging community voices and the importance of incorporating Harm Reduction voices and framework.

- There are a lot of hot button topics and push people away from Harm Reduction and make it a tricky topic. Safe injection sites remain the biggest concern for the public and in turn "Harm Reduction" becomes a topic that requires ongoing education. The C&C Task Force can help lead where NH goes with Harm Reduction.
- One member noted that Harm Reduction needs to be discussed more broadly.
 Another member agreed that Harm Reduction is an important topic and that it needs to go through the legislature to make real impacts.
- We shouldn't have to wait until post-mortem for data and that education is a key piece of this issue.
- Difficult to have a coherent conversation with the legislature which makes it
 difficult to make changes. Some organizations use the term "Harm Reduction" to
 get funding but aren't truly doing Harm Reduction. There is overlap between
 Harm Reduction and prevention, but often they are different.
- A member pointed out that Harm Reduction in any other space is the commonly accepted practice, but in relation to drug use is often watered down. Even evidence makes people uncomfortable. NH doesn't have a cohesive plan, so starting with data is difficult.
- Chair discussed Senate Bill 240, a bill in the house finance committee that seeks
 to try and truly put Harm Reduction into the Commission but does not mention
 safe injection sites. This is a piece of legislation that could be a very helpful start if
 it passes.

- It was pointed out that the Commission does not currently fund any harm reduction efforts. We don't have the research in our state but we also don't make an effort to get that data with our funding.
- Chair discussed legislation in 2018 that asked for incarcerated and recently released individuals to have access to and be able to leave with Naloxone.
 There was pushback and lots of misinformation and stigma around this. One small ask to use medication was a struggle in 2018 and it's still a struggle today.

Chair noted the importance of thinking of how realistically backing the Harm Reduction model will go through. It needs to be effective and go through quickly.

- Drug testing for harmful substances could be a key foundational Harm Reduction principle. The law is there to provide MAT but does not dictate what is to be provided.
- Members discussed looking into other states' frameworks and if adjustment with a NH lens can be made.
- Chair noted it would be helpful to have a legislative review of what is helpful and what is not in the Harm Reduction space. As well as looking into what states have a good framework already in existence (funding, service delivery system, etc.).

Chair noted a next step of inviting specialists and presenters from the Harm Reduction space to present at the next meeting.

- Suggestion provided of potential speakers: NHHRC, SOS, Revive, Jess
 Burnell/Carr, Ryan Fowler (HIV/HCV Resource Center, DHHS person tasked with
 HIV/HCV (tri-state approach), Peter Delpra (state) NHADACA/HIV, Lauren
 NHHRC, Kerri Nolte UNH, Brandeis and AHOPE in Boston, program for youth on
 drug Ed called "Safety First"
- Members to provide names and contact information of additional recommended presenters in follow up email.

Additional areas to address in Harm Reduction were discussed.

- Reducing stigma is also a piece that is under-funded as well.
- Justice was noted as an additional area of interest with the Council and state analyzing data at state prisons and admissions at county data. Members to be sent High Utilization data to review.
- Re-entry Care Coordinators were employed in 2018 to help newly released people to integrate back into the community. Chair discussed 3 positions that covered the entire released population on parole and probation.

- A member noted that they have been writing grants for a MAT program to include Valley Street Jail and it was awarded. Before release, they will work closely with them and prescribers in preparation for release. They will have a Care Coordinator, peer support, primary care, community resources beforehand (at least 5 years).
- Sustainability should always be a consideration in reducing stigma. This raises the
 questions of how are we educating people in private practice and ensuring
 ethical care?
- Task Force to ask the state Medicaid office to give us an overview of services and an opportunity to fund whatever the gap is.
- AmeriHealth has an entire center that their members can go to with pantry, computers. NOMI is a national firm that has worked in states in the southwest to create peer supports, healthcare supports post-release. They could be a potential presenter for the Task Force.
- Member mentioned alternative payment models and that the current financing strategy does not maximize payment for providers.

Financing Strategy

Chair discussed the robust analysis funded through the NHCF and done by Third Horizons about the state's buckets of what is funding SUD. The report identifies key areas that will inform the state budget areas, topic areas, and how to make that viable. Report to be sent to members for review.

- The Coordination and Cooperation Task Force needs to help inform the Budget Task Force. Chair noted a form was needed to formalize requests to the Budget Task Force. Feedback will be gathered on the form prior to finalizing. Everyone in person agreed to this.
- In addition, the communication process between Task Forces needs to be taken into account. Suggestion of looking at the Crosswalk to see what the obvious priorities are and where all of the Task Forces intersect on those areas.
- There is an opportunity to maximize all of the available funding by recommending a workgroup for all entities to speak DHHS, Opioid Abatement Committee, Governor's Commission (including all Task Forces).
- Suggestion was made to increase funding to maximize peer recovery supports, specifically those justice-involved. This was supported by another member who said bringing in peer supports early on (pre- and post-release) has had positive impacts. Recommendation to budget that county and state-level to support this population pre-release.

- Motion to recommend to the Budget Task Force committee that they look at targeted funding for Harm Reduction, peer support, and reducing stigma for those incarcerated pre- and post-release. Member mentioned the importance of youth-based harm reduction prevention models as well. Another member brought up the question of whether this needs to be investigated prior to recommending to Budget Task Force but were assured that there is already funding for this. Jake Berry makes a motion, second Meghan Marcucci. All in favor. No abstentions.
- The Coordination and Cooperation Task Force made a recommendation to the Budget Task Force to fund a state-wide peer recovery support proposal for corrections (county and state) pre-and post-release to support people in their recovery.

Public Comment

Liz Biron, the Governor Commission's Project Coordinator, mentioned that the Crosswalk is still a draft and being modified for FY24. The Crosswalk does not include investments on harm reduction, which is an oversight. Encouraged all to review the dashboard presented at Governor Commission meetings. There are currently two investments with a focus on Harm Reduction. Substance Use/Harm Reduction program on college campuses is in process of being implemented and Training and Consultation for A&OD continuum of care professionals is in place.

Helen asked for amounts and whether they have been implemented. The college campus project is currently being implemented with \$400k for FSY24 and needs to be vetted through the Governor and Executive Counsel. The Training and Consultation project has \$650k already in place for training and consultation with NHADAC. Commissioner Hanks asked if Liz could find out how the larger contract has been expended/implemented. Liz to also provide the RFP for the college campus program.

Liz stated that the Crosswalk will link to the actual contract in place.

Commissioner Helen Hanks requested a motion to adjourn. Sue Thistle made the motion, Jake Berry seconded. Members unanimously approved.

Decisions/Recommendations Made

 The Coordination and Cooperation Task Force made a recommendation to the Budget Task Force to fund a state-wide peer recovery support proposal for corrections (county and state) pre-and post-release to support people in their recovery.

2. Draft a form to formalize requests from the Coordination and Cooperation Task Force to the Budget Task Force.

Next Steps

- Next C&C Task Force meeting is September 8, 2023.
- Task Force members to provide the names and contact information for Harm Reduction presenters.
- Task Force members to receive and review High Utilization data and Third Horizons report.
- Draft a form to formalize requests from the Coordination and Cooperation Task
 Force to the Budget Task Force.
- Task Force to ask the state Medicaid office to give us an overview of services and an opportunity to fund whatever the gap is.