



OPIOID TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Task Force Chair: Seddon Savage/Benjamin Agati

October 12, 2017 – 9:00AM-10:30AM

Minutes

Attendees: Seddon Savage, Bill Wood, Beth Hughes, Chris Shambarger, Joe Frappeia (211), Bill Sherry (211), Kate Frey, Nicole Rodler, David Mara, Alex Casale, Paula Mattis, Sandra Kiplagat, Yashira Pepin (Phone), Andrea Meier (Phone)

I. Reviewed and approved September 2017 meeting minutes.

II. Presentation & Discussion of 211

- The goal of 211 is to ensure that New Hampshire (NH) has a seamless access to care and services. Although there is a state crisis line for addiction, majority of people associate assistance with 211 and can be referred to the crisis line and additional resources.
 - Granite United Way initially developed 211 call centers as a dozen different offices but in 2000 this was consolidated to one center. EverSource provides space, equipment and technology.
 - In the past 10 years, 211 has helped over 1,000,000 NH residents and is expected to serve many more people in this year.
- 211 has access to a database with 5,000 resources in New Hampshire to connect residents with.
 - The most frequently cited reasons to call 211 have included homelessness (lack of transportation), utility bill and income tax assistance.
 - 211 has resources in place, highly-trained staff, and an easy number to remember. The trained staff will answer the call, assess the situation and refer the individual to the appropriate services.
 - Last year, 211 collaborated with the Manchester Fire Department to develop Safe Stations for individuals with SUDs and provide transportation to the Safe Station.
- The volume of calls related to substance use has increased over the years.
 - In 2015, 181 calls were received, 2016 319 calls and 2017 so far 460 calls.
 - Of the 460 calls received this year, 363 calls (79%) were referred to the crisis hotline.
 - The state has over 500 resources related to substance use across the 90 different agencies.
 - Additionally, 211 sends annual surveys to the agencies that they referred individuals to in order to evaluate the process.
- How do 211 calls work?
 - In this year alone, there have been 35,000 calls and 90% of the calls are answered within 30 seconds.

- The calls remain anonymous and the identifying factor is the zip code to locate nearby services.
 - Trained staff always listen to the calls to ensure the caller is safe. The staff also build trust with callers by asking if there are any additional services needed. The average caller leaves with at least three phone numbers of agencies.
 - The staff always asks the individual's phone number in case they are disconnected and reach back out to them.
 - 211 meets regularly with crisis hotline staff to address any issues and track ongoing progress.
 - There are only six employees and the office is open Monday-Friday (8:00-7:00). For 24/7 assistance, there are contractors who provide the same level of trained expertise and assistance.
- The majority of the funding of the 211 calls are from donors whereas limited state funding is also provided.
- Alex inquired regarding a call placed during the taskforce meeting on drug drop boxes and the trained staff was not aware of the location of the drug drop boxes.
- Bill mentioned we should relay the information to him. *Rekha will provide Bill/Joe with the URL of the location of the drug dropboxes.*
 - If anyone from the taskforce has resources or information around the state, please inform Joe Frappiea, 211 Manager. 211 will easily provide a template that we can send to them to upload the resources in their database. *Rekha will follow-up with Bill and Joe to obtain template.*

III. Discussion with Chief Mara

- Chief Mara indicated that NH residents continue to inquire about the reasons for why there so many overdoses in the state.
- Task Force members shared that there remains an oversupply of fentanyl, and individuals are not sure what the heroin is cut with.
 - Eventhough overdoses are on the rise, the number of deaths are decreasing partially attributed to increasing naloxone administrations.
 - The public has begun questioning, "Why can't we arrest our way out of it?"
 - It was mentioned that you may arrest your way out of it but cannot incarcerate your way out of it and mental health services are needed.
 - There also seems to be compassion fatigue among the public since the same people over and over receive the same services. Some people have complained that there is no follow-up of treatment.
 - If someone comes to ER with opioid overdose, it is crucial to connect these individuals to pharmacological (intensive treatment) or services to ensure the person is not going back to the same environment.
 - In addition, stigma remains a major barrier for individuals seeking treatment but Seddon mentioned that stigma is the highest priority for the Healthcare Task Force.

IV. Update on Draft Opioid Pharmacy Insert Card

- Tiffany informed Helen that Walgreens, in Rochester has been approved to do the pilot for the pharmacy insert card.
- Tiffany reached out to Melissa Silvey regarding the funding to cover the stock cards and is waiting to hear back.
- Reviewed and made further edits to the Pharmacy Opioid Card.
 - o *Beth will provide the edits to Rekha, Seddon and Helen to review.*
 - o *Beth will also share her input with her manager since Hannaford is interested in a similar approach.*

Next Meeting: Thursday, November 9, 9:00AM-10:30AM

Community Health Institute, 501 South Street, Bow NH
Conference #: 719-284-5949 Pin #: 55982