

## 5/16/23 Opioid Abatement Committee

Present:

Amy Malone – Rochester City Councilor

Ashley Wright – Strafford County Public Health Network

Ashley Desrochers – Rochester City Counselor

Cindy Cunningham – Nurse Manager Behavioral Health FMH

Palana Belken – NH Harm Reduction Coalition

4:18pm Meeting started

Malone started the meeting following the agenda – discussed how money comes in through city council, out through council, need to have evidence based / informed practices to support the plan. City council needs to approve the final destination of funds. Approx. 150k in the pot.

Wright brought up the fact that another round of funding coming out. Malone confirmed.

Committee agreed to review notes from last meeting as a baseline to strategize/formulate a plan for next steps.

Malone pulled up minutes from March and April 2023 meetings on projector.

Malone discussed the portion of last meeting re expanding programs already in place (e.g Hope on Haven Hill), touched briefly on Workforce Housing and Scala's role in educating the committee on the same.

Malone pulled up the draft Opioid Strategic Plan on specific ideas/potential costs.

Wright took notes as to strategy and what specific plans/programs can be used with state funds.

Wright brought up the name of different roles (recovery case manager in SCODC, FMH, etc.) and how they need to be more definitive as currently - appears redundant.

Cunningham indicated that the idea of a recovery case manager at Frisbie ED wouldn't be beneficial since they deal more with the acute/initial contact. Patients' care coordination involves coordinating transfer to other facilities for treatment. She believes that a sort of base operations at Frisbie would be best as then there would be the ability to assist with more care coordination and referrals.

Group discussion to clarify Cunningham's thoughts concerning care coordination.

Wright - “care coordination” is a recurrent theme in committee conversations.

Cunningham - different hospitals would be able to collaborate and put info out for community resources / referrals.

Desrochers - in order to better determine where the needs are, we would need to know what sort of care coordination people are coming to the various agencies for. We need a point person to be able to invest in proactive and preventative measures.

Wright - infrastructure will make the biggest impact. Otherwise, there will be a lot of duplication in efforts. Need to work smarter not harder.

Desrochers - community awareness and education of services. Website can be a hub, but partnerships between agencies and the city are key. What services are working, what services aren't, etc.?

Wright - community needs to come to school rather than school coming to community.

Desrochers - this need to be a community effort. We're not operating in a silo.

Malone - revisited the oral care component of the effect of drugs on a person and how cosmetic dentistry and dentures can help people feel better about themselves.

Malone - discussed Community Heart and Soul and what it has looked like in other cities.

Group discussion re connecting/collaborating with Community Heart and Soul.

Desrochers - we would be funding existing programs which already have the evidence necessary to show what's working. No need to reinvent the wheel.

Malone - the whole strategy for our strategy is to bring as much community together as possible.

Group discussion concerning community engagement, education and involvement being key.

Malone - the one caveat concerning community engagement, events, etc. is that finances/budgets are an issue.

Wright - shared her notes. Pink - goals (more youth awareness of / and access to support; engagement and support for prevention; affordable housing; social connectedness; mental health education - some overlapping pieces - but that's okay).

Group discussion concerning the tie in re goals.

Desrochers – for example, housing in and of itself isn't a goal. Diversity in housing is.

Group brainstorming – bigger picture – goals. What does this look like?

Desrochers – stigmas are a big problem. When we're educating and discussing – we need to be using the appropriate language.

Malone – reduce stigma, harm, shame by expanding basic access to basic needs in a community of care (Wright pointed out this is more of a mission than a goal – group agreed).

Wright – coordination of care – but what does that look like?

Malone & Desrochers – a coordinator is someone who helps bridge the gap. They're assisting those in need in a variety of ways, through a variety of resources in a caring, personalized manner.

Wright – summarized overall goals: education and awareness, harm reduction, care coordination/connection to resources, access to basic needs.

Malone – ultimate goal “community of care.” Pulled up article on projector - *Evidence Based Strategies for Preventing Opioid Overdose: What's Working in the United States, 2018*.

Group discussion regarding the overlap between the different goals, and how that's necessary.

Wright – dig deeper at the next meeting into overall goals/objectives to define each further.

Group discussion re next meeting (2 weeks), where it will be, Scala coming to discuss workforce housing, etc.

5:26 adjourned