SPECIAL COMMITTEE ON ALCOHOL, OTHER DRUGS & YOUTH SERVICES

June 12, 2023 at 5:00 PM

Chairman Barry called the meeting to order.

The Clerk called the roll.

Present: Aldermen Barry, Cavanaugh (late), Levasseur, Trisciani, George-Kelly

Messrs.: D. McHugh, A. Beloin, Mayor Craig, Aldermen Kantor and Long, S. Bernier, Robichaud, A. Thomas

1. Update from GateHouse and the Director of Homelessness Initiatives.

Chairman Barry stated if you guys want to begin. After you are finished, I want to bring Amanda and Shane up and talk to them.

Donna McHugh, GateHouse Treatment, stated we wanted to get together today and give you a quick update. We are really pleased with how everything is progressing. Adrienne and I had a chance earlier to talk more about the results so far and how we are tracking and are excited to be able to share that with you today. Just to refresh everyone, our scope of work we probably don't need to reiterate, but the purpose is to basically help through a triage approach with intensive street outreach with a goal of detox and placement for individuals with co-occurring mental health and SUD's disorders. So from an executive summary perspective, I am really glad to see that we have moved up to 53 people being admitted for detox services so far and the team just let me know that we are now at 57 as of today, which is really great. I think consistent outreach has been really important. The contract, as we talked about before, has been in place for just 68 days. Some of the highlights are that about 47% of the participants have been homeless for greater than a year. It makes me think wow maybe there is an implication here to say try something new for these people who have been homeless for a longer period of time is just what was needed. The other thing we wanted to bring up, and we continue to see this, is that detoxing from opiates is still a primary concern of many people but still not that much further ahead than those detoxing from alcohol. We want to bring that up because I think sometimes we are all thinking about just the opioid crisis but in fact detoxing from alcohol can be deadly if not done the right way. I think this was a really good point that we have all been tracking. We have also continued to see strengthening partnerships with the other community providers. I think GateHouse, having been around for a number of years, has been able to become connected with the City of Manchester like we haven't before and we have had a number of people reaching out to us with referrals and saying hey we have this person and heard about what you are doing and can you help them. I think as a whole for the city this has a ripple effect on the benefits we can have there. As a quick synopsis of what we are seeing out there in the population, we highlighted here that a number of participants do have NH Medicaid. What stuck out to me is 11 people on Medicare. I think that is important when we think about programming going forward because there are not as many services available for this population so we wanted to pull that out. I would also

mention that there were nine people who did not have any insurance. That is the kind of thing again, where having really good community partnerships is important because we would call other partners to help these folks get insurance such as at The Doorway. There were only two of these people who were veterans. We would say that is due to the fact there seem to be a lot of really good supports out there for veterans and that may be why that number is lower than we would have expected. Also, you can see mental health concerns. This is not a surprise for anyone in the industry to know that there are a lot of co-occurring disorders; a lot of anxiety and depression and when we are working with people who have these co-occurrences, it is often times when they get to that next level of treatment such at PHP where their clinician that they are working with will help them identify ways to be able to work through that. For example, I know at GateHouse we have a number of people who are working with folks on trauma. So being able to know what their concerns and conditions are are ways to be able to help feed that treatment through. This slide is just a representation of specifically where people came from when they engaged in going to treatment. The team, and I know that Shane and Amanda will be speaking and they can speak much better than I can about all of their hard work, but this number represents where people came from before going to their first step of treatment. This does not represent the large list of places that we have been. I just wanted to give you a representation there. One thing that Adrienne and I were talking about before is Beech Street. Beech Street isn't necessarily listed here, however, I know in speaking with Shane that he was just there this afternoon and he has about ½ dozen people that he is following on a regular basis whether it is at Beech Street or he sees them out in the community and he is talking with them. We really are being inclusive around the city and trying to help as many people as we can. Probably the million-dollar question is what does this mean. We had 53 people and what are the results to date? I think the biggest highlight is that for those people you have invested in helping get into detox, 97% have completed detox successfully. That is a really great number in the industry. As a whole, you can see the difference in the numbers here. I will back up at the bottom where it says grand total is 50. There were a few people that did go through twice so that is why the number is different than the 53. Of the 50 people though, you can see that five of them are in their own housing now. There are a couple of people who have mended some fences and are back with family members or they have found alternate housing. There are still 23 people in treatment as well, including detox or a PHP level of treatment. There are 22 people not in treatment and there are another 18 people who are engaged with us but aren't in treatment at this point. Those are just some of the quick highlights. One of the things Adrienne and I spoke about earlier as well as with the team is that we can't wait for the whole run out…not to say have it end but the run out of this data set, of the 60 people, to be able to sort of report out and say where are they now and what are those true outcomes after a couple of months or after for example those 23 people who are in treatment are out and how many made it to that next step and continue to be engaged in their treatment. Those are the highlights right now.

Chairman Barry stated one of the whole reasons when Amanda showed up in January and spoke and she did a great job and actually got us on board…one of the reasons we wanted to implement this was not only for opioid problems but also people who are suffering from alcohol abuse and so on. My goal was to try to get people off the street and into detox and treatment. Unfortunately, a lot of them I feel were probably under the impression that they didn't have any hope for themselves because they didn't have

insurance. Due to Amanda and Shane going out there and setting them up with the insurance or whatever assistance they could get for them, they were able to get into detox and into treatment programs. I think it is important for the public to know that a lot of people that are out on the street that don't have a penny to their name just gave up hope thinking that they didn't have the means to be treated. I think that is important.

Ms. McHugh stated I would add, too, that people know each other and now you are going to have somebody who has maybe successfully gone through the program walking down the street and seeing some of their friends that they used to be connected with and they can say oh you are a success story, maybe I can be too. I think we will see more of that.

Chairman Barry stated that is why I think it is important to have Amanda and Shane come up here after you finish because I want to hear from them the impact that they are having out on the streets with the people and I want to hear some success stories. Is there someone out there that everyone gave up hope on, not themselves but other people and now that person is moving forward?

Ms. McHugh stated I want to make no qualms about it. I am just the person that gets to report out on their great work. This all started with Amanda's brainchild and having the vision of where she wanted to go with that.

Chairman Barry stated these numbers are unbelievable and a lot better than I expected over such a short period of time.

Alderman George-Kelly stated thank you for coming today and bringing this presentation. I appreciate the information and data. I just have a couple of questions about this table. So the folks that are in partial hospitalization programs, where are they currently living?

Ms. McHugh answered on-site or connected to that PHP.

Alderman George-Kelly asked so some sort of housing provided through the PHP.

Ms. McHugh replied yes. We wouldn't put them in the housed column because they are still in treatment.

Alderman George-Kelly asked what about the folks that are not in treatment or engaged and not in treatment. Where are those two groups currently living?

Ms. McHugh responded it depends on the specific one. We actually simplified this to four rows from eight different categories. We can give more clarity around those buckets at the next meeting if that would be helpful.

Alderman George-Kelly replied yes I think that would be super helpful just because as Alderman Barry said, our goal is that if they are engaging in detox and then treatment that they are moving towards some kind of either permanent housing or transitional housing that can lead to permanent housing so we would want to have the follow-up data to know where those folks…the path through this is not always kind of a straight

line so disengaging from treatment or engaging but not being in treatment makes sense but really understanding their housing situation would help us have a better understanding of how we continue this moving forward.

Adrienne Beloin, Director of Homelessness Initiatives, stated I can clarify that number of 22. Donna and I prepared these numbers together today and went through all the counting. Not in treatment is 22 people and those people are unhoused currently in Manchester. Eighteen are of the 22 are still engaging with the outreach team. That is a good thing to remember. So 22 people are still out there homeless in Manchester but they are actively working with Amanda and Shane to see if they can be convinced to get back into treatment.

Alderman Levasseur asked so the number is 58 as of today.

Ms. McHugh replied it is 57.

Alderman Levasseur asked so you have three more to go and then your contract is up.

Ms. McHugh responded yes.

Alderman Levasseur stated so three more and then that is it for you guys. Are there talks about re-upping the contract or is there anything going on with that?

Ms. McHugh answered one of the discussions we have had is while we may reach 60 perhaps there is still money in the budget. I don't know how many dollars are left or were allotted per person for detox so that would be my question back to the group. Do you want us to keep going even if we hit the 60? Also, we had an opportunity to speak about what is next and how that would look.

Alderman Levasseur asked what is next.

Ms. McHugh replied we would love to be able to assess…I think we are doing an audit this Thursday so we can present to you more clearly what the results have been.

Alderman Levasseur asked what is the city's position on this. Is it 60 and then we are done and we will move to another company or are we getting more money? Have you spoken to the Mayor about finding more money? We have another $100,000 that we can use since Brook Street closed.

Ms. Beloin answered what we would like to do is finish the assessment of this project. Like Donna mentioned, we have an audit on Thursday where I am going to them and reviewing the documentation for some of the records to validate the numbers and recount things and make sure that we know exactly what the results and outcomes are. Also, what I am doing is assessing the accounting. So I have all the detox billing and invoices and we are processing those so we can see what money is left over from the funds. People go to detox at different rates of time. Some people go for three days and some go for seven so we have to calculate that and then we will look at what other funding sources are available.

Alderman Levasseur asked we are paying a minimum price aren't we. $5,500 a head or $5,000 a head?

Ms. Beloin replied it is $550/day so depending on how many days the individual goes to detox or requires detox that depends on what their invoice amount is. So everybody is different.

Alderman Levasseur stated well you have a number of 60 so it wasn't based on a per person amount but it was based on cost per person.

Ms. Beloin responded it is a per person amount not to exceed 60 individuals.

Alderman Levasseur asked so you could have a little more than 60 or a little less but you don't know that number yet.

Ms. McHugh answered right. We need to hear that from the city.

Alderman Levasseur stated well the Mayor is sitting here. Is there any money left in the budget under the plan that we had for the first amount?

Mayor Craig stated one of the things we did with funding as you will recall is we used some of the opioid funds and that was one of my questions. You did talk about alcohol versus opioids and I completely agree that there is a need for both but we do have money on the city side to address opioids. That is an option. You mentioned the $100,000 from the Brook Street women's shelter but we believe that we should put an RFP out to continue that service when we need it in the winter time again or sooner. I would keep that money aside for that. There could be other funds available with unprogrammed CDBG money which we will know in a month when they go through all of that. From the data that I have seen, I understand this is definitely a worthwhile partnership and I appreciate all of the work that has gone into it and I do hope that we can go forward. I guess one other thing I would mention is I know in the contract we said there would be four outreach people and I believe there have been two so there may be some savings there as well.

Ms. McHugh stated regarding the hiring, we have actually had more than two FTE's out in the field. Recruiting has been challenging. I also want you to know as good community partners that we have had a number of other organizations reaching out to us wanting to fill these roles. We are very careful about that and that is another reason that these roles haven't been filled yet. We are doing everything we can internally. In addition to these two folks, we have a lot of other manpower behind this initiative. I think if we were to go forward, and we don't want to lose momentum right, I think Adrienne and I have talked about the fact that we may want to simplify or reduce any duplication in some of the reporting so that it is more concise for everybody and I think there are a couple of other tweaks that we want to consider but the biggest thing is I would hate to say wait until November to get it going. I would say maybe it is a pause in July to get all of the data and figure out where things are at and then get the ball rolling again.

Chairman Barry stated I think another thing that is important to remember is the fact that maybe they didn't have four people out there all the time but they had two people out there all the time that were working a lot more than 40 hours a week. They weren't getting paid overtime were they?

Ms. McHugh answered no.

Chairman Barry stated so we saved money there didn't we.

Ms. McHugh stated you are absolutely getting your money's worth.

Chairman Barry replied I know we are.

Ms. McHugh stated the other thing to think of to is this was supposed to be a yearlong contract. I think these guys have been superstars.

Chairman Barry stated yes and they have been working hard.

Alderman Cavanaugh stated I had the points that were already made by the mayor regarding the four people and the outreach. I think going forward I want to see the evaluation and I would ask that you negotiate with City staff on what we are going to do. I don't think we should do it here. Let staff work on how we are going to move forward.

Chairman Barry asked do you both agree that the contract is working out.

Ms. Beloin replied yes. I think going forward we can tweak things a little bit more to make sure the tracking fits with what the contract is asking for but it has been going very well.

Chairman Barry asked do you think this is something we should implement at 39 Beech Street; the same contract.

Ms. Beloin asked what do you mean by implement it.

Chairman Barry responded use the same expectations.

Ms. Beloin stated right now the way that 39 Beech Street and the Engagement Center are set to work is that we provide the shell operations and the community partners like GateHouse come into the space to provide the service that they provide. If we contract with GateHouse to extend this, and I would like to do that and enter into negotiations to see about extending it, then what we would do is basically have them be a part of our community partnership that comes into the Engagement Center so they can have that activity with our guests that are there and connect them to services. It would just be like kind of a platform for them to operate the programming the same way the other outreach teams do with their services that they connect to.

Chairman Barry asked but aren't we going to have expectations at 39 Beech Street because they are going to be dealing with some of the same things we are dealing with

which is to try to get them off the street and into treatment or whatever. It is similar to what we are doing now.

Ms. Beloin stated the expectation is making the connection to the service provider. In this scenario, GateHouse is the service provider and the staff at 39 Beech Street, at the Engagement Center, are measured by their connection to GateHouse. So they engage with folks on site and they make the connection to GateHouse and that is how they are measured.

Mayor Craig stated what I would suggest is to have Ms. Beloin, Ms. McHugh and the group talk and then for our full Board meeting on July 11, they can bring back a proposal.

Chairman Barry stated I just think it is really important that we have some type of guidelines to follow.

Alderman Kantor asked did everyone receive the email from Rick Blais, the gentleman that spoke at the Board meeting the other day. He has an action plan to solve the problem in two to three years.

Chairman Barry replied we have a time constraint here because the school board is coming in after.

Alderman Kantor responded well it is only 5:20 PM but I do have some concerns about some questions…

Chairman Barry interjected if you have questions in reference to this.

Alderman Kantor replied I can totally do that and I will just do that on my own time. How are you evaluating people's high/intoxication? How do you measure where it is going to trigger someone? Adrienne that question is for you.

Ms. Beloin responded do you mean in relation to the GateHouse program and how they qualify for detox.

Mayor Craig stated we aren't talking about GateHouse right now.

Alderman Kantor stated I am talking about the homeless.

Ms. Beloin stated we are talking and reporting about the GateHouse project right now.

Alderman Kantor replied well I think it kind of goes hand in hand still with intoxication levels.

Ms. Beloin stated so we would be evaluating any of the folks we work with for whether or not they are appropriate for connection to treatment and then making those service connections with treatment providers such as GateHouse. We would be evaluating if people are interested in treatment, qualifying for treatment, and making those connections for them.

Alderman Kantor responded I am talking about when they are sleeping there and people come in and they are triggered from the intoxicated person.

Chairman Barry stated we are really focusing on our contract with GateHouse. I know I brought up Beech Street but it was only to compare it with the contract we have with GateHouse so we can implement some type of expectations at Beech Street to make sure we get people into treatment and detox and so on. I apologize if I went off the subject but this item is mainly to talk about the contract and the expectations of GateHouse with the City of Manchester.

Alderman Long stated there is Senate Bill 110 that passed and the Governor is soon going to sign it. These are all services that the City of Manchester is paying for and they are reimbursable through other municipalities that have people here. It is 30 days so you are okay. We are getting data regarding how long they have been homeless here. It would be nice to know where they are coming from however that can happen so that eventually if we are paying for services we can have a municipality reimburse us. As far as the contract with GateHouse, there was $97,000 for them and $195,000 for…

Ms. Beloin interjected something like that yes.

Alderman Long asked has the $97,000 been released to GateHouse.

Ms. McHugh answered Invoice #2 has been submitted and we will probably receive payment this week. On the 20th of the month we will submit the final invoice.

Chairman Barry called Amanda Robichaud and Shane Bernier forward. What I would like to know is…first of all thank you so much for your hard work. These numbers are just overwhelming; a lot more than I expected at this time. Like we discussed, this contract was supposed to be for a year and for you to almost get to the 60 number in under 70 days is absolutely amazing. What I would like to know about is your interactions with the clients because I think it is very important for the public and the committee to know exactly what you do on a daily basis and the number of hours you put in daily and weekly and on the weekends that you are giving up with your family just to…I know you really want this to work as much as we do. Can you discuss one at a time exactly what your daily routine is and how you have interacted with this people and some of the outcomes if you have some success stories?

Shane Bernier, GateHouse, stated I have been thinking about what to say tonight. I have been working on the streets doing outreach since 2016 and I have seen a lot. I think through this process and through this project I got to see some really incredible things happen. A lot of stories stick with you. You see a lot of hard stuff and people going through very difficult things. Usually when a person comes to me most of the time they have hit rock bottom. I can think of a couple of different scenarios where a guy had used most of his life and was in the military and went to Iraq. Seeing him that day about to end his life, we were just there at the right time to help. I was there in that moment to help this one particular guy who went through detox and went through PHB and went through IOP and now has his own apartment and a job. He is working on getting a car. I still stick with him. There are a lot of those people who were career addicts or

alcoholics and through this project it has broken a lot of that for these people. Yes, there are some people who are still out there that didn't successfully get through everything but it is not the end for them. I am actually working with each and every one of those people still. Sometimes it takes a couple of times and for a lot of these people it was there first time entering treatment. Some people get it on the first time and some people don't but a lot of these people that I am seeing in Manchester…it seems like in the span of six years, new people come into the city and I think a big chunk of people through this project have stepped into a better place. There are some people we are still working on. I am just thinking of all of the stories as I speak but it is hard to say the story but it has really made such an impact. For me to go out into the morning, and like you said Alderman Barry, we are out there a lot and that is why we were successful with that amount of people but it is actually a lot more than that besides the project.

Chairman Barry asked can you touch base on that because I know that 57 is a number but there are a lot of other people that you guys have interacted with correct.

Amanda Robichaud, GateHouse, stated there have been 103 people.

Mr. Bernier stated 103 people off the streets of Manchester besides what this project is.

Ms. McHugh stated if I could just add, the reason we are reporting the 53 or the 57 is because those are the participants through the City of Manchester contract that we have trackable information for. What he is talking about is ripple effect and that is huge.

Ms. Robichaud stated there were 46 additional people through the community partners here in Manchester. Something that really stands out to me when I am looking at the tracking sheet is the success rate of these individuals. I know we are seeing the 53 as of Friday that are coming through but they haven't quite had as much time to go through the whole program so we have three that have been successful but through the 46 additional clients there are another nine successful completions of people who have gone through detox, PHP, IOP and are now in sober living. I think that is really important for the city to know because it is because of the community partners that we are working with and our engagement on top of it. That is what is getting them to where they need to go and we are really moving them forward. GateHouse isn't allowing them to be stuck homeless receiving just services. It is more about let's get you out of homelessness but continue to receive services. That is the end game and that was my vision. We need to get them off the streets but connected. It is about connection and the more connection they have, the better their success is and that is what I am able to track. I did want to share with you guys some information that wasn't requested from the city but I was able to pull this out through the data I have been tracking. Twenty-three percent of the individuals that are currently in treatment right now are on probation and parole. That is a lot of individuals that have criminal charges due to substance use disorder and that is just the ones that are reporting that they are on probation or parole or that I have worked directly with their PO's. To me that is 23% of the City of Manchester's population that is homeless no longer committing crimes right now and that to me is a big deal.

Chairman Barry stated the importance of that is most likely those people who are on probation or parole have probably gotten in trouble because of their addiction to drugs

or alcohol or both. One of the numbers that stood out to me more than any of them was the 97% that agreed to go into detox. That is pretty amazing. I am sure it is a reflection on you guys and the way you treat them. You treat them with respect and you don't give up on them. It is so important for you to be out on the streets and to continue. Like Shane said, he is not giving up. There are some people who haven't agreed and haven't taken that initial step to go into detox or whatever but the way you guys work, they will.

Mr. Bernier stated a huge part of it is relationship. All of those years being out there, the same people keep seeing you over and over again and at this point you are trying to get them some help to get off the streets. You walk away and they say no but they say he is coming back. They know that we are there and we care. When I got sober, there was somebody that didn't give up on me and helped me get to a better place and off the streets. That is the same mission I have. I don't want anybody to land in a shelter. I want people to go through rehab, get help and get a family and have a home and have a good life. That is my mission and my goal.

Chairman Barry stated one of the stories you had told me about was when you would see a group of people hanging around on a corner and the next thing you know that group got smaller and smaller because they were going and you would go up to them and say you are next. I think it is awesome the way you guys operate and the way you work with these people. Again, that is why you are so successful.

Mr. Bernier stated that is a particular corner if you know where it is. These guys have been there a long time. They are adults that have been addicted to alcohol for a very long time. When I started this project I said you guys are all going and once you are all gone I am done doing this job. They all drank their beers and had country music going and now there is one guy left.

Mayor Craig stated thank you for this information. I just wanted to clarify something. The 53 people that were reported on our 57 as of today and then an additional 46 through community partners, is that something that is going to continue while we work out the results of this contract. Are you still going to work with the community partners you are still going to continue?

Ms. McHugh replied I would almost consider that, as I said to Adrienne earlier today, our business as usual. We want a presence and we are talking with people. That is what we do. I think the ripple effect of the great work these guys are doing has sort of put business as usual on steroids for some of these people who are now thinking oh that is right I can call Amanda or I can call Shane.

Mr. Bernier stated regarding community partnering, if you really care about helping the person get to where they want to go, you need a community to do it.

Mayor Craig asked regarding the 23 people on probation or parole that are in treatment, is that based on the 99 total. What number is that based on?

Ms. Robichaud answered there are currently eight people that the City of Manchester has paid for that are in treatment and on probation and parole. Then out of the 46 there were another 15 people.

Chairman Barry stated thank you.

2. Discussion regarding Manchester's harm reduction strategy.
(Note: Referred to committee by Alderman Levasseur at the 5/16 BMA meeting.)

Chairman Barry stated we will now hear from Anna Thomas.

Anna Thomas, Public Health Director, stated my understanding is that there were some questions about harm reduction and what my department or one of my employees is doing so I am here to answer those.

Chairman Barry asked can we just get an overview of the harm reduction plan and how it got implemented and where we are now.

Ms. Thomas replied harm reduction is a very broad umbrella and I think where people get confused is it is often directly associated with syringe service programs. They are not one in the same. Actually the harm reduction strategy that we have in place is broader to include syringe service programs (SSP) plus any other forms of harm reduction that we could bring to the community; so things like Narcan and Naloxone distribution. There is even a theory behind harm reduction that everything that we can do to try to avert harm even from injuries or sexually transmitted diseases; everything from helmets to seatbelts, all of those things are actually in the definition of harm reduction. In the SUD world, how this is roped in is in some of these syringe service programs is because of the way the law was written in the state of NH. That law was was crafted in 2016 by Dr. Joe Hannon who is a former Republican State Representative and former physician and he crafted the legislation that made syringe service programs in the state of NH legal. Thirty-nine states allow syringe service programs to operate and there are over 300 of them across the country. In NH, the parameters for how you should operate a syringe service program basically is pretty broad. You can do just needle exchange. You can do HIV/STD counseling/testing. You can do immunization for things like Hep A which is something our department does. You could do referrals to treatment and all of those things. So where harm reduction sits in the trajectory when we think about a bigger city plan that is even beyond what you just heard about and us, and this is the framework that they use nationally, there is prevention, harm reduction, treatment and recovery. So what you just heard about was treatment, which is phenomenal and we want to see success in that for sure but we are a little more upstream in the harm reduction bucket and prevention bucket. We actually have a couple of members here from Makin It Happen which is one of our largest prevention partners in the city that we have been contracting with for many, many years and they help facilitate large scale community conversations around how we can prevent substance use disorder and address overdoses and overdose fatalities. This newer body of work, the harm reduction work, came about as you all know back in October when we reengaged the CDC because we had also spoken with them and their Rapid Response Teams prior to the pandemic in 2019 and they actually came out to Manchester and did a site visit and met with community partners. They really were

asking that we elevate our work in overdose prevention to the scale of activating the Emergency Operations Center. They considered it to be that cross-cutting and something that we really needed to get our arms around as a city. Certainly the pandemic hit and the EOC took on a life of its own around that. Now that we are back to this place, we reengaged that Rapid Response Team at the CDC. They had a funding opportunity called Implementing Overdose Prevention Strategies at the Local Level and essentially we are one of 10 cities across the country currently…we are actually the fourth cohort of cities that is looking at things like harm reduction strategies, stigma reduction, compassion fatigue among our first responders and overdose fatality reviews which is something, if you recall, that we asked for back in 2019 because that was not happening in the state of NH. I have been appointed to the state committee to review overdose fatalities statewide and that group continues to meet and we have yet to review one fatality statewide because there are a lot of mechanics behind getting that data to be valid and getting data to speak to each other but locally we went ahead and have been doing overdose fatality review. So not only do we know that a lot of folks who unfortunately are overdosing and dying from their overdose have some interaction with law enforcement in their history, we also know that a significant number of those folks also have some domestic violence in their history. It is heartbreaking to me to hear about a women's shelter that really specializes in trauma being in jeopardy now in the city because I think that is just such a vital role for not only getting more individuals off the street but a really vulnerable population that has a high risk of overdosing and fatality. With this work, essentially what has happened and what has changed in the last five months is we were able to secure this funding, again it is grant funding, and it allows us to change the way we look at data. Historically, you all are given American Medical Response data, usually a month later, and that is what we all get. AMR only serves Manchester and Nashua so what ends up happening is a lot of the headlines that make it in the paper saying oh Manchester is increasing in overdoses or Nashua is is because there is no other data that is being conveyed through AMR. However, the state collects data and in fact if you looked at rates of overdosing statewide you would see that even as far as the north country, there rates are higher proportionate to the population than what we are seeing in the City of Manchester.

Chairman Barry stated I wish that information would get out. You are right and I know that AMR does Manchester and Nashua but I didn't realize that it is their data only.

Ms. Thomas responded yes and there are a lot of nuances about the data and I think we need to have a separate conversation about that as well because you also have to understand that in that data is the number of overdoses, not the number of people. I will use last month's data where 44% of the folks who were served by AMR that was their second or more visit with AMR. So there are a lot of people who unfortunately are repeat overdosing. There is actually overdosing happening in the community that we will never know about and never makes it into the call of a first responder. I think the magnitude of the problem is larger and complex. We also know that it is about a 50-50 split in the overdose numbers that we have of the housed and unhoused. Certainly there are a lot of people coming into the city and overdosing and unfortunately dying who are not from the City of Manchester; similar to what we see with individuals experiencing homelessness. This is obviously something that we felt pretty strongly that we needed to get ahead of as a Health Department. We have worked with the Police Department and Lt. Barter would have been here tonight but he unfortunately

had a conflict. He has been instrumental in changing the way we look at data because now we are looking at data on a daily basis and the Police Department is devising an alert system that we will all get in real time so as soon as we start to see a spike in overdoses or fatalities, the community will be notified broadly as opposed to waiting for us to craft an email and send it to everybody. We will actually have an alert system that everybody can get connected to and be made aware of. The other piece of this funding allows us to bring on someone like Andrew Warner who is the Director of Overdose Prevention. In our organizational structure, he is in a supervisory level. It is not similar to the Director of Homeless Initiatives. He is not at a department head level. He has now assembled a team with the funding that we are calling the Rapid Overdose Assessment & Response Team. That team is 13 individuals who will be paid only on a per diem basis when we need them and you approved this funding already. They have been recruited from all of our partner organizations. They have been vetted and they have already gone through the onboarding process and background checks and they come from organizations such as The Doorway, Mental Health Center of Greater Manchester, Waypoint, Families in Transition, and Healthcare for the Homeless. These are very stable organizations for us. The goal is that this team will be trained and we will give them all the same baseline training and as we monitor these spikes on a daily basis, we will deploy that team as needed. Part of the other work is that we are geographically mapping where these overdoses are happening, what time of day, and what day of week. All of that new information is allowing us to be much more strategic about where we go. That is really at this point what we are building up next. I would love, as we get them through the first round of training, to have members from GateHouse, The Doorway, and Farnum come in and do a training with the outreach teams. Again, they are only going to be going out when we need them in these hotspot moments. As it is, we have only had one overdose spike this year in fatalities and one overdose spike in general. In the previous six months and even before that, those events unfortunately were more frequent. Things are actually slowing down. Proportionate to last year, we are down about 20% and about 10% over the last six months. That is encouraging that we have now been able to mobilize partners in a new way and we are all working together and communicating very openly about what is happening and trying to get people connected to services and meet them where they are at. That is a big part of this and the other thing we are trying to do is offer trainings to the community. We have other grant funding that we are leveraging with this work. For example, we are paying for mental health providers for the Police Department to provide services to not only the police officers but to offer guidance as they are dealing with complex situations. We will offer other trainings like compassion fatigue training for first responders. All of those things have been identified by the CDC as something that we should be reinforcing all of the time. The other deliverable that comes with this scope of work is that by the end of the grant year we would like to have an overdose prevention plan written. It would be similarly based off of the categories I just mentioned – prevention, harm reduction, treatment and recovery. You want to see all of these things compliment each other so it is a much larger strategy and not just one size fits all. I think at the end of this project year we hope to bring that to you and that may bring new recommendations that we haven't thought about because we are getting this expertise now from the national level that we were not afforded before. It is really exciting because we have some of the best experts in the field at our disposal.

Alderman Levasseur stated you said there are eight major cities that are part of this plan. What cities are we talking about?

Ms. Thomas responded I can get you the list. I don't have it with me right now but I can send that to you.

Alderman Levasseur asked do you have any in mind.

Ms. Thomas replied some are smaller areas or mid-size cities.

Alderman Levasseur asked is this just NH or countrywide.

Ms. Thomas answered countrywide. To date we would be part of a pool of 40 communities. I can give you that whole list.

Alderman Levasseur stated what reading I have done on this, originally needle exchange was meant for the idea of HIV prevention because it was a major problem. That is when legislation started to pass and when big battles came out and special interest groups came out and said we need to reduce HIV obviously, especially in certain communities, etc. I don't know or think that the thought process was we are going to hand out needles for the purpose of allowing people to do heroin with the needle that we are giving them. I don't know if that is the thought process as to why that is being done but what I do have for a question is that business owners are not happy with the fact that Mr. Warner is walking around with bags of needles and giving them out to people downtown in the middle of the afternoon. Now Mr. Infantine who I do a TV show with has probably mentioned this 50 times over the last five or six years of doing the show. He has a particular area in his building where they crawl into that space and they leave those needles. It just so happens that I got a couple of pictures of what else is in those bags. The gloves are there and the needles are there and I have people who are expounding that handing out needles does not cause needles to end up on the ground. I don't think I have ever heard of anything so ludicrous because as you know, our parks are loaded with them. We get complaints from parks and baseball fields, etc. I guess my concern is you are his boss so are you saying this is a strategy where we do hand out needles in bags to people? Is that part of the plan?

Ms. Thomas answered the guidance that we have received from the CDC and one of the deliverables…

Alderman Levasseur interjected this is not a criticism of you guys. I am just asking if this is an actual protocol.

Ms. Thomas replied it is an actual protocol and it is only designed for those areas and individuals where there is an overburden of overdoses happening. So it is very targeted and based on the feedback that I heard when you mentioned this at the BMA meeting about the businesses being upset, that was the first time I heard about it so we have asked Andrew not to be in those areas. His scope, just so you know, he is not an outreach worker. He is actually supposed to be doing more coordination. He does do outreach though because he needs to know what is happening on the streets. He is out there with partners. Some days if he is out there doing outreach it is all data dependent

and we only go out as the data says we need to he might just be doing welfare checks on people. There might be another day where he is partnering with the Harm Reduction Coalition and that would only be minimal, I am talking a few hours, and it would be very targeted to hotspot areas. He may also go out with partners and just give out Narcan. It is not that every single time he goes out he is doing that scope of work. It is a deliverable in his scope of work in his grant but it is minimal in his 40 hours a week.

Alderman Levasseur asked as far as the grant itself and the laws in the state, do the laws allow for the Health Department…I know non-profits can hand out these kits and they do but under the laws does it specifically say that an employee or an agent for the Health Department can actually give out needles on say Friday at 3 PM and wherever they feel like it. Does it actually say that?

Ms. Thomas answered the law, and I can send you the link that describes the law verbatim, there are certain agents in communities that can run syringe service programs. Public health networks are one of those in the law and so is a federally qualified health center and we actually meet the definition of both of those things. In addition to that, so you know how the syringe service law works, this not only was passed in 2017 but it is also well funded. They are funding 10 syringe service programs in the state, including Manchester. This is state run federal money approved by the Governor and Executive Councilors and this was their most recent grant cycle which was from 2021 until 2024 and $2.1 million to go to those 10 sites. When the law was crafted, it omitted the language that said the local Board of Health will have oversight on the syringe service program. Other states have that in their law. I would love to see that added into the law so that local communities have a say in how these things are run. There is no regulatory authority over this programs and I spoke to this at the Governor's Task Force on Alcohol and Other Drugs back in 2020. We had grave concerns about what was happening in Manchester, and this was before the programs became state funded and they were being overseen by DHHS. We had a whole punch list of things and if you remember, things were happening in Veteran's Park. As someone who has served in the military, that goes to my core and I know some of you have actually donated to the memorials in Veteran's Park. That is a place of honor and one of the most central parks in the city. I absolutely oppose any operation like a syringe service program happening in a public park like that. I think there is a time and a place. I think they have to be very discreet. Some of the syringe programs, like one of them up in the north country, actually operates out of a hospital. I think those things have to be thought through and well crafted. I don't want to see these things kind of be…

Alderman Levasseur interjected do you keep statistics on how many needles you receive and how many you have given out in a particular month, week or year. Do you have those statistics?

Ms. Thomas replied keep in mind there are two syringe service programs operating in Manchester right now.

Alderman Levasseur responded just your department. I know there are other programs.

Ms. Thomas stated well we are not running a syringe service program.

Alderman Levasseur asked you are not.

Ms. Thomas answered no we are not.

Alderman Levasseur asked are you receiving them at your property and then Andrew is handing them out or is he getting them from somewhere else.

Ms. Thomas responded Andrew will go out with the NH Harm Reduction Coalition, which is state funded. We don't purchase those supplies and we have nothing to do with that.

Alderman Levasseur stated I think that needs to be stated.

Ms. Thomas replied I agree. We are not buying those supplies. He is doing it in partnership with the Harm Reduction Coalition and like I said, it is a targeted amount of hours, if that.

Alderman Levasseur asked as his supervisor, you allow him to use a couple of hours or whatever during the week to go and work with that particular group.

Ms. Thomas answered yes with that group, that state-funded organization, because I have more confidence now than I did back in 2000 since DHHS is involved and we have good relationships with them and their infection control specialists that this is much more structured and done to the evidence base which is what we asked for back in 2020. There is responsible syringe disposal happening. There is much more meat behind the way these things are being run than what we saw back in 2020. They are now getting an additional $800,000 in opioid abatement money to expand their services.

Alderman Levasseur asked what else is going out with those needles. Are crack pipes also part of that non-profit's distribution?

Ms. Thomas responded I can get you the whole list of what they have for supplies. It is not like that give that to every single person they meet. It literally is on an as needed basis depending on who they are interacting with. Now keep in mind that these programs really serve probably the most complex population. This is not the general person on the street type of thing. As you know, this is a really hard group to work with. The concept behind syringe service programs is really to build trust with someone over time and to start encouraging them to make healthier choices. That is why the clean needles come into play. I will just tell you that I had a conversation with CMC recently and in one year they had 112 patients who were admitted with cardiac care concerns and also infections due to IV drug use. Every single one of those patients, on average, costs at least $100,000 and they are tying up your health care system so when your family needs to go to the ER we are dealing with that. So that is what you are trying to prevent, that infectious disease piece and that is where the evidence base is in the syringe service program. I will tell you that I just went to the ribbon cutting for the Elliot and their amazing ER. They have 36 beds and three trauma rooms. That is an enormous asset for a city this size. I spoke with staff who asked is there any way we can work on legislation to legalize or at least authorize us to be able to do things like

having Fentanyl test strips in the ER or Xylazine test strips in the ER. Not necessarily do syringe services, but that is all bundled in that law. They want their lawyers to work with some of the policy makers in the state to see if that can expand that definition so they can do some of those elements. That is all harm reduction. The only other thing I would suggest to you or maybe offer as a recommendation, and this again is grant funded for a targeted period of time and we are giving it a go and I am optimistic we are making some headway but we could as a Health Department, and I don't love this but I am just trying to be in the construct of the law, registered as an SSP like everyone is doing, not do needled exchange out of the Health Department but literally register only for the purpose of the outreach piece that Andrew is doing and specifically state that. That way, and again there is no regulatory oversight on these things but you are just documenting that we are doing that and that we are meeting that definition of an SSP. I don't want to go in the direction of…we are not planning on running that out of the Health Department and we are not going to do safe injection sites and all of that. That is not where we are at. We are literally just trying to do the harm reduction piece on a minimal scale and work with the partners who are doing this and doing this well. To be honest with you, I want to have somebody on the group working with these partners because they are doing it anyway. Just so you know, they are going to do it whether you like it or not. They are in Manchester and they are funded to do it. You have no say in whether or not they do this in your community and my whole thing is I would rather be close to that and have a good sense of what is going on and be able to communicate that back.

Alderman Levasseur asked is there a definition for harm reduction as compared to intoxication or opioid reduction. You know where I am going with that right? Harm reduction means we want to cause less harm with HIV. Opioid reduction does not get lessened by handing out needles. Can you construct that so that those match or work together somehow so you can take harm reduction and add it to what we would consider harm reduction or what your process is for harm reduction for a person who is injecting?

Ms. Thomas answered there has been more than 30 years of research on these syringe service programs. There is a whole body of evidence that I can share with you ad nauseam but what we know is that people who are connected to SSP's are five times more likely to get into treatment and three times more likely to never use drugs again. That is the real crux. Even though we are doing it for infectious disease purposes and prevention purposes, every time somebody is interacting with an SSP, it affords us an opportunity to prevent HIV but also to prevent an overdose and increase the likelihood that they could get into treatment. I see this as yet another complimentary way that we are hitting this community hard. We are all coming at this from different angles and as I said, I don't think one size fits all. I think we all have to have carve-outs to this. This is not the main body of our work. Like I said, I am not running a syringe service program and I am not paying for supplies. We are actually trying to do more of the coordination with the community around overdose prevention and around early alert systems when we start to see things start to creep up and getting these teams out there to help with that education. Ultimately it would be great if they also had the tools to refer people into treatment and into other services if that individual is ready. That is the goal. I think we have to have layers of prevention and intervention. I don't think one size fits all on this. The other thing I can send you just so you know is that we have a drug free school

zones map that the Police Department is required to update every year. Essentially what that says is in the law that we are not to have syringe service programs operating in those drug free school zones and that is a 1,000-foot perimeter around any school, public, private or Headstart, and any adjacent property that that school might use. It is not just a dot on the map and 1,000 feet from that dot but it is 1,000 feet from the perimeter of the entire school. You can imagine that there is not a lot of geography for syringe service programs to even happen in the city. You took the leadership stance to add to that, if you remember, and passed an ordinance that banned syringe services in public parks on top of that. So not only do we have that drug free school zones map but you also have prevented syringe services from being conducted in any public park. Just know that the terrain is pretty focused as it is.

Alderman Levasseur asked when you say no parks is that just for the Health Department or for all non-profits.

Ms. Thomas replied that applies to anyone operating a syringe service program which includes state-funded programs. They are not to go into public parks. You passed that ordinance a few years back.

*There being no further business, on motion of **Alderman Levasseur**, duly seconded by **Alderman Cavanaugh**, it was voted to adjourn.*

A True Record. Attest.

Matthew Normand

City Clerk