

HUMAN AFFAIRS COMMITTEE

April 11, 2016

PUBLIC HEARING

A public hearing was conducted by the Human Affairs Committee on Monday, April 11, 2016, at 7:00 p.m. in the Aldermanic Chamber.

Alderman-at-Large Lori Wilshire, Chairman, presided.

Members of the Committee present: Alderman June M. Caron, Vice Chair
 Alderman Tom Lopez
 Alderman Don LeBrun
 Alderwoman Mary Ann Melizzi-Golja

Also in Attendance: Alderman-at-Large Brian S. McCarthy
 Alderman Richard A. Dowd
 Alderman David Schoneman
 Alderman Ken Siegel

R-16-022

AUTHORIZING THE MAYOR TO APPLY FOR AND EXPEND THE COMMUNITY DEVELOPMENT BLOCK GRANT (“CDBG”) AND HOME INVESTMENT PARTNERSHIP PROGRAM GRANT FOR FISCAL YEAR 2017

TESTIMONY IN FAVOR

Mr. Dave Villiotti, Executive Director, Nashua Children’s Home

I’d like to recommend that you go with and support the recommendations that have been forwarded to this body which include renovations to the kitchen and the purchase of kitchen equipment for the Nashua Children’s Home. The kitchen facility hasn’t been updated in about 25 years.

When we at the Nashua Children’s Home accept Nashua youngsters into our facility, about half of our kids are City of Nashua residents, not only are we able to sustain their enrollment in local schools, maintain their membership with their families and maintain their connection with the community to which they will return but we do that at significant savings to the taxpayer’s as well. When Nashua youngsters that are identified as special education needs are placed at the Nashua Children’s Home by one of the district courts rather than at one of the other of the state’s residential facilities, the savings that are accrued to the taxpayers of the city exceed \$40,000 per year per student which comes to somewhere between \$800,000 and \$1 million per year. When we work with kids from other communities; we are fond of saying that geography is our enemy. We work much more effectively with kids when the kids are in proximity and we have easy access to the families. The kids have access to human resources and they can maintain their enrollment in local public schools. Once again, thank you for all of your support throughout and I urge you to support the recommendations that have come before you.

Pastor Josephine Norwood, Tolles Street Mission

I wanted to go over a little bit about what the Tolles Street Mission does and our needs. We have a very low budget and most of our people are volunteers and we do have a lot of people that come to the food pantry that we have four days per week. We need help in making our facility more efficient so our clients can have privacy when they come in to register. I did take some pictures which show where we would like to have the one room where people would come and they would sit until their number is called. There is another picture

which shows where we would like our intake place to be where people could register in privacy and not feel embarrassed or ashamed. I also have pictures of where we want to take part of the toilet area and make it larger so people won't harm themselves as they walk through to get their vegetables and stuff. We have grown so much in the last four years. In 2015 we did 100,000 pounds of food and we do work with the USDA, Chipolte, Starbucks, Lull Farm and Hannaford. Our facilities are very small but even so a lot of things are given out to our clients. They get enough food for three days for three meals a day and they get it twice a month. It's not about how great our facility is but who you are serving. We want to update those things so this way it's safe and private. You can see in one picture there is a man standing next to a desk, well, that's where everybody walks in. That means there could be a line going outside and he's giving information on what he needs and I don't think that's right. You have to respect people even though they may not have food. We are only talking about making that new area approximately 90 square feet. We want to take part of the bathroom which we don't need because it's huge and give it more space so even someone with a wheelchair or a walker can go through safely. We are asking for help because our budget is so low and the amount that we do get from people donating money doesn't even help. We had over \$10,000 that we had left over from the year before that helped us through year and we even had our office help this year take some days off during the summer because there was not enough money to pay them and everyone else who works there is a volunteer. We desperately need help in this area and I thank you that you might consider us tonight and I thank you for what you do.

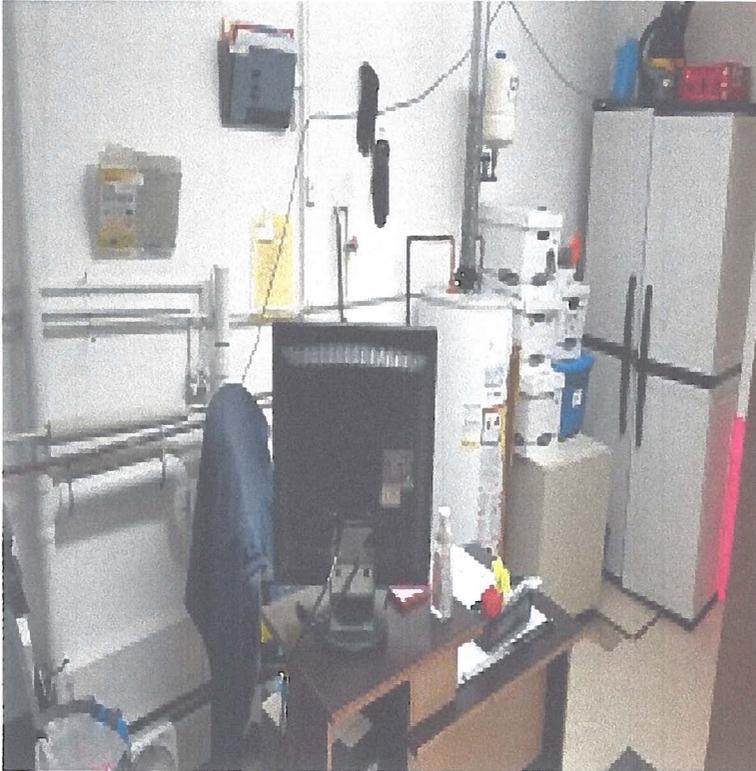
TESTIMONY IN OPPOSITION – No one came forward.

TESTIMONY IN FAVOR – No one else came forward.

TESTIMONY IN OPPOSITION – No one came forward.

The public hearing was declared closed at 7:11 p.m.

Alderwoman Mary Ann Melizzi-Golja
Committee Clerk



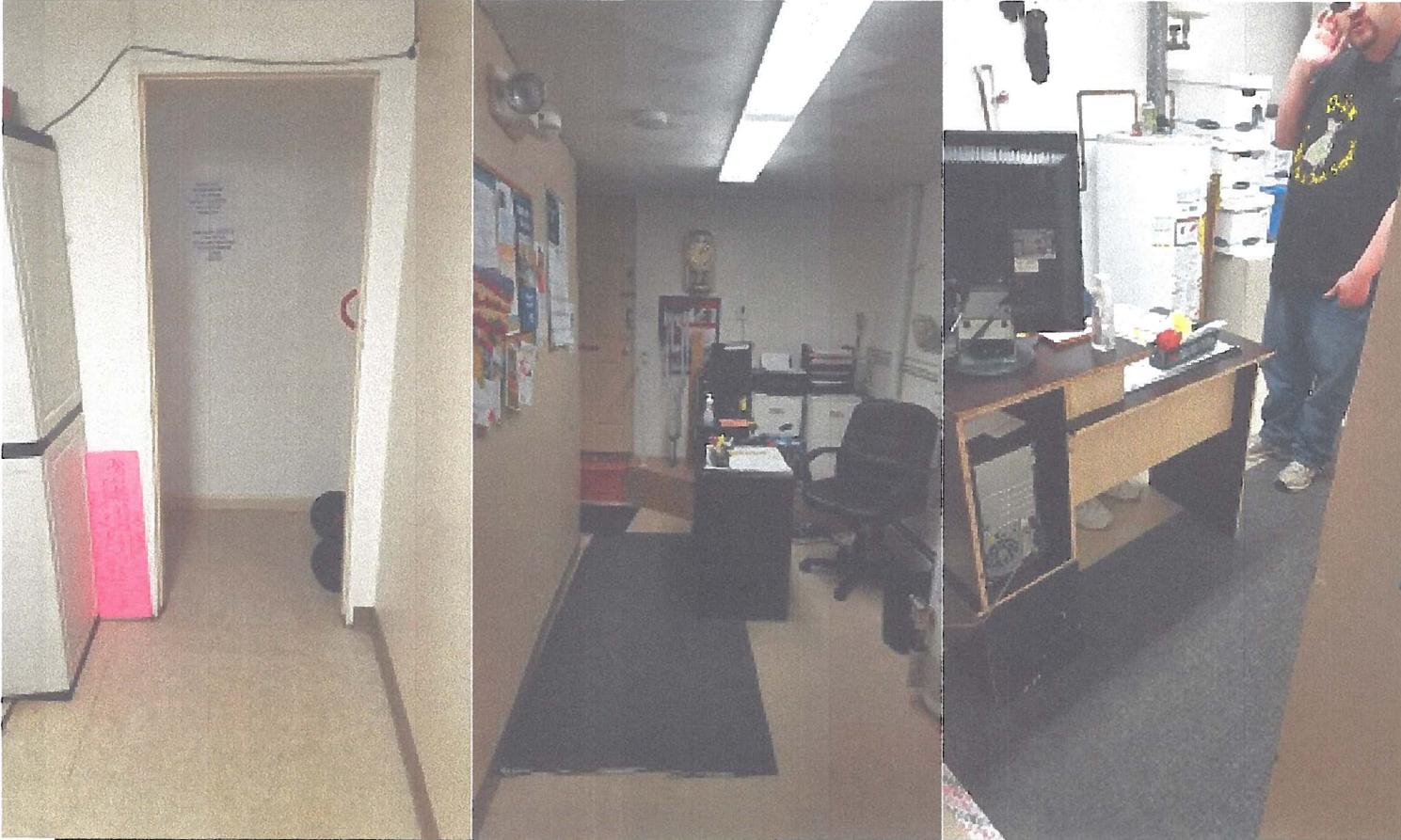
EXPANDABLE SPACE – TO BE
USED FOR NEW PANTRY
OFFICE





FOOD PANTRY AREA

809



CLIENT INTAKE AREA

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 Alderman David Schoneman
 Alderman Ken Siegel
 Ms. Carrie Schena, Manager, Urban Programs

PUBLIC COMMENT

Mr. Justin Kates, Emergency Management Director

In your communications this evening you have a memo that I put together which is about our Disaster Resilience Project that we were proposing for the CDBG for this round. I'd like to speak to what we intend to do with some of the non-profits that are in the community. First, this program is really in two phases; first we are looking to try to put together some type of a tool kit to help build an emergency action plan for the many non-profits that are here within our city. The second piece of this is to go out to at least ten of these organizations over a period of a year to assist them in the development of an emergency plan and help put together some sort of a guide for potential improvements that they can make with their facilities using next years' CDBG. This is something that has been in the works for two years. The United States Housing and Urban Development Department has worked to try and develop some procedures and protocols for the Office of Economic Resilience and Emergency Management ties most closely to that locally. We are hoping to use some of the initiatives that HUD has put forward to try to promote resilience within non-profits that serve at-risk communities and hope to put together some useful tools that they might be able to use over the next few years. I would be happy to answer any questions that you have moving forward.

DISCUSSION

Science Café New Hampshire Opioids Panel Discussion

Alderman McCarthy

I have been attending the New Hampshire Science Café for about a year and it's an event that was started by Dan Marchuk who I will ask to come up and join us and with some support from David Brooks of the *Telegraph*. It's a group that gets together once a month to discuss, in an informal setting, topics of interest in basically applied application of science to things that we do. It's covered things like electric automobiles, beer making, mosquito populations and one of the recent ones was opioid problems and I found that session to be particularly interesting so I asked if the panel could speak to us about it.

Mr. Dan Marcuk

I am one of the two co-founders of Science Café New Hampshire and before we involve the panel I wanted to

give you a little bit of context on what Science Café is because I think in Nashua you have a true public good that is perhaps underutilized and under realized. Science Café is about having a public discussion once a month on a varying range of topics where the public is invited to a free session and we go to the effort of constructing panels of experts. Five years ago when we co-founded Science Café New Hampshire there were no Science Café's in New Hampshire but then one started in Lebanon, Portsmouth, Manchester and Concord. It's about having an open discussion from a perspective of science about things that matter to us like climate change, West Nile disease, the future of food and digital security, vaccinations, 3-D printing and electric cars. Our goal is to create a more robust citizenry by having people base their opinions in fact. There is a huge appetite for this kind of discussion. Half the time people thank me for just creating a venue where they could come and talk with other people. It's on the third Wednesday of every month except July, August and December. It's open to the public and free. Occasionally we try to get all of the Science Café's to do a theme. One year we did food in New Hampshire and try to get a conversation started around the state. This year we chose opioids, Heroin and addiction as something we wanted to talk about across the state. There was a session in Lebanon and in Concord that attracted a full house of 85 people. There was a session in February that attracted 80 people and that is the panel that we have brought back here tonight because Alderman McCarthy thought it was important that you all have a chance to experience that kind of interaction directly with the experts. We have three panelists here tonight, Dr. Abigail Zavod of Dartmouth-Hitchcock Nashua, Vahrij Manoukian of Hollis Pharmacy and Chris Shambarger, liaison to the New Hampshire State Police and who is also a pharmacist.

Dr. Abigail Zavod, Internist, Dartmouth Hitchcock Nashua

I trained in Lebanon and spent time at the Lahey Clinic and Mass General before I came back to Dartmouth. I treat patients above 18 and this is my 16th year in practice.

Mr. Chris Shambarger, Pharmacist and Liaison to the New Hampshire State Police Department

I spent 15 years in a retail pharmacy in the State of New Hampshire and in 2010 I went to work for the New Hampshire State Police Narcotics and Investigations Unit. Since 2010 I've seen nothing but an increase in prescription narcotic diversion investigation.

Mr. Vahrij Manoukian, Pharmacist

I am a graduate of 1981 from Northeastern University and I've been practicing pharmacy for the past 35 years. I opened my own pharmacy in 1985 in Hollis. I am on the Commission of the Board of Pharmacies for a period of ten years and that ended in 2013.

Alderman LeBrun

Why is it important for this committee to talk about his topic for New Hampshire?

Dr. Zavod

New Hampshire is number 4 in the nation for deaths due to opioids and we are number 39 in the nation for funding and resources for addiction. Nothing has ever frightened me more in the time that I have been practicing so I felt compelled to become involved.

Alderman McCarthy

When you say 4th in the nation is that in absolute numbers or in per capita?

Dr. Zavod

Per capita, so the rate in New Hampshire in 2014 was 26.2 deaths per hundred thousand and West Virginia and Alabama was ahead of us.

Mr. Manoukian

One month ago 20/20 broadcasted from Manchester, NH, as being the number 1 city for using Heroin and we are the number 49 state for treatment. There was a big bust in Manchester where they arrested 85 people; the Heroin trafficking in this state is unbelievable. There were 440 deaths in 2015 due to opioid and Heroin addiction.

Mr. Shambarger

There is a very high increase in the number of Heroin overdose deaths but we are also facing fentanyl related overdose deaths and it's because the fentanyl is coming from Mexico and China and it is not pharmaceutical fentanyl. Fentanyl is available as an injection and as a patch and the stuff that's on the streets is basically a powder that is coming from clandestine laboratories. That's the stuff that is killing people. Fentanyl ends up killing people because the people who are used to using Heroin think they are using Heroin and it turns out to be fentanyl. Fentanyl is, for a person who is opioid naïve, somebody who hasn't used before, fentanyl is a more potent product and it kills the user.

Dr. Zavod

I think it would be important to give a historic perspective; back in the 90's Perdue Pharma came up with an extended release form of Oxycodone called Oxycontin. This was marketed as a less addictive medication. There was an aggressive marketing campaign that was undertaken. Along with this physicians were encouraged to use something called pain is the fifth vital sign. Pain is very subjective but all of a sudden physicians and practitioners were being graded and in some cases fired if they were not taking care of this fifth vital sign. It was a perfect storm of the drug companies telling us that the drugs were safer and being encouraged to pay attention to the pain as a fifth vital sign. The CDC's statistics, going back to 2000, you see the number of pain killers prescribed and then you see deaths and they are parallel. A pretty typically story is that a patient goes to get their wisdom teeth out or a patient sprains their ankle and they go to a facility and they are given a prescription for Percocet or Vicodin, they are not warned about the addictive potentials of this drug or may experience a euphoria that's very hard to resist and some people like the way they feel so they finish their prescription. Maybe then they go to their primary care physician and get a re-fill. Eventually if the physician decides not refill the prescription there are some people who then turn to Heroin. Pills are very expensive. Buying Percocet on the street is very expensive and Heroin is cheap and now that it's being mixed with fentanyl it's very powerful. That in the nutshell is what my perception is of the anatomy of the epidemic.

Mr. Marcuk

Prescription monitoring is an important part of where you just went.

Mr. Manoukian

In my tenure on the Board of Pharmacy one of my achievements was to bring the Prescription Monitoring Program to become a law in the State of New Hampshire. It's unfortunate to say that our state was number 49. I started with the Prescription Monitoring Program in 2005 when there were only 12 states. I worked so hard to make it into law. It is very hard to pass legislation in the State of New Hampshire; you have to convince 400 people or the majority. It's a matter of saving lives that has no political agenda. There are almost 100 people dead so far this year and the majority of them are from Manchester. There were a lot of

stakeholders in this, especially Senator Bradley. Finally Governor Lynch signed that into law on June 12, 2012. We implemented it in October of 2014. The Prescription Monitoring Program is a tool that we use as a pharmacist and the law enforcement has nothing to do with it. It's a tool that we prevent the doctor shoppers and the pharmacy shoppers. When I get a prescription I enter it into a database and it brings me all of the prescriptions for the past year that the person got filled. If I see there are a lot of prescription are being dispensed and the majority are paid in cash then you know they are trying to pull a fast one on you. Under the law, RSA:318, a pharmacist cannot be licensed every year unless they are involved in the Prescription Monitoring Program. We are not live yet but Massachusetts went live last month so live it means that every day we update the data so you know that person filled certain narcotics in the previous state. The doctor's do this on a voluntary basis.

Dr. Zavod

No, 576 has changed that so we are now required to query the Prescription Monitoring Program at the initiation of any narcotic prescription and at least twice a year for patients that I have on controlled substances and we are only talking about opioids but we left out a whole segment on benzodiazepines which are found in 70% of all overdose deaths. I query the Prescription Monitoring Program for every prescription.

Mr. Manoukian

I commend Dr. Zavod on this because back in February it wasn't mandatory yet. If you take the time to look at it before you give the narcotic out at least you give it out with a clear conscience that I did it right. It's especially good for the emergency rooms. It gives you the class 2 narcotics and anything else from class 3 to class 4 such as Tylenol with codeine or Xanax or Klonopin. Everything shows up on our end as pharmacists. It's a powerful tool and because of that tool the supply and demand of narcotics on the street diminished. Before we had this tool the Vicodin was class 3. The United States of America dispenses 95% of the Vicodin of the world before 2014. Since 2014 when that became a class 2 narcotic. A class 2 narcotic means that every time you have to fill a prescription you have to go and get an actual prescription, they cannot call it in. Before you could call it in like 100 with 5 refills and you know that person did not take those 500 pills and it went somewhere. Another thing is that the fentanyl is a patch that we sell and it has good intentions if you are a cancer patient, it's a patch that you put on every 3 days. We don't sell the powder, the powder is sold; just Google it, "fentanyl for sale" you'll just find it anywhere but it doesn't mean that you are getting the right medication. I am so happy that the Prescription Monitoring Program went into effect and becoming more and more effective in the State of New Hampshire.

Dr. Zavod

The Prescription Monitoring Program is a wonderful tool as long as it's used just like any tool. One of the limitations that we have faced as clinicians with the Prescription Monitoring Program is that we can prescribe a prescription here in New Hampshire and it can be taken over the border to Massachusetts and filled. Patients can come from Massachusetts to New Hampshire and New England is a problem because we are not like Texas, you don't have to drive too far to cross a state line. There is a movement afoot to get a federal and national database but it is in its infancy. Right now we are hoping that by the fall to get access to the Massachusetts Prescription Monitoring Program. I am licensed in Massachusetts and if I got my Massachusetts DEA license again I would have access to that database but I would only be allowed to look up my patients. There are a lot of privacy issues but it would be much more useful if we had a national program.

Mr. Manoukian

The NABP (the National Association Board of Pharmacy) is expanding on that. The Prescription Monitoring Program that we are talking about, Chris has no access to it just to make it very clear because he is in law enforcement and they don't have access to that. It's only under the Privacy Act, the doctor has it and the

pharmacist has it and we cannot share it with the local police department no matter what happens.

Mr. Marcuk

You all made it sound like we have this prescription thing under control and it's getting better and there's no problem. Translate now about what you just told us about control narcotics into the crisis that's facing New Hampshire today.

Dr. Zavod

We still have physicians who perhaps don't believe that narcotics are dangerous or that benzodiazepines are dangerous so we still have a lot of prescriptions coming out of physician's offices. I'm not talking about pill mills like we've seen in Florida and California. These are physicians that maybe haven't done continuing medical education or read about opioid-induced hyperalgesia which is where opioids actually induce a state of feeling more pain so no matter how much you get you feel more pain. One thing that I believe will help in this crisis is education. It's interesting to note that back in the 1800's we actually had an opioid crisis in the United States. Morphine was widely available and was the only drug available to cure what ailed you. The typical addict was a white woman with pain. After that younger physicians realized that this was not a good way to manage pain but that we needed to diagnose and treat the source of the pain and so we had advances in bacteriology and we were able to treat with antibiotics so things got better but the education piece was key. I actually have one of my medical students from Dartmouth here today and one of the things that I try to do is teach as much as possible that prescriptions is an art and not science and that we need to think very carefully about the choices we make when prescribing.

Mr. Manoukian

I'd like to ask Chris to speak about when they have cocktails and they bring in prescriptions.

Mr. Shambarger

The crisis in Florida the a pharmacy faced was that they would have groups of people that would show up in Florida and they were going to places referred to as "pill mills" and these doctors would just take money from these people and the doctors would give them a cocktail of Xanax, Oxycodone and a muscle relaxer and often times the prescriptions were written for vast quantities. We've seen as much as 240 tablets of Oxycodone for one prescription. The DEA would end up stopping the pill mills from doing their practice of writing prescriptions for these people. A van with 15 people would show up and provide the doctor with a set of x-rays and the doctor would write out a prescription. Polypharmacy is really what has been killing people as a result of willy nilly prescribing. Since 2010 that has gone down from what I have seen. The DEA has done a fantastic job of stopping the pill mills in Florida.

Mr. Manoukian

There are still certain pain clinics in the State of New Hampshire that prescribe that amount of 200+ pills of Oxycodone at 30mg. We are trying to get the legislature to go back and limit the amount of pills that they can prescribe to 100 units or a 30-day supply. This was into law before 2008 but because of certain cancer patients that can't go so many days to get their prescriptions so they opened it up. Pain killers need to help people that need it. The drug seekers are what is putting a dent in those legitimate people. They are the ones who will suffer because the government and the medical board signed some type of legislation to limit morphine to 100mg. per day.

Dr. Zavod

Yes, 1423 is the host bill which is being debated right now but they just signed 573.

Chairman Wilshire

Dr. Zavod, I got a call from a constituent when they found out that we were going to have this discussion tonight and he said that his wife had cancer and is in chronic pain and he's afraid they are going to take her pain medication away. What do you tell patients that have legitimate chronic pain issues?

Dr. Zavod

Usually patients with cancer are under the care of an Oncologist and a Palliative Care Team that laws and regulations that have been enacted specifically exclude patients who are having palliative care treatment. These laws don't apply in terms of limits and regulations. I will tell you that there are, unfortunately, a growing number of patients with cancer who have also become addicted so maybe their cancer is in remission or cured. There are some patients who are using the diagnosis to increase their access.

Chairman Wilshire

On writing prescriptions, you can't specify specific pharmacies. You are saying that people are writing prescriptions in New Hampshire and going to Massachusetts to get them filled.

Dr. Zavod

It used to be that you could just write a prescription and you could go wherever they wanted. Now we sign a contract with patient that says you are only going to get the prescription filled at this pharmacy and I'm the only one that is prescribing for you and that if anyone else prescribes for you have to not take the prescription and report that. We urine test people to see if they have other substances in their blood or if they have nothing in their urine because that means they are not using what you prescribed. I think it's a lot done too late and we are in the midst of a terrible situation. I fear we are going to lose a whole generation.

Chairman Wilshire

I just came from a Police Commission meeting and they have made 232 drug arrests this calendar year in Nashua; there have 90 overdoses and 10 deaths just in this calendar year just in Nashua. It's very alarming.

Alderman Lopez

You talked about New Hampshire being 49th overall in the country in terms of providing recovery supports. You also explained that pain has a subjective scale that influences physicians on how they approach medical treatment. Once prescription drugs became less available people were turning more to street drugs such as amateur fentanyl. There was also talk about how the medical chasers were becoming regulated. There's been a lot of focus about how to regulate prescription medications but that 49th overall in terms of recovery support; does that translate to a predisposition in the medical community to focus on the solution being to addiction being regulation or medication as opposed to referrals to detox centers?

Dr. Zavod

We don't have the detox centers here in New Hampshire.

Alderman Lopez

So you don't have the tools you need. When you were talking about having that training for patients, giving them that you are going to experience euphoria and this may be an addictive quality. It seems practical that you would also give them the resources if they do believe they have an addiction to look for support but if those resources aren't in place then you don't have anything to give them.

Dr. Zavod

We really have nothing to give them. I've been told by addicts that they have to call recovery homes three times a day every day for three to four weeks and if they don't then they won't get in. There is a disincentive in this state to get well.

Alderman Lopez

Is there a stigma as well in telling your doctor that you need help in the first place?

Dr. Zavod

I think it depends on how you approach the subject. I try to encourage them to be open and honest because I am here to help. There is no judgement involved because it's a medical problem.

Alderman Lopez

I overheard a pharmacist at C.V.S. telling a doctor that he needed to account for the prescriptions that were being ordered. The pharmacist in essence was talking the doctor out of renewing the prescription that seemed excessive. Do you think that happens a lot?

Mr. Manoukian

I do that almost every day. If I get a prescription for 100 Percocet and it says on the prescription to be only filled at Hollis Pharmacy I call the doctor right away. Some doctors tell me to go pound sand and some tell me that I am the doctor and you are only the pharmacist and I say I just want to go on the record that I made this phone call and that I think what this patient has been prescribed is excessive. Any time you see a typical cocktail which is an amphetamine, a pain killer, anti-anxiety plus a muscle relaxant then it's a cocktail and anytime you get those four ingredients it means that there is an abuse of the drug. On top of that we have to give some type of anti-hypertensive drug because it causes the heart to go faster. I refuse many prescriptions because the pharmacist, under the law, at his own discretion can refuse to fill any prescription. The problem is that they will fill it somewhere else.

Dr. Zavod

I think it's wonderful that the pharmacist was on the phone with the physician. Patients have gone to great lengths to get prescriptions. When I was practicing in Massachusetts we had a patient who used a non-clinical physicians DEA number to forge prescriptions.

Mr. Manoukian

I had a patient bring me the same prescription over and over again with the same serial number on it and there is not a single prescription with the same serial number on it.

Alderman Siegel

It appears as though when somebody goes doctor shopping there doesn't appear to be any consequences. You can refuse to refill the prescription but it ends there and they go somewhere else. Are there any penalties because clearly this is an abuse?

Mr. Shambarger

The law in New Hampshire is two or more physicians being seen in an effort to obtain a controlled substance without a legitimate reason. The highest number that I have seen is 88 doctors for one person and every prescription was for a narcotic. When we alerted the doctors in this case they said they were amazed. It was like a full-time job for the patient to go to all of these different locations to get these prescriptions and fill them at multiple pharmacies. This was prior to the Prescription Monitoring Program being in place so the pharmacist wouldn't be able to see it. The Prescription Monitoring Program now connects all of the pharmacies.

Alderman Siegel

It sounds like there actually is a consequence when people do this.

Mr. Shambarger

Correct.

Dr. Zavod

Yes and no. From the physician perspective what you have to understand is that physicians have become a service industry. We are no different than the concierge's at the Marriott. If we are not pleasing you we have a number of people that you can report us to. You can report us to the State Board, Press Ganey, or the practice satisfaction people who sit in our buildings to take patient complaints. We face the fear of patients complaining about us. That has driven, in large part, this epidemic. I have lost numerous patients who have come to me on medication that I've said I want to wean and they walk right out. I don't report them and I hope they don't report me but I feel like I have to do what's right ethically. We also because of confidentiality, it's hard for us to pick up the phone and say I just saw a patient and I think that he is doctor shopping.

Alderman Siegel

So you are saying that a good portion of the momentum for this is because of people looking over your shoulder and making sure that you actually are encouraged to keep people happy by prescribing.

Dr. Zavod

Absolutely.

Alderman Siegel

That seems to be a fairly substantial problem, it's insane.

Mr. Shambarger

One of the big problems in our society is that people feel if they leave a doctor's office without a prescription then the doctor is not doing their job.

Alderman Siegel

But it sounds like the doctors face serious professional consequences for not fulfilling these irrational desires to get prescription drugs.

Dr. Zavod

Yes, I have friends who have lost incomes and jobs because of poor patient satisfaction scores. It may be multi-factorial but it is very difficult.

Alderman Siegel

Who institutionalized this nonsense?

Dr. Zavod

I think it goes back to JCAHO which is the hospital regulator. I do have some literature that I can share with you if you want to give me your e-mail address and I also will be giving a talk at the State House on Mayor Donchess 2nd at 10:00 a.m. about the primary care's perspective on the opioid crisis. There is a movement afoot among physicians to fight back against things like Press Ganey and to hold the "big pharma" accountable. I have tried to ask the Attorney General if I can help do a class action lawsuit against Purdue Pharmaceuticals for false advertising which has led to the addiction of numerous people. In West Virginia and Kentucky there have been successful lawsuits and they have sued Purdue Pharma for millions of dollars which are being used right now to fund treatment programs.

Alderman Dowd

I keep hearing that we can't arrest our way out of this problem and we have to look to council. I'm not sure we can council our way out of it either. We see people getting arrested for selling drugs all of the time, is the punishment serious enough to dissuade them? Are there strict enough laws in place to punish physicians and pharmacists who abuse their privilege? It seems to me that the medical profession needs to start regulating themselves to not be abused by drug seekers and I think the pharmacists need to have rules and regulation that if they fill prescriptions that are way out of whack they need to be taken to task and the punishment serious enough that they won't do it again.

Dr. Zavod

There was a physician who was convicted of three murders in the State of California. She was running a pill mill. I would put it out there that 99% of physicians are not irresponsibly prescribing, they may not be wisely prescribing but they are not doing this with the intent that the pill mills in Florida had and I do not believe that the pharmacists are responsible. I don't think that jailing physicians and pharmacists is the answer to this.

Alderman Dowd

I would agree that the vast majority of doctors want to care for their patients and the pharmacists, the vast majority are keeping to the rules but there are people out there that are breaking the rules and there needs to be laws in place if there aren't already to come down on them and make an example to others.

Mr. Manoukian

We agree that the addiction is a disease and you can't put them in jail. They go to jail and they become smarter. When people go into rehab it's like a revolving door. They come out after their treatment and the

failure rate is 80%. They can't find jobs and sitting home they become bored and go back to the same habit. I keep thinking after I got Prescription Monitoring Program as the law, I said everybody is talking about the patient that has the addiction problem. Nobody is dealing with the dealers. I wanted to create a registry like the child molesters. You would have to register with the police department and if you want to rent an apartment then they Google you up and find out that you are a drug dealer and they will tell you to get out of my town. It went into two committees and threw it out. They testified against it because they don't have enough manpower to go and monitor the child molesters and this is too much of a burden for us. Then everybody in the state talks about what we can do about this problem. It wouldn't be 100% but the dealers knew they would have to register and they couldn't live in this community. So, we are pushing them down to Massachusetts and if Massachusetts adopted that law it would push them to New York and then Miami and then into the ocean where they belong. We are going to lose a whole generation. That means that there is not a single person in this room that is not being affected, directly or indirectly. Addiction does not miss a zip code and addiction doesn't know rich or poor or race or gender. It just comes to your house and the more affluent the town the more of the problem is there. The parents say "not my child." After a few years they find out that it's their child and it's too late. I never give up. It took me 7 years to get the Prescription Monitoring Program and I am going to keep on pushing for that registry for the drug offenders. I want it to become national so everybody knows who they are.

Alderman LeBrun

The drug monitoring program is a voluntary program, it's not a mandate.

Dr. Zavod

It's a mandate.

Alderman LeBrun

At this time it's not a mandate, it's voluntary; I guarantee it. I am the Chair of Health and Human Services at the State. That Bill went through my committee. Currently it is voluntary but it will become a mandate.

Mr. Manoukian

For the pharmacists it is a mandate because you can't renew your license.

Alderman LeBrun

That part is correct. In the three months from December to February of this year 612 million controlled drugs were prescribed in New Hampshire. When you get down to the 5th pain level; there is no litmus test for pain. All that the doctor will ask is what is your pain level on a scale from 1 to 10? Your pain level is not the same as mine. The doctor's fear is not prescribing medication based on what that individual tells them. Obviously, if an addict comes in he is going to be at a 10 and the doctor fears not prescribing. We hear it all of the time from the Board of Medicine, the pharmacists and the nurses. We have 17 bills currently in my committee and 5 of which we will be hearing tomorrow. All 17 came out of the Drug Task Force. They deal with everything you are talking about. It doesn't take 400 people to pass a piece of legislation it only takes the majority of two separate committees. My committee has 21 members and if a majority passes a piece of legislation then it goes to the Senate and it's a 5 man committee and it only takes a majority of that committee to pass it. Less than 2% of all Bills that pass through committee ever get overturned on the House floor. There are 400 members in the house but they will always pass, 98% of the time they will pass.

Mr. Manoukian

Speaking of that my House Bill was 1660 that has been thrown out. You don't have to tell me about it.

Alderman LeBrun

I was the sponsor. All three bills were thrown out and they are going to do away with the pedophile registry as well.

Mr. Manoukian

I don't give up, Alderman.

Alderman LeBrun

Within the last two weeks the FDA did pass regulations that only 34 days of oxycodone can be prescribed at 100 mg.

Mr. Manoukian

My Bill was 100 units of Percocet or 30 days, whichever is less.

Alderman LeBrun

That bill was thrown out because the FDA passed a regulation that...

Dr. Zavod

We don't believe it's a law. The CDC came out with recommendations on March 12th. So 1423 right now is what you are talking about.

Alderman LeBrun

Yes, 1423 and also 573.

Dr. Zavod

Well 573 has passed but 1423 is in committee.

Alderman LeBrun

Yes, that's correct.

Dr. Zavod

That's the one that deals with the milligram equivalence of morphine and how much we can prescribe and there's been a lot of objections among physicians. I am fully in favor of it but I am in the minority. I've been threatened by patients.

Alderman LeBrun

Why have none of you been into the State House into my committee and testified?

Dr. Zavod

I don't know but I am coming on May 2nd.

Alderman LeBrun

That's not before my committee. You can come any time you please. If you show up I will recognize you and let you speak for as long as you want to speak.

Alderman Lopez

Is there any scientific data that the pedophile sex offender list, how it influences repeat offenses, does it have a positive indicator? I feel like if that's there somewhere then that's what you would probably need to use to show that a drug dealer registry would be effective.

Alderman McCarthy

Dr. Zavod, at the Science Café you had talked about a number of pharmaceutical treatments for addiction, can you go over some of that again and in particular some of the effects of over-the-counter Narcan.

Dr. Zavod

Currently when people go into treatment they use Suboxone, Methodone and a new treatment that is called Vivitrol or Deponoloxone. I just pulled an article from the New England Journal which came out on March 16th which studied the use of Deponoloxone. Nolozone is an inhibitor; it blocks the action of the opioids on the brain. When we give it on a 30-day injection you can use but you can't feel any euphoria. To me it sounds like the most promising treatment. The study out of the New England Journal did support its use. The problems with the Depo are that if you don't keep getting the injection every 30 days it wears off and if you were to use again because you don't know where your tolerance is then you are much more likely to overdose. It's expensive and it's not always covered by insurance plans, especially if you don't have private insurance. The other addiction treatment that we have is in my mind I think we are just substituting one thing for another. My understanding is that we do try to wean people off of Suboxone and Methodone. I think the most effective treatment looks to be this Depo drug. The Narcan issue; what we are seeing is that if someone comes in as a patient and says I am addicted or I have a family member who is addicted we have been encouraged to prescribe Narcan. Narcan is an intranasal drug that is used to reverse the affects; it pushes the opioid off of the receptors. What I hear from people in EMS is that the Fentanyl is so potent that people need maybe 4 to 8 doses of Narcan and Narcan is very expensive. I've also heard about Narcan parties where people go and put the Narcan in the center of the room and they all use and if someone overdoses they then administer the Narcan. There is a question if we are encouraging the abuse if we are prescribing Narcan. It's a very emotional and ethically challenging for me but at the same time if I have a life that I can save then I feel like I have to give them that drug.

Mr. Manoukian

You don't have to prescribe Narcan; you can buy it over-the-counter for \$45.00. Nowadays in Manchester the dealers sell Narcan with the Heroin and the Fentanyl. At the Narcan parties someone has 5 or 6 Narcan's with them. I don't carry Narcan in my pharmacy and I don't carry Suboxone because it's a bridge for another drug. I believe in treatment. The parents need to be aware of what's going on in their family. It's available so much in the school system, it's everywhere and people are dying. It affected me personally 11 years ago and I hope you are never in my shoes because I have to deal with my child dead at age 24. I visit him every day at the cemetery. I beg you not to join my club because it's a very, very bad club. It turns your life upside down. I think the Lord wants me to talk about this because I am very passionate about this. I speak about it all the

time. On May 5th there is a panel with the Town of Brookline, Hollis and Mason at 7:00 p.m. that will include me and the two police chiefs, the EMS Directors, Dennis Hogan, the County Attorney and Monica Gland, the Souheagan Valley Safe Team Chair. It will be at the Brookline Events Center.

Chairman Wilshire

What happens to these 232 drug arrests? What can we do because they are not getting punished for what they are doing?

Mr. Shambarger

I am a pharmacist and not a lawyer. I've learned a lot of ways of the law in trying to get these people arrested but then in my mind the case just gets nol pros and they throw it out. The thing that's happened in New Hampshire is that we have drug courts. I attended a conference about drug courts and drug courts require about 10 people per the person that was arrested to monitor the person that was arrested to make sure they are not still doing the drug and reporting to the judges. I am not sure that is an effective method but the idea that you have to assign as much as ten people to one person that has been arrested; that's an extreme amount of resources for one person.

Chairman Wilshire

And our police resources I might add, they are out there arresting the bad guys when they could be out there doing all kinds of other crime prevention. That's an issue for us as a community as well.

Mr. Manoukian

When they arrested the 85 people in March, the majority of them posted bail and out on the streets selling again. Their bosses posted their bail because they are a valuable commodity in selling their drugs.

Mr. Shambarger

Those people came from New York and they are crossing the border coming from Lawrence and Lowell and Haverhill. We are arresting people that are not technically from New Hampshire. They are stealing guns in New Hampshire and then selling them in New York.

Chairman Wilshire

And they are killing people.

Mr. Shambarger

Yeah.

Alderman Lopez

Is there any behavioral data or statistics to show that using Narcan actually is an incentive to continue using because if someone dies then they are probably not going to recover? I carry Narcan because if someone does overdose and I can give them another day to make a decision towards recovery that seems like the likely thing to do. Are the Narcan parties statistically supported or are they rumors? Do you have patients who have taken Narcan and then reinjected?

Mr. Manoukian

I know people that use Narcan, they woke up and become so violent because you took them off the high that they go back and inject again. They have it in their head that they are not going die.

Alderman Lopez

That's anecdotal. The question is are there statistics reported, is there data?

Dr. Zavod

There probably is but I don't have it with me.

Mr. Manoukian

This is becoming so common on the street and we see it on a daily basis. I don't need the data to show that it's happening. Ask your fire chief how many times they are treating the same patient. There's a person up in Concord Hospital, he is a frequent flyer, three times per day he comes into the ER.

Alderman Lopez

There is significant evidence that that person didn't die from an overdose.

Alderman LeBrun

I think there is a public misconception of what Narcan can and cannot do. Would you explain the process when someone is given Narcan, the length of time that Narcan works and what happens after the Narcan wears off if they don't get treatment?

Dr. Zavod

Narcan knocks the opioid off of the receptor so that it can no longer cause sedation and respiratory depression. Depending on how much the person has used of the opioid, when the Narcan wears off which is 45 minutes, if they have used enough opioid to overcome the Narcan they then will slip into their respiratory depression or death and will need more Narcan which is where a drug like Vivotrol which is a Depo form of this drug which lasts for 30 days, prevents that from happening.

Alderman LeBrun

I think that most of the public is a cure all. Without treatment if they are not taken to the hospital or get treatment from a physician they can go right back into the state they were in.

Dr. Zavod

They can, yes.

Mr. Shambarger

Granted it might be anecdotal and we don't have any real data on it but we have heard that they can get violent when you suddenly bring them back to life and they get angry that you just ruined their high. What the public doesn't understand is when these people get violent, often times they are going to need some kind of medical treatment nearby to help them get back to breathing. They may have more after effects from coming

off of the opioid high.

Mr. Manoukian

It suppresses your breathing and your lungs collapse.

Dr. Zavod

It's a central brain blockage.

Alderman Siegel

Regarding statistics, I had a conversation about this with Chris Stawas who is in charge of AMR. He's not able to provide statistics because HIPA regulations prevent you from gathering that information and it's a shame because he gave me very specific examples. There's the frequent flyers all of the time, they are dragging them off of the Rail Trail. We see these overdose rates but we really can't correlate how many actual people are involved. We know how many overdoses there are but we don't know how many people are involved in the overdoses. The HIPA regulations prevent us from getting that information and I think that has to change.

Mr. Manoukian

There are certain overdoses that don't require the Narcan or EMS. There is so much in the database.

Alderman Siegel

But if you had the opportunity to survive this and I'm not advocating against that opportunity, you have more of a statistical ability to have the same people overdosing multiple times whereas in the past, you were basically playing Russian roulette because you didn't have that opportunity. It's a shame that we are blocked from seeing how many of these are really frequent flyers. Clearly we have a major problem but do we have a major problem amongst a small population or do we have a major problem amongst a wide population? We can't tell.

Mr. Manoukian

440 people are going to be the statistic for 2015 that died. It means there is one person dying every 18 hours. For 2016 they are predicting over 500, this is our future generation and the age limit is between 16 and 17 to 26. It is very important to speak about it and to pass legislation to prevent it. There is so much Heroin in this state. There are couples that are addicted and they have a child and the child was born addicted and needs morphine. We need to figure this out.

Alderman Dowd

People get arrested then they make bail and they are back out. To me at a minimum if somebody is accused a second time with selling drugs they ought to be charged with attempted murder and have no bail.

Mr. Shambarger

I wish we could do that. I wish we could get some legislation to do that. Pharmacists call me all the time and say why aren't arresting these people and I say what can I do? I've been in your shoes and I know what you are talking about, you want to bust these people that are showing up with fake prescriptions and doctor shopping but it's just not that simple.

Alderman Dowd

If the state and the federal government want to get serious about this then they need to get serious about this.

Mr. Manoukian

The Prescription Monitoring Program put a dent in it so it's working little by little. If we go back to the legislature and create some type of a registry or arrest them, I prefer to put them in jail and never come out. When I fathered this Bill the ACLU was so against it that nobody wanted to hear it. Next year I'll push it again and again until it becomes a law.

Alderman Lopez

It seems like the Prescription Monitoring Program reduced it but based on the earlier comments it also pushed people towards another cheaper but more deadly Fentanyl so isn't there a corresponding gap in recovery services? When we were talking about recovery services earlier they are basically a non-factor as far as the medical community is concerned because there is no way to get anybody into them. Are the recovery services that are provided from a medical perspective adequate? I was in a public health presentation and they said it takes a year for the brain to even start recovering from substance use and I don't know any recovery programs that are that long. A detox program is 28 days, 90 days and then transitional programs which are less medical in nature.

Mr. Manoukian

There are a lot of programs if you are willing to pay for it. There are some parents who have gone bankrupt. The majority of insurances don't pay. The bottom line is if you can put somebody in a good recovery place where they can come out clean and get a job...

Alderman Lopez

That's not necessarily the program, its economics.

Dr. Zavod

You can buy your way into great recovery programs but I'm not sure that they exist for the average person in New Hampshire.

Alderman Schoneman

Regarding other options for treatment, there is an organization in Manchester called Team Challenge. It's not a state sponsored organization, it's a charity organization and they have a 15-month residency program and it costs \$750.00 to get in and then \$750.00 per month. That won't cover the cost but it is what the person pays to go there and the rest is made up by donations. It's pretty successful but there are a small number of beds.

Alderman LeBrun

We have heard testimony from the medical society that it takes 31 months for someone to become clean. None of the programs in the state are over one year, including the drug courts so you do the math. There is a program coming out that deals with the prison system called SATCO. We are going to hear it in the county next week and it looks like it's a promising program that will go through the entire 31 months.

Alderman McCarthy

What we are seeing here is kind of a new epidemic of people turning to illegal drugs starting with completely legal drugs in a different progression than what we have always envisioned. Do we have an idea for the Heroin addict population what percentage of them started from prescription pain killers as opposed to being elevated through illegal drugs?

Dr. Zavod

I think I have slides on that. I think there are a number of ways that people get started. I just look at it as what part am I contributing to and what can I help with.

Alderman McCarthy

I want to thank you all for coming back. If nothing else the re-emphasis of the magnitude of the problem we are dealing with here is amazing.

Mr. Manoukian

I cancelled a Selectmen's meeting in the Town of Hollis to be here tonight. People think this the most important thing going on in the State of New Hampshire, by 50%.

Chairman Wilshire

Thank you very much for being here and educating us on what your perspectives are.

COMMUNICATIONS

From: Carrie Schena, UPD Manager
Re: Urban Programs Department Proposed Budget

MOTION BY ALDERWOMAN MELIZZI-GOLJA TO ACCEPT AND PLACE ON FILE

ON THE QUESTION

Alderman Siegel

There was a notation in there that the money for the legal aid that typically would come out of CDBG was shifted over to come out of money allocated by the Review & Comment Committee. I have a problem with that because there's a limited pool of money in Review & Comment. I have nothing against Legal Aid. I would just prefer it stayed in the CDBG grant money. They normally would be allocated out of there and it satisfies the HUD requirement. Now they are not coming out of CDBG this year. According to this memo, they have separately applied for Review & Comment. Now there's additional money available for other things in CDBG. But the problem is now there's less money available in the money that Review & Comment allocates. I personally have an issue with that. I think there's plenty of worthy things that Review & Comment does also.

Chairman Wilshire

The difference really is its operations. Review & Comment money is for operating. CDBG is bricks and mortar, except for the 15 percent that this committee allocates that gets spent by the Review & Comment process.

Ms. Schena

The New Hampshire Legal Aid money has actually gone back and forth a few times since I've been here which is about eight years. The type of activity that it is, HUD allows us to classify it either as an admin cost, and it is coded in our system when we report it as fair housing, but it can be under our admin cap or it can be considered a public service. In years' past, it was covered either as a public service or admin depending on what the Urban Programs admin budget looked like, what the CDBG allocation was in a given year. As the CDBG grant has been reduced, this year it went up a little bit, but prior to that the last five or six years consistently it was reduced, it became more and more difficult to fund the Urban Programs Department subject to the cap that HUD puts on administrative costs while still including New Hampshire Legal in our admin budget. Basically we would set aside that \$3,000 to go to New Hampshire Legal Aid to do different fair housing activities. Seminars, things like that. Rental testing in the area. A couple of years ago I know I was before the committee and we discussed this specific issue in a given year where we needed to fund it as a public service. There was some discussion of whether it should go directly into that pool of Review & Comment and be considered with all of the other public service or human service type activities or not. That year we handled it the best we could. We still funded them. We shifted some things around. As Alderman Wilshire mentioned, part of CDBG does go into the Review & Comment pool of funds that are available, up to 15 percent of the annual grant is allocated to funding those types of activities. Indirectly it is still probably funding New Hampshire Legal. It's just not included in the admin budget.

Alderman Siegel

I appreciate that explanation. It's not that much that Legal Aid gets. I'm a big fan of it. Obviously with the committee that I chair, I've dealt directly with people who have benefitted from it. I'm a big fan of it. I'm just concerned that Review & Comment has a limited pool also. I suppose if the CDBG money is also making up some of that pool that it's kind of really more of a bookkeeping issue than anything else. I didn't realize that.

Chairman Wilshire

Provided Review & Comment decides to fund that. If they decide not to fund that then it becomes an issue.

Alderman Siegel

Well it certainly will be an issue. Thank you for your clarification.

MOTION CARRIED

From: Carrie Schena, UPD Manager
Re: Tolles Street Mission Follow Up Questions

**MOTION BY ALDERWOMAN MELIZZI-GOLJA TO ACCEPT AND PLACE ON FILE
MOTION CARRIED**

From: Justin Kates, Director of Emergency Management
Re: Disaster Resilience Project

**MOTION BY ALDERWOMAN MELIZZI-GOLJA TO ACCEPT AND PLACE ON FILE
MOTION CARRIED**

**MOTION BY ALDERWOMAN MELIZZI-GOLJA THAT THE RULES BE SO FAR SUSPENDED TO ACCEPT
AND PLACE ON FILE A COMMUNICATION FROM CARRIE SCHENA REGARDING INFORMATION FOR
CDBG REQUESTS RECEIVED AFTER THE AGENDA WAS PREPARED**

ON THE QUESTION

Chairman Wilshire

Let me read it. "Members of the Human Affairs Committee. I was thinking about this over the weekend, whether I attached the budget Tolles Street Mission provided. I apologize for the oversight" and gave us an attached budget that was different from the other communication we received.

Ms. Schena

The original communication I forwarded the email string back and forth with Tolles Street Mission where I requested the clarification on the questions. In their response they had an attachment where they had completed the page from the CDBG application, but I did not forward that piece in my original communication so you were missing that piece of information.

Chairman Wilshire

It's a more formal budget than what we had originally gotten.

MOTION CARRIED

Chairman Wilshire

At this point I'm going to bow out and let Alderman Caron take over the meeting. I am bowing out because my employer has applied for CDBG funding, and I am going to recuse myself from this resolution. Thank you.

UNFINISHED BUSINESS – None

NEW BUSINESS – RESOLUTIONS

R-16-022

Endorsers: Alderman June M. Caron
Alderman Don LeBrun
Alderman Richard A. Dowd
Alderman-at-Large Michael B. O'Brien, Sr.

AUTHORIZING THE MAYOR TO APPLY FOR AND EXPEND THE COMMUNITY DEVELOPMENT BLOCK GRANT ("CDBG") AND HOME INVESTMENT PARTNERSHIP PROGRAM GRANT FOR FISCAL YEAR 2017

MOTION BY ALDERWOMAN MELIZZI-GOLJA TO RECOMMEND FINAL PASSAGE OF R-16-022

ON THE QUESTION

Vice Chairman Caron

From our last meeting, these are the totals that we came up with. We can talk about any changes, additions, deletions that you would like to make.

Ms. Schena

After the committee meeting when I was doing the calculation back at the office, I noticed that the numbers weren't lining up quite right. I realized there was an amount of prior year funds that had been omitted from the

total available. Also at committee, I think there was a decision to reprogram a small balance of contingency. When it was all said and done, there's a little over \$10,000. \$10,440.23 that needs to be allocated somewhere. That was not included in the number when the committee met last time. When the resolution went in, we just dropped it into the contingency line item. It would be reprogrammed to eligible activities.

MOTION BY ALDERWOMAN MELIZZI-GOLJA TO DEDUCT \$5,000 FROM CONTINGENCY AND ADD IT TO DISASTER RESILIENCE PLANNING

ON THE QUESTION

Vice Chairman Caron

That was previous line item 13. \$8,000 was asked for and we gave them a zero balance. Alderwoman Melizzi-Golja is looking to add \$5,000 into 13, Disaster Resilience Planning.

MOTION CARRIED

Alderman Lopez

Do we know if \$5,000 will make a difference if we put it towards Labine Park? That looks like the item most heavily cut. It gives them a head start.

Vice Chairman Caron

\$20,000 we gave them for the upgrade of the restrooms. I'm not sure if giving them \$5,000 is going to help when it's a sixty some odd thousand dollar equipment.

Alderman Lopez

I'm bringing it up because of the fundraising component. There's another park on here to that we could look at but that, I'm fairly certain, would make a difference because that's the whole cost of what needs to be done. Whereas the Legacy project is going to be fundraised, given them a head start means they can tell donors they have less to do.

Vice Chairman Caron

We cut out of this, but the group that was raising money has already raised their money. I don't think they are going to fund this.

Alderman Lopez

But I don't think they are going to put the park in without trying to for the carousel. I thought we talked about that when we cut it. They can probably just fundraise more.

Vice Chairman Caron

I think the playground will go whether that merry-go-round is there or not. It's going to be ADA accessible. The merry-go-round is a windfall if they can get it. I don't think that will keep them from building the playground. They already put in for some playground equipment for that facility. It went to finance last week.

Alderman Melizzi-Golja

We took some money, the grant administration, \$2500. I'd like to add that back in to bring it back up to the requested amount.

Ms. Schena

It was \$2500 from the admin line and \$2500 from the project delivery.

Alderman Melizzi-Golja

In terms of the impact this has on your ability to run the office and the projects we're awarding funds to be supported, is there a preference if we were to add \$2500 back in?

Ms. Schena

Between those two lines, not really. Either way, but probably under the admin line.

Alderman Melizzi-Golja

Could you speak to the impact of having that \$5,000 removed in total?

Ms. Schena

After the last meeting, I did go back and looked at the original proposed budget to try and figure out how I could scale those back, \$2500 each line. It was proven to be very difficult. Part of the difficulty is the way our salaries are allocated are percentages based on job duty and percentage of time we spend working on each grant. When the CDBG grant administration is cut, we still need to make that cost up somewhere else. If we start trying to shift percentages it gets very difficult to make it all still balance. The majority of the balance, as you can see in the communication that I sent, is wages and salary costs. There's not a lot in there for supplies, recordings, legal ads. This is one of those years where we really scaled back on training. I can't take it from salary and wages. Those are contractual. It would most certainly come out of the non-wage portion. Each thing that is budgeted in there I feel is critical. I know last time, Alderman Lopez asked if it would result in a position being cut and it certainly would not. But there are certain costs that we have to cover that are non-negotiable. I'd have to really look at some of the other line items and see how little we could get by with supplies. There wasn't a lot of padding, so to speak. It was really tight.

MOTION BY ALDERMAN LEBRUN TO ADD \$2940.23 INTO LINE 10 AND ADD \$2500 INTO LINE 11

ON THE QUESTION

Vice Chairman Caron

Would that work for you for administration? Alderman's Lebrun's request to put that money into your line 10 and 11.

Ms. Schena

Line 10 is the housing improvement program, which are loans, that go directly out to the homeowners. That wouldn't affect our operating budget. Restoring the grant administration line 11 to the amount requested is most definitely helpful.

MOTION CARRIED

Vice Chairman Caron

There's still 60 cents.

**MOTION BY ALDERMAN LOPEZ TO ADD \$.60 INTO ITEM 11
MOTION CARRIED**

**MOTION BY ALDERWOMAN MELIZZI-GOLJA TO RECOMMEND FINAL PASSAGE AS AMENDED
MOTION CARRIED**

R-16-023

Endorsers: Mayor Jim Donchess
Alderman-at-Large Lori Wilshire
Alderman Ken Siegel
Alderman June M. Caron
Alderman-at-Large Michael B. O'Brien, Sr.

**RELATIVE TO THE ACCEPTANCE AND APPROPRIATION OF \$28,600 FROM THE NEW
HAMPSHIRE HIGHWAY SAFETY AGENCY INTO POLICE GRANT ACTIVITY "FY16 SUSTAINED
TRAFFIC ENFORCEMENT PROGRAM (STEP)"**

MOTION BY ALDERWOMAN MELIZZI-GOLJA TO RECOMMEND FINAL PASSAGE

ON THE QUESTION

Alderman Wilshire

This is a new grant for the city. However, it is a grant that just combines other grants that the city used to get, like the seatbelt, the running a red light. They have combined them into one grant instead of having all these smaller grants. I thought I'd bring that to the table; that's what this grant is about.

Alderman Lopez

Does the grant still specify the specific activities they are going to use or did they lump it all into a watch out for people doing things they shouldn't be?

Alderman Wilshire

That's a good question. I don't know that I have the answer to that question, Alderman Lopez. I know it is the same work that they do. They are still going to do the "click it or ticket." They are still going to do the red light.

Alderman Lopez

Does it allow the police department to decide the priority of each?

Alderman Wilshire

I would imagine yes because it's a consolidated grant. I would imagine it would be up to them to decide where they needed the funds the most. I can ask for clarification.

Vice Chairman Caron

Can you see that everyone gets it on the committee?

Alderman Wilshire

Absolutely. I found the memo. The money is federal, passed through via the New Hampshire Highway Safety Agency. It replaces the old pedestrian enforcement, red lights, speed, school bus operations, and safe commute. This grant is all of those rolled into one for easier reporting. There is no city match required with this grant. We will be able to dedicate overtime patrols for the above items in addition to distracted driver laws. The grant will also cover fringe benefits for officers working that overtime patrol. It says the grant expires in 3016, but I'm betting its 2016.

Alderman Schoneman

This sounds like this is money that would be used to enforce these things which would normally be salary. How does the city then decide if the funds are used for regular salaries or if city funds are used for salaries? It's not equipment. It's just the enforcement. Does this just go into the general budget for salaries? How does that work?

Alderman Wilshire

Its overtime. It's specific for these activities.

Alderman Schoneman

Only overtime?

Alderman Wilshire

Correct. It's not during their normal course of business. The grant allows them to do this over and above what they normally do. I will be happy to get clarification for all of your questions. My pleasure.

MOTION CARRIED

NEW BUSINESS - ORDINANCES - None

GENERAL DISCUSSION

Alderman Lopez

Transparency and facilitation of communication between city hall and the public, making sure things are publicly available, posted on the website. Is that a responsibility of this committee or is there a more appropriate one?

Alderman Wilshire

I think it's more the role of the board and not a specific committee.

Alderman Lopez

There are a number of city initiatives that would very much benefit from community buy-in and engagement. I

think difficulty in coordinating schedules, putting things up on the website last minute, not knowing if we should be looking on Facebook is creating confusion. In my ward particularly it's really important to reach out to people and get them involved for a lot of projects that needs to get done. Otherwise the city is going to have to pay for it and deal with it. If there's a better place to put it, I'd love to have that conversation where we go over how things are done and how well they are being done.

Alderman Wilshire

I did want to thank Alderman McCarthy for bringing the Science Café into the committee tonight. It was informative. I got a few calls from constituents saying they couldn't be here but they were really glad the city was talking about the issue. As I told the group that was here, they have a much bigger audience than the people that were actually sitting here. I wanted to thank Alderman McCarthy for bringing them in.

Alderman LeBrun

I would like to mention that the Greek Food Festival at St. Phillip's Church will be held on May 20 and May 21.

Alderman Lopez

A suggestion I would make to anybody watching this tonight and is interested in where I turn, start with Keystone Hall, start with the Partnership for Successful Living. They are in the process of setting up a crisis line. If you want to know multiple types of resources, if you dial 2-1-1, it's a service managed by United Way that basically gives you a directory of the different non-profit organizations. I can be helpful in guiding you to your entry point.

Alderwoman Melizzi-Golja

Saturday, April 30, at DPW, from 10 a.m. to 2:00 p.m. is the drug takeback event. You can go over to the DPW building near the stadium. No questions asked, bring your bag of pills in their original containers and they will take them from you. I think all of us have heard comments about keeping our medicine cabinets clean and getting rid of old prescriptions that are hanging around. This is a perfect opportunity to do as part of your spring cleanup.

Alderman Lopez

Just to add to that, it is not a good idea to flush your medications down the toilet because it ends up in your groundwater.

Alderman LeBrun

You can also take them year round to the police department. They have a box there and the same confidentiality process takes place. Also the Board got an invitation to tour the Manor at 681 West Hollis Street next Monday morning at 9:30 a.m. I would like to see everyone there.

PUBLIC COMMENT

REMARKS BY THE ALDERMEN

POSSIBLE NON-PUBLIC SESSION

ADJOURNMENT

**MOTION BY ALDERWOMAN MELIZZI-GOLJA TO ADJOURN
MOTION CARRIED**

The meeting was declared adjourned at 9:22 p.m.

Aldерwoman Mary Ann Melizzi-Golja
Committee Clerk

Subject: FW: Info for CDBG request
From: Schena, Carrie (SchenaC@nashuanh.gov)
To: loriwilshire@yahoo.com; LopezT@nashuanh.gov; junecaronward7@yahoo.com; CaronJ@nashuanh.gov; LeBrunD@nashuanh.gov; melizzigolja@gmail.com;
Cc: LoveringS@nashuanh.gov; IlgJ@nashuanh.gov;
Date: Monday, April 11, 2016 2:53 PM

Members of the HAC,

I was thinking about this over the weekend, whether I attached the budget Tolles Street Mission provided. I apologize for the oversight by not including it in my memo last week. Please see attached.

Carrie Schena
Urban Programs Manager
Community Development Division
T: 603-589-3087
F: 603-589-3398

Check us out on [Facebook icon] <<https://www.facebook.com/nashuaCDD>> [Twitter icon]
<<https://twitter.com/nashuacdd>>

From: The Tolles Street Mission [mailto:tollesstreetmission@comcast.net]
Sent: Wednesday, April 06, 2016 3:18 PM
To: Schena, Carrie; TISM@comcast.net
Cc: Ilg, Joany; jammobilio@verizon.net
Subject: RE: Info for CDBG request
Importance: High

Hello Carrie,

Attached you will find pages 4 and 5 of the CDBG application and reflects 100% of the pantry budget. I provided Alderman Lori with the information during the walk through. I realize now it was not in the format you requested and I apologize for that. Thank you for giving me the opportunity to submit the requested document.

Regarding your questions:

1. The Pantry intake office is used for the food pantry 100% of the time. The main office is used 80% of the time.
2. All the equipment, computer, printer, fax machines, refrigerators freezers, are used for the Pantry 100% of the time.
3. The Pantry has a rotating client intake staff. Maureen works 2 days per week as the intake clerk, Mondays and Tuesdays. She is paid to register new clients, intake existing clients, maintain our client

Tolles St. Mission

4-11-16

* Summary of *Other Funding* - please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source:	Amount:	Committed or Pending? <small>(Click to select)</small>
Other Federal:	0	Committed
State:	0	Committed
Local:	0	Committed
Private:	0	Committed
Total:	0	Committed

AGENCY BUDGET

Please provide a breakdown of your agency's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 2015 to 2017	Current Year	Next year
REVENUES		
Federal Funds	0	0
State Funds	0	0
Foundations/Private Contributions	\$13,695.00	\$12,195.00
United Way	0	0
Fundraising or other income	\$8,784.03 (cash from 2014)	\$573.45 (cash from 2015)
Other (describe) Tithes and offerings	\$25,348.00	\$25,348.00
Community Dev. Block Grant (include anticipated request)	0	\$16,500.00
TOTAL REVENUE		
EXPENSES		
Salaries	\$15,164.44	\$17,680.00
Fringe Benefits	\$0	0
Supplies (include printing/copying)	\$1,251.93	\$1,251.93
Travel		
Training	0	0
Communications	0	0
Audit	0	0
Property Maintenance	\$1,858.33	\$1,858.33
Service Contracts	\$	0
Construction Supplies/Materials	0	\$16,500.00

4-11-16

Other (describe) Benevolence	\$2,303.41	\$1,500.00
Storage & Rentals	\$2,389.92	\$2,389.92
Fees	\$1,422.58	\$1,422.58
Food Pantry/Events Supplies	\$8,320.78	\$8,320.78
Insurance	\$1,320.50	\$1,320.50
Utilities	\$5,643.57	\$5,643.57
Mortgage	\$4,717.08	\$4,717.08
Van (gas, tolls, repairs)	\$2,861.04	\$2,861.04
TOTAL EXPENSES	\$47,253.58	\$65,465.73
NET (Income - Expenses)	\$873.45	\$-10,849.28

By signing below, the Authorized Official affirms he/she is authorized to submit this application; that any real or apparent conflicts of interest have been disclosed; that all information presented is true and accurate to the best of their knowledge; and the agency/owner's commitment to implement the proposed activity/project.

Submitted By: Rev. Josephine Norwood
 Authorized Official - signature

_____ Date

Josephine Norwood
 Print Name & Title