

HUMAN AFFAIRS COMMITTEE

MAY 9, 2016

A meeting of the Human Affairs Committee was held Monday, May 9, 2016, at 7:03 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: Ms. Bobbie D. Bagley, Director of Public Health & Community Services
Ms. Beverly Doolan, Program Coordinator, Community Services Dept.
Ms. Patty Crooker, Public Health Preparedness Coordinator

PUBLIC COMMENT - None

COMMUNICATIONS

From: Bobbie D. Bagley, Director of Public Health & Community Services
Re: 2012-2015 Community Health Improvement Plan Final Summary Report and
Community Health Improvement Plan 2015-2018

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

PRESENTATION

2012-2015 Community Health Improvement Plan Final Summary Report
Community Health Improvement Plan 2015-2018

Ms. Bagley

Our Community Health Assessment is a process that allows for our division and the community to get a better understanding of the health concerns in our community by identifying what those needs are. The Community Health Assessment, which we will call our CHA, is used to help inform our Community Health Improvement Plan and the plan itself is a document that holds a community accountable for our health goals and measurable progress in addressing priority areas that are identified through our Community Health Assessment. The documents that you received via e-mail include a final summary report from our 2012 CHIP and also include our Community Health Assessment Plan from 2014. There were three top issues that were identified from the 2012 Community Health Improvement Plan and priorities came out of that included addressing obesity, mental health and access to care. Through our 2014 Community Health Assessment Plan, in addition to those three top health issues; substance abuse and mental health were also identified. We are going to be starting the next phase of another Community Health Assessment because we do those every three years.

Ms. Doolan

I want to talk about the bright green process chart. Essentially we are on a three year cycle in public health where we are always at one different point in our process which started with the publication of our 2011 assessment. This is a big assessment that looks at all of the health issues in our region and provides some

information and data on all of them. Out of an assessment comes an improvement plan and that's when we, back in 2012, identified those three top issues that Bobbi just mentioned and that was obesity, access to care and mental health. We made a plan, we said of all of the things that we looked at what should we do and that's when we came up with let's tackle these three over a three year period. So we implemented that starting in 2012, 2013 and 2014 and then we made a new one in 2015 but in 2014 we go back and say let's do a second assessment so then we reassess the entire region and that's when we said, okay now we are going to come up with a new improvement plan so this is the document that we are really here to discuss tonight which is our current 2015 to 2018 Improvement Plan. It's based on everything that came before it, not just the assessment but also the previous Community Health Improvement Plan. The blue and yellow document that you guys have had is the summary of our first Improvement Plan; what we learned and what we are results. We took that information as well as the next big Community Health Assessment and came up with an even better plan for the 2015. In order, first you have a big assessment back in 2011, then you have an Improvement Plan in 2012 to 2015, then you summarize it and say what did we learn, then you do a new assessment and then finally you come up with a new plan for the 2015 to 2018. The next thing that will happen is that we are due in 2017 for a new Community Health Assessment. As Bobbi said, some of the issues that were part of our first Community Health Improvement Plan and our first Community Health Assessment, the issues that got prioritized came up again in our second one and that's pretty normal; it had only been three years. We would not have expected to see dramatic change. One of the lessons learned was that we can't look at just mental health; we have to look at all behavioral health so now we have broken it out into the three topics of mental health, substance misuse and suicide. The same thing with obesity, we don't have an obesity workgroup anymore, we have a chronic disease workgroup that works on the three issues under chronic disease that we felt are priorities which are heart disease, stroke and diabetes. When we do the next assessment in 2017, hopefully we will really see some change in some of those areas because it will be after six years. To do that assessment is a big task and we will be starting work on that this June in order to be ready for a September, 2017, publishing date. That's our process and that's the track that we are on. We feel like its working and we are in the implementation process with this current plan at least for the next two plus years and we will see what happens from there.

Ms. Bagley

The plan is brought because it not only focusses on Nashua but the other surrounding towns in our public health region. When we are collecting this information we collect it from all of the surrounding towns as well as Nashua.

Ms. Crooker

Our public health network services grant historically, up until 2013, really the public health preparedness grant so again, it's a regional program that serves Nashua and the 12 surrounding towns; there's a population of 206,000 people in that region and 13 public health regions exist in the state to implement that program. Starting in 2013, the substance misuse prevention program was also included in that grant in an effort by the State Department of Health and Human Services to align those two regional planning groups and there are other programs as well. Our regional partners are referred to as the Public Health Advisory Counsel. All of the organizations that we network with and partner with are included in that group of folks; there's about 120 plus organizations that we work with on a semi-regular basis to a frequent basis depending on what their projects are and what their initiatives are and out of that we also have an executive committee which is between 25 and 30 organizations represented. Those are some of our major partners, the hospitals, Lamprey Health Care, Harbor Homes, a really good group of sectors from healthcare to business to housing supports that we look to gather the information we need for a Community Health Assessment, they are the Advisory Board for the Community Health Assessment, they are the planning team for the Community Health Improvement Plan so we get information from all of those organizations when we are developing these documents which they can then take in turn to direct some of their work. They can look at the health indicators that we look at and the data that we have gathered for not only grant reporting but also looking to

see if they see any change in population for the different initiatives that they are working on. It really is great community collaboration throughout the region and it's a real benefit to have all of those people provide input for one regional plan so we are all on the same path. The state actually required that in 2015 that every public health region publish a Community Health Improvement Plan and we were very fortunate because that was our due date for publishing our second one.

Chairman Wilshire

That's really nice; you can see that you all put a lot of work in this. The Community Health Assessment is an inch thick and it's double-sided. It's a lot of work with a lot of good information. Thank you for everything you've done. I think you guys do a lot of great work but you are kind of not at the forefront of things in the community; you are kind of doing all of the worker bee stuff and I am totally impressed with all of this and the amount of work that you have put into it and the efforts that you put in to getting the regional partners involved because without that this doesn't work nearly as well.

Ms. Bagley

Exactly and if we think about the towns that surround us, the people in those communities access services in Nashua and so by understanding what their community needs are and you can get down to the individual level even though we focus at the population base level, you still have to get down to understanding what the individual needs are and by knowing where there may be some gaps in access to services it allows for us to plan better to address what those needs may be. It may be that they have to come to Nashua and do we have the capacity to be able to provide those services, what else do we need to have in place. It is a good system to be able to gather all of this data around what we have in Nashua and our surrounding communities to be able to address those needs appropriately.

Chairman Wilshire

Where can the public who is viewing this meeting tonight, where can they access these documents?

Ms. Crooker

They are all available on the city's website under the Division of Public Health & Community Services.

Ms. Bagley

There is a link to all of them including past ones. We sent you the report for 2015 and we sent you the Community Health Improvement Plan for 2015 to 2018 but these documents; there are links to these on our website as well. Once we get the information from our Community Health Improvement Plan and our Community Health Assessment we will be able to put together a strategic plan that guides us in how we are going to address the goals and objectives that were identified. This is another document that then has to get revised after a period of time but this one is dated from 2015 to 2020 so we will be working off of this strategic plan for a while.

Chairman Wilshire

So when you talk about gaps in services, I imagine everyone is thinking in terms of the opioid crisis and I know that our next speaker is going to address that with us but from a public health point where do you see gaps and do you see any light at the end of the tunnel as far as meeting the needs of those gaps?

Ms. Crooker

We actually just had a meeting this afternoon, a focus group for service providers that serve substance misuse in some way or another from prevention to intervention and treatment and recovery. That was one of the topics of that discussion, not only what are the gaps but can we work better together to help facilitate folks moving through the system from when they are identified to getting referred to care and then to follow-up in recovery. One of the statements that was made was that even for folks that go to treatment centers that are outside of the state, many of them still come back and how can we know that they are coming back, how can we work with those treatment centers to know that they are coming back and to know where they are at and know what services they might need prior to them showing up on someone's doorstep. It was supposed to be an initial focus group but it looks like we are going to be meeting with that group at least a couple more times to come up with a system where the providers themselves can have a more focused discussion about just that, how can they make referrals amongst each other. Everyone said that they learned about services and some that are up and coming and really trying to a better grasp on the status and capacity of those organizations to better refer folks and also identify the gaps and what we need to fill them. We have a position that was hired in February who is the substance misuse continuum of care facilitator. That's exactly her role to work with those service providers and identify gaps and try to help facilitate those discussions as we move forward.

Ms. Bagley

One of the other ways that we are able to identify gaps, the Mayor started the Mayor's Opioid Task Force in January and we have a cross sector group of individuals that represent different agencies that sit at that table and we meet bi-weekly and as Patty said, what they learned through their focus group meeting today, that provides another opportunity where individuals and organizations are able to learn about what services are in the community and where there are services that are lacking. We know we don't have enough beds, recovery center and we know we need to have more providers in place that will prescribe medications that people will need when they are in recovery or in treatments. The Mayor's Opioid Task Force also allows for us to have more information and be able to move quickly but not too quickly as we put processes in place to be able to address the situation but to be able to have a good handle or pulse on what's going on in a way where communication is on-going with that particular group and people can access information about the Mayor's Opioid Task Force as well on our website as well. Information and anything that's in the news that will provide more information to access where treatment centers are all of those things are listed on that link for the Mayor's Opioid Task Force.

Ms. Crooker

I think one of the important things to remember is that when we are talking about services, these are regional programs that are provided at the health department. Health is something that doesn't abide by geographical boundaries, it's not like a transit system where you might only be within a town, you can't put those geographic boundaries on health and all of the organizations that participate and provide services don't have geographic boundaries either so it's just another component of working together to make health for the region improve. If we have people in one town that don't have access to certain services, like Bobbi said, they are going to come here and it will impact Nashua.

Alderman Lopez

There are specific regions where different community mental health providers work, do they have something similar with substance abuse?

Ms. Crooker

The Substance Misuse Prevention Program, as it is under the auspice of the health department through our Network Services Grant has the same geographic catch man area. It just so happens that the Greater Nashua Public Health Region is fortunate in that it was designed geographically; they looked at hospital catchment areas, school administrative units, the community health center areas; we haven't changed the geography of the Nashua Region so we actually match the Community Mental Health Center, the hospital catchment areas and the substance misuse treatment areas; there is not a defined area in which people have to get service based upon their residential location.

Alderman Lopez

One of the other areas you spoke of was suicide prevention. A couple of weeks ago we were in the Aldermanic Chamber and someone made the comment that we didn't really see the opioid crisis coming; it just came out of nowhere. I objected to that because as a social worker I've seen it coming for years. For me it seems like it's the inevitable combination of short-term fiscal decision making like well, we need money for this so let's pull it out of this account and also a lack of public conversation about it. The stigma and awkwardness that families face when they realize that someone might be using, the unfamiliarity of the terminology and all those things contribute to you didn't have everyone working together to address it, you had people with special knowledge working in specific areas and people were constantly reinventing the wheel; not knowing who to turn to or how to solve the problems. Suicide is on the rise. Personally I have been running around doing push-ups, not because I am getting exercise, but because there is a grass roots movement to raise awareness of Veteran's suicides specifically. I see the Connect Program is one strategy suggested here but do you have plans to try to raise the dialogue at the community level?

Ms. Crooker

That's exactly one of the reasons why we combine the mental health /suicide prevention and substance use prevention into one behavioral health group because a lot of the initiatives that impact stigma increased education and increased self-empowerment impact all three of those areas. When we came together to do our Community Health Improvement Plan planning in May of 2015, we looked at a number of different suicide prevention programs and discussed the pros and cons of different ones. We decided that the Connect Program was one that we wanted to move forward with and it's become a nationally recognized program; they travel all of the country. We wanted to be able to have one education program that when we host it; everyone is starting with the same knowledge and approach. The strategy for that has been to hold a minimum of one training a year in order to not only provide suicide prevention and post-vention training, and we held one in the fall for first responders, but also to hold a train the trainer so we can increase the capacity of people within our region.

Alderman Lopez

I also went to the Police Athletic League Cyber Bullying Presentation and the presenter, his son committed suicide and one of the things that he pushed for in Vermont was an actual discussion in a classroom setting for students. It's not an easy subject to talk about with youth especially. Do the curriculum and education strategies include telling parents and teachers giving a more public presentation of it?

Ms. Crooker

The education through Connect does speak to that aspect. Under our strategic plan for substance misuse for the region we are looking at some peer to peer empowerment based programs that potentially we could get some schools to participate in and it includes how to talk to a friend, how do you find out if someone is having an issue, who do you tell and how do you tell them. How do you encourage the school atmosphere to be less

stigmatizing to that person so they may be able to ask for help. They all, of course, have a monetary attachment to it, the programs aren't free of service but there is also some funding that we get through that Public Health Network Services Grant that we might be able to help the school should they choose to move forward with one of the programs. The schools want to increase the behavioral health of their student population as well as their teachers and administration.

Ms. Doolan

On that same note, as part of our last Community Health Improvement Plan, one of the strategies that the mental health group had was to actually try to raise awareness to decrease the stigma around these issues and one of the strategies they had was to host an experimental fair where we had with a number of different organizations who were dealing with suicide and substance abuse and mental health.

Ms. Crooker

Instead of a traditional health fair it was a behavioral health fair. We had things from domestic violence to neo-natal alcohol and post-partum depression. It was really well received and we engaged in some great conversation with the providers. We are looking to try to replicate it at some point.

Alderman LeBrun

I heard one of you allude to a new program coming on-board and you didn't expound on that at all, what is it?

Ms. Crooker

Not through our grant, I meant other programs that we were meeting with today.

Alderman LeBrun

Do you feel that currently we are going in the right direction with the opioid crisis?

Ms. Crooker

I think we are making every effort to look at not just the data and information that is coming out about the root causes and things that impact people that have substance abuse but also trying to find an appropriate to response that fits the needs of our communities as we move forward; looking at evidence based programs instead of starting from the ground up with something that may or may not work. We are trying to make educated decisions to try to make it the most impactful as possible.

Alderman LeBrun

Are you aware of the schools in New Hampshire that have crisis teams to deal with behavioral health and potential suicide?

Ms. Crooker

I am aware of the state program that is supposed to be able to get a response team that can get called in should there be an issue with suicide. I do know that some schools have specific teams to that effect but I am not aware of any of those programs that are going on within our region.

Alderman LeBrun

Nashua has chosen not to participate up until about three weeks ago when they finally started participating and that came about through the superintendent's meetings in Concord. On a monthly basis they found that almost every school in New Hampshire had such a program where the teachers' were trained and the trained teachers could then train other teachers.

Ms. Bagley

I wanted to add to Alderman LeBrun's question of are we proceeding in the right direction. I think one of the most important things that we have been able to take a look at through the Mayor's Opioid Task Force is the systems because that's where we are identifying the biggest problem with this. There was some short sightedness with some of the decisions that were made around the funding cuts back in 2010 that resulted in a decreased capacity as far as services, manpower, licensed drug & alcohol being available and that allowed for the money going away but not the people or the problem. When you take a systems approach it allows you to take a look at those thing because all of the other things that we could put in place we want to make sure that they are just not technical fixes but we have to make sure that anything we put in place addresses the systematic barriers that we could foresee that would allow for these things to be sustainable because that's what we are going to need.

Alderwoman Melizzi-Golja

Director Bagley, we constantly hear the conversation around beds but what I also hear is that even if we had the beds we don't have the trained staff. We could have money for all of the beds we need but we don't have the trained staff to provide the necessary services for the individuals who would be occupying those beds. In terms of either regionally through the task force or what's happening in the larger regional public health region or even at the state level, what's going on in terms of addressing the need for trained staff? Are we developing programs, are we putting incentives out there for people who are already in a related field? Is there an incentive to go back and get re-certified?

Ms. Bagley

At the state level and at our local levels we are trying to work on that workforce capacity. With the systems there are barriers in place that are preventing some individuals from being able to actually practice. There are a lot of steps that allows people to maintain their certification and some of those things we have to take a look at because present as barriers. With allowing some of our licensed mental health professionals to provide supervision over those who want to get their certification, there are challenges with that as well. We, again, have to take a look at those systems that create those barriers so we can improve the services. The salaries are not where they need to be so we will have folks that come out of school that may want to go into work in social work and we just don't pay the salaries. They either go across the border into Massachusetts or they do other things. I know one place that couldn't open for a year because they didn't have the nursing staff that could work in the facilities. There are a lot of different challenges, it's very complex but we are working on all of those different areas.

Alderman Lopez

Just a quick comment on the barriers, I know, I got my mental health counseling degree after doing a 1,000 hour internship where I had to do unpaid supervised counseling, I then had to do another 1,000 hours of paid supervised counseling and that's where I jumped off and said I can't keep not doing my main job. There's too much of a gap between being able to support yourself and being able to get yourself to a vocational point. I also wanted to comment that we had specifically referenced some of the funding that was cut out. A lot of the conversations that I have heard at the Mayor's Opioid Task Force and other approached to addressing the

massive amount of need that we have but not necessarily the capacity is peer support programs. I wanted to give a nod to the Hearts Program which has really struggled to find resources and visibility legitimacy before we needed them and now they are one of the most likely providers of a solution that we have because they have peer support capacity now.

Alderman LeBrun

I believe Ms. Bagley that you heard my statement at the meeting we had with the Mayor at the high school. Three years ago we appropriated a mental health ward at the state hospital and that ward is not open, partially because from the state level we have not appropriated the money needed to get qualified people. However, the word is that it's finished and ready to be put in service but we still have not appropriated the amount of money that we need. It's basically hazardous duty pay, we are trying to pay them the same amount of money that we pay our RN's who can simply walk across the street and get a job in a doctor's office for that amount of money, why would they even begin to even think of working in a mental ward. I don't know the answer for that and I have to take part of the blame because I am in the State House and I didn't vote not to increase the wages but nevertheless, the proposal did not pass and we do have that facility available.

Chairman Wilshire

Thank you all for being here and keep up the good work and when you have your next plan ready come back and see us.

Alderwoman Melizzi-Golja

Could you please send the handouts and the link to your website to Sue Lovering so she can include them in the minutes?

DISCUSSION

Processes of Addictions and Recovery

Ms. Alex Hamell, Director of Residential Services, Keystone Hall

I wanted to speak on prevention treatment and recovery. Prevention for the most part is delivered prior to the onset of a disorder. Prevention is intended to prevent or reduce the risk of developing a behavioral health problem and as we know, addiction does fall into the behavioral health disorder such as underage alcohol use, prescription drug misuse and illicit drug use like marijuana, cocaine and heroin but it's also the diversion of prescription medications. Prevention we think of a lot of times as getting the younger people educated and there are some statistics that I pulled from the website and resources are at the very end of this presentation and they are from March of 2016 saying that 1 in 6 New Hampshire teens have abused a prescription drug. New Hampshire ranked second in the nation in the past month for alcohol use and top ten in the nation for past marijuana use. I think it's apparent that prevention measures are needed in New Hampshire. One of the nice things that we know about prevention is that it works. I look back at the prevention that went on in the 70's about cigarette smoking and nicotine is addicting and there were a lot of public address messages and smoking went down. I think it's up a little now due to the introduction of the vaping cigarettes and that's not what I am here about but I think there is enough research that prevention does work. One of the things for Nashua is that there is a very robust prevention network. Nashua Public Health has Lisa Vasquez who does a lot with prevention; they had the panel discussion in Hudson and at Nashua High School. Sometimes you have to introducing and educating parents and children about what are drugs and to stay away from them. I think Nashua has a very strong prevention coalition. If somebody does not attain the message of prevention and does develop a problem they will go to treatment. We always look at can addiction be treated successfully and the answer is yes and it's been recognized as a chronic relapsing

disease. We are trying to change the terms, we are trying to say sometimes people return to use rather than relapsing. Getting the treatment model of we wouldn't tell somebody if they were diabetic and they forgot to take their insulin that they relapsed; we would care for them and try to get them to start taking their insulin as directed. Different levels of care can include outpatient services, partial hospitalization, residential treatment which can include short-term, long-term and fortunately there is a real recognition about long-term care being a real indicator of treatment success. There is money now starting to be funneled into more long-term treatment. Withdrawal management to help the people get off of the substances, peer and non-peer recovery support services. Peer support services are becoming very much mainstream; we've had AA and Nashua Arts Commission that's been around since the 40's but now there is such a huge recognition of how important support is and more in the mainstream and not so much in the anonymous situations. Some of the treatment modalities; cognitive behavioral therapy, a lot of the funding requires doing evidence based therapies and a lot of research around what works and a lot of them are based on a cognitive behavioral modality. Medicated assistant treatment; using medication for both withdrawal management and as a maintenance therapy, along the same lines you might use insulin to help with diabetes, a lot of the medication can help manage systems of withdrawal and cravings. It's being very much supported in New Hampshire and now we have the drug courts. Drug courts; we had them about 10 years ago and there was a lapse and now we are seeing many more of them and this past week there was a graduation here in Nashua and some of the speeches that were given brought tears to people's eyes. Of the three people that were honored there all had family members there who were absolutely impacted by the fact that they had their family back into their lives and become active members of society.

Chairman Wilshire

This slide right here to me is the crux of the whole thing right? The peer support seems to be so important and so needed. I'm kind of speechless. It's very important that we get this as a community.

Ms. Hamell

One of the things that is beginning to be recognized and unfortunately it's due to the unfortunate deaths of so many people that people are really outside talking about how this is impacting their lives and beginning to understand the support is needed with this, and peer support especially. There's a lot of research saying especially for people using opioids, it can take upwards of two years for your brain to really be functioning normally. Two years is a long time. If somebody has been engaging in drug use they also have probably been engaging in illegal activities. For family members to wait for two years for you to sort of be the person that you know is a long time. Sometimes people don't even have any support when they reach the point that they are asking for help.

Chairman Wilshire

The medication assisted treatments seems to be focusing right now on the medical cannabis. Can you talk to that at all?

Dr. Cynthia Whitaker, Chief of Services, Greater Nashua Mental Health Center

That's actually addressing medication assisted treatment for opioids so its things like Methadone, Suboxone, and Valtraxon; so it's medication to use people lessen their cravings or their need for those things.

Chairman Wilshire

But that's part of the discussion that I have been reading in the paper is the medical marijuana being used for those symptoms.

Dr. Whitaker

Not to my knowledge. My experience is that often some of the folks who are truly in the throes of addiction will say well if I had access to marijuana I wouldn't feel the withdrawal from my opiate so much and I would feel better but often those folks are often in the throes of addiction. Really, marijuana and the neuro receptors that are involved with it and those that are involved with opioids are very different. It actually does not help with things like reduced cravings the way Naltrexone does or with an opioid replacement. That's somewhat of a myth that has perpetuated.

Chairman Wilshire

It's been in the paper because I've read it a couple of times.

Alderman Lopez

They don't get everything right.

Alderman LeBrun

The medical marijuana that you are speaking of that's going through the House now is; that has to do with certain diseases, it doesn't have anything to do with the opioid crisis. The problem that we are having now is that every time we approve one disease someone comes along and says well let's include this also. The list is getting to be too long. Right now what we are doing is just trying to cut the list off right where it is.

Alderwoman Melizzi-Golja

Dr. Whitaker, I don't know if you are comfortable speaking to this or not but one of the things that I find concerning is that people are invested in treatment and they are involved in medication assisted treatment and then something happens and they end up in jail and they don't have access to that. Then when they get out it's not pretty and my understanding is that the withdrawal is there and then when people come out they go back into the same community and they get involved in the same behaviors and however much time they spent in treatment is basically lost. I'm wondering where we are with that because that to me is like taking insulin from someone who is diabetic and saying okay figure it out for a year.

Dr. Whitaker

And then allowing them to have a crash and then do nothing about it. What you are saying is completely accurate and in fact, some individuals, PPO Chancy who is a probation and parole officer here in the Nashua office is very connected to many of us treatment providers and she will tell you firsthand that she is supposed to help connect folks to treatment but they will not be honest with her because they are so afraid that she is going to incarcerate them and they will end up withdrawing. They then disappear and disengage from the very support that, as taxpayers, we are paying to provide for them. Their fear from withdrawing while they are incarcerated actually prevents them from connecting with the other supports that they could have. On a good note, those of us who are involved in the drug court here in Hillsborough County south have been really working with the jail around this very thing. There is one medical director leaving and there is another one coming and we are hopeful that those discussions will move forward. We have had some luck with them with them allowing us to use Vivatrol, which is an injection of Maxtraxone in the jail. We got it, we transported it to them and their nurse provided it in the jail. I do think they are starting to be more open to that discussion because it does derail our folks and prevents some honesty.

Alderwoman Melizzi-Golja

My understanding is that people within the using community, even if they haven't experienced it hear from others that the withdrawal from Methadone is much worse than Heroin and so people who think their risk behaviors are such that they might end up in jail are like I'm not even going to get involved in treatment because if I end up in jail I would rather cold turkey heroin than methadone.

Dr. Whitaker

There is definitely some truth to that. It's unfortunate and I think that's why when you were talking about the wonderful work that the public health department is doing with the Mayor's Opioid Task Force and the provider meeting that we had today is bringing everyone together because beds, a recovery center, and medical assisted therapies are not going to solve the problem, we need all of that. We also need housing and need to change to environment because if you think about the individual who was maybe arrested because they were selling drugs to support their habit and now they try to clean their life up but in order to pay their rent they can't figure out how to do that with a legitimate job; they remind themselves that they were making more money selling drugs, it's very easy to fall back into that pattern.

Alderman LeBrun

You mentioned the Valley Street Jail and affordable housing. Are you familiar with Superintendent Dione?

Dr. Whitaker

I am.

Alderman LeBrun

Are you familiar with the SATCO Program?

Dr. Whitaker

Yes.

Alderman LeBrun

Would you please speak to that?

Ms. Hamell

I do know that recently we just started having some substance use treatment in Valley Street. We do have a counselor who is in Valley Street right now who is doing assessments and beginning to provide evidenced based treatment for the incarcerated population who meet the criteria of being substance use dependent and could benefit from treatment prior to release and then having a continuum of services following release.

Dr. Whitaker

What I do know is that when I saw Superintendent Dione last week at the graduation, the women's group is actually full; there are 13 folks in the group already so it's working. If you provided me with weight loss therapy in a place where the refrigerator was locked up and somebody planned my menu and cooked for me every day, I am going to do really well in that setting but if I leave that setting and go back into my home where my family eats Oreos like they are going out of style and my PTO meets at the ice cream shack then all of that

treatment that happens in that setting is null and void. We need to think about the multiple levels of treatment and our highest risk and highest needs folks; those that are in that revolving door needs much more treatment than even many of our insurance companies will pay for. They need 300+ hours of treatment, they need to hear the message behind the walls and then in the community and everywhere else.

DISCUSSION

Processes of Addictions and Recovery

I think it depends on the day and who is there and which particular pods.

Alderman Lopez

I wanted to comment for anyone who is listening that the city is working on that housing piece. Ken Siegel chairs the Substandard Living Conditions Committee specifically because we recognize its integral part. The conditions that people are living in is going to influence their ability to succeed. The Downtown Development Director, James Vayo, is constantly talking about the need for mixed use housing so people coming from a variety of circumstances don't only have one place they can afford to live in. Is the refrigerator locked at Valley Street? I thought I just read something about somebody OD'ing in Valley Street.

Ms. Hamel

It depends on the day and who is there and which particular pods and where folks are located within the jail. It is a conversation that is being had publicly. One of the things you had asked before, Madam Chair, was the gaps. Our wonderful colleagues from Behavioral Health mentioned many. One of the things I think that gets left out often is adolescence. We talk about working with adolescents for prevention. There are many adolescents who have already crossed over that line and need treatment, but there is not much treatment available for adolescents. At today's provider meeting, the only treatment that we saw for adolescents was traditional, out-patient, one-on-one therapy. Nobody is running any intensive out-patient treatments for adolescents. There are not any beds for adolescents within our region. If they have private insurance, we're able to utilize other resources in other neighboring state, but as a region we very poorly serve that population.

Alderman LeBrun

The reason I asked about the Cycle Program In lieu of what is going on at Valley Street right now, on June 23, we will be voting on whether to appropriate the funding for it. In lieu of what's going on now, it doesn't appear very promising.

Ms. Hamel

I think more treatment is always good. For those that are fiscally responsible, if you have to make choices over one or another, certainly the idea of what's evidenced based would be the question I would be asking myself.

Alderwoman Melizzi-Golja

To your comments about adolescents, I've spent time working with juveniles coming out of the Sununu Center. They were fully paroled and they went back to wherever they came from. They probably had an appointment for counseling, but the appointment was two or three months from the day they were paroled. It became very evident early on in working with the parole officers and the people at the facility that the way to get them services was for the parole board to request those services. They are very few and far between. At that age, not unlike working with adults who are coming out of treatment, there is a big need to work with families.

That's often the piece that's not fully appreciated because cognitively they are getting it. They can speak it; they need a little more time to do it. Unfortunately we don't have the places for them to do it.

Dr. Whittaker

One of the bright stars that I think is part of our community is Judge Leary.

Alderwoman Melizzi-Golja

Absolutely. I have been in his court.

Dr. Whittaker

He is partnering with Child and Family Services to bring a similar program to what they have in Concord here to Nashua. The exception was he mandated that there needed to be a stronger family component. Child and Family Services is looking to partner with both the mental health center and parts of Keystone Hall around how do they do that. It's going to be hopefully this three-way partnership in order to treat these adolescents. Unfortunately we are catching them too late. They are already sitting before the judge. Wouldn't it be nice if the parents could say I'm worried about my kid; can I bring him to treatment before they are sitting before the judge. To me that is one of the biggest gaps we have to figure out. Otherwise, we will be treating them when they are adults.

Chairman Wilshire

Kudos to Judge Leary.

Ms. Hamel

People come from so many varied backgrounds. One size doesn't fit all. People have the treatment services and then we move on to what is next, which is the recovery process. Can addiction be cured? The answer is not always. Addiction is recognized as a chronic diseases but like other chronic diseases it can be managed successfully. Treatment enables the person to counteract the addition with behavior therapy or medicated treatment. I put a slide up here to talk a little bit about the brain. The imaging is just so profound that after a year of non-use still a person's brain is not back to what they would consider normal. We know addiction affects the feelings part of our brain. They don't always have the same kind of feelings. It's real. I was recently at a training that said even after long, long term periods of time being away from the substance, if you introduce it in a visual or a sense kind of a way, seeing, smelling, hearing activity, they can see parts of the brain light up where the addiction was at that time. The person is still being impacted years beyond. It's often sometimes why people do return to use. Again, returning to recovery resources. What do we need to do about that and what does that recovery community look like. It starts with a counselor, family education, having a sponsor. Sponsors are your traditional AA, NA, where you have someone who walks you through. I put hope for recovery there because hope for recovery is they are opening recovery centers. There's one opening in Concord; there's one in Manchester. Sometimes the people that you may have not liked who did kind of put you maybe in jail for your own safety may become the one ally that is standing by you saying you can do this. Probation officers can be very important people as a community resource, as your physicians, doctors. I put up there that 23 million Americans are in recovery across the United States. These are people that are saying they are in recovery. It's not talking about the people who don't talk about it. That's a lot of people that are saying treatment works, support works, an array of services work. Here I put where you can access some of the information, very good information about prevention services. Where you can find out about Nashua and New Hampshire. Drug Free New Hampshire is a wonderful website with resources for family members, for the general public, for anyone who wants to access services.

Chairman Wilshire

Very good information. This subject is fascinating to me only because it feels like it came on quickly but as Alderman Lopez said, it didn't come on all that quickly. People just started talking about it more and people started dying. Your neighbor, your friend's neighbor. It's a little overwhelming.

Dr. Whittaker

I think people realize it's a disease that doesn't segregate. When they realize it could happen to my family, people start paying more attention to it. This morning the Secretary of the USDA, who is tasked by President Obama to look at the opioid crisis in rural areas, came to Nashua. He was here visiting with Judge Colburn and a few of us from the drug court team. He shook the hand of one of our first three graduates from the Nashua court here. The two of them talked about how they began life the same. They are both very intelligent. They both had a parent who was in the throes of addiction. Unfortunately one of them had no support, was kicked out and lived on the street by himself. The only way he knew how to survive was to continue to use drugs, attach himself to others who had more experience than he in that. The other had support from other family members who knew what he was going through and helped him. He became governor and now Secretary of the USDA. Really they started off the same. That, to me, I think is why everybody needs to pay attention. This is not a disease of weakness. It is not any of that. It's not the drug's fault. Just getting rid of heroin won't help. We're seeing more methamphetamine here in the State of New Hampshire than we have ever. A lot of it is because we're cracking down on the opioids and the heroin. Those people who still have gaps in their lives are filling it with other things. It's not about the drug. It's about all those other factors that unfortunately get people down that path.

Alderman Lopez

I'm glad you commented on that because I found the Science Café presentation was overall very impersonal. They spoke about changes in policy in the medical industry. They talked about regulating prescription drugs. In their presentation, they basically drew a line between what happens when you restrict or regulate something but you don't include the community impact. I pointed out that they hadn't really touched upon recovery. From the perspective that was being presented, they didn't consider recovery a factor. As policymakers we want to be looking at this heroin epidemic, this opioid crisis, the fentanyl issue. It's not the chemical that is the only problem. It's not the only thing we should be addressing as policymakers or legislators. It's the people. When we have two people who are Nashua citizens who start out in the same place, and one of them ends up going into addiction and the other one becomes a very successful contributor, our community loses that person's contribution. One of the strategies that was suggested was putting all the drug dealers on a list. Aside from creating a shopping list for someone who is looking for a drug dealer, all that is going to do is draw a line around somebody who is no longer able to from that point onwards shuffle that identity up and start trying to be productive and contribute to society. I'm glad you touched upon the difference between lives that substance abuse can have.

Alderwoman Melizzi-Golja

I think we need to make sure that we're looking at that from the get go. I would just say as an educator, and I know many people sitting around this horseshoe and in the audience are parents, I think we all remember that our children were very rule bound when they were 4, 5 and 6 years old. If they saw some little public safety ad on TV or their teacher taught them some little jingle, they would come home and tell you about it. I think we really underestimate the impact of prevention programs on children under the age of 9 or 10. By the time they get to 9 or 10, peers have much more of an influence than we do. I think it is a very, very hard uphill battle. When they hit 10, we really don't seem to be together cognitively. They are sure they have much more knowledge than we do. I really hope that we don't forget that we need to bring along prevention programs.

Alderman Caron

I really enjoyed the presentation, and I'm happy that you're working at one table for prevention and treatment and recovery. Sometimes we forget and we go off in our own little worlds and forget we need to work together. I agree with Alderwoman Melizzi-Golja. Prevention should start in elementary school. When you read the numbers, they are younger and younger. I remember the ditties we used to tell our children about crossing the street. I think the other thing is for a lot of families is it's the stigma of the addiction, just like mental health. You have someone who had a mental health issue that if they could get some help, it would be fine but because there's a stigma circling around this, I think that's why families don't talk about it. Maybe if they talked about it more that would be a real benefit.

Dr. Whittaker

I think that stigma we're not going to release it from the families and adolescents until we release from the things that Alderman Lopez was just mentioning. You draw a circle and a list over the drug dealers negates, well how did they become drug dealers? One of the things Mr. O'Verka who was our graduate that spoke with the secretary today said that really, really was powerful to me was he said that he felt like the drug court and the system finally coming together was an apology for all the ways the system had failed him since he was 15 years old. That to me was very telling. He was basically saying, all of you policymakers, all of you treatment providers, all of you politicians, department of corrections have failed me from the age of 15 to 38. He was about to do a very long prison bit. He got the opportunity to do drug court. As Alex very smartly said, a different population and not the treatment for everyone. However, it works for those higher risk, high need folks because it does address housing and those other components. That to me was very telling. It's an apology for the way the system has failed me. I will never forget that.

Chairman Wilshire

It's pretty profound. I personally would like to thank you both for the work that you do and for coming here tonight. It's important work. Please keep it up. Thank you.

UNFINISHED BUSINESS – None

NEW BUSINESS – RESOLUTIONS

R-16-027

Endorsers: Mayor Jim Donchess
Alderman-at-Large Lori Wilshire
Alderwoman Mary Ann Melizzi-Golja
Alderman June M. Caron
Alderman Richard A. Dowd

RELATIVE TO THE ACCEPTANCE AND APPROPRIATION OF \$11,822 FROM THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY AND THE STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY INTO EMERGENCY MANAGEMENT GRANT ACTIVITY "2016 EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)"

MOTION BY ALDERWOMAN MELIZZI-GOLJA TO RECOMMEND FINAL PASSAGE

ON THE QUESTION

Chairman Wilshire

It looks like they are purchasing and installing radios in the emergency management vehicle. There's a 50 percent local match which is being covered by the cost of the vehicle that's in-kind.

Alderman Lopez

It doesn't have radios now?

Chairman Wilshire

Purpose of purchasing and installing radios. They might have a different kind of radio that needs to be upgraded.

Alderman Lopez

My hope is it's an upgrade.

MOTION CARRIED

NEW BUSINESS - ORDINANCES - None

GENERAL DISCUSSION

Alderwoman Melizzi-Golja

I was just going to thank you for arranging for the presentations this evening.

Chairman Wilshire

That was Alderman Lopez who brought these fine people in.

Alderman Lopez

I was going to thank you for letting me, though, because I know there were some last minute changes that happened. I definitely appreciate the opportunity to bring more balance to the discussion as I see it. I think Nashua is doing a lot of really good things. Our discussion about what to do in Nashua about the opioid crisis should focus on Nashua and what is being done in this community. At the same time we are talking about it and educating ourselves as legislators, we're also giving the public more awareness of what is going on. I think that's key to any prevention or peer support.

Chairman Wilshire

I found it very, very interesting, both presentations. With us being in the middle of this opioid crisis, it's just mindboggling the number of people that are dying and the number of families that are affected by this. Let's try to do more prevention and stop this from killing our children. It's not just children, but we need to start somewhere. That seems the logical place: in the elementary schools to start prevention.

PUBLIC COMMENT

REMARKS BY THE ALDERMEN

POSSIBLE NON-PUBLIC SESSION

ADJOURNMENT

**MOTION BY ALDERMAN CARON TO ADJOURN
MOTION CARRIED**

The meeting was declared adjourned at 8:33 p.m.

Alderswoman Mary Ann Melizzi-Golja
Committee Clerk

2015-2018 GREATER NASHUA COMMUNITY HEALTH IMPROVEMENT PLAN

WORKING TOWARDS A HEALTHIER NASHUA REGION

The work of community health improvement in the Greater Nashua region is supported by an ongoing three year process where local health information and data is assessed, priority issues are identified and strategies for improvement are implemented. The Greater Nashua region completed a

Community Health Assessment (CHA) in 2011, that was followed by the 2012 Community Health Improvement Plan (CHIP) and by implementation efforts supported by the community. A second CHA was completed in 2014, followed by the 2015 CHIP plan. Community

partners from all sectors participate on a Public Health Advisory Council that guides the process and will lead improvement initiatives over the 2015-2018 period. The next CHA will be published in 2017.

Read the complete CHIP
www.nashuanh.gov



PUBLIC HEALTH ADVISORY COUNCIL

The 2015-2018 CHIP is an aggressive, yet realistic, plan that will assist the network of community partners known as the Public Health Advisory Council (PHAC) as they work collaboratively to improve health in the greater Nashua Region. As part of efforts to formalize the council and to improve visibility and recognition for public health efforts, CHIP initiatives are identified with the PHAC branding logo.



Greater Nashua Community Health Improvement Plan

2015-2018

Summary Brochure



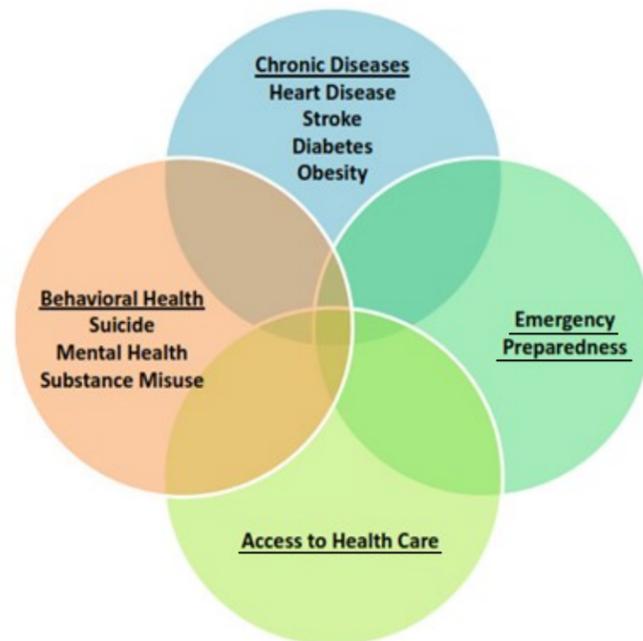
What is a Community Health Improvement Plan?

A CHIP details goals, objectives, and strategies for addressing health needs identified by the Community Health Assessment. Topic areas are prioritized, and action plans are implemented.

Why CHIP?

Engage community partners • Provide a framework for addressing community-wide issues • Provide information to the public • Work systematically to improve health status • Monitor changes and trends

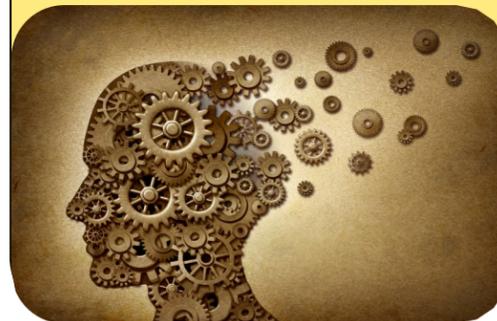
Build partnerships and coalitions



The Greater Nashua community supports the CHIP through commitments of staff time and resources. See the complete CHIP report for more details.



Suicide, Mental Health, and Substance Misuse have been combined as Behavioral Health.



Chronic disease is a leading health issue in the United States. The CHIP will guide regional efforts to reduce obesity, diabetes, heart disease and stroke.



A Collaborative Effort

The Public Health Advisory Council Executive Committee members identified four main priority areas for the 2015-2018 improvement cycle. These areas are broken down below.

Priority Topic	2015-2018 CHIP Goals
1) Behavioral Health	
Suicide	Increase awareness of suicide prevention, indicators, and prevention resources in the Greater Nashua Public Health Region
Mental Health	Conduct a comprehensive analysis of the mental health system capacity in the Greater Nashua Public Health Region, including gaps/needs, identifying mental health resources, and indicating priority areas for improvement
Substance Misuse	Decrease substance misuse in the Greater Nashua Public Health Region
2) Chronic Disease	
Obesity	Reduce overweight and obesity in the Greater Nashua Public Health Region
Heart Disease and Stroke	Provide chronic disease education and screening opportunities in the Greater Nashua Public Health Region to increase awareness and reduce rates of heart disease and stroke
Diabetes	Provide chronic disease education and screening opportunities in the Greater Nashua Public Health Region to increase awareness and reduce rates of diabetes
3) Access to Healthcare	Enhance access to quality, comprehensive healthcare services in the Greater Nashua Public Health Region
4) Emergency Preparedness	Increase capacity of the Greater Nashua Public Health Advisory Council/Public Health Network Services to prepare for, respond to and recover from public health incidents

Information and Resources:

More information on the CHIP report can be found on the City of Nashua, Division of Public Health and Community Services website at <http://bit.ly/1m4HBSc>

Look for examples of CHIP programs in the community:

- ♦ Million Hearts Campaign: <http://1.usa.gov/1cWpxAc>
- ♦ 5-2-1-0 Program: healthy guidelines for nutrition and physical activity: <http://www.lets-go.org/>
- ♦ My Health My Care Video Series: increasing knowledge on access to care <http://bit.ly/1OGNhsa>

Contact:

City of Nashua
Div. of Public Health and Community Services
18 Mulberry St.
Nashua, NH, 03060
Tel: 603-589-4560

GREATER NASHUA HEALTH IMPROVEMENT PROCESS

Implement 2012 CHIP

Implement 2015 CHIP

2011
CHA

2012
CHIP

2014
CHA

2015
CHIP

2017
CHA

2018
CHIP

