



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

June 14, 2018 – 9:00AM-10:30AM

Minutes

Participants (In-Person): Seddon Savage, Helen Pervanas, Joe Hannon, Alex Casale, Paul Kiernan, Elizabeth Duffy, Kate O'Hara (Drug Court Intern), Krystal Sieradzki (Brain Injury Association), Helene Anzalone, and Sandra Kiplagat, Dave Mara

Participants (By-Phone): Kathy Bizzaro-Thurnberg, Ashley Greenfield

I. Approval of May Meeting Minutes

- May meeting minutes approved.
 - *Seddon will reach out to Kimberly Fortier regarding the CDC/HIDTA NH Good Samaritan Law Report Findings and will provide an update during the July meeting.*
 - Joe Hannon/NH Harm Reduction Coalition has not yet reached out to Randy Moser from BDAS regarding naloxone. *Joe Hannon will provide an update during the July meeting.*

II. Opioid Insert Card

- Sue Delano (Walgreens District Manager) was unable to attend the Opioid Task Force meeting due to flight changes.
 - Helen noted that Walgreens is on board with piloting at the Rochester pharmacy and can print the cards.
- Seddon presented insert card to the Healthcare Task Force. Members recommended the following changes.
 - Reword "People can develop tolerance or addiction". Opioid Task Force members agreed on "Addiction can occur."
 - Paul Kiernan noted that people can be tolerant and have withdrawal symptoms before they become chemically dependent.
 - Add "Call your provider" on the back side of card.
 - *Center staff will update card.*
 - *Seddon will email Opioid Task Force members to determine if there any major objections to the slight edits suggested by the Healthcare TF.*
- Insert card plan/process:
 - QR code - Sandra Kiplagat briefed the task force on the QR code research.
 - Survey questions - *Center staff will draft 4-5 survey questions for the task force to review during the July meeting.*
 - Commission endorsement- *Seddon will reach out to new Commission Chair, Patrick Tufts to see whether we can get approval from the Governor's Office.*

- *Seddon will present the Pharmacy Insert Card to the Commission during the August meeting.*

III. Drug Monitoring Initiative and Drug Death Data

- Based on the drug death data report, heroin (no other drugs) did not contribute to any deaths this year. The majority of deaths remain attributed to fentanyl.
- 2017 was predicted to have a lower number of deaths than 2016 but there was an increase of two deaths.
- Dave Mara highlighted that there have been inconsistencies on the drug data as a result of the following reasons:
 - Some of the out of state doctors did not fill appropriate forms accurately so these numbers were recently updated.
 - Some death cases previously flagged as heart attacks etc. before the autopsy is done are now confirming the death may be attributed to drug overdose.
- The task force agreed that deaths seem to be leveling off but not declining.
 - Based on the data, Dave suggested that naloxone may be helping.
- Alex Casale is interested in examining differences of Safe Stations data in Manchester when it was previously run by Serenity Place and now by Farnum.
 - Seddon suggested that the current report includes a small sample and should be extended to include 6 or 12 months' worth of data.
 - Joe Hannon inquired about how repeat participants are defined - # of repeated incidents or # of participants with repeated visits.
 - *Dave Mara indicated he will send out the latest version of the report to Seddon to share with everyone.*
 - *Seddon indicated she will defer her follow-up questions to the July meeting when Kimberly Fortier is present.*

IV. Follow-up on Corrections System

- During the April meeting, Paula Mattis presented on the NH Department of Corrections System. Some system details were not reflected accurately in meeting notes. Revisions were made to the April meeting minutes.
 - *Seddon suggested that we defer approval of these notes to the July meeting when Paula is present.*
- Rekha Sreedhara created a summary table to capture details about this system.
- Additional details are needed to complete the table including:
 - Number of inmates incarcerated
 - Number of on-site LADCs
 - How do the incarcerated individuals access transitional housing supports?

V. Drug Courts System

Alex Casale provided a brief overview of arrest, pre-trial, plea/trial and the drug court system.

A. Arrest

- An arresting officer will charge an individual with a crime.
 - During this time, there may be opportunities for intervention. In Laconia, Rochester, and a few other towns some officers are crisis trained to de-escalate an arrest if mental health condition is involved. The individuals may be offered treatment as an alternative.
- Once arrested pre-trial bail supervision is set.

B. Pre-Trial

- During pre-trial, the judge may offer different forms of bail. Bail is insurance that the individual will appear in court.
- The bail types and amount may vary based on type of crime (felony vs. misdemeanor), criminal history, residence, education/employment, mental health diagnosis, etc.
- The bail can be either combined or individual. The types of bail include:
 - Cash Bail
 - Personal Recognizance, also known as PR, based on the person's behavior.
 - Bail Commissioner
 - Cash surety
- During the pre-trial phase if a jurisdiction has a community corrections, an individual will either be assigned regular bail or bail with supervision which can include mental health supervision depending on the case.
 - If someone is ordered to bail supervision on community corrections, they would have to report upon release for case management and/or electronic monitoring.
- If referred to drug court two assessments will be done: Risk Assessment (prognosis of sociodeterminants) and the SUD assessment (diagnosis of SUD) that will be submitted to the drug court prior to a plea.
 - Based on the assessments, the individual will score low, moderate or high risk.

C. Plea, or Trial

- The charge goes to the county attorney. The prosecutor would fill out the charge which then goes to grand jury for an indictable charge.
- If the person is indicted, the judge, prosecutor, public defender, etc. can recommend: jail program, drug court, etc.

D. Drug Court

- Individuals who are referred to drug court will be reviewed by probation, case managers and treatment professionals and recommended for drug court if high risk/high need based on the RISK and SUD assessments previously conducted during pre-trial.
 - These individuals need to have moderate or severe SUD.

- Mild cases may be referred to other programs.
- The drug court program comprises of:
 - Ensuring stabilization
 - Regularly scheduled hearings
 - Counseling and medication
 - Case management
 - Community supervision through probation/parole
 - Frequent and random drug testing
- During each drug court hearing, individuals receive feedback from the team members including superior court judges, county attorney, public defender, probation and parole, etc.
- Drug courts treat the substance use disorder and address negative behavior.
 - The consequences of negative behavior include essays, community service, 24-hour hold, 48-hour hold.
 - Behavior modification includes:
 - Punishment - giving a sanction
 - Positive reinforcement- giving a reward for good behavior
 - Negative reinforcement- taking away a reward
 - Response cost (taking away a reward)
- There are several phases of drug court:
 - Phase I: weekly drug court, call in nightly for random drug test, etc.
 - Phase II: every other week drug court, attend self-help, etc.
 - Phases go to phase V and aftercare.
 - As you transition from one phase to the other, there are less meetings, etc.
 - Each program ranges from 18 to 24 months with an additional year of probation following program completion.

Discussion

- There are currently 10 Drug Courts in NH: Strafford, Grafton, Rockingham, Belknap, Cheshire, Merrimack, Hillsborough South and North, Coos and Carroll.
- Joe Hannon mentioned that some states seek permission from families to determine appropriateness of drug court.
 - Alex mentioned that NH does not follow this specific criteria.
- There was also discussion that in prisons and jails, there is now follow-up or constant case management. For a returning individual, they may receive one parole visit each month that may not be as effective as drug courts. With drug courts, there is constant supervision, more treatment options, etc.
 - Seddon suggested that a great alternative would be if individuals in prisons who are diagnosed with SUD can be transferred to drug court after they are released. There is a higher chance of relapse once someone is released from prison without any concrete follow-up or treatment opportunities.

- The public can attend drug court as it is a public court session. Most happen on Monday or Tuesday. *If interested, reach out to Alex Casale for more info.*
- The general public cannot attend staff meetings unless they have a signed waiver permitting them to attend those which requires signatures from the team members.
- *Sandra will send out the PowerPoint presentation to the task force.*

- *The next meeting will be focusing on Juvenile Justice - to be presented by Nicole Rodler and Bureau Chief, Michael O'Connor.*

Next Meeting: Thursday, July 12, 9:00AM-10:30AM

Community Health Institute, 501 South Street, Bow NH

Conference #: 719-284-5949

Pin #: 55982