



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

April 12, 2018 – 9:00AM-10:30AM

Minutes

Meeting Participants:

In-person: Seddon Savage, Kim Fortier, Chris Shambarger, Bill Wood, Sarah Blum, Joe Hannon, Jaime Powers, Paula Mattis, Helene Anzalone, James Vara, Rekha Sreedhara and Sandra Kiplagat.

By phone: Andrea Meier, Elizabeth Duffy, Jacqui Baker and Nicole Rodler.

I. February Minutes

- Reviewed and approved minutes.

II. Follow Up from Last Meeting

A. Membership

- Rekha connected with BDAS staff to identify a representative to attend future meetings. Jaime Powers will be the designated BDAS representative.
- James Vara confirmed that he will be the representative from the AG's office.
- Jacqui Baker invited Elizabeth Baker, who is involved with IDN-4/Greater Manchester region to serve as the Continuum of Care facilitator representative.
 - Seddon inquired regarding the status of CoC facilitators based on the recent BDAS updates. Jaime indicated that there were contract changes regarding the funding of SMP and CoC. *Jaime will provide an update to the task force as information becomes available.*

B. Naloxone Distribution

- The NH Harm Reduction Coalition prefers distribution of the injectable form of naloxone as it is much cheaper than the nasal naloxone.
- The coalition has scheduled a meeting to discuss expanding naloxone distribution from the Seacoast region to the Manchester region.
 - If anyone is interested in train the trainer events, please contact the NH Harm Reduction Coalition.
 - The State Point of Contact is Randy Moser. The state is currently distributing naloxone through Regional Public Health Networks (RPHN) and treatment centers.
 - *Joe Hannon, Kevin Irwin, Dean LeMire (from NH Harm Reduction) will reach out to Randy Moser to coordinate a naloxone distribution meeting.*
- It was mentioned that during the NH Harm Reduction Conference held in January, some law enforcement officers cited that the naloxone training is too comprehensive.

- The state and local police are required to attend 8 hours of training that includes CPR and First Aid Training.
- However, the police academy no longer teaches CPR due to other training needs.
- There was discussion on the importance of incorporating CPR training for state and local police.
- Currently, there are 252 police officers in the state who are licensed to carry naloxone kits.
 - The classes are offered free of charge to police officers and include: one adult CPR class, Standard First Aid and a module on naloxone.
 - The certification is valid for two years.
 - There is a pending renewal contract to offer trainings in the coming year.
- It was also discussed that naloxone training may vary depending on the location (urban vs. rural).
 - In urban areas, police and EMS are likely to reach at the same time therefore it is not a dire need to incorporate this in police training.
 - In rural areas naloxone training needs to be encouraged for police officers because it may be increasingly difficult for some EMS to respond quickly since they may have part-time EMS compared to full-time EMS.
 - However, everyone agreed that everybody should be trained in CPR.

C. Overdose Data

- Seddon inquired if the Medical Examiner can distinguish between suicide and accidental overdoses.
 - According to DMI data, people aged 50-60 compared to younger people (20-30) were administered naloxone less (12%) compared to overdose deaths (21%). Are these intentional or accidental overdoses?
 - Kim Fortier reached out to NH Medical Examiner to identify if this data is available. Once 2017 data are complete the comprehensive report will include this information.

III. February Drug Monitoring Initiative Data Report

- The projected deaths were lower than previous years.
- The Medical Examiner's Office switched to a different database which is why reports are behind.
- 63 cases are pending.

IV. Determine Plan to Pilot Opioid Pharmacy Insert Card

- Jacqui Baker recently shared the Opioid Campaign Card disseminated in the Upper Valley region.
- In regards to our own opioid pharmacy insert card:
 - *Helen Pervanas let Rekha know that Tiffany Bartke (Walgreens) has moved to a different department. She was given contact information for*

another person but has not received a response yet. She will provide an update at the next meeting.

V. Justice System Overview: State Department of Corrections - Paula Mattis

- Paula, Director of Medical and Forensic Services for the Department of Corrections is responsible for overseeing MH and SUD services and, sexual offender services. She presented informally on current treatment availability of substance use disorders within the Department of Corrections.

- The Department of Corrections has three prison facilities:
 - New Hampshire Correctional Facility for Women in Concord
 - New Hampshire State Prison for Men in Concord
 - North Country Facility in Berlin

- Substance Use Disorder services and supports are currently available across the three prison facilities:
 - Screening is offered by a nurse and behavioral health staff.
 - Each facility has Licensed Alcohol and Drug Counselors (LADCs).
 - 100% of incarcerated individuals receive a medical and psychosocial assessment, inclusive of a substance use assessment, as they gain entry into a NHDOC facility.
 - Each facility offers different SUD services.
 - The North Country Facility in Berlin has a Focus Unit which is a substance use disorder residential unit. There are 76 beds in this unit.
 - The New Hampshire State Prison for Men in Concord has an intensive outpatient program (IOP) typically offered 5 days a week for treatment. The program is for 5 months.
 - The state prison for women has an IOP as well but it is currently on hiatus due to the following reasons:
 - The prison for women is relocating from Goffstown to Concord.
 - Due to a resignation of the person running the IOP for women, we are in the process of reassigning staff to cover this service.
 - Injectable naltrexone (Vivitrol) is available at the time of release if these individuals can follow-up with community services post-release.
 - Pregnant women can receive methadone per a treatment plan.
 - Canine are onsite to help identify drugs brought into each facility.
 - At the point of re-entry into the community, all individuals in our care and custody are assisted in developing a re-entry plan. This is done primarily by a Counselor Case Manager (CCM). All people entering the NHDOC system are assigned a CCM.

- There is the ability to transfer incarcerated individuals from one prison to another in order to receive specialized services.
- The Secure Psychiatric Unit (SPU) is the most intensive psychiatric unit in the state of NH. It serves people from a variety of sources.
 - It is the inpatient psychiatric unit for those incarcerated in NHDOC facilities requiring inpatient psychiatric care.
 - People who require inpatient psychiatric services who are incarcerated or awaiting trial at county jails may be referred for services.
 - It serves people who are too dangerous for New Hampshire Hospital to manage who may or may not have been charged with a crime.
 - It also serves three other civil committee populations:
 - Sexually violent predators
 - Those who are developmentally disabled and are dangerous
 - People who are adjudicated Not Guilty by Reason of Insanity.
 - Those admitted to the SPU receive comprehensive services from psychiatrists, psychiatric APRNs, licensed clinical social workers, clinical mental health counselors, LADCs, recreation therapists, nurses and specially trained correctional officers. If other specialized services are required, those will be provided as well.
 - There is currently a bill before the legislature requiring accreditation of the SPU. There are many challenges regarding this proposed bill due to costs inherent in accreditation. The NHDOC was previously accredited by the ACA (American Correctional Association) but this legislation is directed to accreditation of the SPU.
- The Department of Corrections has four transitional housing units:
 - Manchester – Calumet House
 - Concord – Shea Farm
 - Concord – North End House
 - Concord – Transitional Work Center
 - LADCs are also based in the transitional housing units.
- For individuals placed on probation or parole, each is assigned a Probation and Parole Officer (PPO). The PPOs are based in the field offices.
 - The roles of PPO are to ensure that the public will be safe and make sure the conditions of probation or parole are met.
 - For those individuals with substance use disorder, they can refer to LADCs or to community providers to provide an assessment, etc.
- Gaps/needs related to substance use disorder services/supports:
 - Limited workforce (1 LADC for 60 people, not clear that groups meet BDAS standards of max 12 per group);

- Limited re-entry services;
 - No recovery coaches;
 - Incarcerated individuals need training on SUDs
 - More diverse medication options – including availability of buprenorphine as indicated
 - Challenges of diversion, medication as currency noted
 - Recent joint ASAM and American Correctional Association statement on SUD treatment, including MAT noted.
<https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2018/03/20/joint-public-correctional-policy-statement-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals>
 - There is no wait time for services, except for intensive outpatient services due to open LADC positions.
- If you had a magic wand what would like to see to enhance care in Corrections?
 - Milieu treatment services available at all three prison facilities.
 - Increase intensive services for women
 - Peer recovery support coaches – explore training incarcerated persons in recovery to be recovery coaches. Barriers include security issues and not sure enough folks in recovery are available/interested. Alternative would be to have released prisoners, PRSCs come back.
 - Increased staffing.
 - Helene from DOE mentioned that there needs to be recognition of the needs and services of incarcerated youth.
 - It was noted that juvenile justice issues will be a focus of discussion at another meeting.
 - It was also suggested it would be helpful for the Department of Corrections and the Bureau of Drug and Alcohol Services to discuss the following:
 - Available grant and funding allocations
 - Through CUREs funding, a prospective staff employee to connect women from the re-entry program.
 - Opportunities to collaborate inter-agencies (DOC and BDAS) with a goal of treatment within DOC meeting BDAS standards of treatment.

Next Meeting: Thursday, May 10, 9:00AM-10:30AM

Community Health Institute, 501 South Street, Bow NH

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