



OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

July 12, 2018 – 9:00AM-10:30AM

Minutes

Participants (In-Person): Seddon Savage, Helen Pervanas, Kimberly Fortier, Helene Anzalone, Chris Shambarger, Joe Hannon, Rekha Sreedhara, Sandra Kiplagat, Krystal Sieradzki, Josh McCabe, Sarah Ward (New Futures) and Dave Mara

Participants (By-Phone): Elizabeth Duffy, Nicole Rodler

Presenters: Michael O'Connor, Bureau Chief of NH DHHS, Division of Juvenile Justice Services

I. Approval of June Meeting Minutes

- June meeting minutes approved.
 - *Deferred discussion on Good Samaritan Law (Kimberly Fortier) to the next meeting.*

II. Follow up on Naloxone

- NH Harm Reduction Coalition connected with Randy Moser at the Bureau of Drug and Alcohol Services regarding naloxone.
 - The state distributes the nasal form of naloxone while the coalition distributes the injectable, cheaper product.
 - Syringe service programs are currently located in Nashua and the Seacoast (mobile outreach). The mobile team targets set locations (e.g. food pantries and soup kitchens) during set times.
 - Currently, the state is collecting expired naloxone from community centers.
- Sarah Ward mentioned that naloxone is not heavily marketed through grass root channels including community bulletins.
 - Rekha indicated that the state launched Anyone.Anytime.NH, a successful statewide opioid campaign for two few years in the past.
 - Is another campaign needed (for younger populations)?
- Josh McCabe inquired about incorporating naloxone training as part of CPR/First Aid training.
- There was overall consensus by task force members to:
 - Consider pitching to Red Cross to incorporate brief 5-10 min naloxone training during CPR and First Aid trainings.
 - Create a public campaign focused on naloxone aimed at a variety of target audiences
 - *Discuss both opportunities during the August meeting.*
- The state is currently seeking public input (\$23 million) on federal opioid funding coming to NH. These ideas could be recommended.

- *Rekha will forward this email to members.*

III. Juvenile Justice System – Michael O’Connor, Bureau Chief of NH DHHS, Division of Juvenile Justice Services

A. Brief Overview

- The current opioid crisis impacts every facet of life including juvenile justice particularly when it comes to family structure (parents, kids, and grandparents).
 - New Hampshire has observed increased cases of inadequate parental support. Some examples include: missed appointments with providers and parents being unable to provide care to their children.
 - Some of these children and youth lack caregiving support from parents and are placed in juvenile justice programs with the intention of re-engaging youth to the community.
 - It is also noted that there has been a rise of grandparents becoming caregivers for these young children. Although caregiving support remains within the family, generational differences may be a barrier.
- Through anecdotal discussions, it was mentioned that there have been an observable number of deaths associated with substance misuse among youth and/or young adults who have completed and graduated from the program.
 - Most of these deaths occur among 18-24 year olds.
 - There have been no deaths among any children while on probation.
- The majority of the youth support programs are within the urban and suburban areas. In cities like Manchester, Nashua and Concord, the number of parents involved in the juvenile justice system ranges from 12-15. However, in rural areas, only one or two parents are involved.
- There have not been any longitudinal studies performed to assess the program impact among children and youth.
 - For children in placement, there can be some form of follow-up conducted by the state.

B. Successes and Challenges

- The major barriers in providing services to youth involved with the justice system include the following:
 - Lack of Community Based Programs
 - Lack of LADCs in rural areas (Keene, Claremont) to provide services
 - LADCs are only available in 5 out 12 District Offices around the State.
 - Lack of adolescent residential programs in the state.
 - Lack of treatment during the initial point of diversion.
- It is worth noting that some successes include the following:
 - Increasing use of recovery coaches to help parents access treatment services.

- Sununu Center, new residential program, will offer 36 openings for youth in late September or October.
- 3 LADCs will be hired soon.

C. Points of Contact

- Three points of contact:
 - Pre-Court Community-Based (juvenile court diversion programs): There are 17 Accredited Juvenile Court Diversion programs in NH across all counties, and juveniles MUST have a legal misdemeanor level charge to be considered, per RSA 169B:10. For any felony cases including opiates, this individual is not considered for court diversion.
 - Delinquent Petition: Youth charged with a criminal offense under juvenile code; rehabilitative options provided.
 - DCYF Referral: Law enforcement and parents can file a petition (D2-2D) if youth is aggressive and dangerous or has serious mental health condition. Abuse or neglect does not qualify and has to be within agreement with DCYF. The parole or probation officer conducts an assessment. This is also known as CHINS (Child in Need of Supervision).
 1. CHINS system was gutted many years ago, now reemerging but not as robust
 2. Police or parents can file a petition in court
 - a. 2D petition to the court requesting services saying youth is
 - i. Aggressive and dangerous
 - ii. Serious MH diagnosis
 - iii. Can't get services under abuse or neglect or delinquent petition
 3. The parole or probation officer conducts an assessment. This is also known as CHINS (Child in Need of Supervision).
 4. Pass on assessment and recs to juvenile parole supervisors
 - a. Does assessment and make recommendations
 - b. Can recommend
 - i. Voluntary services
 - ii. In home services
 - iii. Home based services only
 5. If granted doors for services open up.
 - a. Private insurance
 - b. Grants
 - c. Not a lot out there.
 - d. School district is joined in the process.
 - i. District have a person who is supposed to go to court and provide a report
 - ii. Special Ed and disabilities.

iii. Engaged for the length of time that students are court involved.

- The role of schools in justice involvement includes the following:
 - Trigger for schools is notice from court that you have been joined.
 1. Actively involved in sending the person to court.
 2. Juvenile services offices.
 3. In the special ed process would be special Ed director or out of district
 - a. Coordinator
 - b. Free training available.
 - i. Depends on the district where happens
 - ii. Following professional licensing requirements.
 - iii. Department of Ed.
 - iv. Lots of variability in the schools in terms of how issues are managed.
- Schools need to provide up-to-date reports to court. Schools will engage key stakeholders including:
 - Juvenile Service Offices
 - Special Ed Admin or Director, if child in special Ed.
 - If not above, someone in administration
 - a. School nurse doesn't have much responsibility if any.
 - i. Working to get under student wellness
 - ii. Want more training for nurses.
 - Need for more active involvement from school nurses; school nurses follow licensing requirements (professional requirements) and not educational requirements; through DOE, schools to provide relevant training to school nurses etc.
 - The Best Interest Determination meeting needs to be set within 10 days. The meeting consists of probation officer, school, parents, social worker. Last year, it was noted that 25% of students had the Best Interest Determination and this is expected to increase to 75% of students within the next year.
 1. For schools there are few places to send kids for treatment.
 - a. Looking for grant funding to have counselors who are just there in the schools
 2. Schools are seeing more grandparents taking on the role. Or surrogate parent being assigned.
 - Caseloads for PPOs are now 17-20 each. But they are complicated.
 1. Used to have 100 cases but they were much simpler.
 2. Juvenile deliberations occur in the Family courts, juvenile divisions. Confidential.
 3. One judge follows one family.

4. Probate. Court. One judge throughout the System
 5. Court systems are struggling with judge vacancies, system trying to save money.
- The services offered in the various juvenile court diversion include:
 - assessments for substance and mental health (SBIRT & PHQ2) – 100% of participants
 - education pertinent to charge
 - restorative justice models which encompass school, family/home and personal interests around juvenile.

D. Wish-List

- More funding to hire LADCs
 - More training for school nurses
 - Community-based programs for youth, local is best
 - Recovery school
 - Resources for relatives parenting youth in care—many grandparents parenting second generation
- It was noted that NH Health and Human Services, DCYF recently conducted a report on the NH DCYF Adequacy and Enhancement: The report can be found online: <https://www.dhhs.nh.gov/dcyf/documents/adequacy-enhance-assess-070318.pdf>.

IV. Opioid Insert Card

- Helen noted that Walgreens Pharmacy in Rochester and the Prescription Center in Concord are on board with piloting the opioid insert card.
- *Seddon has a meeting with Patrick Tufts, Chair of the Governor's Commission on July 13, 2018 to discuss the card.*
 - *Seddon will present the card to the Commission during the August 24th Commission meeting.*
- *Seddon will touch-base with Michelle Ricco-Jonas to discuss the deletion of "tolerance can occur."*
- Rekha presented the updated card, implementation plan, and feedback survey to task force members. There were some suggestions to the survey:
 - Add that the survey is anonymous in the intro.
 - Add a gender question.

V. DMI Updates

- Kimberly Fortier informed us that the HIDTA team is creating an online data dashboard for the DMI Reports.
 - The data dashboard will include the same information as DMI reports.
 - This dashboard will be presented to the data contributors to gather additional feedback.

- *Kimberly Fortier will be meeting with Jonathan Stewart to discuss plans the Data and Evaluation Task Force has regarding an online data dashboard.*

VI. Next Agenda

- *The next meeting will focus on reviewing the Corrections System tables including for Corrections, Drug Court and Juvenile Court Diversion.*

Next Meeting: Thursday, August 9, 9:00AM-10:30AM
Community Health Institute, 501 South Street, Bow NH

Conference #: 719-284-5949

Pin #: 55982