

APPROVED MINUTES

New Hampshire Opioid Abatement Advisory Commission Regular Meeting DHHS Brown Building Auditorium, 129 Pleasant St, Concord, NH Monday, January 10, 2022 at 1:00 p.m.

Attending:

Attorney James **Boffetti** (Designee for the Attorney General)
Kerrin **Rounds** (Department of Health and Human Services)
Representative Dennis **Acton** (House)
Senator Cindy **Rosenwald** (Senate)
Senator Becky **Whitley** (Senate)
Attorney Thomas **Velardi** (County Attorney appointed by Governor)
Jason **Henry** (County Corrections Superintendent appointed by Governor)
Toni **Pappas** (County of +100k appointed by Governor)
Patrick **Tufts** (Chair of Governor's Commission on Drug and Alcohol Treatment, Prevention and Recovery)
David **Mara** (Governor's Designee)
Paula **Mattis** (Director of Medical & Forensics, Department of Corrections)
James **O'Shaughnessey** (Citizen and attorney for schools)

Present via Zoom Platform:

Seddon **Savage**, MD, (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Emily **Rice** (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Robert **Buxton** (Municipal Fire Chief appointed by Governor)
Bobbie **Bagley** (City with 75k+ appointed by Governor)

Absent:

Peter **Spanos** (County of <100k appointed by Governor)
Rachel **Miller** (State Treasurer's Designee)
Bianca **Monroe** (Appointed by the Attorney General)
Michael **Carignan** (Municipal Police Chief appointed by Governor)
Helen **Hanks** (Commissioner, Department of Corrections)

Senator Rosenwald (Chair) opened the meeting at 1:00 p.m. with a roll call of Commission members. It was determined that only nine members were present, therefore a quorum was not established and the meeting was to be considered unofficial and limited to discussion.

The first item for discussion was adoption of the minutes of the October 7, 2021 meeting. Due to there being no quorum, a vote to approve the minutes will take place at the next scheduled meeting.

The second item was an update from Associate Attorney General James Boffetti on litigation efforts relative to settlements and distribution of funds and informed that motions for summary judgment were decided last week with a positive result and added that the case is set for trial in Merrimack Superior Court in February.

Attorney Boffetti updated the members present on all the major cases and the pending the \$21 billion-dollar national settlement with the 3 major distributors: McKesson, Cardinal Health and AmerisourceBergen. Attorney Boffetti explained that there is a sign on period for New Hampshire subdivisions (counties/cities/towns) that have been identified by the defendants who have either filed lawsuits against these companies, or who have been identified by the defendants as primary non-litigating subdivisions, many of which have agreed to join the settlement. The sign-on period has been extended through the end of January. The expectation is to receive maximum participation by New Hampshire qualifying subdivisions and to therefore maximize the amount of dollars coming to the state through the settlement, although the amount has not been determined and the payments will be paid over many years.

Attorney Boffetti briefed the commission on additional bankruptcy proceedings ongoing with parties related to the opioid crisis.

Purdue Pharma, the case that is specific to OxyContin, was recently vacated in a United States District Court in New York. The court vacated the bankruptcy court's confirmation of a bankruptcy plan and explained that from our perspective, the vacated order is a positive outcome as the Sackler family, the owners of the distributor were not paying a sufficient amount of money to resolve cases and to get released from their civil liability. The case is still pending and there will either be a new plan that people can rally around or it will be appealed in Second Circuit Court of Appeals and the United States Supreme Court.

Mallinckrodt is another bankruptcy which is a less controversial case working its way through the court system which would result in additional settlement money coming to New Hampshire.

Attorney Boffetti noted that each settlement has a different time period and expectation for opioid payment distribution over the term of 18 years. Some cases are of lesser terms and the money will come in at various times. There is no coordinated payment plan and there will be a flow of money to the state over the course of many years.

Rep. Acton highly recommended the drama series "Dopesick" which is available on HULU and highlights the entire process of Purdue Pharma and reflects on a small town in West Virginia that was greatly impacted by the opioid crisis in the 1990s.

The third item for discussion was a legislative update. Senator Rosenwald informed the group that there is a hearing on the bill filed on behalf of the commission. The language changes the census and one of the appointments to nursing homes, and clarifies the scope of the eligibility to include evidence based prevention.

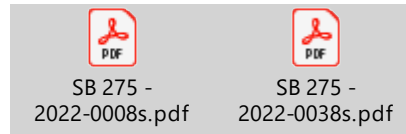
The hearing is scheduled at 1:00pm on Tuesday, January 11, 2022 in Senate Finance for anyone who would like to testify. Attorney James Boffetti indicated he would be present at the hearing.

Attachment:



Senator Rosenwald welcomed Senator Becky Whitley, present at the meeting, to discuss the language in the amendment she intends to bring forward to the public hearing on Tuesday. Senator Rosenwald indicated that although the commission would not be able to take an official position on the amendment, that if the commission’s reaction was positive, it can be considered that the language was discussed at the commission meeting, although not officially recommended.

Attachments:



Senator Whitley introduced the amendment which was brought to her attention by school districts in an effort to consider how local school districts can be supported through the trust. In New Hampshire schools, the lives of children have been greatly impacted by the opioid crisis and school districts across the state are dealing with this issue. Primarily, the focus in schools is on academic achievement. However, there are children attending schools with significant behavioral health issues and needs because of the opioid crisis. Currently, school districts are working with a multi-tiered system of support which is primarily led by the Department of Education (DOE) under RSA 135: F, the statute that supports children’s behavioral health. There is already a model that districts can build upon which has been strongly implemented with fidelity in nine school districts with great results and feedback. This amendment is an opportunity to expand that work supported by the DOE and will require considerable investment of resources but is completely community driven in local school districts. Senator Whitley added that the friendly amendment to Senator Rosenwald’s bill adds a consideration to the commission to take a look at supports for public school programs and services for students with opioid use disorder (OUD) and another co-occurring substance use disorders (SUD) and mental health issues. Additionally, the language adds a support to the school districts that are managing these issues.

Attorney James O’Shaunessey, from Drummond Woodsum Law Firm in Manchester who also represents school districts in the state was present and spoke to the subject matter on the amendment as an interested party relative to the increasingly more apparent impact on schools with relation to opioids.

Attorney O’Shaughnessy explained that if money were to come into the state through the abatement trust to address the impacts on schools, that with the current way the language was drafted there was no way for schools to access the money in the trusts as schools were not a part of the original class of plaintiffs.

The amendment will allow for school districts who develop a plan to have an opportunity to apply for funding to support schools/students and specific programs and to bring requests forward to the commission for approval.

Several concerns were discussed relative to the amendment's language were brought forward for discussion among the group:

Jason Henry brought up the concern that the association of counties may disagree with the ability for another pool to access the funds when it was at first designated for other areas.

In response, Attorney Boffetti expressed his support and informed that the existing legislation has 14 approved uses for the opioid abatement funds. Those were designed to address the opioid abatement issue and were not specifically targeted to the "litigating" subdivisions. Discussions with Attorney O'Shaughnessy concerning the uses of the abatement funds focused on the need to be responsive to what the needs are in the school districts for students and their families who were directly affected by opioid use. All requests for funding need to be proposed and brought forward to the commission for consideration. The money is not limited to counties but is also to be made available for the state's need to abate the opioid crisis by allocating money to support specific programs in school districts that are deemed an appropriate use of this funding.

A member brought forward concerns surrounding the language related to supporting school programs that would clearly identify only with opioid abuse and would not be specifically outlined to include overall programming or co-occurring disorders.

Representative Acton brought forward concerns that the amendment could become problematic and cause risks to the bill that could result in bringing it down in the House. Further, the amendment should possibly be considered as a standalone piece of legislation.

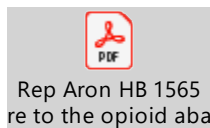
Dr. Seddon Savage offered her support with a point of view reflecting on the work by the Opioid Task Force and noted the relationship between the Governor's Commission on Alcohol & Other Drugs which has brought people together to address issues relative to opioid use. Dr. Savage expressed that she predicts a high level of support from the Prevention Task Force and that work in schools is of the highest priority in order to mitigate current opioid harm and to prevent future harm.

There was some discussion among the group relative to the language specific to section 15 and 16 and a concern with redundancy. Members present reviewed both sections to be inclusive of the program supports offered in the school districts.

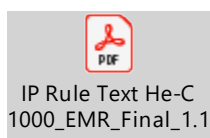
The proposal was to keep both section 15 and 16 in the language and to eliminate lines 10 through 12.

Associate Attorney General Boffetti updated the group on Representative Aron's proposed bill scheduled for a hearing on January 11, 2022. The bill essentially changes the formula to substantially increase the amount of funds that get distributed to the 23 litigating subdivisions.

Attorney Boffetti explained that the bill is problematic and not justified and informed that he would be present at the hearing to testify against the bill on behalf of DOJ.



The fourth item was an update on rulemaking. CFO Kerrin Rounds reported that the expectation is that the Joint Legislative Committee on Administrative Rules (JLCAR) will schedule in April with an anticipated hearing date in March. Additionally, the final draft rules have been presented to the commissioner for review and any edits/changes.



The fifth item was a presentation by Paula Mattis, Director of Medical & Forensics, representing the New Hampshire Department of Corrections (NHDOC). The focus of the PowerPoint demonstrated the comprehensive continuum of care and services for residents with substance use disorders (SUD). The slide show presentation “Opioid Use Disorders” outlined the managed care process for individuals whose needs are determined and managed through various clinical staff approaches for treatment and programs through an individualized treatment approach.

PowerPoint Presentation: “Opioid Use Disorder”



Director Mattis provided an overview of the substance use disorder treatment services from initial intake through incarceration and release by highlighting the following key areas of interest to the commission.

Medication Assisted Treatment (MAT) program is the use of FDA approved medications paired with counseling and a behavioral therapy approach to substance use disorder treatment. Participants in the MAT program are treated with oral Naltrexone and/or oral Buprenorphine combined with counseling and behavioral therapy for an individual patient-centered approach to treatment.

Another model being explored by the department for the treatment of substance use disorders referred to as **Medication for Opioid Use Disorder (MOUD)** is a different approach where medication is the primary treatment.

The Focus Program offers a range of services in a residential setting for treatment in a therapeutic environment under the direction of licensed alcohol and drug counselors (LADCs) located in two of the NHDOC facilities:

- The Northern Correctional Facility in Berlin hosts the program for men and has a 90-bed capacity.
- The New Hampshire Correctional Facility for Women in Concord allows for 40 women to participate in the program.

Additionally, MAT participants are offered services and programs using technology and evidence-based programming in an independent self-driven route through courses made available on tablets. Narcotics Anonymous and Alcoholics Anonymous programs are also offered to residents through volunteer support services.

Through transitional services the department offers a continuum of care from beginning to end for participants. A case manager is assigned to each individual and works with participants to set up services and medical needs and provides seamless continuity of care. This includes planning for reintegration to the community and a variety of transitional services.

Additionally, reentry coordinators are available through the State Opioid Response Reentry Grant (SORR). Currently, the department has two coordinators who work with individuals 12 months post release.

Residents who have a history of opioid use disorder in the system are offered Narcan upon release.

Representative Acton raised the question surrounding Medicaid billing for residents. In response, Director Mattis explained that NHDOC is self-insured and the funding for healthcare services is through general funds. Director Mattis also further detailed that if a resident goes to a hospital and is admitted for an inpatient stay, the cost can then be referred to Medicaid for payment.

Several questions were asked surrounding the medications offered to MAT participants in NHDOC facilities. Director Mattis informed the commission that the primary medications currently used are oral Buprenorphine and oral Naltrexone. Due to the high costs associated with Vivitrol (the injectable form of Naltrexone), Sublocade (the injectable form of Buprenorphine) and Suboxone, those medications are not used for treatment in NHDOC facilities. Methadone is also a treatment option that is primarily used for pregnant women.

A question was asked wondering whether individuals released from custody receive continued treatment upon release. Director Mattis explained that if the individual has served the entire sentence, the department has no influence on the person at the time of release, although services are offered. Individuals who are released on parole that have a parole plan which includes continued treatment are overseen by a parole officer and conditions are met through monitoring.

The final order of business was a discussion of proposed agenda items for the next commission meeting. A date was set and the meeting was scheduled on March 7, 2022 from 1:00 to 3:00 p.m. in the Brown Building Auditorium.

Proposed agenda items include

- Johnson & Johnson settlement update
- BDAS presentation
- Drug Court presentation
- Legislative update.

At the call of the Chair, the meeting adjourned at 3:00pm.

Prepared and submitted by Leslie Bartlett on January 24, 2022

TREATMENT SAVES LIVES

OPIOID USE DISORDER



NH DEPARTMENT OF
CORRECTIONS

JANUARY 2022

Commissioner Helen E. Hanks
Director Paula Mattis

NHDOC — COMPREHENSIVE CONTINUUM OF SERVICES



NHDOC — FOCUS PROGRAM

Northern NH Correctional Facility and the NH Correctional Facility for Women operate modified therapeutic communities for people assessed by licensed alcohol drug counselors for American Society of Addiction Medicine (ASAM) 3.5 Clinically Managed Medium-Intensity Residential Services Level of Care.

The Focus Unit integrates evidence-based practices through group treatment and peer mentoring to help those struggling with substance use disorder work toward recovery. Important themes of the curriculum include motivational strategies, alcohol/drug refusal skills, relationship repair, communication skills, anger management, problem-solving and long-term abstinence and recovery skills.

More details can be reviewed in the Department's Annual Report at:

[annual-report-2020-final-5-24-21.pdf \(nh.gov\)](#)

Post Release Feedback



Hí Diane, hope all is well for you and that your holidays were nice.

Since all I did was bug you in the past RE: [name removed] I thought I'd pass along something more user friendly :-). [name removed] was picked up by me in Berlin almost 90 days ago. I could not be more happy for him and his progress. He's clean, has a good attitude towards life-work-his place in society as a young man rebuilding. He's a building block for my company.

I got real lucky and found him a 2 bedroom apartment. He's doing all the right things. Both him and I will serve as a reference that you manage one heck of a good program !!!

Take care :-)



Great work being done in the FOCUS Program!

NHDOC — MEDICATION ASSISTED TREATMENT

- Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

NHDOC MAT

Treatment values:

- Teamwork
- Patient-centered care
- Whole-person approach



MAT PROCESS

- Patients request to see a Licensed Drug and Alcohol Counselor (LADC).
- An assessment will be conducted to determine readiness for change and treatment recommendations.
- The patient is referred to our MAT Coordinator.
- An appointment with a provider is scheduled.
- The patient is screened by the provider to determine if medication, and which medication, will be prescribed.
- If prescribed MAT medication, the patient is now part of the MAT program. If medication is contraindicated, psychosocial treatments will be continued.

MEDICATIONS USED IN MAT



Oral naltrexone and buprenorphine

- Vivitrol, Suboxone, and Sublocade are not currently used.



MEDICATION FOR OPIOID USE DISORDER

Medication for Opioid Use Disorder (MOUD) is a different model for treatment of OUD where medication is the primary treatment.

MAT implies that medication plays a secondary role in treatment. As practiced at the NHDOC, medication is part of a holistic approach to OUD treatment.

DATA ELEMENTS

Adult Parole Board	Revocation Hearing Outcome Reasons				
	Revoked-Community Failure	Revoked-Criminal Behavior	Revoked-Exhausted Alternatives	Revoked-Repeated Parole Violator	Revoked-Substance Abuse
Calendar Year					
2015	422	175	9	16	293
2016	462	193	9	9	320
2017	468	184	158	160	303
2018	502	228	385	205	338
2019	550	258	549	245	340
2020	415	250	304	177	300
2021	413	255	51	50	240

EMR-Mental Health	January 2021 through January 2022 (3rd)	
	Appointment Category Totals	Distinct Clients by Category*
Behavioral Health-Addiction Services	603	448
Behavioral Health-Interview	1,568	891
Behavioral Health-Sex Offender Treatment	266	134
Behavioral Health-Sick Call	1,966	878
Behavioral Health-Psychiatric	8,796	1,523
Behavioral Health-Clinician	7,090	1,415

Residents prescribed MAT as of July 2nd 2021:

Location	# of MAT Participants
NHSP Men	50
Community Corrections	20
NHCF Women	23
NNHCF	49
Total Across Locations	142

JANUARY 10, 2022

MAT Patients Total: 170

▪ NCF 61 NHSPM 72 NHSPW 23 Community Corrections 14

Active SUD Patients, All Facilities: 312

Total Number of LADC Assessments to Date: 300+

Total Residents, All Facilities: 1,927

▪ NCF 518 NHSPM 1,055 NHCFW 109 Community Corrections 186
SPU 59

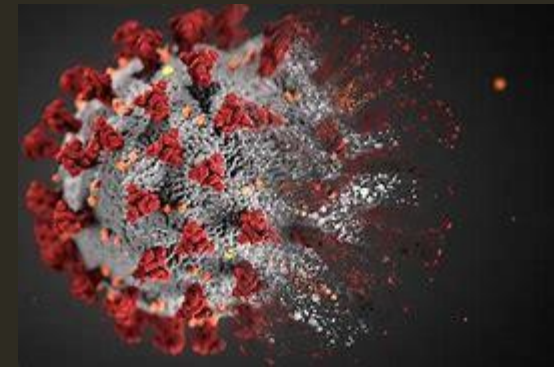


HEALTHCARE RIGHTS OF THOSE INCARCERATED

- The Eighth Amendment of the U.S. Constitution prohibits excessive bail, excessive fines, or cruel and unusual punishment.
- Court law, or case law, has occurred to determine that those who are incarcerated are the only U.S. citizens who are guaranteed healthcare.
- Estelle v. Gamble (1976) Supreme Court case is seen as the origin of prisoner's rights in our country.
- Helling v. McKinney (1993) Supreme Court found that correctional facilities are now held responsible if "deliberate indifference" occurs in their system.
- Those who are incarcerated have the right to refuse treatment.

RECOVERY COACHES

- In 2019—two-week training to residents (20) and staff(6) in recovery coaching.
- Two residents were released and became CRSWs (Certified Recovery Support Worker), obtaining employment in the community.
- The other 18 residents were supervised by LADCs to provide group peer support.
- We had the goal (and funding) to train another 40 residents in recovery coaching and to get the six staff certified to be instructors by the end of summer in 2020.
- Our plans were changed...



THANK YOU!

Helen E. Hanks, Commissioner

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