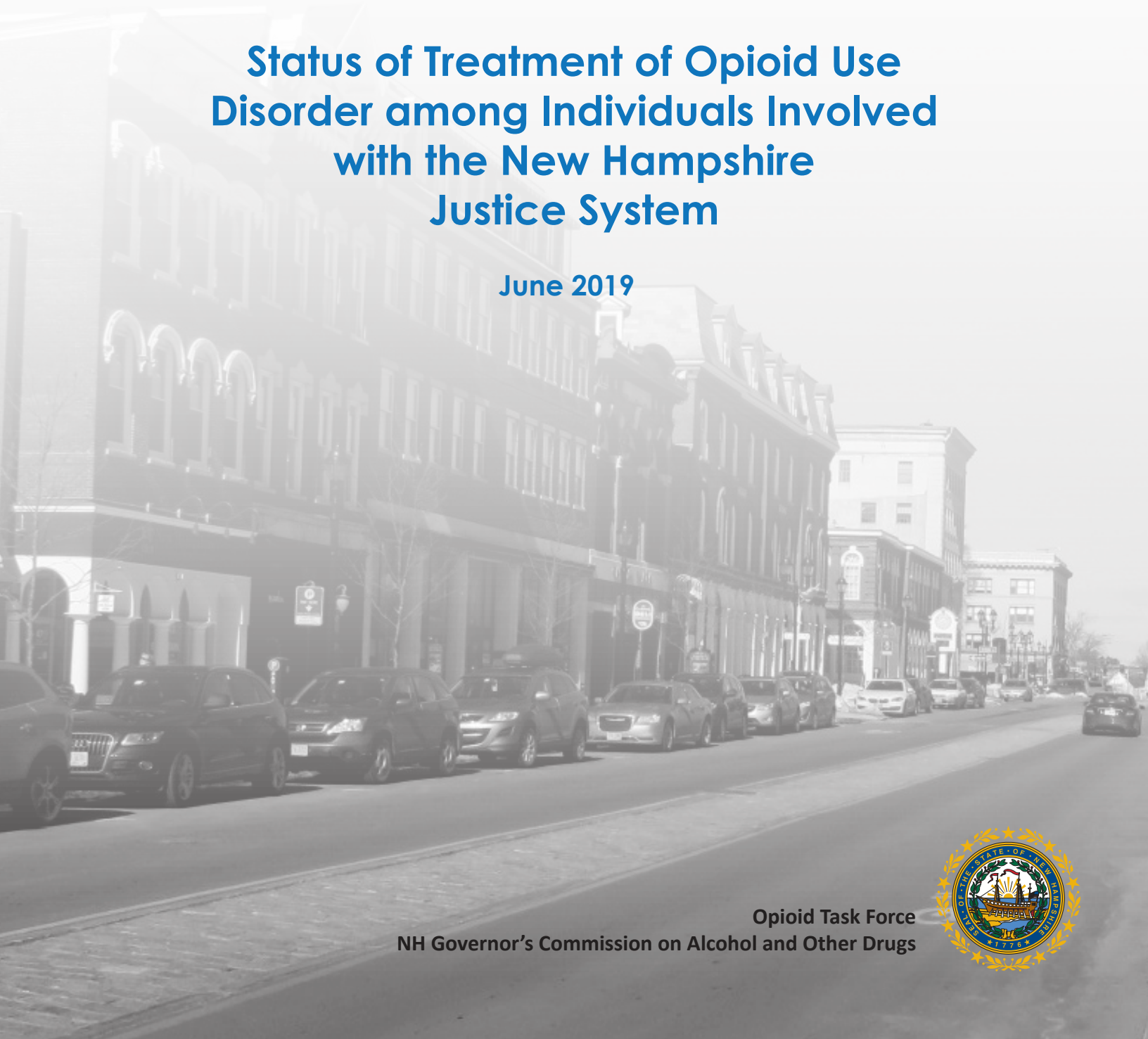
Status of Treatment of Opioid Use Disorder among Individuals Involved with the New Hampshire Justice System

June 2019



Opioid Task Force
NH Governor's Commission on Alcohol and Other Drugs

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Since 2012, the Opioid Task Force, on behalf of the NH Governor's Commission on Alcohol and Other Drugs, has worked to identify needs and recommend strategies relative to addressing opioid misuse in New Hampshire. The task force is comprised of a multidisciplinary group of professionals including the sectors of education, government, health care, emergency services, law enforcement, community supports and other stakeholders. Members developed a comprehensive list of strategies with the goal to address three priority areas by 2020 to include identifying needs and opportunities in the New Hampshire justice system relative to the treatment of opioid use disorder (OUD).

PRIORITY AREA:

Create a seamless system of care that includes both psychosocial and indicated medications for addiction treatment (MAT) for all persons at all points in the justice system (jails and prisons, drug courts and alternative sentencing, pretrial services, probation/parole) in order to engage persons with opioid use disorder in meaningful recovery and reduce criminal recidivism.

In an effort to undertake this priority of the task force, representatives from each distinct component of the NH justice system including: pre- and post-trial programs, county jails, and services available through the Department of Corrections (DOC) including state prisons and field services (probation and parole services) were invited to present to the task force. The task force aimed to understand each distinct system in terms of programming and other services available to help treat substance use disorder (SUD) including OUD and to obtain perspectives on current strengths, challenges and opportunities specific to the treatment of OUD.

This report recognizes that NH's justice system is rapidly evolving and aims to support efforts currently underway. This report reviews findings and opportunities based on the information gathered on the distinct components across the NH justice system. Based on the identified needs and opportunities, the Opioid Task Force recommends the following to enhance care for individuals with OUD who are involved in NH's justice system:

1. Increase availability of pharmacotherapy for the treatment of OUD for all individuals at any point during justice engagement, including in jails and prisons.
2. Increase access to higher levels of care as indicated based on American Society of Addiction Medicine (ASAM) criteria (particularly intensive outpatient programming and residential services) to treat individuals with SUD across all NH jails and prisons.
3. Increase provider capacity across NH's justice system to include Licensed Alcohol and Drug Counselors (LADCs/MLADCs) and other professionals trained to treat OUD.
4. Enhance access to recovery coaching for all individuals across NH's justice system.
5. Expand access to transitional and recovery-supportive housing for persons recently released from NH jails and prisons with opportunities to continue pharmacologic therapy as indicated.
6. Expand seamless access to publicly funded SUD treatment programs for persons released from NH jails and prisons, including residential programming.
7. Consider adoption of common principles and guidelines for the treatment and care of SUDs across components of the NH justice system that meet industry standards and principles.

BACKGROUND

The Opioid Task Force recognizes that justice engagement, including incarceration in jails and prisons offer a unique opportunity to identify and engage individuals in treatment for opioid and other substance use disorders and to help connect individuals with relevant supports and services upon reentry into the community. Review of national resources and available research suggest:

- Nationally, "more than two thirds of jail detainees and half of prison inmates experience SUD. Many require treatment interventions, although only approximately 10% of prison inmates receive SUD treatment services".[1]
- It has been estimated, based on search of active medical diagnoses that over 50% of individuals currently incarcerated in NH DOC prisons have a diagnosis of OUD".[2]
- A lifetime history of incarceration is common among individuals who use drugs intravenously with 56-90% previously incarcerated.[3]
- Seventeen to nineteen percent of individuals in U.S. jail and prison systems have regularly used opioids prior to incarceration.[4,5]
- For persons with untreated OUD, release from jail and prison is associated with a dramatic increase in death from opioid overdose.[4]
- One in ten overdose deaths showed evidence of release from an institutional setting in the month preceding death.[6]
- SUDs are treatable conditions with rates of remission or recovery comparable to other chronic illnesses when individuals receive optimum care.[7]
- SUD treatment across the criminal justice system has been found to reduce criminal activity, arrests, as well as probation revocations and re-incarcerations.[5]
- Treatment of OUD with FDA-approved medications, methadone, buprenorphine, and naltrexone, reduces deaths and improve outcomes for those with OUD.[3,4]
- Providing MAT in correctional facilities can reduce the risk of overdose death post-release by 85 percent.[6]

Given these facts, the Opioid Task Force believes the justice system represents a high-yield opportunity to reduce opioid related harm in NH, assist individuals in returning to productive lives in the community and importantly, to potentially slow and/or reverse the opioid crisis in NH.

The scope of this report focuses specifically on the treatment of OUD. While the charge of the task force is opioids, members recognize that substance use often involves the use of multiple substances and that improving systems to address one type of SUD, generally improves capacity to address other types of substance use as well. Therefore, the recommendations in this report may be relevant to improving care of SUD in individuals involved with the justice system beyond OUD.

In addition, the task force recognizes that SUDs frequently co-occur with other mental health disorders and that successful treatment of SUD often requires treatment of co-occurring mental health problems. Treatment of mental health disorders in justice-engaged individuals is beyond the scope of this report; however, the Governor's Advisory Commission on Mental Illness and the corrections system will address treatment of mental health conditions in justice-engaged individuals.[8] The findings and recommendations of this commission will be important complements to this report.

The task force recognizes that over the past few years all sectors of the NH justice system have participated in intensive efforts to address opioid and other substance use disorders in justice-involved individuals in the state. This report, developed in collaboration with many individuals actively working in NH's justice system to optimize SUD care, intends to support those efforts.

METHODS

Over the last year, the Opioid Task Force has invested in efforts to understand and identify opportunities and needs in the New Hampshire justice system relative to the treatment of opioid and other substance use disorders. The task force reviewed opportunities for SUD care in each distinct component of the justice system. A short description of each component is provided below, with brief summary narratives relevant to the treatment of SUD in each distinct area presented in the following Findings section with more detail presented in the Appendices.

Pre/Post Trial Programs

Juvenile Justice Programs: Programming is available for youth in New Hampshire.

1. Each county in NH has a Juvenile Court Diversion Program, with 18 accredited programs operating statewide. Males and females up to 17 years of age, who are first-time misdemeanor level offenders are eligible to participate with a police referral into a pre-court program or post-arraignment with a court referral for a program up to six months;
2. Any youth who does not have a delinquency charge but has violation-level offenses such as runaway or truancy or has mental health risks may be referred from parents, school or police into a Child in Need of Supervision Services (CHINS); or
3. Through the courts, police will refer any youth who has a serious misdemeanor or felony level charge or has a re-offense to Juvenile Probation and Parole.[9]

Drug Courts: Adult Drug Courts in New Hampshire are "designed to reduce recidivism and enhance community safety by providing participants whose chemical dependence has resulted in criminal behavior with treatment and community supervision. As an alternative to incarceration, judicially supervised programs provide[s] participants with an opportunity to promote their recovery, will reduce crime, restore families, and successfully reintegrate participants into the community.[10]

Law Enforcement Assisted Diversion (L.E.A.D.) - "L.E.A.D. is a pre-booking diversion program that allows officers to redirect low-level offenders engaged in drugs or prostitution activity to community-based services instead of jail and prosecution. LEAD participants begin working immediately with case managers to access services. LEAD goals include to reduce the harm a drug offender causes him or herself, as well as the harm that the individual is causing the surrounding community. This public safety program has the potential to reduce recidivism rates for low-level offenders and preserve expensive criminal justice system resources for more serious or violent offenders."[11] There are thirty-nine NH Police Departments trained in this model with many implementing the program.

County Jails

Independently operated at the county level, NH county jails may serve a variety of persons. County jails serve: those detained before trial, not granted bail, or unable to afford bail; those convicted of felony criminal charges who are awaiting sentencing of more than one year in a prison; and those found guilty of a felony or misdemeanor sentenced to serve less than one year.[12] There are ten county jails in NH. The Opioid Task Force identified no statewide guidelines or principles informing management of inmates at county jails, including none addressing management of SUD among inmates. The County Corrections affiliate of the New Hampshire Association of Counties does afford opportunities for inter-county networking and promotes education and professional development.[13]

NH Department of Corrections (DOC)

The NH DOC encompasses many varying divisions and units including state prisons, community corrections (transitional housing units and transitional work center), field services (probation and parole), forensic and medical services, professional standards, and victim services.[14] This review considered prisons, community corrections and field services.

State Prisons: A prison is an institution designed for confinement of convicted individuals sentenced to more than one year of incarceration.[12] New Hampshire operates three state prisons, which include the NH State Prison for Men (Concord); the NH Correctional Facility for Women (Concord); and the Northern NH Correctional Facility (Berlin).[15] *(The NH DOC does not administer the Federal Correctional Institution in Berlin, NH. It was, therefore, not included in this review).*

Community Corrections: Transitional Housing Units (THUs) and the Transitional Work Center (TWC) allow residents to prepare for reentry into the community. Individuals are referred to a THU after completion of a prison-based program. If an individual is identified as needing intensive treatment, they need to complete the program prior to entering the THU or TWC. Individuals are encouraged to connect with community providers while they are at a THU or TWC. There are three THUs in the state: Calumet Transitional Housing Unit (Manchester); North End Transitional Housing Unit (Concord); and Shea Farm Housing Unit (Concord).[16] The DOC also has a Transitional Work Center in Concord for males who are preparing to enter the community work force.

Field Services - The NH Division of Field Services supervises individuals who are not currently in jail or prison.[17]

- *Probation:* An individual enters into probation when they have been convicted of a misdemeanor or felony, but remain in the community under a variety of conditions with supervision.
- *Parole:* A legal status whereby an individual convicted of a felony and sentenced to the New Hampshire State Prison is released from incarceration into the community by the parole board.

METHODS

To understand the challenges and opportunities related to SUD treatment that exists within NH's justice system, the task force met with the following individuals who represent each distinct area of the justice system.

Distinct Area	Contact	Role/Organization
Juvenile Justice	Nicole Rodler	Rochester Police Department / Juvenile Court Diversion Network Board Chair
Drug Courts	Alex Casale	NH Drug Court Coordinator
County Jails	David Berry	Superintendent, Sullivan County Department of Corrections
	Jake Collins	Assistant Superintendent, Strafford County Department of Corrections
State Prisons	Paula Mattis	Director, Medical and Forensic Services, NH Department of Corrections
Probation/Parole/ Reentry	Michael McAlister	Division of Field Services, NH Department of Corrections

The task force invited each representative to a task force meeting to present an overview of their distinct system and programming and other services available to treat OUD and to share their perspectives on current strengths, challenges and opportunities specific to the treatment of OUD. Each representative provided details on the following:

- Assessment of SUD
- Description of SUD Programming
- Program Capacity and Population Served
- Program Length
- Staffing to Treat SUD
- Availability of MAT
- Other SUD Services and Supports (e.g., Drug Testing, Recovery Support Services)
- Process for Obtaining SUD Services
- Challenges and Opportunities

In addition to hearing from representatives of each component of the justice system, the task force also requested information on the areas of focus listed above from each county jail. Recognizing that each jail is managed independently and presents with its own unique strengths and challenges related to the treatment of opioid and other SUD, the task force felt it was important to collect these perspectives to accurately report on the needs of the county jail system as a whole. All ten county jail systems in New Hampshire were contacted in order to inform this report's findings. Information and input was provided by eight county jails including: Strafford, Coos, Grafton, Belknap, Cheshire, Merrimack, Carroll, and Sullivan counties.

In order to benchmark its recommendations, the Opioid Task Force also reviewed national resources and available research to help understand the current landscape and recommendations for treating individuals who have OUD and are involved with the justice system. These resources included the joint statement released by the American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM), National Commission on Correctional Health Care (NCCHC), the ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use and the Substance Abuse and Mental Health Services Administration (SAMHSA) Medication Assisted Treatment and the Criminal Justice System: Brief Guidance to the States, among others.

The following table summarizes recommendations that are supported by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Recommendations for Management of Opioid Use Disorder (OUD) During Incarceration			
Recommendation	Organization		
	NCCHC[18]	ACA/ASAM[4]	SAMHSA[5]
SUD Screening	Yes	Yes	Yes
Assessment/Evaluation	Yes	Yes	Yes
Manage Withdrawal (WD)	Treatment severe WD with meds	Medical management	*
Continue MAT During Incarceration	-Yes, terms < 6 months -Consider for longer terms -Yes, for pregnant women	-Consider continuation in all -Yes, for pregnant women	-Yes, in jails -Encouraged to consider in all contexts
Initiate MAT During Incarceration	Yes, for pregnant women	Yes, for pregnant women**	Consider as indicated for all individuals
Initiate MAT Prior to Release	Offer 30 days prior	Offer 30 days prior	*
Psychosocial Therapy for OUD	Yes	Yes	Yes
Treat Mental Health Co-Morbidity	Yes	Yes	*
Prerelease Planning for Transition of OUD Care	Yes	Yes	Yes
Naloxone On Site	Yes	Yes	*
Naloxone on Discharge	Yes	Yes (includes overdose training)	*
Transitional Housing to Allow MAT	*	Yes	*
Collaboration Between Parole and Treatment Providers	*	Yes	*

*A blank cell indicates the document did not address the issue.

**ASAM National Practice Guidelines for the Use of Medications in the Treatment of Addiction involving Opioid Use, Section on Criminal Justice states "continued treatment or initiation of pharmacotherapy…is recommended for prisoners and parolees regardless of the length of their sentenced term."[3]

In an effort to confirm accuracy of findings and agreement with recommendations stated in this report, input was requested from all members of the task force, justice system representatives who presented at previous task force meetings and from each county jail representative in addition to other key representatives of NH's justice system. Suggestions were incorporated as received. For a complete list of individuals who provided edits to the report, please refer to page two.

FINDINGS

Information gathered from representatives from each distinct area of the NH justice system revealed strengths, challenges and opportunities specific to the treatment of OUD. The task force strived to gather current and accurate information and data; however, with NH's justice system rapidly evolving, some details shared below may have changed since the release of this report. The following highlights the programming available to treat opioid and other substance use disorders and specific needs within each distinct system. Opportunities for growth are highlighted in the next section.

Pre/Post Trial Programs

Juvenile Justice Programs: Children and adolescents generally enter the juvenile justice system at one of three points as previously described: Juvenile Court Diversion programs, Child in Need of Supervision Services (CHINS) or Juvenile Probation and Parole programs.

SUD Programming: Individual case management and SUD referral is available across all points of the juvenile justice system. One onsite Licensed Alcohol and Drug Counselor (LADC/MLADC) is available at seven out of twelve Division for Children, Youth and Families (DCYF) district offices. Some diversion programs have access to a LADC/MLADC within their community-based programs while others utilize community-based services as a referral. Additional support provided by the program include referrals to recovery support services, and referrals to residential programming at the Sununu Youth Services Center.

System Challenges: Inconsistent availability of LADCs/MLADCs and lack of adequate community-based programs for youth including residential/intensive programs. Additional data on programming in the juvenile justice system is available in Appendix A.

Drug Courts: There are ten drug court programs in the state: Strafford, Grafton, Rockingham, Belknap, Cheshire, Merrimack, Hillsborough North & South, Carroll, and Coos. Any individual can be referred to drug court at any point during their pre-trial process. The County Attorney's Office must approve the individual for drug court. Once approved, an application and risk and SUD assessment by a LADC/MLADC is required for consideration. Programs last for 18 to 24 months with an additional year of probation following program completion.

SUD Programming: All programs have an onsite LADC/MLADC available. Referrals are made for additional SUD services as needed and participants may receive MAT if appropriate. Additional services and supports provided by most programs include employment/education supports, a system of incentives/sanctions, and a multidisciplinary team of providers to support participants.

System Challenges: One county is currently absent a drug court and limited treatment and recovery support services are available in many regions. These services include inpatient services, housing, transportation, and withdrawal management. Additional data on drug court programming is available in Appendix B.

County Jails

There are ten county jails in the state. Data was obtained from eight of the ten county jails.

SUD Programming: Seven responding county jails reported offering SUD programming. The responding county, which does not offer programming, does so due to low census numbers. This county provides administrative transfers to those in need of programming, and employs a LADC/MLADC and a Licensed Clinical Mental Health Counselor. All responding jails have onsite counselors available, offer case management services, and provide other supports and services to promote wellness and successful re-entry to the community. MAT services vary substantially among jail programs with some offering no medication, some offering medication to pregnant persons, and few being able to continue treatment with medication for those coming in on medication. One county jail offers a recovery coach program.

System Challenges: Inconsistent availability of MAT services, limited data collection to document treatment outcomes, inadequate funding and staffing for optimum prosocial programming, and lack of community-based SUD treatment capacity and shelters for housing insecure individuals on release from incarceration, which increases risk for relapse. Additional data on county jail SUD programming is available in Appendix C.

NH Department of Corrections (DOC)

The NH DOC includes the state prison system, community corrections (transitional housing units and transitional work center) and field services (probation and parole). There are three state prisons serving over 2,200 individuals. The three THUs and transitional work center provide services to an estimated ~300 individuals. All individuals served receive a SUD assessment and have onsite LADCs/MLADCs available or are connected with providers in the community for SUD services. Field Services are reviewed separately.

SUD Programming: All individuals are screened for SUD at the time of incarceration. Within the prison system, individuals can access SUD services including withdrawal management, outpatient services, intensive outpatient programming and residential services though wait times and availability may vary. Since 2015, the NH prison system has provided oral naltrexone while incarcerated and extended-release injectable naltrexone at time of release from a facility and pregnant women incarcerated with OUD are provided MAT as clinically indicated. Two Substance Abuse and Mental Health Services Administration (SAMHSA) grants received in May 2018 and January 2019 have allowed the NH DOC to expand services and supports for SUD.

Through these grants, the Division of Community Corrections has been able to create three Reentry Care Coordinator (RCC) positions. These positions provide targeted case management specific to SUD. This targeted case management may be initiated at any point during incarceration and follows individuals post release for up to one year. The RCCs also have the ability to offer naloxone kits to individuals or family members of individuals who are identified as being at risk for an opioid overdose. The SAMHSA grant received in January 2019 has allowed prison facilities to expand MAT services to include offering buprenorphine and other medications to all individuals at any point during their stay; and to continue its existing practices as well. A naloxone kit and education is also made available to persons transitioning out to the community.

Within THUs, SUD programming is primarily provided through referrals to community treatment services with some outpatient services provided onsite. This is purposeful so that individuals establish community-based services in preparation to reenter the community. Additionally, through partnership with the NH Department of Health and Human Services (NH DHHS), grant funding has been obtained to train peer recovery coaches to be available at all prison facilities by August 2019.

System Challenges: Limited workforce, wait times for residential services and intensive outpatient programming for both women and men, and limited medication options and peer recovery coaching services while incarcerated though this is rapidly changing. Additional data on NH DOC SUD programming is available in Appendix D.

Field Services

There are eleven probation and parole offices statewide servicing over 6,600 individuals. All offices utilize the Ohio Risk Assessment and provide referrals for assessment and treatment for SUD consistent with a supervised case plan. One RCC is available for women with SUD post release for 12 months and two RCCs are available for men with SUD post release for 12 months.

SUD Programming: All individuals in programming receive case management through their probation/parole officer and, for those with identified SUDs; this supervision supports the medical model of SUD treatment, including psychosocial treatment and MAT, and maximizes community referrals.

System Challenges: High caseloads, limited probation/parole officer workforce, need for improved reentry coordination from incarceration to community, and lack of adequate recovery housing opportunities. Additional data on the field services unit is available in Appendix D.

OPPORTUNITIES & RECOMMENDATIONS

The Opioid Task Force recommends the use of best practices for the treatment of OUD. Based on the data gathered from the distinct areas across NH's justice system several opportunities were identified to enhance care for justice-engaged individuals with OUD. The task force recommends continued increased investment and resources to implement opportunities to support the treatment of OUD across the NH justice system.

Recommendation 1:

Increase availability of pharmacotherapy for the treatment of opioid use disorder for all individuals at any point during justice engagement, including in jails and prisons.

> "…Providing adequate and responsible healthcare to treat addiction through medication assisted treatment is a requirement, not an option."
>
> Richard Van Wickler, Superintendent
> NH Cheshire County Department of Corrections

Current Practice: Medications for the treatment of OUD during incarceration has been limited, until recently. In 2015, the NH prison system, engaged the practice of MAT by providing oral naltrexone while incarcerated and extended-release injectable naltrexone at time of release from a facility. Pregnant women incarcerated with OUD have always been provided MAT as clinically indicated. A grant was received in January 2019, allowing the expansion of the types of medications used to treat OUD including the ability to offer: buprenorphine and other medications to all individuals at any point during their stay; and to continue its existing practices as well. A naloxone kit and education is made available to persons transitioning out to the community. Within the NH jail system, availability of medications vary with some jails offering no medication, some offering medication only for pregnant women and few being able to continue treatment with medication for those coming in on medication.

Supporting Data: Data suggests that treatment of OUD with FDA-approved medications-- methadone, buprenorphine, and naltrexone-- reduces deaths and improve outcomes for those with OUD.[4,5,19,20]

Research suggests that individuals in prison treated with methadone used less drugs after release and were more likely to participate in community-based addiction treatment. A lower rate of re-incarceration was also observed three years after first incarceration.[3] It is suggested that pharmacotherapy be initiated a minimum of 30 days prior to release.[3]

In addition, in November 2018, a federal court in Massachusetts granted a preliminary injunction, which required that a person who was to be incarcerated be provided continued access to methadone treatment for his OUD while incarcerated.[21] Many are calling the case important legal precedent in its finding that denying incarcerated individuals with OUD access to ongoing medication can violate the law under both the Americans with Disabilities Act and the U.S. Constitution.[21] Similar cases have yielded similar rulings, including a case originating in Maine that was determined by the United States of Appeals for the First Circuit in Boston; the Court of Appeals ruled that a jail must provide an individual with medication for their OUD.[22] While nationally the landscape is beginning to change, access to medication for addiction treatment remains a challenge with few correctional facilities offering methadone to inmates, and even fewer administering buprenorphine. Correctional facilitates which do administer buprenorphine nationally include the Rikers Island Correctional Facility in New York, and various correctional facilities throughout Vermont.[23] A naloxone kit and education is also recommended for individuals preparing to re-enter the community.[4]

Recommendation 2:

Increase access to higher levels of care as indicated based on American Society of Addiction Medicine (ASAM) criteria (particularly intensive outpatient programming and residential services) to treat individuals with substance use disorder across all NH jails and prisons.

Current Practice: Prisons in NH offer higher levels of care including intensive outpatient programming and residential services; however, the three prison facilities do not consistently have the capacity to provide all individuals who need a higher level of treatment with that level of care. Similarly, the NH jail system varies in their capacity to provide treatment to incarcerated persons.

Supporting Data: ASAM has established criteria to determine appropriate level of care based on the needs of the individual. Better outcomes have been demonstrated when individuals are provided care which meets their needs such as when hospitalization or other medical utilization is indicated compared to less intense care. While it is possible for individuals to benefit from any treatment, relapse and recidivism may be reduced when indicated level of care is provided.[24]

Recommendation 3:

Increase provider capacity across NH's justice system to include Licensed Alcohol and Drug Counselors (LADCs/MLADCs) and other professionals trained to treat opioid use disorder.

Current Practice: NH prison and jail facilities staff LADCs/MLADCs; however, clinicians are carrying immense caseloads, some of 60 individuals. Two LADCs/MLADCs and a dedicated case manager are available across the three THUs and TWC and are assigned to support the triage to community services for more than 300 individuals. Probation/Parole Officers utilize community-based services to refer those under probation and parole supervision in the community to address their SUD treatment. NH prisons have several vacant LADC/MLADC positions due to the existing SUD treatment workforce shortage. One onsite LADC/MLADC is available at each of seven out of twelve DCYF district offices. Most drug courts have two to three LADCs/MLADCs with varying staff to participant ratios.

Supporting Data: Evidence indicates that treatment outcomes are improved with higher counselor to client ratios.[25] According to SAMHSA, counselor to client ratios in outpatient treatment programs, range from 1:8 to 1:15.[26] The Bureau of Drug and Alcohol Services of the NH Department of Health and Human Services recommends, "All group counseling sessions shall be limited to twelve clients or fewer per counselor".[27] While no standards were identified with respect to recommended staffing ratios in justice settings, expanding provider capacity across the justice system is likely to improve SUD treatment outcomes and reduce provider stress and burnout.

Recommendation 4:

Enhance access to recovery coaching for all individuals across NH's justice system.

Current Practice: Recovery coaching is offered in one county jail but not at any of the other NH jail and prison facilities. Cheshire County Jail offers a recovery coach program for inmates through a collaborative venture with a local recovery center. Through partnership with the NH DHHS, grant funding has been obtained to address this opportunity in prison facilities. An objective of this grant is to train peer recovery coaches to be available at all prison facilities by August 2019.

Supporting Data: Recovery coaching involves meeting with trained coaches who may have lived experience and assist individuals to develop and implement a recovery plan. The value of recovery coaching in supporting sustained recovery has been demonstrated in outpatient and inpatient populations.[28] Recovery coaching is a valuable tool that can assist persons who are being released from the justice system to connect to community services while also addressing barriers or challenges that could affect their recovery.[1] It is expected that recovery coaching would be of value to incarcerated persons seeking recovery.

Recommendation 5:

Expand access to transitional and recovery-supportive housing for persons recently released from NH jails and prisons with opportunities to continue pharmacologic therapy as indicated.

Current Practice: The NH DOC has three THUs and one TWC accommodating approximately 300 individuals. NH DOC has dedicated case managers at each THU to work with residents on their reentry plan and to facilitate connections to community-based services. Many NH county jail systems report their highest need as transitional housing opportunities for recently released persons. The lack of services is exemplified in some areas with some counties reporting no transitional or recovery-supportive housing for recently released individuals depending on their gender (e.g., some counties completely lack housing for females, others for males). Also, recovery housing options are not available for youth. In addition, some existing recovery houses do not permit residents on MAT; despite this being best practice for OUD.[29]

Supporting Data: Transitional and recovery-supportive housing provides both a substance-free environment and mutual support from fellow recovering residents. This housing provides opportunities for persons to formally and informally share resources with each other, "giving advice … about how to access health care, find employment, manage legal problems, and interact with the social service system."[1] Networks that are more formal exist in "sober living homes" where many homes have a house manager or leader that may also facilitate groups.[1] Studies have provided "promising evidence to suggest that recovery-supportive housing can be both cost-effective and effective in supporting recovery".[1]

Recommendation 6:

Expand seamless access to publicly funded substance use disorder treatment programs for persons released from NH jails and prisons, including residential programming.

Current Practice: There are multiple public funding streams supporting services for individuals involved in NH's justice system. These include, but are not limited to Medicaid, Substance Abuse Prevention and Treatment Block Grant, State Opioid Response funds, Federal Medication Assisted Treatment funding, and other federal grants. The challenge is that service rates through public funding tend to be significantly lower than those available through commercial insurance meaning that providers may either have to limit the number of publicly funded clients they admit or may choose to not serve this population.

Supporting Data: Service rates through public funding tend to be significantly lower than those available through commercial insurance. New Hampshire has some of the lowest Medicaid reimbursement rates in the nation; and most Medicaid providers in NH have not received a rate increase in many years.[30] Yet, many persons released from the NH jail and prison system are released with newly established Medicaid insurance. Due to low reimbursement rates, it can be difficult for providers to choose to accept Medicaid, and, therefore, impose an additional barrier for individuals reentering the community and seeking care. "Connecting people incarcerated to treatment programs proven to be effective, prioritizing resources for those nearing release and encouraging community-based aftercare will ensure better outcomes for people released from prisons and jails, and the communities to which they return."[31]

Recommendation 7:

Consider adoption of common principles and guidelines for the treatment and care of substance use disorders across components of the NH justice system that meet industry standards and principles.

Current Practice: Many elements of the NH justice system, including the prisons, community corrections and field services are administered through the NH DOC while the juvenile justice system is administered through the NH DHHS. The drug courts operate independently on a county-to-county basis, but they receive coordination and guidance through the Office of the Drug Offender Program under the Superior Court System. NH jails operate independently of one another with opportunities for networking, education, and professional development through the NH Association of Counties-County Corrections affiliate. The existence of state-level agency oversight and/or state-level integration of individual county activities related to SUD treatment in justice-involved individuals provides an opportunity to develop consistent principles and guidelines related to SUD treatment across each system and, with collaboration between these systems, across the NH justice system as a whole. The National Commission on Correctional Health Care and the American Correctional Association, and the NH Bureau of Drug and Alcohol Services and other subject matter experts have established such standards and principles. Such principles and guidelines could serve as benchmarks to guide optimization of SUD care for justice-involved individuals. Given the high priority of addressing opioid-related harm across the state and the high-risk nature of justice-affected populations, adoption of common principles could be valuable in achieving the state's goal to reduce opioid-related harm.

Supporting Data: Numerous respected organizations and agencies have published principles and recommendations that might serve to inform statewide goals for care of justice-involved individuals with SUD. In 2018, the American Correctional Association and American Society of Addiction Medicine provided joint recommendations on the treatment of OUD in justice-involved individuals.[4] The National Commission on Correctional Health Care published a position statement in 2016 with recommended principles for care of adults and adolescents with SUD in corrections facilities.[18] The National Institutes on Drug Abuse updated a set of principles of substance use treatment for criminal justice populations in 2014.[32] SAMHSA published brief guidance to the states on MAT in the criminal justice system.[5] These guidance documents are similar and resonant with one another and could serve to inform statewide principles and guidelines on SUD treatment in justice affected individuals that are tailored to New Hampshire's unique systems and needs.

APPENDICES

JUSTICE SYSTEM: JUVENILE JUSTICE SYSTEM										
ENTRY POINT 1 - JUVENILE DIVERSION										
REFERRAL PROCESS	Any youth who has a legal charge. Referred by 1. pre-court police referral or 2. delinquent petition/JPPO referral									
COUNTY	*Strafford*	*Grafton*	*Rockingham*	*Belknap*	*Cheshire*	*Merrimack*	*Hillsborough*	*Carroll*	*Coos*	*Sullivan*
NUMBER OF PROGRAMS	4	3	3	2	1	2	5	1	1	1
POPULATION SERVED	Males and females up to 17 years of age									
AVERAGE NUMBER SERVED	Varies according to referrals - no limits									
PROGRAM LENGTH	Per statute, up to 6 months before an extension can be requested									
SUD ASSESSMENT	Per Accreditation standards: 100% screened for SUD and MH and referred for further assessment as needed									
CASE MANAGEMENT	100% of participants receive case management									
ENTRY POINT 2 – CHILD IN NEED OF SERVICES (CHINS)					**ENTRY POINT 3 - DELINQUENCY**					
REFERRAL PROCESS	Any youth who does not have a delinquency charge; Referral can be made by parents, school or police				Any youth who has a major delinquency charge or has reoffended; Referral must be made by police					
ONSITE LADC/MLADC	Available in 7 out of 12 District Offices									
NUMBER OF LADC/MLADC	7 LADC/MLADC									
LEVEL OF CARE	Referrals made for SUD outpatient services									
CASE MANAGEMENT	Juvenile Probation & Parole Officers (JPPO) provide individual case management and referrals									
OTHER SERVICES/SUPPORTS	-Referral to recovery support services including recovery coaching -Sununu Center, new residential program offers 36 openings for youth									

JUSTICE SYSTEM: POST-TRIAL DRUG COURTS										
REFERRAL PROCESS	Any individual can be referred to drug court at any point during their pre-trial process. The County Attorney's Office must approve the individual for drug court. Once approved, an application and risk and SUD assessment is required for consideration.									
COUNTY	Strafford	Grafton	Rockingham	Belknap	Cheshire	Merrimack	Hillsborough South	Carroll	Coos	Hillsborough North
LOCATION	Dover	North Haverhill	Brentwood	Laconia	Keene	Concord	Nashua	Ossipee	Lancaster	Manchester
POPULATION SERVED	Adult males and females									
AVERAGE NUMBER IN THE PROGRAM	75	25	20	20	20	65	55	74	74	70
PROGRAM LENGTH	18 to 24 months with an additional year of probation following program completion									
SUD ASSESSMENT	To be considered for drug court, an SUD assessment is required by a LADC/MLADC.									
ONSITE LADC/MLADC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NUMBER OF LADC/MLADC	3	2	3	2	2	3	3	1	1	2
SUD TREATMENT	Referrals made for SUD services as needed.									
MAT	Drug court participants may enroll in MAT.									
CASE MANAGEMENT	100% of participants are assigned to a case manager.									
OTHER SERVICES & SUPPORTS	-Random Drug Testing -Employment/Educational Supports -System of Incentives/Sanctions -Each participant is assigned to a multidisciplinary team including Superior Court Judges, County Attorney, Public Defender, Probation and Parole, Community Corrections Officers, Treatment Providers, Drug Court Coordinator, Director and Case Managers, Re-Entry Specialist or Peer Support									

JUSTICE SYSTEM: COUNTY JAIL SYSTEM							
REFERRAL PROCESS	The County Attorney's Office determines if persons should be in SUD programming while in jail. The County Attorney makes determinations based on charges.						
NOTES	-Data is unavailable for Rockingham and Hillsborough County jail systems. -Coos County currently does not offer SUD programming due to a shortage of inmates. However, inmates in need of SUD services are typically administratively transferred to counties with programming in place. The jail has a LADC/MLADC and a LCMHC available onsite and is also working to create and implement a MAT policy.						
COUNTY	Strafford	Grafton	Belknap	Cheshire	Merrimack	Carroll	Sullivan
LOCATION	Dover	North Haverhill	Laconia	Keene	Boscawen	Ossipee	Claremont
POPULATION SERVED	Adult males and females						
SUD PROGRAMMING	Y	Y	Y	Y	Y	Y	Y
AVERAGE # IN PROGRAM	16 men, 10 women	10 males, 10 females (for IOP) 10 persons for OP	10 men, 10 women	~50% of population participating in some form of counseling or programming	12 males, 12 females (can be expanded)	32 participants maximum	57
PROGRAM LENGTH	90 days with 3 phases	12 month jail sentence program, 100 days incarceration	8 months with 3 phases, 12 months of aftercare	16 weeks for Moral Reconation Therapy, 8 week minimum for Recovery Groups	90 days with 12 months of aftercare	90 days with potential for 12 months of aftercare	12 months with additional work release and aftercare
SUD ASSESSMENT	Participants assessed using LSI-R Risk / Needs Assessment / ASI or other tool.						
ONSITE LADC/MLADC	Y	Y	Y	Y	Y	Y	Y
NUMBER OF CLINICIANS	2	1 LADC/MLADC, 2 CRSW	3 clinicians, 1 case manager, 1 LADC/MLADC	1 MLADC, 1 license-eligible counselor, 1 LICSW, 1 LCMHC	1 LADC, 2 MLADCs, 1 clinician pending MLADC/MLADC approval	2 dual licensed MLADC, LCMHC	5
SUD TREATMENT	-3 phased program -Individual therapy sessions	-Combination of outpatient (OP) and intensive outpatient treatment (IOP)	-Counseling and education program	-AA/NA meetings -Individual counseling by inmate request -3 MRT groups	-Cognitive behavioral programming	-Programming for substance use and mental health issues with step-down process for vocational opportunities in or outside facility	-Step down model with case management and clinical services available with fully integrated transition model
MEDICATION ASSISTED TREATMENT	-Offers buprenorphine to pregnant patients	-Offers buprenorphine to pregnant persons prescribed before incarceration	-Developing MAT policy	-Offers MAT according to following criteria: -Category 1: Pregnant females at risk for opioid withdrawal and neo-natal abstinence syndrome -Category 2: Use of Subutex on a tapered schedule to assist with and medically manage severe detox -Category 3: Continuation of existing MAT (methadone or buprenorphine) for persons that are verified to have been receiving MAT through a community-based provider immediately prior to incarceration -Category 4: Start/initiate MAT (typically buprenorphine) 2-3 weeks pre-release.	-Short term custody and those in need of MAT maintenance are continued on MAT -All medical staff able to administer extended-release injectable naltrexone -Works with inmate and outside providers to ensure continued MAT upon release	-Not currently offered; policies and procedures developed	-Offers buprenorphine to pregnant patients
CASE MANAGEMENT	Case management is available to all individuals						
OTHER SERVICES AND SUPPORTS	GED classes, yoga, daily 12 step, community meetings, guided mediation, writing skills, art therapy, spiritual services	Religious services, self help	Linkages to many community partners	Recovery Coach Program Recovery Groups utilizing Seeking Safety curriculum Mindfulness based meditation and stress management groups, classes on bible studies, art, anger management, parenting	Health insurance enrollment, housing, job searches, clothing and nutrition concerns etc.	Medicaid enrollment, transition planning, detox services	Anger management, wellness and stress management, seeking safety, managing money wisely, book club, parenting, yoga and mindfulness, cooking matters, and dog training

JUSTICE SYSTEM: NH DEPARTMENT OF CORRECTIONS									
	PRISONS			TRANSITIONAL HOUSING UNITS				FIELD OFFICES	
FACILITY	NH Correctional Facility	NH State Prison	North Country Facility	Calumet House	Shea Farm	North End House	Transitional Work Center	Probation	Parole
LOCATION	Concord	Concord	Berlin	Manchester	Concord	Concord	Concord	11 offices statewide	
POPULATION SERVED	Adult Women	Adult Men	Adult Men	Adult Men	Adult Women	Adult Men	Adult Men	Adult Men and Women	
AVERAGE NUMBER	146	1,378	636	Total average for all three THUs and TWC is 300				3,733	2,300
SUD ASSESSMENT	100% of individuals receive a SUD assessment							Ohio Risk Assessment and referral for services	
ONSITE LADC/MLADCs	Yes	Yes	Yes	No	No	No	Yes	No	No
NUMBER OF LADC/MLADCs	2	3	3	2 full time LADC/MLADCs serve all four facilities				0	0
LEVEL OF CARE	Detox, outpatient services including IOP, residential services	Detox, outpatient services including IOP	Detox, outpatient services, residential services	Assessments for information and referral to community outpatient services				Referrals made for assessment/treatment consistent with a Supervision Case Plan	
SUD PROGRAM CAPACITY	IOP - 15 Residential - 28	IOP - 50	Residential - 76	All requesting services are seen or are referred to appropriate community treatment depending on their status.				N/A	
MAT	-Buprenorphine and other medications available at any point during stay -Extended-release injectable naltrexone (Vivitrol) at time of release -Methadone and buprenorphine for pregnant women			-Buprenorphine and other medications available at any point during stay -Extended-release injectable naltrexone (Vivitrol) at time of release -Methadone and buprenorphine for pregnant women				MAT available through community providers	
CASE MANAGEMENT	100% of individuals are assigned a Counselor Case Manager (CCM)			100% of individuals are assigned a Counselor Case Manager (CCM)				100% of individuals have a PPO	
OTHER	-Canines are onsite to help identify drugs brought into each facility -Persons with a diagnosis of OUD re offered naloxone with education for release			-Canines are onsite to help identify drugs brought into each facility -Persons with a diagnosis of OUD re offered naloxone with education for release				-Supervision supports the medical model of SUD treatment, MAT, and maximizes community referrals -3 Full Time Reentry Coordinators who engage in assertive case management with those released onto supervision with SUDs for 12 months post release	

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