

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
825 Marlboro Road, Keene, NH 03431

Present: Commissioners, Charles (Chuck) Weed, John (Jack) Wozmak Robert (Bob) Englund

Staff: County Administrator Coates, Finance Director Trombly, Case Manager Iosue, Medical Service Coordinator Abbott, Mental Health Director Peterson, and Assistant County Administrator Bouchard
Guest(s): Dr. Andy Tremblay and Physician's Assistant David Segal

At 8:21AM The Vice-Chairman opened the meeting and recognized Commissioner Englund who introduced Dr, Tremblay, Doug Iosue, and David Segal to discuss Master Agenda Item #651: Pharmacotherapy for Opioid Dependence for an Incarcerated Population - Medication-Assisted Treatment in the Criminal Justice System.

Dr. Tremblay provided an overview of the program at the Department of Corrections and he discussed limitations on the insurance providers supporting care for some of patients for the Medication-Assisted Treatment (MAT) programs. A discussion of the history of the prescription rules going back to the early 2000's was covered.

Segal discussed his participation on the Cheshire County Drug Court and covered the main issues that limit the provision of prescribing services. He said that the number of patients that can be seen isn't the limiting factor but the lack of support staff to be able to follow-up and a lack of infrastructure are the main problems. It was discussed that the Drug Court is one of the only organizations that is currently a fully functioning addiction recovery program.

It was further discussed that approximately 89% of the jail population are diagnosed with on-going substance abuse disorder and the vast majority of the patients have co-occurring mental health issues.

Iosue then discussed how the program began initially with the intake of a pregnant woman who was on heroin and needed to be transported to a clinic each day for withdrawal medications. The use of Suboxone and Methadone to treat these patients in the facility starting in 2017 was discussed.

An extended discussion concerning the various levels of treatment needed and the availability of resources in the communities was covered and the tension between the law enforcement and medical treatment programs for the population was explored.

Appendix "A" and "B" attached provide further details data from the program(s) at the Department of Corrections.

Master Agenda Item #652: Finance Department - Semi-Annual Report was then taken-up. Trombly provided a recap of the budget for 2018 and covered the following items that were prepared for the 4th quarter 2018 Budget Review

At the end of 2018, pre-audit revenues ended at 2.82%, (\$1,009,344) under projections for the County and Nursing Home revenues came in at .96%, (\$140,043) remaining. The totals combined are a shortfall of \$1,149,387. This shortfall is mainly due to grants that were not awarded. Expenses that were budgeted to expend these potential grants came in under as well offsetting the revenue shortfall.

At the end of 2018, pre-audit expenses ended with a combined excess of \$2,657,386. Overall county expenses ended at 5.67%, \$1,703,365 remaining with Maplewood at 4.45%, \$954,021.

MINUTES
Cheshire County Commissioners Meeting
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The combined year end surplus is estimated at \$1,507,999.

The total fund balance committed in the 2019 budget is proposed at \$1,494,323. Of this amount, \$494,323 is from ProShare funds received in 2018 with the additional \$1,000,000 from the current year end surplus.

The County has a policy that recommends maintaining an unassigned fund balance in the range of 11% to 15%. At the end of 2017, the unassigned fund balance was \$6,603,057. This represented 12.83% of the 2018 County Budget.

Based on the current year end projections and the proposal to assign \$1,494,323 of fund balance to offset taxes for 2019, the estimated 2018 accumulated unassigned fund balance will be approximately \$6,616,733. Based on the 2019 budget as it currently stands, this unassigned fund balance would represent 13.08% of the overall county budget.

In addition to the summary above, the following areas may be of interest:

Revenues: General County

Federal Grant Revenues – This revenue source as well as the Miscellaneous Non-Federal Grants offset certain expenses throughout the budget such as 4461 – County Received Grants, 4462 – Drug Court and other significant capital expenses. Revenues ended at (\$1,174,657) remaining however the expenses associated came in under as well.

Sheriff Fees came under by \$20,813 for the year. The Sheriff had funding for a Drug Task Force Officer that was a reimbursable position. This position was not filled in 2018 with the offsetting budget appropriations not expended.

Federal Inmates revenue exceeded the 2018 budget by \$388,158. The census was budgeted for 37 Federal Inmates with the year ending in with an average census of 53.

Assisted Living revenue – This revenue came in under by a net of \$32,088. In addition to some vacant apartments throughout the year the major contributing factor is the high census of Medicaid residents that the cost of the rent is subsidized by the county.

Interest Income – This revenue realized \$87,670 more than originally projected due to rising interest rates during 2018. However, Interest expense for borrowing Tax Anticipation Notes went over by \$54,850.

Transfer from Fund Balance is at 0.00%. This line item will remain at 0.00% throughout the year. No entry is made as the offset is an accounting function of an automated decline in fund balance based on actuals and the final amount needed from fund balance at year-end.

Transfer from Special Revenue Fund – This line item was for the transfer in from the Court House Donation Funds – A transfer was made for the funds that were raised for the Windows Project (with the LCHIP matching funds and a \$50,000 New Hampshire Charitable Foundation Grant posting to the

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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Grants Revenue line) This budget also was for the Cupola project had it been done. Although the revenue for the Cupola was not realized the expense associated with that project was not expended as well.

Expenses General County

Human Services (Medicaid Expense) – This budget covers the County contribution towards the cost of County Residents living in Nursing Homes or receiving Home and Community based Care. The County is responsible for 100% of the nonfederal share. This bill is adjusted at the start of the State Fiscal year in July of each year therefore the budget needs are not known when crafting the county budget. Although this budget did go over, it was recognized that it could be managed within the overall budget for 2018 without any further amendments needed.

Behavioral Health Court came under by \$45,887. Medicaid Expansion has had a significant impact on reducing the need for County payment to providers for services for clients in this program. As many clients are now covered under the expansion program, providers are able to bill for their services.

County Received Grants came under budget for the year with a budget balance of \$631,112. As this budget is fully grant funded, as explained earlier, revenues also came under as well.

Capital Outlay – The Court House Capital line came under by \$763,077. As mentioned earlier the 2018 budget included funding for a potential Cupola project. This project was not done and is the other major factor for Grant Revenues coming under budget for the year.

Overall you will find that many departments ended the year under budget. Staff turnover and vacancies are the primary reason for many of the surpluses realized.

Revenues – Maplewood Nursing Home

Overall Maplewood Nursing Home achieved 99% of the 2018 budgeted revenues. In August, the revenues for the nursing home were amended downward with the use of ProShare funds when it was recognized that the Nursing Home was going to have a significant shortfall for 2018 if the revenues were not amended. The original budget projected a census of 133 however the overall average for 2018 ended at 124. Some of the lower census is attributable to staffing levels that are being challenged by the shortage of nursing and health care workers locally and nationally.

Expenses – Maplewood Nursing Home

Maplewood Departments – Overall expenses for Maplewood ended at 95.55% expended. This equates to expenses coming under budget by \$954,021.00.

Nearly every department was well within or well under budget more than offsetting the revenue shortfall. The nursing home administration, with the support of the nursing home departments, worked hard to manage expenses. Furthermore, the nursing shortage and vacancy in positions had a significant impact on expenses for Maplewood to come under in the Nursing Department budgets.

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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At 10:03AM Commissioner Englund moved to enter a non-meeting to discuss union matters. Commissioner Weed seconded the motion and upon vote the motion passed unanimously.

At 10:36AM the Commissioners voted unanimously to return to public session.

Administrator Coates recognized and presented the Weekly Operations Report

Senator Shaheen will present an overview on February 22nd at 12 Court Street of the Northern Borders Regional Commission that the County was recently authorized to join. As a member, the commission offers a number of opportunities for economic and other types of grants.

Coates said that a meeting with the City of Keene and the Sheriff concerning the Drug Task Force slot was held last week and he learned that the funding that was in place may not be currently available.

The Northern Borders Regional Commission is providing funding to the New Hampshire Department of Business and Economic Affairs to produce a ten (10) year comprehensive economic development plan for the State of NH.

He then said that in a conversation with the Restorative Justice program of Monadnock it was agreed that the program will be able to utilize space in the County Hall building in the coming months.

The Southwest Mutual Aid Chief will be providing a list of all of the Fire Department Chiefs to be contacted to discuss issues and EMS services within the County. Keene City Councilor Tom Powers will also be contacting the County to provide further insight.

Coates said that a compressor failure in the mini-split heating / cooling unit in dispatch will result in the unit being replaced at a cost of approximately \$5,400.00.

The monthly New Hampshire Association of Counties meeting is on Friday and Coates will attend.

Coates then related that on April 5th the invocation for the new incoming Keene State College President Melinda Treadwell will be held at the college. More details will be forth coming.

11:20AM Commissioner Weed moved to enter a non-meeting to discuss Union matters. The motion was seconded by Commissioner Englund and upon vote the motion passed unanimously.

At 11:31AM the Commissioners voted unanimously to return to public session.

Old Business: None

New Business: None

The Weekly Census was then reviewed.

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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The Weekly Manifest was then reviewed, and **Commissioner Wozmak moved to accept the Manifest as presented and was seconded by Commissioner Englund, upon vote the motion passed unanimously.**

The minutes of February 6, 2018 were then reviewed Commissioner Wozmak moved to accept the minutes as amended and was seconded by Commissioner Weed. Upon vote the motion passed unanimously.

The calendar was then reviewed.

General Discussion: None

At 11:47AM there being no further business to discuss, Commissioner Englund moved to adjourn the meeting. The motion to adjourn was seconded by Commissioner Weed and upon vote the motion passed unanimously.

Respectfully Submitted,

R. Englund, Clerk

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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Appendix A

Medication Assisted Treatment

DRAFT

Purpose:

To screen and assess all inmates entering the CCDOC with Opioid Use Disorder for possible Medication Assisted Treatment (MAT); either as a continuation of their current, community-based MAT or, in some cases, to initiate MAT while at the CCDOC during the release-reentry process.

Objectives of this policy include:

- to reduce the negative effects of opiate withdrawal secondary to a period of incarceration;
- to reduce the risk of relapse or overdose post-release from incarceration;
- to support individuals motivated for recovery and invested in starting MAT pre-release, so as to more effectively transition to community-based treatment and MAT post-release.

Policy:

It is the policy of the Cheshire County Department of Corrections to provide medication assisted treatment according to best practices, within the limits and resources of the correctional setting and the safety and security needs of the facility and the community.

Definitions:

Medication Assisted Treatment (MAT): any treatment for Opioid Use Disorder that includes a medication (e.g., methadone, suboxone, buprenorphine, naltrexone) approved by the U.S. Food and Drug Administration (FDA) for Opioid Use Disorder, detoxification or maintenance treatment.

Target Population and Criteria:

MAT will be considered for two broad categories of individuals meeting criteria for Opioid Use Disorder:

- 1) Continuation of existing MAT:
Inmates that have been diagnosed with Opioid Use Disorder and that have been receiving MAT prescribed through a community-based program at the time of his/her incarceration.
- 2) Initiation of new MAT pre-release:

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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Inmates that have expressed interest in MAT post-release, as part of an overall plan of recovery, may be prescribed suboxone pre-release.

Specific criteria and procedures for each category of MAT are as follows:

Criteria and procedures for continuation of existing MAT:

- 1) Inmate reports upon booking and/or at the time of initial health assessment that he/she is currently engaged in a regimen of MAT through a community-based program and prescribing provider prior to and leading up his/her incarceration.
- 2) Inmate states interest to be considered for continuation of MAT during incarceration.
- 3) Medical Services will obtain a release/consent for the inmate's community-based prescriber
- 4) Medical Services will call to verify the reported MAT prescription either through the local pharmacy or directly to the community provider/prescriber, including:
 - a) that the inmate's use of the medication has been recent (i.e.- within approximately 7 days).
 - b) Medical Services staff will obtain and record the date(s) of most recent dosing (methadone) and the most recent date of prescription received (for subutex or suboxone)
 - c) the type of medication
 - d) dosage of the medication
- 5) Inmate will complete a UA in the Booking Department. The results of the UA will be reported to Medical Services.

Information obtained in 4) and 5) will be made available for review by the CCDOC Waivered Medical Provider (WMP). Upon review and judgment of the WMP, an inmate that is determined to have been reasonably compliant with pre-existing community MAT and whose UA results do not pose risk for continuation of MAT will be continued on MAT at CCDOC. The decision is ultimately a medical decision of the WMP.

Inmates approved for MAT that were prescribed subutex or suboxone in the community pre-incarceration will typically be prescribed suboxone.

Inmates approved for MAT that were prescribed methadone in the community pre-incarceration will be either continued on methadone through CCDOC's cooperative relationship with Keene Metro or switched from methadone to suboxone after an interim period on subutex. This decision will ultimately be made by the WMP, but factors assessed include: inmate's preference and expected duration of incarceration.

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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6) For an inmate approved for methadone at Keene Metro, Medical Services will contact Keene Metro to request “exception dosing,” and will coordinate an appointment(s) and transportation for “Exception Dosing” between Keene Metro and the Transportation Coordinator and/or Compliance & Investigations.

7) Inmates approved for continuation of MAT that will verifiably be confined for more than 60 days will be re-assessed for continuation of MAT at CCDOC. Factors impacting the decision to continue MAT through to the point of release, include: expected duration of stay, expected disposition to the community vs. transfer to another correctional facility, and overall motivation and compliance with all aspects of substance use disorder treatment to date at CCDOC.

8) For any inmate approved for continuation of existing MAT, Medical Services will notify Case Management Services who will initiate further assessment and planning for CCDOC counseling services if/when the inmate is moved to General Population.

9) Case Management Services will begin release-reentry planning, including ensuring a plan for the inmate to commence community-based MAT as soon as possible upon release. (see “Release Planning” below)

Criteria and procedures for initiation of new MAT pre-release:

- 1) Inmate expresses interest in post-release MAT and is screened by the CCDOC Case Manager.
- 2) Inmate has demonstrated a strong commitment to recovery as evidenced by his/her participation in CCDOC-based services and programs.
- 3) Inmate has demonstrated a strong commitment to recovery as evidenced by commitment to not only post release MAT, but also additional treatment and recovery support(s) as part of his/her release-reentry plan.
- 4) The Case Manager, who recommends an inmate for MAT pre-release will refer the inmate to the WMP for consideration by submitting a (xx) MAT Referral Form to MSO. In general, an inmate approved to start MAT pre-release will begin approximately 2 weeks prior to his/her established early release date.
- 5) If approved, induction will begin at CCDOC and Case Management Services will finalize release-reentry planning, including, planning for a return to community-based MAT to commence as soon as possible upon release. (see “Release Planning” below)

Expectations of all inmates approved for MAT:

As an additional criterion (for continuing to receive MAT during incarceration), it is expected that inmates will demonstrate motivation and an ongoing commitment to sobriety as evidenced

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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by participation in appropriate counseling and groups while in jail and through formal assessment by CCDOC Substance Abuse Recovery Counselor and/or Case Manager.

Release Planning:

Case Management Services will ensure release planning, including scheduling an appointment for return to prior MAT provider/prescriber:

- a. Keene Metro: this will be accomplished by a scheduled appointment to return to dosing on the same day of release.
- b. Groups Recover Together: an appointment will be scheduled within 7 days of the day of release and bridge medication will be provided (consistent with current policy) for the specific minimum number of days.
- c. Other community MAT provider as applicable.

Non-Compliance with MAT:

Diversion:

An inmate found to be diverting or attempting to divert prescribed MAT will be subject to CCDOC standard disciplinary procedures. If found guilty, MAT will be discontinued.

Non-compliance with expectations for participation in recovery-based groups and counseling:

If an inmate has an unexcused absence for a counseling session or recovery-based group, he/she will be given an individualized treatment assignment and the treatment team will make a decision regarding continued participation in the program.

DRAFT Updated 2/8/19

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
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Appendix “B”

Substance Use Disorders and Medication Assisted Treatment
at Cheshire County DOC

Summary/Overview and Trends:

A large percentage of inmates incarcerated at Cheshire County DOC have substance use disorders (SUDs) and there is, nearly always, a strong correlation between their SUD and the index offense that led to arrest and incarceration.

Between 2013 and year-end 2017, there was a gradual increase in the percentage of Inmates/clients reporting opioids as their primary drug of choice. In calendar year 2018, there was a slight decline in the percentage of inmates/clients reporting opioids as their primary drug of choice.

In November and December 2018, Cheshire County DOC signed a letter of interest to participate in the HEALing Communities Study: An Integrated Approach to Address the Opioid Crisis. (Lead Agency for this grant is Dartmouth Hitchcock Medical Center, Center for Technology and Behavioral Health)

Medication Assisted Treatment is increasingly recognized as a best practice component in treatment of Opioid Use Disorders (both in general and within criminal justice and corrections)

CCDOC provides a significant level of clinical services for inmates/clients with SUDs, including: clinical assessment, individual and group counseling, and release-reentry services.

These include:

- An Introductory Recovery class/group on each housing unit
- 3 MRT (Moral Reconciliation Therapy) groups for those meeting criteria
- Individual counseling (Substance Abuse Recovery Counselors and Masters level interns)
- AA/NA groups/support (based on volunteer availability)
- A coordinated program with Keene Serenity Center to help establish linkages to inmates/clients with SUDs with Recovery Coaches pre-release (and subsequently, post release)
- SUD screening and level of care assessments for pretrial inmate/clients through court request/orders (Case Management Services)
- In September 2017, Cheshire County DOC initiated a policy and protocol to prescribe Medication Assisted Treatment (MAT) in certain circumstances to inmates/clients with OUDs.

MINUTES
Cheshire County Commissioners Meeting
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Data/Statistics:

Prevalence of SUDs

	<u>2018</u>	<u>2017 (Comparison)</u>
% inmates with SUD	89%	88%
Of those with SUD, % correlated with offense:	92%	88%

Of those with SUD, % reporting Primary Drug of Choice as follows:

Primary Drug of Choice:

Heroin/Fentanyl*	61%	73%
Alcohol	20%	12%
Marijuana	4%	4%
Prescription Opiate	1%	3%
Cocaine	13%	6%
Synthetic	2%	1%
Other pills	1%	1%

*heroin and fentanyl remain listed together on this report as it is very rare that an offender is able to distinguish and clearly report use of heroin vs. use of fentanyl. That said, over the past year, it has become increasingly rare to see UA results showing heroin at all.

Medication Assisted Treatment at CCDOC

3 inmates were treated with MAT in 2017 (Sept-Dec).

Of these, (all) 3 were continued on suboxone as prescribed PA David Segal.

Of these 3, their prior MAT providers were:

Groups Recover Together (1)

Antrim House (1)

Grace Cottage (1)

13 inmates were treated with MAT in 2018.

Of these, 3 were maintained on methadone via cooperative agreement with Keene Metro Clinic and 10 were continued on suboxone prescribed PA David Segal.

Of these 10 on suboxone, their prior MAT providers were:

Groups Recover Together (6)

Keene Metro (2)

Brattleboro Retreat (HUB) – (1)

Phoenix House (1)

MINUTES
Cheshire County Commissioners Meeting
Wednesday February 13, 2019 09:30AM
Department of Corrections
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Completed Referrals at Release-Reentry to SUD Treatment by Level of Care

	2018	2017 (Comparison)
Residential Level of Care:		
Phoenix House	13	
Farnum Center	1	
Keystone Hall	7	
Antrim House	5	
Vermont Program	1	
Other:	9	
(Residential Level of Care Total):	36	43
Individual Counseling (OP) Level of Care:	42	44
Intensive Outpatient Level of Care:		
Phoenix House	5	
Community Improvement Associates	12	
(Intensive Outpatient Level of Care Total):	17	29
Medication Assisted Treatment:		
Keene Metro		28
Groups Recover Together		19
Brattleboro Retreat HUB Program		4
Antrim House		2
Cheshire Medical Center		2
(Medication Assisted Treatment Total):	55	55

Other Discussion Questions

your estimate of the number or percentage who have had SUD treatment before their incarceration?

the number being started on these drugs during incarceration, or with increased medical support, the number who perhaps could be started on these treatments?

your impression of the adequacy of follow-up for suboxone-treated individuals through Keene Metro, DH-K, MFS, and other organizations?

how we might deal with the mandated limitation of patients who can be started on these drugs by the DEA?

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