Governor's Commission Treatment Task Force

May 15, 2015
9:00 am-11:00 am
Chandler Room
105 Pleasant Street, Concord, NH

9:00	**Welcome & Introductions** James Neuman – Phoenix House/Representing Recovery John Wozmak, Senior Director for Substance Misuse and Behavioral Heatlh, Office of the Governor **Minute Taker Assignment Sign Up Sheet**	All
9:05 – 9:25	**Jack Wozmak - Governor's Office Goals & Strategies Discussion**	John
9:25 – 9:35	**Taskforce Membership** • Community Mental Health representative update	Janet/Monica
9:35 – 10:00	**Legislative Budget Update**	Joe/Jaime
10:00 -10:45	**Substance Use Regional Continuum of Care Presentation**	Lisa/Lindy
10:45-10:30	**NH Health Protection Update – Challenges/Successes**	All
10:30- 10:45	**New Business –** **State Educational Loan Reimbursement Program Update?** **Other**	
10:45– 10:55	**Review Next Meeting Schedule**	All
11:00	**Adjourn**	
	Next Tx Taskforce Meeting **Friday, July 17 @ 9:00-11:00AM** ***Mark your calendars*** **for Treatment Task Force meetings on the 3rd Friday of every other month – March, May, July, September, November** **Next Governor Commission Meeting** **Friday, June 26 @ 9:30-11:30 AM – All Are Welcome!**	

Thank you for your time!

May 15, 2015 Meeting

Attendance: Susan Vonderheide, Susan Latham, Lori Magoon, Lisa Mure, Joe Harding, Monica Edgar, Jack Wozmak, Jaime Powers, Lindy Keller, Amelie Gooding, Michelle Merritt, Stephanie Savard and Janet Atkins (phone)

Guest: Maggie Glassman

Excused: Ellen Eberhardt; Chris Neiman

Absent: NA

1. Senior Director for Substance Misuse and Behavioral Health, Office of the Governor - Jack Wozmak

A. Identified Needs:

a. Review resources for increased efficiency, resources based on assessing needs, such as recovery centers and/or assessment centers located in different regions. Another identified need is consistent and persistent messaging (impactful and prioritized messages) but looking to deep pocket partners to expand this.

b. Another concern is the # of providers, the need for more licensed practitioners (some perceive licensing requirements as prohibitive), more facilities, enforcing parity with insurers in palatable ways, etc.

c. Assessing the right blend of services is an objective. Do we necessarily need more beds? Beds does not equate to treatment availability/adolescent programs aren't filling beds, etc. (Family engagement and education about not waiting till an arrest to id a problem and getting family involved in IOP can improve early id and access to care for adolescents).

B. Goals/Strategies:

a. Jack is also scheduling meetings with hospital CEOs and insurers to build priorities and resuscitating the Northeast Governor's opioid initiative and PDMP data sharing, etc.

b. Overall, his position in the Governor's office is as a facilitator, to understand and similar to an orchestra, bring together the different areas of payment, services, barriers, messaging and so forth to better serve the issues.

c. Throughout the discussion above, there was input regarding denied insurance claims, appeals, new beds in Southern NH Medical, info on different insurers giving different lengths of coverage for the same condition, etc. It appears clear that some (one?) insurer covers well and appropriately, but others clearly do not.

d. Medical necessity was discussed, having insurers use common criteria for determining svc levels, clear communication about denied claims (not vague letters), etc. This discussion expanded to a general consensus that patient care is not client-based, not necessarily ASAM based but based on what insurers will cover and for how long.

e. Joe informed group that CMS is soliciting public input into the Medicaid managed care rules, and several rules being suggested do appear to be in a positive direction. He will send the info to Stephanie to share with group.

2. Continuum of Care presentation - Lindy Keller

A. Group viewed the webinar that is available on www.nhcenterforexcellence.org via www.drugfreenh.org, professionals or on the BDAS web site soon. It was developed to orient the regional public health networks to the language and framework/vision of the Bureau to establish effective continuum at the regional level, for which they are receiving funding (now lesser amount to educate community leaders; more July 1 for positions to study gaps and increase resources and service array).

Expanding Continuum of Care vision was explained to media by Joe and they were surprised/impressed to know that the Bureau wasn't just working on treatment.

B. Lindy asked considering this information about what an effective continuum of care is, how can this info be used in the work and priorities of the treatment task force?

a. Jack may use this in conversations with WMUR for a series on solutions rather than media coverage on problem.

b. Treatment TF can promote that an effective continuum of care makes treatment more effective and that treatment providers need to understand and articulate this. Particularly with recovery supports like Job Corps and other programs.

C. Two questions: How can the task force promote increasing quality and level of care? And how can TF promote treatment's responsibility to promote the vision of an effective and robust continuum of care? These 2 questions will be on the agenda for further discussion at the next TF meeting.

3. **SBIRT**

A. One part of C of C effort is SBIRT in the community health centers (list is on Bi-State web site). They're funded and required to do SBIRT universally starting in 2016 (funding now for TA).

Janet shared some of Goodwin's experiences implementing SBIRT within the FQHC. They worked with CHAN to have the electronic medical records include screenings and brief inter prompts and to generate reports to monitor implementation progress and encourage provider adherence to SBIRT protocols. MAs are affected most. Small financial incentives for staff to ramp up for the new work flows were effective. One difference between adult and adolescent implementation is that adolescents are not as likely to

have annual physicals as adults do so they added screenings to visits for urgent such as illness or injury and during visits for birth control to reach adolescents more consistently.

Lindy noted that all CHCs will be doing SBIRT by 2016, with funding now to begin infrastructure development and july 1 to prepare for 2016 universal screening. This supports DHHS's commitment to continuum of care framework.

4. Medication Assisted Treatment (MAT)

A. Joe notified group that there was a small amount of funding added to treatment provider contracts to increase/offer buprenorphine/other medication assisted treatment for clients seen in treatment programs. Also, the Bureau added as a priority population for access to state-contracted treatment programs anyone who had experienced a drug overdose in the prior 60 days.

B. Susan noted that Nashua is seeing great need for MAT; Harbor Care has a prescriber in her first year thus capped at 30 patients. The need is dire in that community. Lisa noted increase in street fentanyl reported around the state and that fentanyl related overdose deaths went from 18 to 143 in one year (2013 to 2014). Lisa will send out county-level data the Center put together for the state's MAT proposal to SAMHSA (award notice in Aug/Sept).

C. Lisa also noted the Center sent out nhtreatment.org promo materials to all hospitals and CHCs today (or Monday). Group noted materials should go to homeless programs as well.

Notes prepared by: Lisa Muré, 5/14/15