



TREATMENT TASK FORCE

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

Task Force Chair: Stephanie Savard

July 21, 2016

Agenda/Notes

Attendees: Stephanie Savard, Michele Merritt, Rekha Sreedhara, Sue Gordon, Sue Thistle, Jaime Powers, Susan Latham, Alex Casale

Public Members in Attendance: Jennifer Villandry, Yashira Pepin, Mary Drew, John Hoffman, Dianne Pepin

Absent: Joe Harding, Monica Edgar, Marty Boldin, Amelie Gooding, Courtney Tanner, Danni Bultemeier

Guests: NA

Welcome & Introduction

Updates from Priority Areas:

Priority Area	Lead(s)
1. Membership	Stephanie Savard

- Professionals interested in joining Tx TF are asked to attend as public members. In late fall, current members will be asked for renewed commitment if interested.
 - **TF will assess gaps in membership and representation needed based on region, provider type, or specialty; Request for potential new members will be announced new members to join in January as approved for one year commitment.**

Priority Area	Lead(s)
2. Legislative Updates/Insurance Updates	Michele Merritt

- NH House was unsuccessful in passing their version of the budget; New Futures priorities (alcohol fund) were left up to the Senate.
- Alcohol fund – was agreed at 3.8% (doubling the 1.4%, equivalent to about 16 million dollars)
 - The Governor’s Commission met and discussed new money; they will continue to support what is already being done, but there will be additional review on how to spend the additional money at the next meeting.
 - The funding will just from July 1 – June 30 every year.
- The Governor’s budget on workforce development and scholarship programs mostly didn’t make it in, those that did, were flat funded.
- SB 158 and SB157 both address a workforce issue:
 - Smaller clinicians prescribing MAT had significant issues keeping track of Prior Authorizations and Utilization reviews for the various insurance carriers.
 - It takes too much effort to track the different schedules and to make sure that medication doesn’t lapse
 - Physicians were capping their patients at smaller numbers due to this administrative burden.
 - SB158 requires carriers to get on the same annual schedule. This bill passed and will go into effect on January 1, 2018

- SB157 was a consumer rights bill that did a few things:
 - It made it very clear in Network Advocacy Rules: Treatment for SUD needs to be available in a community
 - There must be providers in-network to meet an individual's needs.
 - Often, people were getting the proper assessments, calling the in-network providers, and being told there was a 2 week wait.
 - If an individual does not have timely access to treatment, the carrier has to pay for an out-of-network provider at no more than the in-network provider.
 - People didn't know about this benefit so they were waiting for services.
 - Under SB157: anytime someone is calling their carrier to seek treatment, the carrier has an affirmative obligation to tell them that they can seek care out-of-network and enter into a single case agreement and that it will cost the same as an in-network provider.
 - When you're denied treatment and you call into the plan, they have to affirmatively tell you that you have the right to appeal.
 - The burden on the patients is that they have to call through the list of in-network providers and assure that no one can meet their needs. Also, the provider that did the initial assessment has to certify that the wait is unacceptable.
 - This provision is in the MCO contracts. What are they currently doing to meet the need?
 - **Jaime will follow up with Medicaid to find out what they're doing currently.**
- How can we educate providers so they're aware of these changes and can tell their patients?
 - New Futures will amend the resource guide for providers with these recent changes.
 - Is there an additional piece of this that gets sent out through BDAS or through the Treatment Taskforce to share among providers and have providers help consumers advocate for themselves?
- SB243: Syringe Service Program
 - NH had been the only state in NE without a program. This piece of legislation allows for programs to be established in NH.
 - The legislation doesn't fund any programs but someone can give clean needles and take dirty needles.
 - The legislation creates a criminal protection in the form of an affirmative defense.
 - Anyone participating in the syringe program has an affirmative defense so they cannot be charged with misdemeanor possession.
 - This is specific to the misdemeanor, not for a "death resulting" felony. Therefore, this will not prevent death resulting prosecution.
 - There is a defined list of organizations in the legislation that could initiate a program.
 - The list is long and includes treatment providers, recovery communities, HIV/AIDS partnership groups, CHCs, Mental Health Centers, Etc.
 - These groups need to submit a letter of Intent to DHHS and DPHS.
 - In the process of collecting needles, they need to test them for infectious diseases and inform people if their needles test positive.
 - There is no state funding available to start programs.
 - Some FQHCs may be able to use some of their federal funds for the testing of the needle.
 - Reporting requirements for the programs includes the following:
 - How many needles you take in

- How many needles you dispense
 - What % of needles are testing positive
 - What communities are those with positive needles living in? (To map out pockets of Hep C)
 - Must have a connection to a LADC or someone to do a warm hand off to services
 - Must provide information on access to treatment
- **If anyone on the Task Force hears of someone starting a program, please talk to them about coming to present to the Task Force to inform treatment providers about where to refer.**
- SB54: Brought NH into compliance with IC&RC standards.
 - This allows for greater movement between states for someone if they come from another IC&RC state.
 - It also created a commission to evaluate and look at the LADC board – this will convene on November 1.
 - They will reevaluate the reciprocity criteria from other states for licensing.
- Medicaid Expansion is up for reauthorization. If it is not reauthorized, it will end.
 - Task Force members can participate at the table by making lobby calls, saving stories from their practices, and having district meetings.
 - New Futures wants to collect as many stories as they can get. These can be in written, audio, or video format.
 - As many people as there are in the practices that don't want the ACA to go away, put their stories on a representative's website.
 - New Futures has people who will go to your site, to sit down with beneficiaries or former beneficiaries, document their stories using a standard form, and fill out the disclosures so a person can decide how their story will be used.
 - Stories can be used in a letter to a rep, more broadly, Op-Ed, or they can speak in person and New Futures will develop talking points.
 - They can choose how they wish to be identified.
 - **Let Michele know if you want to set up a Story Collection Session.**
 - **There is a flyer available; Michele will send Stephanie the flyer to send to the Treatment Task Force.**
 - **Dianne will also send the flyer out to her membership.**
 - Reauthorization will take place by the middle of March. New Futures will hold meetings in the Fall to get a feel for where opposition might be. Additional meetings will be held in January and in the beginning of February, by this point they want people to tell their stories to keep it fresh.
 - Think about your capacity to testify at a legislative session.
- BRCA at the Federal Level has failed. It would have done many tough things for SUD services.
 - A "Repeal and Delay" strategy would be just as bad as the BRCA. New Futures will make waves about this in the upcoming session.

Priority Area	Lead(s)
3. Specialty Population: Tricare/Veteran's Choice Update	Rekha Sreedhara

- The Center for Excellence met with a man from the VA about Veteran's Choice, it is proving to be a long and difficult process.

- The Center will try to understand their notes and put together some type of flow chart or guide to say “This is how you enroll as a provider with Veteran’s Choice”
 - Then – How does a Veteran obtain Veteran’s Choice Insurance.
- **The Center will try to have something to share with the Treatment Taskforce at the next meeting.**
- **Rekha connected with Farnum Center about becoming a provider and will connect with Sue Thistle about Martins Point – Martins Point may not all be Medicare Providers?**

Priority Area	Lead(s)
4. NHID Advisory Council on BH and SUD	Stephanie Savard

- Sept. 8th, 9:30 – 11:30; NHID Room 100; Monthly conference call 3pm every third Friday barriers with insurances as a forum for information of concerns for insurance, See Michele Merritt for more information.

Priority Area	Lead(s)
5. Licensing Process Update	Stephanie Savard

- This action has been tabled until the State Plan Action steps are identified and this specific strategy is assessed for timeline and tasks to complete.

Priority Area	Lead(s)
6. Prioritizing TF State Plan Action Steps	Stephanie Savard

PRIORITY AREA 1: Increase access to treatment and recovery support services				
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	ACTION STEPS	FACILITATOR(S)	ANTICIPATED DATE OF COMPLETION
<i>1. Increase access to specialized treatment services for specific populations (e.g. veterans, youth, pregnant women, families, co-occurring, criminal justice, older adults, medically complex, socioeconomically disadvantaged, geographic disparities)</i>	<i>a. Work with organizations to review existing data sources to identify gaps and current resources</i>	<ul style="list-style-type: none"> -Identify data sources (IDNs, CoCs, IOD/youth) -Connect with Rob O’Hannon about assets and gaps assessment -Connect with IDNs -Connect with other resources -Identify needs 	Susan Latham Sue Gordon	November 2017
	<i>b. Identify and recommend best practice services for priority populations</i>	<ul style="list-style-type: none"> -Prioritize populations (top 3 or 5) -Research best practices by population 		May 2018

		<i>-Prepare recommendations for Governor's Commission</i>		
<i>2. Educate professionals and the public on how to navigate the treatment system and available resources</i>	<i>a. Identify and recommend content and strategies for healthcare providers, behavioral health providers and the general public on how to access clinically-appropriate services based on individual needs to the Governor's Commission</i>	-Inventory of current and projected initiatives -Identify content owner -Identify recommendations to access treatment -Obtain feedback from identified providers -Determine mechanisms to distribute information	Jaime Powers Rekha Sreedhara	June 2018
	<i>b. Collaborate with DHHS and other agencies to identify strategies/mechanisms to increase awareness of current initiatives and available resources (e.g. Addiction Crisis Line, RAPS, recovery centers)</i>	-Review what's been created (positives/negatives)		

OTHER:

- Training for EMTs and Paramedics around SUD has been approved for training concepts and live workshops around the state.
- Other funds for SUD work in the state
 - STR (3.3 million per year) – many projects are in the design and building process; RFPs will be released before the end of the year. They will be posted on the BDAS website, people should check weekly for those
- LADCs that were trained/certified in the past month may not get their certificates in a timely way because there is someone brand new in the position. **For questions please call Dianne Pepin, she can inform who has been trained/certified.**

Next Meeting: Friday, September 15, 2017; 9:00 – 11:00 a.m.; 10 Ferry Street, New Futures Conference Room #308 B.