



# HEALTHCARE TASK FORCE

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

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, August 23, 2018

Minutes

**Present:** Gerard Hevron, Ann Branen, Rebecca Ski, Sarah Freeman, Julie Hazel-Felch, Lindy Keller, Seddon Savage, Jim Potter, Jonathan Ballard, Carol Furlong, Anna Ghosh, Regina Flynn **On Phone:** Andrea Meier, Kerry Nolte.

## I. Minutes

- The July minutes were approved.

## II. Legislative & Policy Updates

- Correction: the SAMHSA money coming to the State is for 45.2 million for the two years.
  - The application has been submitted for multiple projects; DHHS will officially hear on the receipt of money in September. Services are supposed to be provided within 3 months of receiving funding.
  - The framework that was submitted was a hub and spoke model to increase access to MAT, treatment, and recovery in the spokes. The hub would be care coordination in regions that will be no farther than 1 hour from every NH resident. Hubs should be accessible by phone or in-person
- Another grant proposal was submitted to CDC for \$2 million for data collection and harm reduction.
- All of the money coming into the state will have to be monitored closely to explore if treatment is reaching people.
- Work force is still the biggest issue; all of those projects will require additional staff.
  - Critical issue: getting people licensed and credentialed with LICSW, LADC, and LMHC.
    1. People aren't applying for licensure because they perceive it is so difficult
    2. This is having real consequences for organizations in their ability to provide care
  - Additional issues:
    1. Supervision isn't reimbursable for providers
    2. Position of nurse care manager for SUD services is not well established in NH
  - Are we able to quantify the behavioral health workforce need?
    1. The Providers Association is working with Bi-State and Community Mental Health to look at a workforce bill across health professions for the next legislative session.
      - a. The group will receive an update on this work in September.
    2. There is no single good source of what the number of need is.
    3. Bi-State's recruitment center may have the strongest capacity to assess the need.
    4. Hiring time could also inform this. How long are organizations waiting to hire someone?
  - Credentialing for insurance is a major concern related to workforce.
    1. There is a waiting period of 60-90 days for a provider to be credentialed for insurance purposed and many places cannot wait that long for a provider.
    2. Partnerships with the insurance commission is needed; this is another reason why the behavioral health insurance group is needed. Seddon will let the Governor's Commission know that this is another reason the group is needed.

3. If the Commission is unable to get the group reconvened, the Medical Society and the Hospital Association could informally gather the insurance companies to identify barriers.
    - a. Potential discussion could include, what has the insurance company set as the budget for mental health services? Are they meeting this budget?
  - There is a legislatively mandated workforce group; Laurie Harding attends.
    1. Sarah Freeman should attend this meeting; she will connect with Stephanie at Bi-State to find out the date of the next meeting.
  - The group agreed that the Governor's Office needs to be on board with expanding all behavioral health professions.
  - The group will revisit this issue next month for updates.
- The group has been discussing potentially new legislation.
    - Paula from the NH Hospital Association has been exploring opportunities and challenges with different pharmacy lobbyists about syringes and lock boxes; she has also connected them with New Futures.
    - Drug Take Back boxes are a complicated issue due to the chain of custody and ongoing cost. The Foundation for Healthy Communities is considering an opioid disposal campaign.
    - Pharmacies are looking to hold a press conference to give away deterra bags and discuss other ways to dispose of medications.
    - The group will check in on these topics at the next meeting.
  - Medicaid Expansion
    - The Medicaid Expansion bill has been submitted to CMS; the federal comment period is until September 2; it is critically important to submit comment at the federal level.
    - DHHS is starting the rule making process for the workforce requirements, there will be an opportunity to provide public comment for these as well.
      1. The position of the Provider's Association is for no workforce requirements because it's a barrier to getting insurance.
      2. When someone is suspended from the Medicaid Expansion program, Medicaid providers are still required to provide services to that person with no promise of getting paid.
      3. The group will visit this topic next month.
  - Discussion has begun to expand the PDMP into all controlled substances including non-pain opioids.
    - Right now the law says "opioids for pain"
    - The goal is to engage MAT and methadone providers in this.
    - This may not be the year to try to expand this with all the other new requirements faced by providers.
    - This will be on the agenda for discussion in September or October; Seddon will determine.
    - A recommendation will be made in the next month to the Board of Pharmacy to which they will likely agree. This will likely spur legislation in the next session.
  - Rebecca suggested prioritizing the workforce issue and the PDMP (over the lockboxes and syringes).
    - The Task Force will ensure that all issues are being addressed somewhere, not necessarily with the Task Force.
  - Next month, the group will receive brief updates and then discuss the PDMP.

### III. Expanding MAT services through technology

- Many companies are coming up and trying to utilize technology to expand MAT. A lot of the technology is not 42 CFR Part 2 compliant and therefore are very limited.
- A question was asked if the codes for telehealth were activated yet.
- There is a subgroup of the Treatment TF working on telehealth. The Health Care TF will communicate to Treatment that they agree with this need and encourage continued work.

### IV. Review of activities for Task Force Priorities 1 & 2

- Priority 1: Incorporate SBIRT into high yield practice settings
  - o Remove The Foundation's ED project and the NH IHPP CHI Practice Transformation project from this list; SBIRT is not the focus of these projects.
- Priority 2: Initiate SUD treatment, including MAT and referrals in settings where persons with SUD are often in withdrawal or distress

### V. Other:

- The Task Force will discuss ways to amplify psychosocial recovery services in a future meeting.
- The Governor is holding a press conference later today about the upcoming Deterra Campaign. The Drug Companies are sponsoring 50,000 bags in the state; 35,000 distributed through hospitals. That is advocacy happening to include health literacy information with the bag.
- The Emergency Department Community of Practice will be held on September 14.
- Orientation has happened for the MAT ECHO Project; they will launch soon.
- UNH has applied for funding to expand MAT waivers in their nursing curriculum. The Medical Society will be in touch to help implement.
- October 5 is the Dartmouth Conference on the impact of the opioid crisis on Child and Families. The Governor and Surgeon General will be in attendance. Seddon will send the Save the Date to the group.
- CMC's opioid conference will be held on Friday, November 16.
- The next waiver training will be held on September 28 at the Manchester Health Department.
  - o Kerry will send information about this training to the network for ARPNs.
- The 2<sup>nd</sup> edition of the MAT guidelines have been printed; let Lindy or Rekha Sreedhara know if you would like copies of this edition.
- Seddon will bring the following pieces of information to the next Governor's Commission meeting
  - o Insurance behavioral health task force – reasons to reinstate
    - Prior authorization issues
    - Payment of SBIRT
    - Credentialing and workforce issues
  - o An update on the prescription opioid card insert
  - o A brief reminder that practice transformation takes more than 1 or 2 years.