



# TREATMENT TASK FORCE

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

Task Force Chair: *Stephanie Savard*

July 20, 2018

Meeting Notes

**Present:** Sue Thistle, Stephanie Savard, Rekha Sreedhara, Adelaide Murray, Paul Kiernan, Joshua McCabe, Jake Berry, Dianne Pepin, Sue Gordon, Lynn Fuller. **On Phone:** Danni Bultemeier

## Membership Update

- The task force has not received a response from the Keene Community Mental Health Center.
- *Dianne will reach out to Mike Rogers to represent the mental health centers.*
- *If Mike does not respond, Jake will reach out to Susan Paschell who is the lobbyist for the CMHCs.*

## Governor's Commission Update

- NH will receive \$23 million from the federal government. DHHS will choose how these funds are allocated.
  - BDAS, the Governor, and the Commission will provide input.
- There will be a public hearing (7/23) and an email address through which to provide feedback (until 7/27).

## Legislative Updates

- Medicaid expansion has been signed and is going through rule making.
- The work requirement will be voted on today (July 20).
- The MCO procurement process is ongoing, the comment period ends Friday, July 27.
  - There is concern about the MCO rates. It is unknown what the rates would be raised to.
  - The last listening session is on July 24 at 5:00 PM at the Brown Building.
- The IDN waiver was approved.
- New Futures will be looking to determine legislative priorities and is open to hearing ideas.
  - It was suggested to add more money to the student loan repayment program.
- Preliminary work is being done to get feedback on the Medicaid rules. There will be preliminary information gathered and then a draft made. The draft will be released for public comment.
  - *Stephanie will forward if this is open to the public. If not, she will attend on behalf of the task force.*

## Recommendations for \$23 million

- The task force discussed priorities for the \$23 million, sustainability had to be considered because programs must not rely on these funds.
  - Additionally, all projects funded must use evidence based practices.
- The money is focused on MAT and can be used as the payer of last resort. It can be used to try to offset costs to the client. Only 5% can be used for administrative burdens. Only 2-3% can be used for training and technical assistance.
- The money comes with many reporting and data requirements that may be a burden for providers.
- The treatment task force developed the following recommendations:
  - Services to support those in treatment and early recovery to include:
    - Sustainable transportation options
    - Child care services

- A career program (similar to VOC-Rehab) to assist the provision of meaningful work
- Recovery Housing Supports for:
  - Pregnant women
  - Women with children, to include infants, toddlers, school-age children, and older children
- Utilization of NARR standards for recovery housing
- Payment of early career professionals that are unable to bill for services:
  - Interns
  - LICSWs that have not procured licensure requirements
    - Utilize these professionals to do prevention activities in school systems that cannot be billed for.
    - The LEAD Program (law enforcement against drugs) is an example of a school based prevention activity.
- Adolescent Recovery Supports that currently cannot be billed for
  - This would require the development of curricula for adolescent recovery.
  - The UNH IOD is investigating a curriculum called “Seven Challenges”.
- MAT for the following practice settings:
  - Corrections involved individuals, particularly county corrections
  - Hospital ER systems, those treating persons that have experienced overdose
  - Veterans:
    - Veterans face a significant transportation burden in order to access services.
    - The VA requests increased contracts with community providers to provide care to those that cannot travel to the VA
    - The VA is beginning to utilize a telehealth program
    - There is a requirement that treatment organizations must have a Medicare provider on staff to contract with Veterans insurance providers.
    - Money could be used to pay for the services of clients that have Medicare and come to treatment facilities that are not contracted with BDAS.

The task force worked on state plan strategies by small group.

**Next Meeting:**  
**Friday, September 21, 2018**  
**9:00 – 11:00 a.m.**  
**New Futures, 10 Ferry Street, Conference Room #308 B**