



# HEALTHCARE TASK FORCE

## Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, July 25, 2019

### Meeting Minutes

**Participants:** Lindy Keller, Seddon Savage, Gerard Hevern, Anna Ghosh, Hannah Lessels, Regina Flynn, Krystal Sieradzki, Julie Hazell-Felch, Janet Thomas, Colleen Dowling, Rebecca Sky, Amelia Keane  
**On the Phone:** Jim Potter, Molly Rossignol, Kerry Strom

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> <li>Minutes accepted from June.</li> </ul>	
Legislative/Policy Updates	<ul style="list-style-type: none"> <li><a href="#">HB 481 Legalization and regulation of Cannabis</a> Referred to committee</li> <li><a href="#">HB 359 Red Sticker bill</a> <ul style="list-style-type: none"> <li>Passed and signed.</li> </ul> </li> <li><a href="#">SB 308 Healthcare Workforce bill</a> <ul style="list-style-type: none"> <li>Press conference Tuesday to talk about the importance of the final budget including investment in loan repayment and the Medicaid reimbursement rate increases.</li> </ul> </li> <li>At some point, all buprenorphine prescribers (NPs, Pas, etc.) will have to check the PDMP. Guidance will be going out to providers.</li> <li><a href="#">HB 131</a> <ul style="list-style-type: none"> <li>Establishes commission on mental health education and behavioral health and wellness programs. Passed and signed.</li> </ul> </li> <li><a href="#">HB 511</a> <ul style="list-style-type: none"> <li>Taxes vaping and restricts youth access similar to tobacco. Passed and signed.</li> </ul> </li> <li><a href="#">HB 692</a> <ul style="list-style-type: none"> <li>Expands Medicaid to provide coverage for dental care. Passed and signed.</li> </ul> </li> <li><a href="#">SB 59</a> <ul style="list-style-type: none"> <li>Adds PTSD and acute stress disorder to definition of injury for workers compensation. Passed and signed.</li> </ul> </li> <li><a href="#">SB 86</a> <ul style="list-style-type: none"> <li>Commission to survey and study programs to serve persons with developmental and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Jim Potter will distribute a link to the article, which compiles information about recently passed and signed bills. Jim Potter will send a list of vetoed bills to Hannah to circulate.</li> </ul>

	<p>mental health issues. Passed and signed.</p> <ul style="list-style-type: none"> <li>• <a href="#">SB 272</a> <ul style="list-style-type: none"> <li>○ Created parity under the federal mental health laws. Passed and signed.</li> </ul> </li> </ul>	
Academic Detailing on Harm Reduction	<ul style="list-style-type: none"> <li>• Target for the grant was 150-200 providers or staff who are addressing SUD. As of yesterday, have already detailed 18, and they have requested other TA. Kerry Nolte is offering training on harm reduction and other subjects.</li> <li>• Offers evidence-based literature on SBIRT, compassionate care, safety with needles as well as resources. Safe needle use and compassionate care have been popular subjects among practitioners.</li> <li>• Trainings are very short—10 minutes. Other resources are offered.</li> <li>• Target is to reach 100 by the end of July and to meet the goal of 200 by the end of August. They are finding practices by leveraging their network and connections.</li> <li>• Suggestion to do this with the nursing community through the Nurses Association.</li> <li>• Every hospital has quarterly medical staff meetings: suggestion to get on the agenda for these. May be difficult with the quick timeline.</li> <li>• UNH is hoping to get an extension of the grant funding until the end of November.</li> <li>• Concord Hospital has asked the Medical Society to develop a 90-minute program on MAT for nursing and other support roles. There is grant funding that can be used for this. Trying to have this developed by the fall. <ul style="list-style-type: none"> <li>○ Suggestion that there are many similar materials that exist for this purpose that the Medical Society can use for the development.</li> <li>○ Corey Gately and Daisy Pierce do a similar training that can be helpful.</li> <li>○ The Center for Excellence also has a related training that they offer.</li> </ul> </li> <li>• These trainings would be useful for onboarding training at hospitals. Internal capacity to train in this area is crucial.</li> <li>• Suggestion to make this a train the trainer model in order to increase internal capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Any connections that you can offer for practices to detail, please <a href="#">let Kerry Nolte know</a>.</li> <li>• All materials will be posted to the harm reduction website.</li> <li>• Jim Potter will circulate this information through the Medical Society.</li> </ul>
Sober Housing Update  Lindy Keller	<ul style="list-style-type: none"> <li>• <a href="#">Registry of sober houses went live online 7/1/19.</a></li> <li>• Not many responses. The registry is voluntary and publically available. It is available from the BDAS website, the Doorway website and the Recovery Hub website.</li> <li>• There were concerns from houses that if they were on the registry, local officials would create restrictions on them that would shut them down. In addition, concern that</li> </ul>	

	<p>neighbors and community would raise a backlash by “not wanting it in my backyard” due to stigma.</p> <ul style="list-style-type: none"> <li>• BDAS has removed the street address from the registry to quell these concerns.</li> <li>• Removing the addresses caused more submissions; however, the submissions have been generally slow.</li> <li>• Because BDAS cannot create any requirements or regulations, they are hoping to introduce further legislation.</li> <li>• NHCORR has also begun to certify houses in New Hampshire, and houses can indicate if NHCORR has certified it.</li> <li>• BDAS is in the process of funding NHCORR to support the certification process. Hopefully once this happens, the certification process will be much quicker. They are looking to put the whole process for certification online. <a href="#">The certification standards are posted on the NARR website.</a></li> <li>• NHCORR will work with the houses and provide TA during the certification process. There is a cost for this certification. Houses that have registered have been given ample information about the certification process. All of this information is on the application.</li> <li>• BDAS has developed a one-pager of questions for people seeking recovery housing to ask before committing to a house so that they can make an informed choice. <a href="#">This is available online.</a></li> <li>• Most of the houses are small ~ 5-10 people.</li> <li>• Houses do not provide any type of clinical services or require that clients be involved in any clinical services. Single-family homes that are run “like a family” meaning that the group of people are in recovery and committed to supporting each other’s recovery. In some cases there is a peer who is there as a “house manager.” Clients must pay rent, meaning that they usually are employed or volunteering. <ul style="list-style-type: none"> <li>○ The Governor’s Commission has approved funding for rental assistance.</li> </ul> </li> <li>• Doorways and 211 are aware of the registry and are required to refer clients only to houses that are on the registry because they receive federal funding.</li> <li>• One of the proposed bills was to allow towns to set their own regulations on recovery housing. This would be problematic because it would impose unnecessary barriers.</li> </ul>	
Feedback on	<ul style="list-style-type: none"> <li>• Seddon introduced the proposal for an Advisory Council of people with lived experience</li> </ul>	<ul style="list-style-type: none"> <li>• Rebecca Sky will consult</li> </ul>

<p>Advisory Council Proposal</p>	<p>to provide feedback on materials and recommendations.</p> <ul style="list-style-type: none"> <li>• The task force discussed the pros and cons of including people with lived experience on the task forces versus on an advisory council. <ul style="list-style-type: none"> <li>○ Task force supported both so that voices are heard in both an advisory capacity and in an active role on the task forces.</li> </ul> </li> <li>• The Recovery task force is already made up of many people in active recovery, however, the Task Force focuses on the recovery services in the state, but the advisory council would be reviewing materials for all parts of the continuum.</li> <li>• Task force members discussed the negative potential for people with lived experience to feel tokenized if serving as the only one on a task force.</li> <li>• There have been experiences serving on an advisory council or a task force where are told all the ways that can't address the needs that are brought up.</li> <li>• Maintaining a low barrier to participate will be important.</li> <li>• Suggestion that if the task forces have people with lived experience, they invite those members to the advisory council.</li> <li>• Suggestion that the advisory council could be responsible for creating tools that help incorporate consideration of people with lived experience during decision making.</li> <li>• Seddon recommended that each task force consciously assess if they have a member who has lived experience.</li> <li>• Recommendation that the advisory council sets their own frequency of meetings.</li> <li>• The proposal should define exactly what the council would weigh in on, how they communicate their feedback.</li> <li>• The task force supports the proposal of an advisory council with some caveats to consider: <ul style="list-style-type: none"> <li>○ Clarify what kinds of things will be asked of members to weigh in on</li> <li>○ Identify how to get timely feedback if the council meets infrequently</li> <li>○ Clarify what options there are for the council members to initiate what they want to see happen—are they allowed to do that?</li> </ul> </li> </ul>	<p>Tanya Lord and ask for feedback on the proposal.</p>
<p>Organizational Updates and Group Sharing</p>	<ul style="list-style-type: none"> <li>• Huggins Hospital is initiating a project to do outpatient MAT (in primary care) and inductions in the ER.</li> <li>• Next month's agenda:</li> </ul>	<ul style="list-style-type: none"> <li>• Presumptive eligibility for Medicaid: Hannah will add this to the priority list.</li> </ul>

	<ul style="list-style-type: none"><li>○ Follow up on Pain Management Discussion</li><li>○ Areas of need for new services</li><li>○ Clinician Resilience, Angela Thomas Jones</li></ul>	
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**Next Meeting: August 22, 2019, 9:00am – 10:30 am 125 Airport Road, Concord.  
Call-In Information: (605) 313-4427 Access code: 197873**