



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, April 23rd, 2020

Meeting Minutes

Participants: Seddon Savage, Jessie Daigneault, Anna Ghosh, Ann Branen, Lindy Keller, Peter Mason, Joseph Harding, Dan Andrus, Jake Berry, Ryan Landry, Kate Frey, Jenny O’Higgins, Kristine Stoddard, Regina Flynn, Janet Thomas, Krystal Sieradzki, Julie Hazel-Feltch, Carol Furlong, Peter Ames, Molly Rossignol

| Agenda Item | Discussion | Action Steps |
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| <p>Welcome and Introductions</p> | <ul style="list-style-type: none"> • Ryan Landry, Department of Corrections is practicing social distancing in state prison and reducing activities. There has not been a confirmed case of COVID-19 among residents. They have a good plan in place for quarantine. • Jake Berry, New Futures shared the NH Legislature remains suspended. House is allowing some review of committees, working hard with partners to work with Governor’s Office and legislative leaders in response to COVID- 19. They are working with Kristine Stoddard at Bistate on workforce initiative to provide an extra \$300/week to direct care providers who cannot work remotely. • Kate Frey, New Futures shared there is now more bipartisan support to come together to talk about funding relief, seeing how this all is going to affect state revenue. Kate is focusing on policies related to alcohol delivery including executive orders to have beer and wine delivered. Working with substance misuse prevention system to avoid increasing risk. • Ann Branen, Addiction Care Solutions and Queen City Exchange shared syringe service programs are still doing outreach and have Narcan available. • Dan Andrus, Hospital Association shared they are working with hospitals and the stress hospitals and ER departments are currently experiencing. • Janet Thomas, UNH shared they have initiated 2 ECHOs, one for Nurse Practitioners and the other for students, intended to improve the quality of care. • Jenny O’Higgins, DHHS shared they are monitoring data for behavioral health and have been on weekly calls with CMHC directors to see how they are doing anecdotally. • Julie Hazel-Feltch, Amoskeag Health shared that open clinic sites moved down from five to two, one that is a “well” clinic and one that is a “sick” clinic. They are having difficulty obtaining PPE and are accepting new MAT clients. • Joe Harding, DHHS Bureau of Improvement and Integrity, Quality Assurance Unit, newly formed within DHHS, shared the focus has been on SUD planning, evaluation, and cost | |

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| | <p>effectiveness, and has been working with a variety of different data sources, including CORbi.</p> <ul style="list-style-type: none"> • Carol Furlong, Elliot Hospital shared drug courts and case managers are still providing services via telehealth and in-person. There are concerns as a majority of their clients are homeless and don't have access to phones or computers. They have been taking precautions using PPE for in-person visits. Business is down due to limiting size of groups and have a waitlist of patients due to social distancing. • Kristine Stoddard, Bistate shared they are working with a coalition to get initiatives passed on Medicaid stabilization payments and low wage workers, providing technical assistance for telehealth services. There are concerns as not all policies coming out of CMS are applicable to FQHCs. • Krystal Sieradzki, Brain Injury Association of NH shared they are providing case management services for elderly on Medicaid waivers and checking in with all clients weekly. The brain injury and SUD task force continues to have virtual meetings. • Peter Ames, Foundation for Healthy Communities shared the priority as been the Emergency Preparedness coalition. The focus has been coordinating with healthcare partners. They do have capacity for a potential surge with beds and ventilators, however needs around testing and PPE persist. Peter shared with the task force information about quarantine options for people experiencing homelessness. • Peter Mason, Region 1 IDN, shared they have been providing telehealth services via Zoom and working with Groups providing MAT. There has been more attendance and participation since moving to a Zoom platform, especially for those with social anxiety disorder. They have been working with Upper Valley Haven to expand a program starting May 1st, to ensure individuals who are homeless are being supported. The program matches medical students with residents who are staying in motel rooms, residents will be doing full initial assessments, including substance use, behavioral health and social determinants of health and following up daily with residents. They are partnering with a community mental health center in VT. • Regina Flynn, BDAS are providing support to OTPs to implement guidance from SAMSHA. SOS Recovery Community Organization is working with Greater Seacoast Community Health operating at the Dover train station with tents to provide services. They have been dispensing naloxone as needed. • Molly Rossignol, CMC and NH Healthy Families shared most staff have been furloughed, seeing patients telephonically and occasional patients in person for Vivitrol injections. There are fears around quarantining and PPE shortage. Molly has met with 2 Washington delegates | |
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| | <p>to share what is needed in the SUD community. If anyone has anything needed to be addressed please contact Molly.</p> <ul style="list-style-type: none"> • Lindy Keller, BDAS shared concerns around hospital revenue. Governor’s Commission had a collaboration with the NH Hospital Association about these concerns. There is a lot of work going on to amend contracts and issue RFPs so that there is not a lapse in funding through the fiscal year. The RFPs will have a very short turnaround for response. Please go to the DHHS website to find out more. BDAS has been able to purchase 1,000 Naloxone kits for high need areas. Recovery housing is being severely affected and there is a concern of relapse among individuals in long-term recovery. There are fears that recovery housing might not survive this hardship, along with concerns of new residents coming in. • Phil Girard, NH Brain Injury shared the task force has been raising awareness for overdose and brain injuries, with a focus on data collection. • Seddon Savage, Dartmouth shared they are hosting a number of ECHOS related to COVID-19, with a focus on healthcare providers, perinatal issues, and occupational health and safety. | |
| Meeting Minutes | <ul style="list-style-type: none"> • Task force reviewed and approved February and March meeting minutes. • Dan Andrus made a motion to accept the February minutes, Julie Hazel-Feltch seconded, with all task force members in favor, and no one opposed. • Julie Hazel-Feltch made a motion to accept the March minutes, Regina Flynn seconded, with all in favor, and no one opposed. | <ul style="list-style-type: none"> • CHI will post the minutes on the Center website. |
| Legislative and Policy Updates | <ul style="list-style-type: none"> • Kate Frey with New Futures shared that committees are focusing on second committee bills. The next scheduled meeting will be held in May. • There is currently an advisory group focused on discussion with a focus on SUD. • Peter shared hospital revenue is down by 50%. • State-wide effort through NH Foundation for Healthy Communities Emergency Preparedness and EOC have a list of partners willing to donate PPE and monitoring hospitals PPE levels. | <ul style="list-style-type: none"> • If anyone knows of any vendors or have the need for PPE for healthcare organizations, contact Peter Ames. |
| Substance use and patient care during COVID-19 state of emergency | <ul style="list-style-type: none"> • Seddon and CHI have jointly released the COVID-19 guidance document, posted on CHI’s website. This document is compiled of best practices and policies. One update needed to this document: the state affirmed ability to call in Schedule IIs, (for treatment of pain) and will accept diverse ways of follow up for this prescription (as a new regulation). • Molly Rossignol provided an update on 42 CFR part 2: As part of the CARES Act there was a provision to modify regulatory restrictions of SUD treatment records allowing for a general patient consent to cover disclosure of records, aligning with HIPAA. Federal HHS is required to issue an amendment that will go into effect in March 2021. • A survey was created to understand changes in substance use patterns in NH due to COVID-19. | <ul style="list-style-type: none"> • Anyone interested or knows of anyone interested in presenting at the next MAT community of practice in June should contact Lindy Keller for more information. |

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| | <p>This survey intends to gather and examine the observations of diverse stakeholders in order to better characterize these changes, integrate them with other lines of evidence, and help inform appropriate public health responses. Survey results will be disseminated to respondents who provide an email address at the end of the survey and they will be posted at the DH Substance Use and Mental Health Initiative website. Seddon asked task force members to circulate this survey to others who are in a position to observe drug use patterns in NH, including professionals, community members, people who use drugs, and others.</p> <p>Jenny O’Higgins shared the survey with Doorways. There have not been many walk-ins but have received several calls, same with CMHCs. For homeless shelters, they are sending this out through NH Harm reduction. Is interested in knowing more about the responses using qualitative data collection.</p> <ul style="list-style-type: none"> • BDAS has purchased plenty of naloxone and continues the increase in distribution. If the need for naloxone emerges, contact Rob O’Hannon at DHHS. • Task force members discussed provider groups are using different ways to meet needs and transition to telehealth services. Homeless individuals with brain injuries might be vulnerable populations. Some people who weren’t previously vulnerable are relapsing, which may be due to not having access to all of their supports. • The next MAT Community of Practice will be held in June. They are looking for suggestions of presenters and cases to present of people who were previously higher risk that have now done well during current climate and patients who are now struggling, and those now relapsing. Contact Lindy Keller if anyone has any cases they’d like to present. • Joe Harding shared that research group conducted the DISCERNNE study in NH, VT and MA which had two parts: 1) environmental scan of people who use drugs in rural areas and 2) study of telehealth services through mobile van. Services include testing referrals and ongoing support. The group will present to the Data and Evaluation Task Force on May 18, from 1pm-3pm. Information to join: https://jsi.zoom.us/j/5415903445?pwd=dThNUUxOUFZH2E4NmYrY2s2UTIPQT09 Meeting ID: 541 590 3445; Password: 531286; Tel: 646 558 8656 | |
| Non-COVID-19 related updates | <ul style="list-style-type: none"> • None | |

Next Meeting: May 28, 2020, 9am-10:30am (Virtual Only)

Zoom Information: <https://jsi.zoom.us/j/130590059?pwd=eGs2ZmZFNepvS0ZoR3FDUVFBUIId4UT09>

Call-In Information: +1-646-558-8656; **Meeting ID:** 130 590 059; **Password:** 241570