DRAFT – RSA 126:A:13

Health and Human Services Oversight Committee
Friday, October 23, 2020 at 10:00 a.m.
Remote Meeting

1. Welcome and Right to Know. Rep. Weber welcomed members and read the notice of RSA 91-A requirements for remote meetings. Roll call indicated those present as: Reps. Campion, McMahon, Nordgren, Weber; Sen Rosenwald. Rep. MacKay and Sens. Bradley and Fuller-Clark were absent

2. Approval of draft minutes from the August 28 and September 25, 2020 remote meetings.

Rep Campion indicated that the minutes would need to be revised to include Rep. MacKay as absent for both meetings. Sen Rosenwald moved and Rep. MacMahon seconded approval of the minutes as revised. The roll call indicated passage by Sen. Rosenwald; Reps. Nordgren, MacMahon, Weber and Campion.

3.New Hampshire Health Care Quality and Safety Commission Annual Report – Lori Underwood, Vice President Ambulatory Care Services, New London Hospital, Chair, Natalie Gosselin, MS, RN, CPHQ, CSSGB, Executive Director, Quality Performance Improvement, Catholic Medical Center, Past Chair and Anne Diefendorf, Associate Executive Director with the Foundation for Healthy Communities, Administrator. (Report dated September 1, 2020)

Ms. Gosselin, as Chair during the time of the report, thanked the Committee for supporting the legislation (SB 126) to change the Commission's name, add new members and make the Commission permanent. Ms. Gosselin and Ms. Diefendorf then reviewed the report, highlighting areas of focus and expanded membership, including a public member. Areas of focus included prevention of hospital acquired pressure ulcers and increasing awareness of emerging threats in the area of health care associated infections and outbreaks.

The Committee acknowledged the important work of the Commission and thanked the members and leaders.

4.Maternal Mortality Report - Patricia M. Tilley, MS Ed, Deputy Director, Sai Cherala, MD, MPH, Bureau of Population Health and Community Services, Division of Public Health Services, New Hampshire Department of Health and Human Services. (Report dated 2018)

Dr. Cherala reviewed the Maternal Mortality Review Program and associated Review Committee. This past year has been a difficult year for the Program as a result of the Covid-19 pandemic. In person review and on-site visits have been restricted. The review committee held its first virtual meeting in September 2020. This report covers those maternal deaths that occurred in 2018. The review committee evaluates all pregnancy-associated, pregnancy related, and pregnancy associated, but not related deaths that occur during pregnancy or within one year of delivery.

The number of maternal deaths has been stable for the past two years at a rate of 6-8 deaths per year. In 2018, there were 8 maternal deaths, six of which have been reviewed for this report. The leading cause of pregnancy-associated deaths during the 2016 through 2018 time period was accidental drug overdose.

A number of recommendations were identified based on the case review, and include specific ideas in three major areas:

- Support for women of child bearing age
- Prenatal and post-partum care
- Education for providers

The Maternal Mortality Review Program received a CDC grant in the fall of 2019 entitled "Enhancing Reviews and Surveillance to Eliminate Maternal Mortality" (ERASE MM). this grant enabled a contract between NH DHHS and the Northern New England Perinatal Quality Improvement Network (NNEPQIN) to bring subject matter expertise to the review process.

Dr. Cherala responded to questions from the Committee, as follows:

Sen. Rosenwald asked if we know who the insurer is? Some information exists but the numbers are too small to see trends.

Rep. Campion asked if there was geographic diversity? Yes, the cases are spread across the state.

Rep. Weber asked how far back the data go and if Covid has had an impact? Impact related to those that effect all people – e.g. if infected infant, mother may not be able to be discharged and/or hold infant. Telehealth options have been helpful especially related to behavioral health services.

Rep. Weber asked about Pilot project on home visiting re: plan of safe care and whether it applies to all births in the state? No, it is targeted for substance exposed infants in particular

Dr. Cherala thanked the NH Medicaid and behavioral health programs and local partners and highlighted a CMS grant – MOM – (Maternal Opioid Misuse) that addresses fragmentation that occurs when women move from OB to primary care.

5. SB 292 (2019) Initial Report on Implementation of New Hampshire's 10-year Mental Health Plan – Julianne Carbin, Director, Bureau of Mental Health Services, and Erica Ungarelli, Director, Bureau for Children's Behavioral Health, New Hampshire Department of Health and Human Services. (Report dated September 2020)

Ms. Ungarelli reviewed the interim report and reminded the Committee that the 10-Year Mental Health Plan evolved from statewide public input sessions. She highlighted progress related to two recommendations, as follows:

Recommendation #2 : Address Emergency Department Waits:

The Department posted a Request for Information in October 2019 to solicit input about proven crisis response models that are statewide, integrated, and financially sustainable. It is clear from the responses and from experience, that a fully integrated model that serves adults, children and youth experiencing a mental health and/or substance use crisis is most efficient in terms of provider capacity and financial feasibility and sustainability. Currently, the model is still in development and near final draft form. This model will be incorporated into an RFP, target for release in the fall/winter 2020.

During March and April there was a successful transition of the children's unit from New Hampshire Hospital to Hampstead Hospital, expanding its scope of acute psychiatric treatment services for children.

Ms. Carbin described efforts to address services to adults.

Recommendation #5: Community Services and Housing Supports

For children, DHHS is working with a care management program to expand their ability to care for children beyond the Fast Forward Program and have added an additional care management entity.

Residential treatment transformation work is expanding, in line with SB 14. The Dept. is creating a whole new system of care and revamping levels of care to target services and supports for children with specialized needs. They are building in evidence-based practice in Trauma informed care and adding a PRTF (Psychiatric Residential Treatment Facility) level of care. This would create a hospital-like environment in a residential treatment setting for children with the highest clinical and behavioral needs,

Questions: Rep. Weber asked about establishing a crisis hub- how does it work with or what differentiates it from the hub and spoke model? Ms. Ungarelli stated that it would be a centralized access point- to get immediate services or referral to service. Part of the integrated mobile response system. ? How does it operate with the Doorways system? Doorways are very focused on SUD, that will work together with the Hub. The idea is "no wrong door." The Dept. is working hard to make sure that all services are integrated.

Rep. Nordgren asked what do we know about the hiring freeze? There is currently no update. Has this had an impact on Hampstead Hospital? Ms. Ungarelli indicated that they have done well shifting to accept more children in April. They do continue to have issues with hiring and capacity – today they may serve 40 children and hope to get to 45-50 by next week. Full capacity will be 57. Re: children in EDs – we have seen unprecedented # kids in EDs; the highest number in 4.5 years. Anecdotally, we are seeing kids coming in for the first time. Today there are 18 children or youth in EDs awaiting transfer. DHHS is working with Medicaid Managed Care to assist getting kids out of the ED to hospitalization, residential care or in-home support for less acute needs. Ms. Carbin stated that many adults are presenting for the first time or having put off care during the pandemic, are now in heightened levels of crisis.

Sen. Rosenwald asked about the average wait time? Ms. Ungarelli said that Hampstead has not had kids waiting more than 7 days. Commissioner Shibinette spoke about the additional transitions and renovations at NHH. When the children's unit was closed, 30 adult beds were opened in April. The renovation to add adult beds has not been completed b/c of the need to address the immediate needs once the children's unit was vacated. The plan is still in place but paused until things stabilize. Ms. Shibinette stated that the wait list had dropped to zero with kids moving to Hampstead. She had expected that once the "new" adult beds were filled, the wait list and demand would again build up. This has proven to be the case. As long as the funds stay in the budget they plan to move forward with renovations. Sen. Rosenwald asked if the Dept. is planning to open up additional adult capacity at NHH during this FY. Yes- they have had permission to post positions in the past two weeks and expect to have additional 18 beds opened up in first quarter of CY 21. Does RFP build out local mobile crisis structure? Ms. Ungarelli stated that the central access point will connect with regional crisis teams – to deploy clinical team to the individual during the crisis. Local infrastructure is not part of the RFP.

6.DHHS Commissioner's Update – Commissioner Lori A. Shibinette, RN, MBA, NHA.

Commissioner Shibinette provided an update re: Covid-19 as follows:
Covid: DHHS submitted draft vaccination plan last Friday to CDC. CDC will provide feedback, then amendments will go back and forth.
After the draft was submitted, CDC indicated that Nursing Home residents would be the first to receive vaccinations. They are working with regional public health networks to be up and ready for mass vaccination. First line access - will want folks to go to their PCP for vaccination and they will be running community-based clinics.
Access to Binex Now antigen tests (a rapid turn-around test). Weekly shipments began last week that have supplied all community testing sites. Surveillance programs were originally for symptomatic individuals; now community surveillance is occurring, with asymptomatic individuals in targeted communities. If the antigen test is positive, there would be follow-up with a PCR test (the "gold standard.
PPE: Have plenty supplies available. Two trucks of gloves arrived yesterday. Filling 100-150 orders/day. Rep. Norgren asked if PPE supplies were going to schools? Ms. Shibinette replied that PPE have been provided to health offices – school nurses. Believe that funding and contact information for ordering was provided to schools. DHHS focused on healthcare settings.

Rep. Weber? Concern had been expressed re: masking requirement for individuals with developmental disability in need of health care. How are we dealing with those instances? The Commissioner would want to hear about these kind of instances – we should be able to make reasonable accommodations. Similar concerns should be referred to Commissioner.

Next meeting : Friday, November 13 at 10am.