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Improving Access to Health Care for 32 Years
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July 24, 2018

Jeffrey A. Meyers
Commissioner
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301-3857

Submitted electronically via email at SOR@dhhs.nh.gov

RE: Comments on Department of Health and Human Services' proposal to the Substance Abuse and Mental Health Services Administration for the State Opioid Response Grant

Dear Commissioner Meyers:

Bi-State Primary Care Association appreciates the opportunity to comment on the Department of Health and Human Services' proposal to the Substance Abuse and Mental Health Services Administration for the State Opioid Response Grant. In respect to the Department's request that interested parties provide general feedback to improve New Hampshire's Substance Use Disorder System, Bi-State submits the following comments for your consideration.

Bi-State is a non-profit organization that advocates for access to primary and preventive care for all New Hampshire residents, with special emphasis on the medically underserved. We also represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state. Community health centers are non-profit organizations that serve more than 113,000 patients in New Hampshire, most of whom live below 200% of the federal poverty level or $24,120 for an individual.[1]

Health centers play an indispensable role in New Hampshire's health care system, serving as the health home to 1 in 12 Granite Staters. Twenty percent of *all* Medicaid enrollees and uninsured individuals in New Hampshire receive care at a community health center. From 2012-2016, demand for New Hampshire health center services grew, with a 5% increase in patients served and an 11% increase in patient visits.[2]

Expansion of Medication-Assisted Treatment at Community Health Centers

Community health centers serve as a first line of defense in battling the country's opioid use crisis. Bi-State recently completed a report on the needs identified by health centers to support and expand their MAT programs. The overall consensus indicated that additional funding for staff training and policy development is critical. As evidence-based approaches to MAT in the areas of prescribing, care coordinating, billing, confidentiality, and other topics develop, there is an increased need to fund training and education for delivering MAT in the health center setting.

[1] Health Resources and Services Administration, Uniform Data System, New Hampshire Rollup (2016), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2016).
[2] BPHC 2016 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution.

Specific capital needs identified by the New Hampshire health centers include:

- facilities expansion to accommodate the growth in SUD treatment services;
- training, travel expenses, and staff salaries to attend MAT trainings;
- recruiting, training, and retaining staff to support MAT;
- waiver training for additional providers;
- non-billable services (i.e. program management, care management, and medical social work);
- ongoing assessment and modification of MAT procedures per best practices; and
- clinical supervision for mental health and SUD clinicians.[3]

Seven New Hampshire health centers have fully operational MAT programs. Unfortunately, four health centers had to close their MAT programs due to a halt in funding during the final stages of development, before these programs could begin to serve patients. This is an opportunity lost: every MAT program door closed means Granite Staters who have taken the brave step to seek SUD treatment cannot access care. For this reason, Bi-State believes that funding vital MAT programs like the health centers' will increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths in New Hampshire.

Medical Respite Centers

Medical respite programs allow homeless individuals to recuperate in a safe environment while accessing medical care, health education, and resources to address their housing needs.[4] Recovery on the street often means relapse, incomplete recovery, and/or a repeat inpatient admission.[5] Challenges homeless individuals face, such as obtaining healthy food, accessing transportation, and finding a safe and clean place to rest can compromise adherence to proper use of opiates after discharge, adherence to physician instructions, and attending follow-up appointments.[6] Access to respite programs will mitigate these challenges following discharge from the hospital.

Drug overdose has now replaced HIV as the major cause of death among the homeless population in urban areas throughout the United States – with opioid overdose specifically accounting for 80% of overdose deaths.[7] As a long-term solution to decreasing opioid deaths in New Hampshire, it is critical to ensure that homeless individuals have access to proper SUD treatment; therefore, please consider using SOR funds to establish and reimburse medical respite centers.

Several homeless health centers in New Hampshire have explored respite programming. Harbor Homes, a health center in Nashua, operates the Peggy and David Gilmour Medical Respite Center – New Hampshire's first (and only) medical respite program. It provides withdrawal management and medical detox, and assists clients in establishing a recovery lifestyle. Case managers ensure that patients' discharge plan includes access to ongoing behavioral health services.[8] On behalf of Harbor Homes and other health centers who want to create medical respite programs in New Hampshire, please consider using SOR funds to support these programs. Bi-State's ultimate goal is to add a

[3] SUD MAT Project Quarterly Report based on progress reports submitted from seven health centers to establish and expand MAT Programs.
[4] National Health Care for the Homeless Council. (2011). P.O. Box 60427 Nashville. TN 37206. Retrieved from https://www.New Hampshire chc.org/wp-content/uploads/2011/09/Sept2011.pdf
[5] Santa Clara County Medical Respite, Program. Retrieved from http://www.New Hampshire chc.org/wp-content/uploads/2012/11/Bridging-the-Gap-Handout-3.pdf
[6] Ken Raybill, MSW Deff Elivet, MA. (n.d.). *Shelter Health: Essentials of Care for People Living in Shelter.* Retrieved from https://www.New Hampshire chc.org/wp-content/uploads/2012/02/ShelterHealthGuide0506.pdf
[7] Drug overdose now the leading cause of death among homeless adults in Boston. (n.d.). Retrieved from https://www.sciencedaily.com/releases/2013/01/130114161459.htm#
[8] Peggy and David Gilmour Medical Respite Center | Harbor Homes. (n.d.). Retrieved from http://harborhomes.org/medicalrespite/

medical respite care benefit for Medicaid beneficiaries who experience homelessness, and we believe the SOR funding of medical respite will demonstrate the value of reimbursing for these services.

Integration of Oral Health and Substance Use Disorder Services

Overwhelming research correlates the impact of drug misuse including opiates on general and periodontal health and supports that dentists should be aware of the effects of drugs when treating patients with substance use disorder.[9] Therefore, Bi-State proposes to the Department to consider using SOR funds on screening SUD patients for oral health issues. As health centers offer substance use disorder treatment services and oral health under the same roof, we suggest creating a pilot program in New Hampshire's health centers to administer preventive and restorative dental care to SUD patients. Bi-State hopes that the state will one day expand the Medicaid dental benefit to include preventive and restorative care for adults. With the foundation of growing evidence-based research and our mission statement, we maintain firmly that "oral health is health."

Peer Recovery Support

Research confirms that peer support facilitates recovery and reduces health care costs.[10] Peer recovery support workers engage in a wide range of activities with patients, including advocacy, linkage to valuable resources, advocacy, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, and goal setting.[11] Goodwin Community Health, a health center serving Strafford County, teamed up with SOS Recovery Services in order to utilize local peer recovery support. This collaboration – where social support exists *outside* MAT – is testament to a forward-thinking approach that meets the demands for success in recovery. Patients receive the social support they need to plot a course to recovery from mental and substance use disorders and prevent relapse.

Bi-State supports the collaboration between community health centers and local recovery support organizations – like Goodwin's partnership with SOS Recovery Services – and integration of peer recovery support in the behavioral health setting. Please consider using SOR funds to foster collaboration among integrated care providers, such as coupling New Hampshire's health centers with their local peer recovery organizations.

In closing, Bi-State appreciates the opportunity to submit comments on this important opportunity, and both our staff and our health centers are happy to provide any further information that would be helpful. Please do not hesitate to contact me at (603) 228-2830, extension 113 or via email at kstoddard@bistatepca.org if you would like to further discuss the comments presented above.

Sincerely,

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[9] Saini, G. K., Gupta, N. D., & Prabhat, K. C. (n.d.). *Drug addiction and periodontal diseases. Journal of Indian Society of Periodontology*, *17*(5), 587. doi:10.4103/0972-124x.119277

[10] Peer Support and Social Inclusion | SAMHSA - Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved from https://www.samhsa.gov/recovery/peer-support-social-inclusion

[11] Substance Abuse and Mental Health Services Administration. (2015). Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf