

Legislative Commission on the Interdisciplinary Primary Care Workforce

January 26, 2023 2:00-4:00pm – NH Hospital Association, 125 Airport Road, Concord 03301 – Conference Room 1

Zoom and Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/89436353323?pwd=MldWSXdVWnlZSkorYWxDZTJZczg5Zz09>

Meeting ID: 894 3635 3323

Passcode: 776054

Agenda

- 2:00 - 2:10 **Attendance & Introductions**
- 2:10 - 2:50 **UNH Institute for Health Policy and Practice Updates-** Katie Lipp, Project Director and Erica Plante, Senior Analyst
- 2:50 – 3:15 **NH Children’s Health Foundation Overview** – Gail Garceau, President and Patti Baum, Program Director
- 3:15 – 3:50 **Leadership Education in Neurodevelopmental and Related Disabilities (LEND)** – Stacy Driscoll, M.Ed. ATP, NH-ME LEND, Training Director and Rachelle Smith, B.S. C-SLPA, NH LEND, Trainee, Graduate Student, UNH
- 3:50 - 4:00 **Legislative & Updates**– Group discussion
- SB 86 – Health Care Workforce Development Act- Mary Bidgood- Wilson & Stephanie Pagliuca
- 4:00 **Adjourn**

Next meeting: Thursday February 23, 2023 2:00-4:00pm

State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: January 26, 2023 TIME: 2:00 – 4:00pm

LOCATION: NH Hospital Association, 125 Airport Rd, Concord, NH 03301 – Conference Room 1 &
Zoom Conferencing

TO: Members of the Commission and Guests

FROM: Amara Hartshorn

MEETING DATE: January 26, 2023

Members of the Commission:

Mary Bidgood-Wilson – Chair
Kristine Fjeld-Sparks, Director, NH AHEC Bi-State Primary Care Association– Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Jeanne Ryer, NH Citizens Health Initiative
Lynn Stanley, NH Mental Health Coalition
Jason Aziz, NH Insurance Department
Pamela DiNapoli, Executive Director, NH Nurses Association
Dianne Castrucci, NH Alcohol & Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Trini Tellez, Healthcare Consultant
Cathleen Morrow, Geisel School of Medicine at Dartmouth
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Tom Manion, CEO, New London Hospital

Guests:

Danielle Hernandez, Program Manager, Rural Health and Primary Care Section
Kris van Bergen-Buteau, NNH AHEC
Paula Smith, SNH, AHEC
Tina Kenyon, NH Dartmouth Family Medicine Residency
Marcy Doyle, UNH, UNH Institute for Health Policy and Practice
Luellyn Valtin, Senior Director, Rural Quality Improvement
Christine Keenan, Portsmouth Regional Hospital
Debra Fournier, NH Hospital
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Katherine Shamel, Bi-State Primary Care
Sergio Zulich, White Mountain Family Medicine Residency
Peter Mason, Headrest
Guy DeFeo, University of NE
William Gunn, Psychologist
Janet Thomas, UNH College of Health and Human Services
Katherine Lipp, Project Director, UNH Institute for Health Policy and Practice
Erica Plante, Senior Analyst, UNH Institute for Health Policy and Practice
Brittany Swanson, Project Director, UNH Institute for Health Policy and Practice
Alisa Druzba, Director of Research and Community Impact, NH Children’s Health Foundation
Gail Garceau, President, NH Children’s Health Foundation

Patti Baum, Program Director, NH Children's Health Foundation
Stacy Driscoll, NH-ME LEND, Training Director
Rachelle Smith, NH LEND, Trainee, Graduate Student
Erica Tenney, Clinical Services Program Administrator, Maternal & Child Health Services
Marcia Gerber
Amara Hartshorn, Program Assistant, Rural Health and Primary Care

Meeting Discussion:

2:00 – 2:10 **Attendance and Introductions**

2:10 – 2:50 **UNH Institute for Health Policy and Practice Updates-** Katie Lipp, Project Director and Erica Plante, Senior Scientific Analyst

Refer to the attached presentation, “Mental Health Care Access in Pediatrics.”

- Report: [New Hampshire Child and Teen Mental Health: An Analysis and Comparison of 2019-2020 Healthcare Claims Data](#)
 - Report highlights differences between patients covered by Medicaid and commercial insurance

2:50 – 3:15 **NH Children's Health Foundation Overview-** Gail Garceau, President; Patti Baum, Program Director; and Alisa Druzba, Director of Research and Community Impact

Refer to the attached presentation, “New Hampshire Children's Health Foundation Overview.”

3:15 – 3:50 **NH- ME Leadership Education in Neurodevelopmental and Related Disabilities (LEND) -** Stacy Driscoll, Training Director and Rachelle Smith, Trainee

Refer to the attached presentation, “NH – ME Leadership Education in Neurodevelopmental Disabilities.”

Refer to attached brochure, “NH-ME LEND.”

3:50 – 4:00 **Legislative & Updates**

Refer to the attached materials, “Letter of Support to Amend the State Office of Rural Health Reporting Requirements” and “State Office of Rural Health RSA Reporting Amendment.”

- Chair, Mary Bidgood-Wilson has approval from all committee members to draft and send a letter of support for Senate Bill 86
 - [SB 86 Health Care Workforce Developmental Act of 2023](#)
 - [Link to register online for SB 86](#)
 - Meeting Resources can be found on the bottom of the [General Court website](#)

- Commission members voted in support to endorse an amendment to the State Office of Rural Health (SORH) legislative reporting requirements to reflect submission of the Health Status of Rural Residents report every 3 years and to separate out the Health Workforce Data Collection report, currently incorporated to be submitted as one report.



January 26th, 2023

Katie Lipp, LICSW, PMP
Project Director
UNH IHPP

Erica Plante, MS
Senior Scientific Analyst
UNH IHPP

Bethany Swanson, LMSW
Project Director
UNH IHPP

Funding and Disclaimer

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The State of Children's Mental Health in the U.S.

Many Children Lack Access to Mental Health Care



Nearly **1 in 5** U.S. children are diagnosed with a mental disorder. **20%** of those with a mental disorder receive care from a specialized care provider for mental health.

Barriers to pediatric mental health specialty care

- Parents may be reluctant to seek professional help
- Cost
- Not enough mental health providers to meet demand
- Lack of access to specialized providers
- Long waiting lists
- Lack of insurance coverage

Pediatric primary care:

9 in 10 children receive regular medical care from a primary care provider, but **1 in 3** pediatricians report that they have sufficient training to diagnose and treat children with mental disorders.



<https://www.cdc.gov/childrensmentalhealth/documents/access-infoaphic.html>

NH Child and Adolescent Psychiatrist Shortage

Practicing Child and Adolescent Psychiatrists

Use the filter menu to the right to interact with this dashboard

State

New Hampshire

* Hover for Data Source

* Hover for Tips & Definitions

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG

Total CAPs

57

Number of Children < 18

259,964

Number of CAPs/100k Children

22

Average CAP Age

51

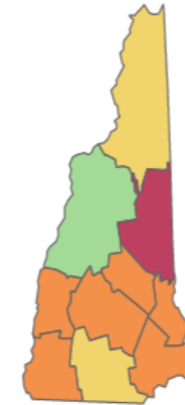
State Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



County Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



New Hampshire's 10-Year Mental Health Plan

According to the NH DHHS latest 10-Year Mental Health Plan (2019), **children are considered a priority population**.⁴

A key goal in this mental health plan is to **“intervene upstream to prevent the emergence of and halt the progression of mental illness”**.⁴

The action specified for this goal is to **“Expand early intervention for mental illnesses”**.⁴

The Need for Behavioral Health Integration

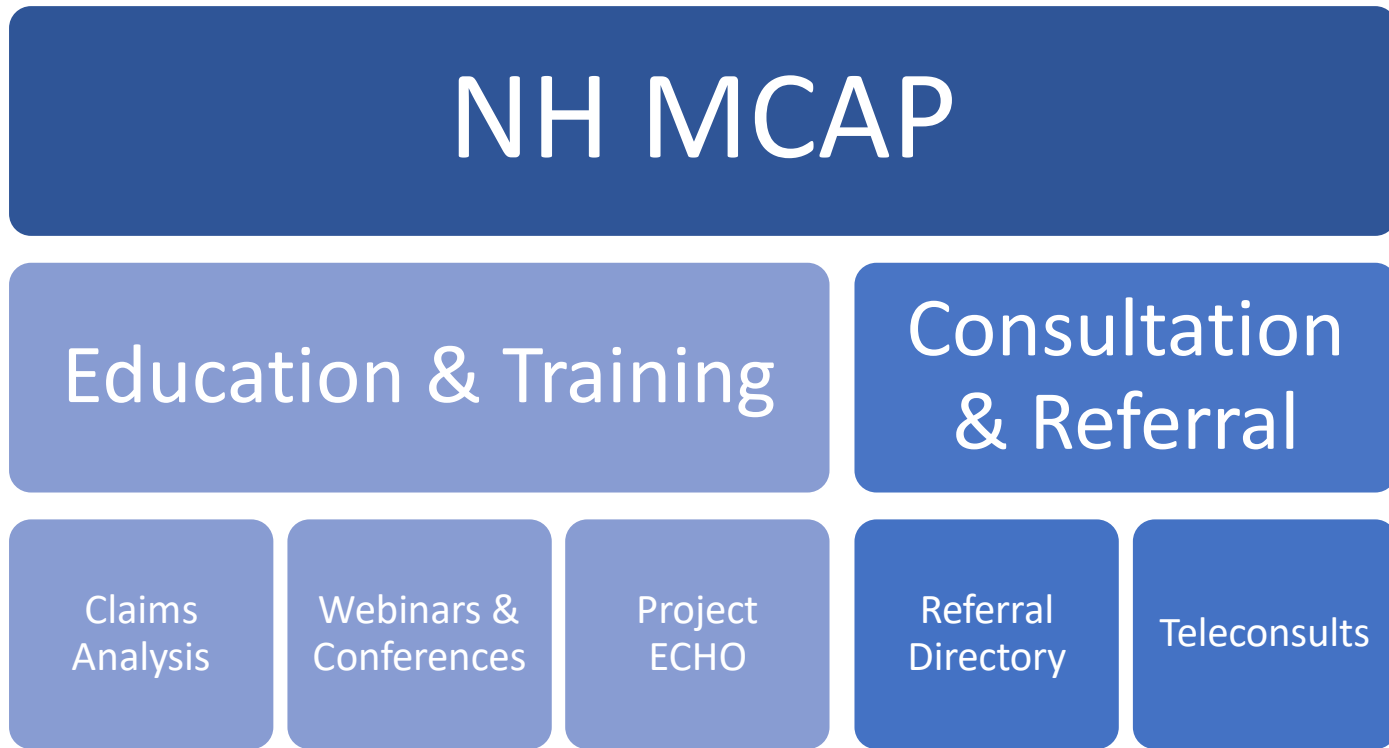
- 2/3 of pediatricians report a lack of training in treatment of children with behavioral health disorders.⁵
- Behavioral health integration (BHI) in primary care lends support to providers in the identification and treatment of children with behavioral health concerns.⁵
- It also promotes early intervention and makes consults and referrals more timely and well-organized.⁵

Promising Approaches to Increase Behavioral Health Integration

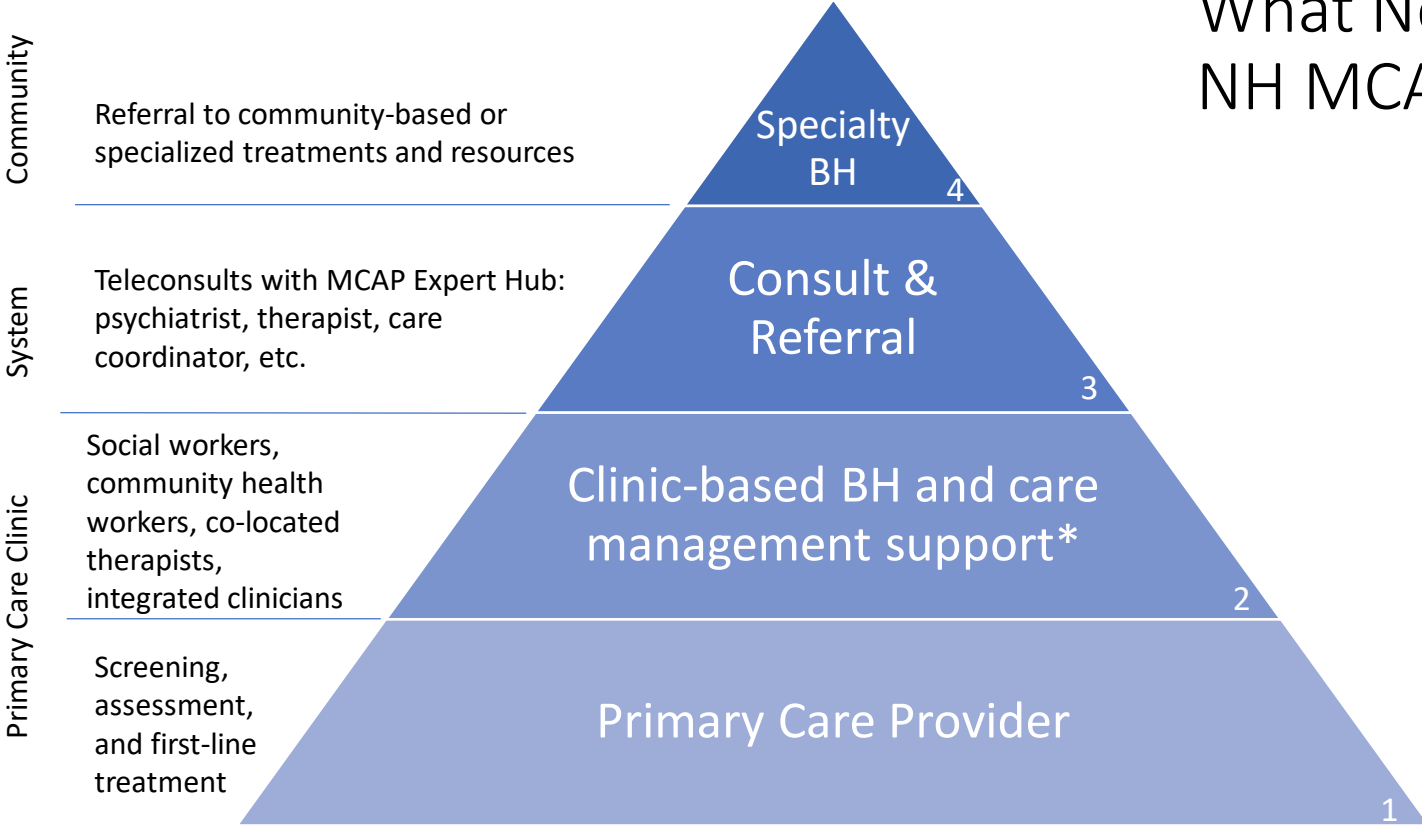
- Hiring mental health professionals to work within the practice.⁶
- Providing care coordination linking primary care with behavioral health and other social services through individualized care plans.⁶
- Utilizing psychiatry consultation services and behavioral health training/educational opportunities.⁶



NH MCAP Approach



What Need Does NH MCAP Meet?



*There is significant variation across health systems with regard to breadth, intensity, and capacity of services

Project ECHO Model

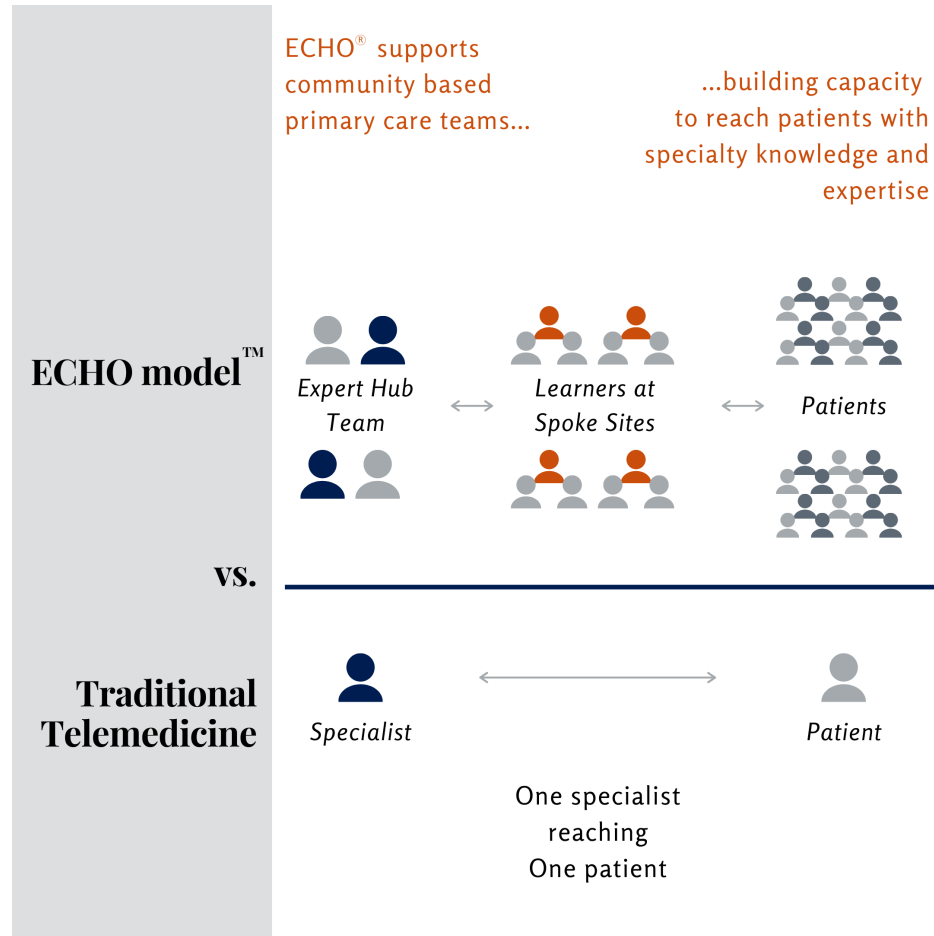
Extension for Community Healthcare Outcomes

Not for profit movement to improve care by gathering a **community of practice*** together for learning and support with the goal of improving decision-making by collaborative problem solving.

*groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly

Project ECHO Model

ECHO model is not
'traditional telemedicine'
Treating Provider retains
responsibility
for managing patient
'All Teach, all learn'



Expert Hub Team

- **Child Psychiatrist**
- **Pharmacologist**
- **Licensed Behavioral Health Clinician**
- **Care Coordinator**
- **Parent with Lived Experience**
- **Pediatric Occupational Therapist**
- **Pediatrician**
- **Family Support & Strengthening Expert**



Anatomy of an ECHO

1. Introductions/Announcements
2. Brief **Didactic** (approx. 10-20 minutes - recorded)
3. **Case Presentation/Situation**
4. Facilitator asks **PARTICIPANTS** for **Clarifying Questions**
5. Facilitator asks **SMEs** for **Clarifying Questions**
6. Facilitator asks **PARTICIPANTS** for **Recommendations**
7. Facilitator asks **SMEs** for **Recommendations**
8. Notetaker summarizes recommendations
9. Closing Announcements

Participant Feedback

This is an example of ECHO's power; it leaves me with hope...I'm hearing ideas that I didn't have before and that's powerful.

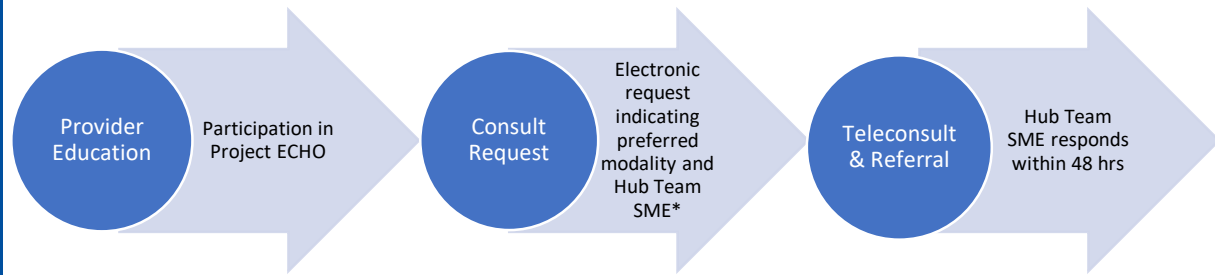
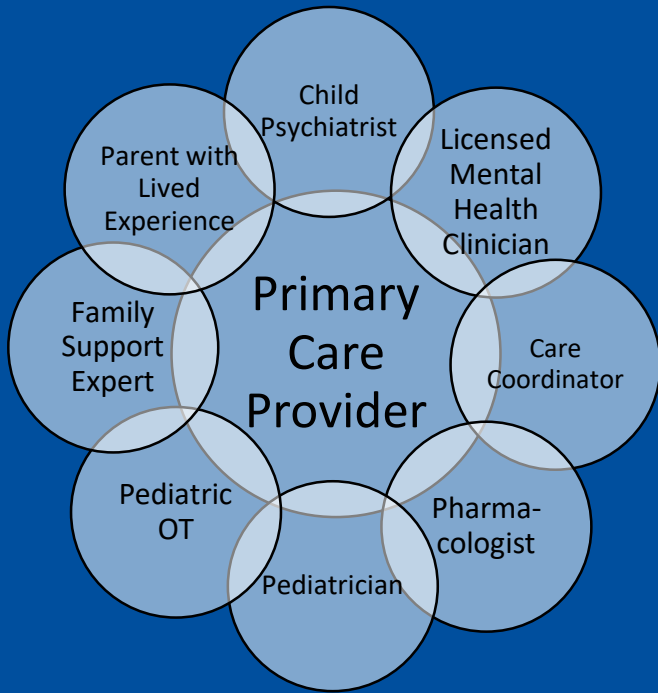
Thank you very much for letting me be part of this. I've just learned so much and it's helped me a lot.

The seed is there but we just grew it as a community.

The arms of ECHO reach out and help the person get the information that is available.



How MCAP Teleconsults Work



**Now recruiting for NH MCAP's
4th Project ECHO Cohort
starting in February!**



WHAT WILL YOU GAIN?

- Skills to address mental health in children under the age of 5
- Engage real time with experts, providers, and practices across NH
- Access to subject matter experts for provider to provider teleconsults:
 - Early Childhood Educator
 - Child Psychiatrist
 - Occupational Therapist
 - Pediatrician
 - Mental Health Clinician
 - Care Coordinator

WHEN:

February 2023 - June 2023
4th Tuesday of the Month
12:00 - 1:30pm

AUDIENCE:

Primary care and integrated behavioral health clinicians who care for young children in New Hampshire.

Join individually or as a practice team!

CLICK HERE TO REGISTER

If you have any questions, please contact Corina Chao at Corina.Chao@unh.edu

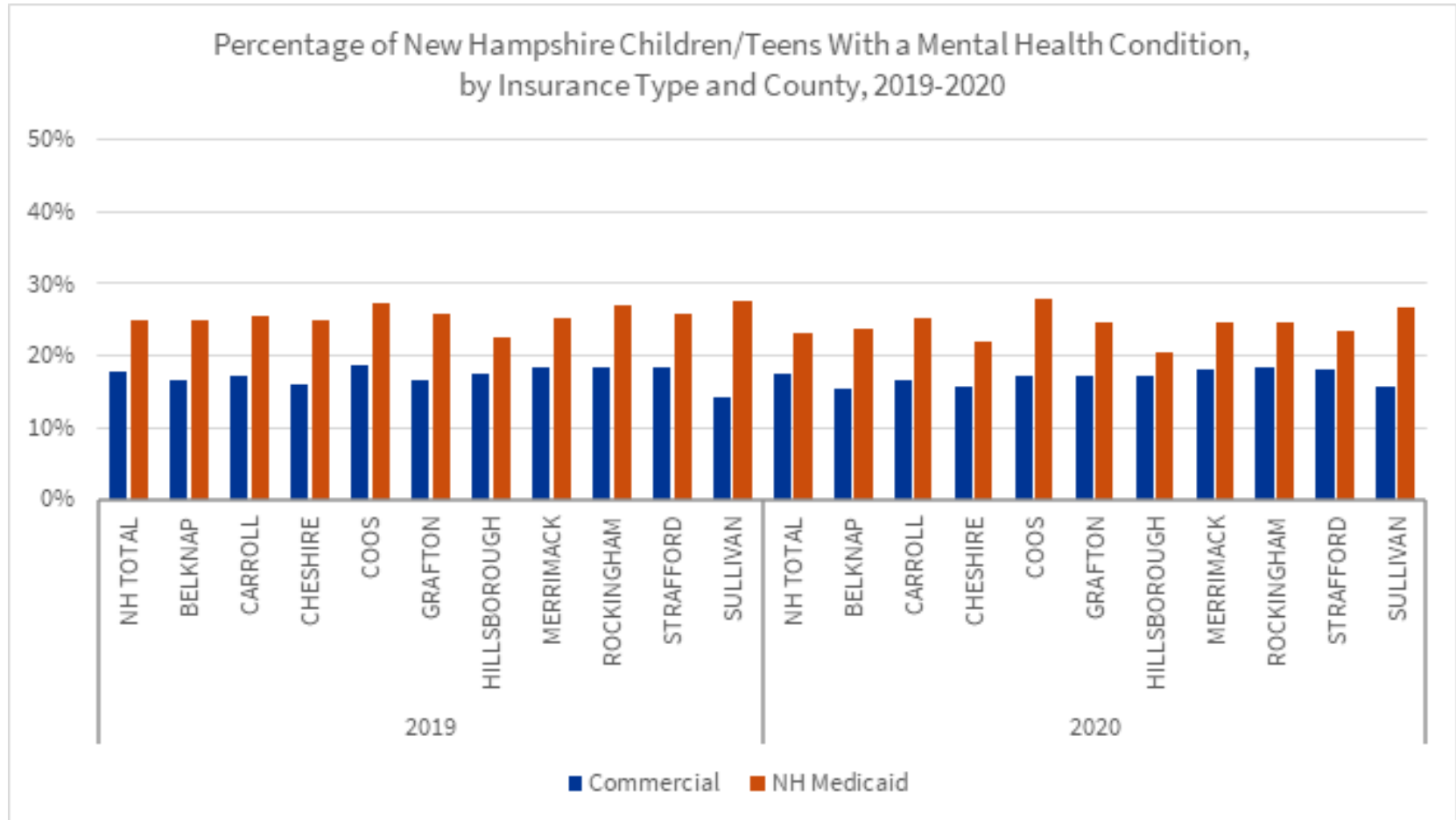


Project ECHO sessions include a brief didactic presentation by a subject matter expert and discussion of participant submitted, de-identified cases.

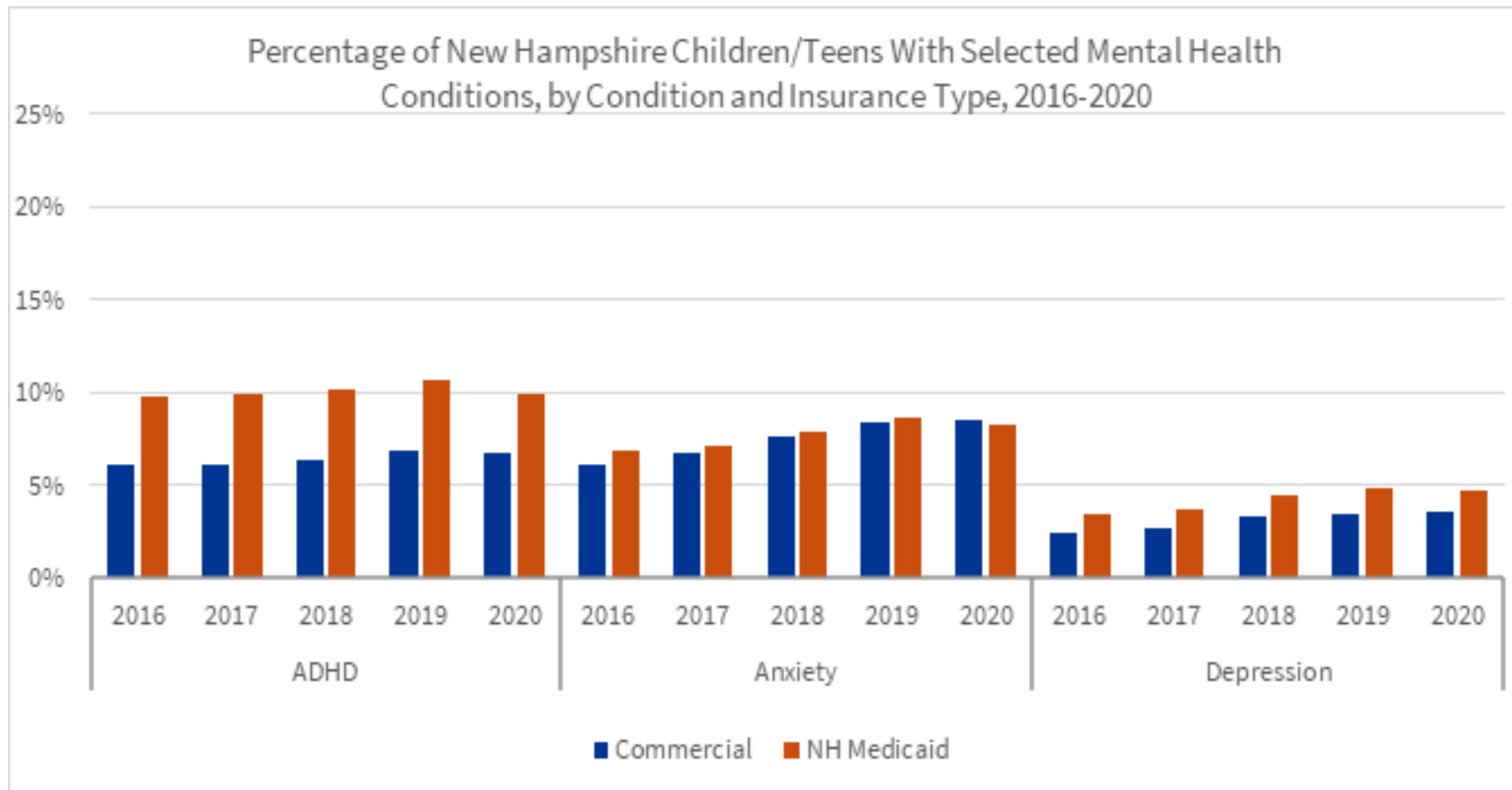
New Hampshire Child and Teen Mental Health: An Analysis and Comparison of 2019-2020 Healthcare Claims Data

DECEMBER 2022

NH Pediatric Mental Health Overview, 2019-2020



NH Pediatric Mental Health Overview, 2016-2020



Providers of Pediatric Mental Health Care, 2019-2020

Commercial

Percentage of Total Visits for **Commercially Insured** NH Children/Teens With At Least 1 Mental Health Condition (Primary Diagnosis) by Medical Provider Taxonomy

Provider Taxonomy and Specialization	2019	2020
Counselor Mental Health	24.4%	25.5%
Social Worker Clinical	17.1%	15.8%
Clinic/Center Mental Health (Including Community Mental Health Center)	6.3%	6.4%
Pediatrics	6.1%	6.2%
Psychologist Clinical	6.3%	5.8%
Psychiatry & Neurology Psychiatry	5.1%	5.0%
Psychologist	3.9%	4.2%
Social Worker	3.8%	3.6%
Psychiatry & Neurology Child & Adolescent Psychiatry	3.4%	3.2%
Marriage & Family Therapist	2.1%	2.8%

NH Medicaid

Percentage of Total Visits for NH Children/Teens Insured by **NH Medicaid** With At Least 1 Mental Health Condition (Primary Diagnosis) by Medical Provider Taxonomy

Provider Taxonomy and Specialization	2019	2020
Clinic/Center Mental Health (Including Community Mental Health Center)	41.1%	46.7%
Clinic/Center Adolescent and Children Mental Health	9.4%	14.4%
Community/Behavioral Health	10.6%	8.3%
Counselor Mental Health	11.9%	8.2%
Foster Care Agency	3.6%	6.1%
Social Worker Clinical	6.8%	5.0%
Pediatrics	2.4%	2.3%
Social Worker	1.1%	1.2%
Psychologist Clinical	1.6%	1.1%
General Acute Care Hospital	1.2%	1.0%

Prescribers of Mental Health Pharmaceutical Classes, 2019-2020

Commercial

	Percentage of Total Fills for the Top Mental Health Pharmaceutical Classes by Prescribing Provider's Taxonomy Among New Hampshire Children/Teens Insured Commercially	
Provider Taxonomy	2019	2020
Psychiatry & Neurology	34.1%	35.1%
Pediatrics	31.5%	30.1%
Nurse Practitioner	20.1%	21.4%
Family Medicine	5.9%	5.6%
Clinical Nurse Specialist	2.4%	1.6%
Physician Assistant	1.7%	1.6%
Other	1.2%	1.4%
Internal Medicine	1.0%	1.3%
Registered Nurse	0.8%	0.5%
Dentist	0.2%	0.0%
Student in an Organized Health Care Education/Training Program	0.0%	0.4%

NH Medicaid

	Percentage of Total Fills for the Top Mental Health Pharmaceutical Classes by Prescribing Provider's Taxonomy Among New Hampshire Children/Teens Insured by NH Medicaid	
Provider Taxonomy	2019	2020
Nurse Practitioner	29.3%	30.5%
Pediatrics	30.8%	29.4%
Psychiatry & Neurology	26.9%	28.0%
Family Medicine	5.6%	5.3%
Physician Assistant	2.2%	2.4%
Clinical Nurse Specialist	2.8%	2.0%
Internal Medicine	1.0%	1.1%
Registered Nurse	0.8%	0.6%
Student in an Organized Health Care Education/Training Program	0.1%	0.3%
Emergency Medicine	0.1%	0.1%



Overview of the Foundation

Presentation to the Interdisciplinary Primary Care Workforce Commission

January 26, 2023



Mission

To improve the health and wellbeing of all New Hampshire children.



NH Children's Health Foundation Endowment

- Established in 1997
- Assets from Blue Cross Blue Shield acquiring Matthew Thornton Health Plan



Evolution of the Foundation's Work

- Beginning years focused on SCHIP
- 2004 “promoting healthy lifestyles”
- 2006 “preventing childhood obesity”
- 2010 “promoting oral health prevention”
- 2015 “reducing food insecurity, and preventing and reducing childhood trauma”
- 2018 directed grantmaking and responsive grantmaking
- 2023 embarking on new work



Roles for Philanthropy



Funder: Individual, Partner and Leverage Builder



Catalyst



Capacity Builder



Advocate



Convenor



Knowledge/Thought Partner



Types of Funding

- **Grant Funding:**
 - Responsive: one, two or three years up to \$30K/year; call for proposals 2x/year
 - Directed: at the discretion of NHCHF; 2/3 of annual grantmaking budget
- Unanticipated Need
- Leverage Opportunities

Annual Expenditure: approx. \$700,000 - \$800,000



Target Populations and Strategy

- ❖ Children 0 – 5, and their caregivers
- ❖ Seek to address root cause (systemic change)

Differs from charity or charitable giving

“What will change as a result of foundation funding?”



Grantmaking Approach

Utilize data, evidence and best practices to:

- 1) inform and advance NHCHF objectives
- 2) advance policy, systems and environment change

Through established and evolving philanthropic practices



Funding Priorities

Responsive

❖ **Promote Oral Health**

- Children up to age five and pregnant women

❖ **Healthy Eating/Active Living**

- Reduce Food Insecurity
- Improve Access to Community Level Physical Activity

❖ **Access to and Enrollment in Health and Dental Insurance Coverage**

- Children and caregivers



Success Stories- Responsive

Reduce Food Insecurity

- ❖ **Implement a SNAP Incentive pilot** in NH (*capacity*; environment change)
- ❖ **Advocate for SNAP Incentive state funding line item** (*advocacy*; policy, system change)

Health and Dental Insurance Coverage

- ❖ **Advocate to implement and sustain Medicaid Expansion** (*convening, advocacy, knowledge*; policy)



Funding Priorities

Directed

❖ **Prevent and Reduce Childhood Trauma**

“Families, service providers, and community leaders working together to address the impact of ACEs and reduce the conditions that lead to trauma and toxic stress”



Success Stories - Directed

Prevent and Reduce Childhood Trauma

- ❖ **Establish screening and referral practice for Adverse Childhood Experiences** in pediatric primary care (*capacity building; system*)

- ❖ **Build statewide capacity for evidence-based Child Parent Psychotherapy** (*capacity building; system and environment*)



Getting to Policy Change

- ❖ **Research/Knowledge/Thought Partner, Catalyst: *Assessment of New Hampshire's Early Childhood and Family Mental Health Workforce, 2020***

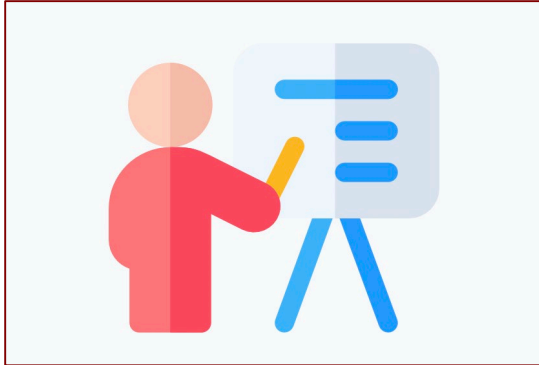
NHCHF \$20,000 and Endowment for Health \$20,000

- ❖ **Advocacy: SB 444: To establish a pilot program for children who have experienced adverse childhood events (passed 2022)**
Bill informed by findings from the 2020 Assessment

FY 2023 NH DHHS Appropriation: \$2.75M

Major Goals

NHCHF will pursue the following major goals over the next five years:



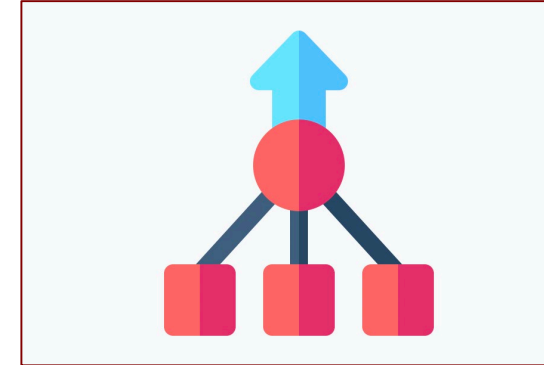
Educate

Increase stakeholder knowledge of the determinants and state of children's health across New Hampshire



Invest

Drive investment in organizations and initiatives that improve children's health and health equity



Strengthen

Build the organizational capacity and effectiveness required to achieve our mission

Apply an equity lens to all aspects of our work



CONTACTS

GAIL GARCEAU, PRESIDENT

GG@NHCHILDRENSHEALTHFOUNDATION.ORG

PATTI BAUM, PROGRAM DIRECTOR

PB@NHCHILDRENSHEALTHFOUNDATION.ORG

ALISA DRUZBA, DIRECTOR OF RESEARCH AND COMMUNITY IMPACT

AD@NHCHILDRENSHEALTHFOUNDATION.ORG



NH-ME LEND

Leadership Education in Neurodevelopmental Disabilities



Stacy Driscoll, M.Ed, ATP
Training Director

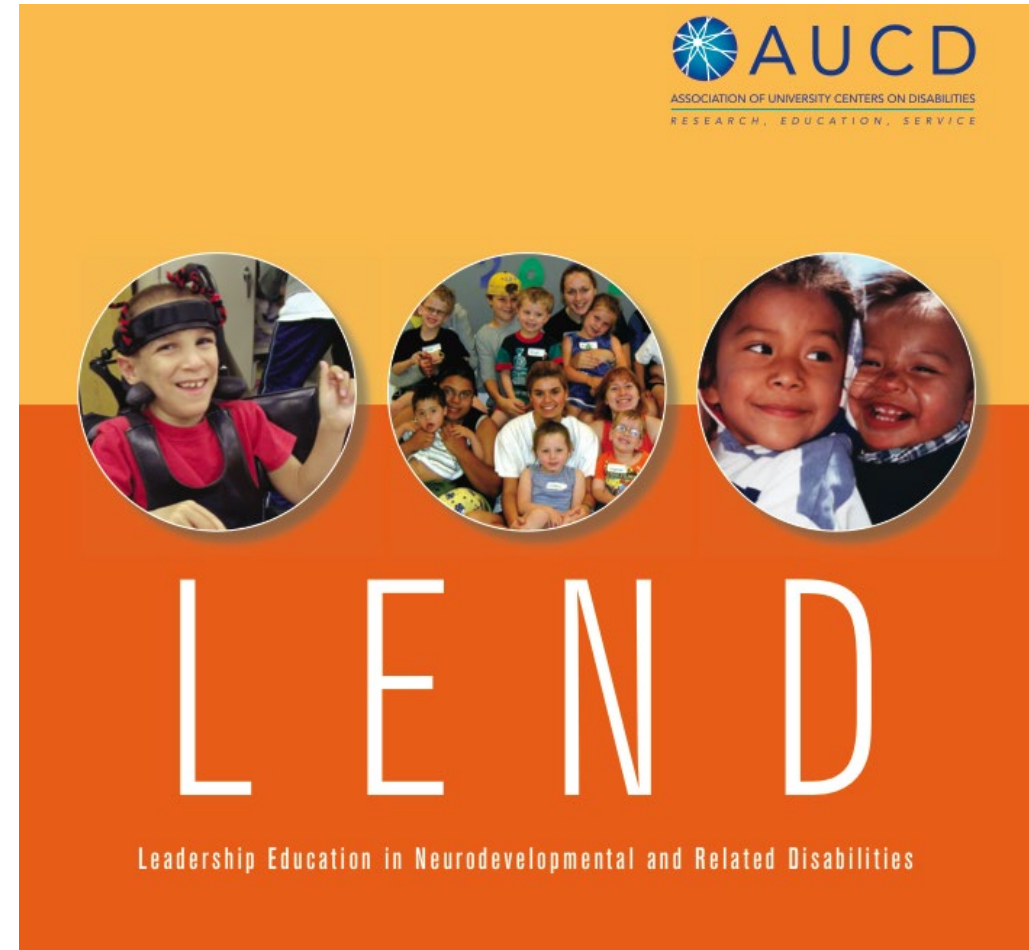


Rachelle Smith, BS,
SLP Student/LEND
trainee



NH-ME LEND is supported by a grant (#T73MC33246) from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services and administered by the Association of University Centers on Disabilities

LEND Funding



60 LEND Programs in the states and territories



Mission of LEND

To improve the system of care for children with neurodevelopmental disabilities and their families through ***high quality interdisciplinary leadership training.***



LEND Organization



University of New Hampshire
Institute on Disability / UCED



THE UNIVERSITY OF
MAINE

**Center for Community Inclusion
and Disability Studies**

University Center for Excellence in Developmental Disabilities



Dartmouth
GEISEL SCHOOL OF
MEDICINE

University of New Hampshire

- College of Health and Human Services (CHHS)
 - Institute on Disability
 - NH-ME LEND
- Departments within CHHS
 - Communication Sciences & Disorders
 - Health Management & Policy
 - Occupational Therapy
 - Social Work



NH-ME LEND over 30 years at UNH, 12 years at UMaine

- Opportunity to network nationally;
- Offers a unique leadership training opportunity not available anywhere else in NH or Maine;
- Nearly 400 professionals from the NH-ME LEND Program have joined the workforce in national leadership roles, higher education settings, public health and state leadership, and organizational leadership.



Where do LEND Trainees work?

- Community-based Organizations;
- Family Support Organizations;
- Hospitals;
- NH State Legislature; Legislative positions
- Education and Early Intervention Settings;
- Higher Education (PhD programs, faculty);
- Rehabilitation Hospitals;
- Federal positions.



FY 2022: Leadership

FY 2022: Leadership

Percent of long-term trainee graduates that demonstrate leadership in:

	2 YEAR	5 YEAR	10 YEAR	
Academics	52%	23%	56%	
Clinical	43%	55%	22%	
Public health practice	10%	9%	22%	
Public policy & advocacy	29%	27%	11%	
At least one of the above areas	81%	77%	78%	
Number of long-term graduates responding in this survey	21	22	9	
Number of long-term graduates lost to follow up	1	1	6	
Total number of long-term graduates	22	23	15	

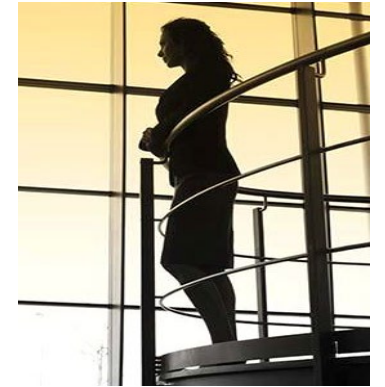


Our Training Program



LEND Program Goals For Trainees:

- Advance the **knowledge and skills** on the complex needs of those with neurodevelopmental disabilities, including ASD
- Provide **interdisciplinary** education that emphasize **integration** of services
- Promote **innovative practices** to enhance cultural competency, family-centered care, and community partnerships
- Increase the **number of providers** available to diagnose, rule out, and provide evidence-based interventions
- Enhance clinical expertise and leadership skills to **improve the system of care**



LEND Cohort

- 18 trainees – 13 NH and 5 ME
 - 60% graduate students
 - 20% professionals
 - 20% advocates / family members
- Faculty from Dartmouth, UNH and UMaine
- 13 disciplines



NH-ME LEND Program: 3 Cores

300+ Training Hours (hybrid model)

CORE I:

LEND Seminar
(~100 hours-virtual)

CORE II:

*Interdisciplinary
Leadership Intensive*
(~100 hours virtual and
in-person)

CORE III:

*Clinical Training and
Preparation*
(100 hours- in-person)



CORE I: LEND Seminar

Module 1: Leadership Theory & Practice

Module 2: Life Course Perspectives, Family-Centered Practice, and Health Disparities

Module 3: Overview of NDD

Module 4: Maternal & Child Health, Title V, & Public Health Systems & Policy

Module 5: Integration of Systems

Module 6: Life After LEND



CORE II: Leadership

70-hour leadership placement in a university or community-based project

- Bureau of Family Centered Services
- Community Crossroads
- Disability Rights Canter
- IOD: Children's System of Care Resource Center
- IOD: UNH4U
- NH Council on Developmental Disabilities
- NH DHHS Home Visiting
- NH Family Voices
- IOD: RAISE
- Economic and Health Disparities
- IOD: NERGEN
- Amoskeag Health
- IOD: Disability Health Program



CORE III: Clinical Training and Preparation

2-3 rotations in a variety of clinical settings

Examples include:

- Amoskeag Health
- Coastal Nutrition
- Children's Hospital at Dartmouth
 - Genetics
 - Child Psychiatry
 - Center for Start Services
- Title V Clinics for Children with Special Health Care Needs (NH DHHS)
- Center for START Services
- York Hospital Pediatric Physical Therapy



Mentorship

- All trainees are assigned a Faculty Mentor for their LEND year.
- Trainees meet with Faculty Mentors 1-2 times per month to explore topics of interest related to their leadership skill development.
- Trainee Faculty Mentors are typically from their 'home' discipline, but this can vary depending on a trainee's interest.



Quotes from Past Trainees

“By being able to pull in the knowledge I gained from my training I have been able to help develop an Autism Spectrum Disorder multidisciplinary team within my school district. Home school coordination and collaboration has been a key component of the team.”

“I began this job with knowledge of agencies, interdisciplinary teams, other professional and specific information on disabilities and experiences of families that I would not have gotten if not for the LEND training.”

“I am very fortunate to be able to work full time as a policy analyst specializing in healthcare reform and disability issues. LEND was helpful in developing my appreciation for applied research as an important tool for advocacy and systems change.”



A Trainee Perspective



Why LEND?

- Develop leadership skills
- Engage in interdisciplinary teamwork
- Increase knowledge around policy and legislation
- Learn how to be an advocated for children and their families



My LEND Experiences

- Leadership training with Community Crossroads/Policy Partners in Atkinson, NH
- State House tour/meeting State Senators
- Clinical placement at Dartmouth hospital in Lebanon, NH with a Developmental-Behavioral Pediatric Specialist
- Clinical placement at MHT Dartmouth-Hitchcock with a Complex Care Provider





Thank you



Stacy Driscoll

Stacy.Driscoll@unh.edu

103 Pettee Hall-UNH

603-862-4839

<https://iod.unh.edu/nh-me-lend>



CONTACT US

For more information and an application, contact the appropriate program office:

Institute on Disability/UCED
University of New Hampshire
55 College Road, 103 Pettee Hall
Durham, NH 03824
Website: iod.unh.edu/nh-me-lend
Phone: 603.862.0561 | Fax: 603.862.0034
E-mail: mch.lend@unh.edu
Facebook: facebook.com/NHMELEND/
Twitter: [@nhme_lend](https://twitter.com/nhme_lend)

Center for Community Inclusion
& Disability Studies
University of Maine
5717 Corbett Hall | Orono, ME 04469
Phone: 207.581.1381
E-mail: ccidsmail@maine.edu
Website: ccids.umaine.edu
This document is available in alternative formats upon request

iod.unh.edu/nh-me-lend

The NH-ME LEND Program is supported by a grant (#T73MC33246) from the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services and administered by the Association of University Centers on Disabilities (AUCD).



New Hampshire-Maine Leadership Education in Neurodevelopmental and Related Disabilities

iod.unh.edu/nh-me-lend

MISSION

The purpose of the LEND program is to train leaders in maternal and child health and neurodevelopmental disabilities (NDD).

OBJECTIVES

- Prepares trainees from a wide variety of disciplines to assume leadership roles in the field of NDD;
- Ensures that trainees demonstrate high levels of interdisciplinary clinical and leadership competence;
- Prepares trainees to address health disparities;
- Promotes practices that assure a culturally and linguistically diverse workforce.





THE NH-ME LEND PROGRAM

The NH-ME LEND Program provides interdisciplinary leadership training for students, family members, self-advocates, and professionals from diverse disciplines. Participation requires a minimum commitment of 300 hours over 9 months. The curriculum follows the academic calendar and activities include:

- Two semesters of coursework;
- Nine leadership skill workshops;
- Clinical placements in a variety of settings.

Trainees work directly with NH-ME LEND faculty members, families, community partners, and legislators in New Hampshire, Maine, and nationally. The curriculum and activities are designed to support trainees in professional leadership roles. For more information or an application please visit our website at iod.unh.edu/nh-me-lead.

LEADERSHIP IN ACTION

Graduates create positive change in their communities by holding positions:

- At local, state, and national levels;
- In early intervention programs, school districts, hospitals, and developmental disability service agencies;
- In the the LEND and AUCD networks as faculty, training directors, and program collaborators;
- Through doctoral-level studies, teaching, and research;
- Through advocacy for systems change and public policy.

“ The partnership with LEND has allowed us to create tools for people and families of people with disabilities to better understand the service system, something that we otherwise wouldn’t have had the resources or time to do. ”

–2020 LEND Partner

NATIONAL NETWORK

LEND programs operate as part of University Centers for Excellence in Developmental Disabilities and collaborate with community organizations and health care centers. These collaborations afford trainees access to exceptional interdisciplinary training from expert faculty in diverse facilities.

The national LEND network includes 60 programs throughout the US and Territories. LEND Programs work together to address issues of national and regional importance to children with special health care needs and their families.

“ The LEND experience was an amazing growth opportunity for me to gain leadership skills, confidence, and make lasting connections. I would strongly recommend any person who is looking at improving their leadership skills to become a LEND trainee. ”

– 2021 LEND Trainee



Mary Bidgood-Wilson
Chair

**NEW HAMPSHIRE COMMISSION ON THE INTERDISCIPLINARY
PRIMARY CARE WORKFORCE**

Concord, NH 03301

<https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/legislative-commission-interdisciplinary-primary-care-workforce>

January 24, 2023

MEMORANDUM FOR: Commission on the Interdisciplinary Primary Care Workforce Members

FROM: Mary Bidgood-Wilson, Chair

SUBJECT: Support to amend the State Office of Rural Health reporting requirements

Dear Commission Members,

RSA 126-A:5, XVIII, Chapter 254 Laws of 2019, authorized the New Hampshire State Office of Rural Health (SORH) to receive and collect health provider data; and required annual reporting of these efforts to be incorporated into an existing SORH report that has a separate and distinct purpose. The Division of Public Health Services (DPHS), under which the SORH sits, is requesting the SORH reporting requirements be separated to reflect two reports with different submission frequencies.

The State Office of Rural Health in 2008 (XVIII. (c), Chapter 367 Laws of 2008) reporting requirements reads as follows:

(c) The commissioner shall submit an annual report beginning on November 1, 2009 to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate committees having jurisdiction over health and human services, and the commission on primary care workforce issues established under RSA 126-T:1, on the health status of rural residents incorporating current data from the bureau of health statistics and data management and the SORH.

Authorization for the SORH to collect provider data (XVIII-a.) in 2019 required the SORH to submit an annual report with the following considerations:

The report shall include, but not be limited to, aggregate data and information on current and projected primary workforce needs and the participation rate on surveys completed pursuant to this paragraph. This report shall be incorporated into the report required pursuant to RSA 126-A:5, XVIII(c).

Separately, these reporting obligations require a significant amount of time and staff resources to manage. Together, this two-part report, with completely disparate information and objectives, takes the better part

of half the year to accomplish. The initial report aims to inform the legislature and our Commission of significant differences in selected primary care health indicators by geographic location (rural v. non-rural). The workforce data report, incorporated into this report, is to speak to the current and anticipated primary care workforce needs, provider survey implementation, response rate, and compliance. The only similarity these two reports share is their joint aim to inform policy makers of the potential health care needs of New Hampshire residents; though the latter report (workforce data collection) indirectly informs this goal, by addressing health workforce supply and capacity estimated from the office's data collection efforts.

DPHS is requesting the two reporting requirements – the health status of rural residents and workforce data collection – be two separate reports with different submission requirements. The report on workforce data collection will continue to be submitted annually; but they wish for the health status of rural residents report to be amended to every three (3) years, beginning on December 1, 2025. Changes to the health status of rural residents is incremental and need not be reported on annually. Since reporting began, any changes in health statistics have been a result of changing survey tools or analysis methodology, not significant changes to health status. Furthermore, a number of the health measures reported on are not collected annually or are not analyzed by the respective office annually, resulting in unchanged or excluded indicators.

With consideration to staff resources in multiple offices; purpose and intent of the two reports; and consistent measures and current estimates, I am asking that our Commission endorses the aforementioned amendment to the current SORH reporting requirements.

Thank you,

Mary Bidgood-Wilson, Chair, Legislative Commission on the Interdisciplinary Primary Care Workforce

Amend RSA 126-A:5, XVIII (c) as follows:

(c) The commissioner shall submit an annual report beginning on November 1, ~~2009-2025 and annually~~ ***on every third year thereafter*** to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate committees having jurisdiction over health and human services, and the commission on primary care workforce issues established under RSA 126-T:1, on the health status of rural residents incorporating current data from the bureau of health statistics and data management and the SORH.

Amend RSA 126-A:5, XVIII-a (e) as follows:

(e) On or before December 1, 2019, and annually thereafter, the SORH shall make a written report to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate policy committee having jurisdiction over health and human services, and the commission on interdisciplinary primary care workforce established by RSA 126-T:1. The report shall include, but not be limited to, aggregate data and information on current and projected primary workforce needs and the participation rate on surveys completed pursuant to this paragraph. ~~This report shall be incorporated into the report required pursuant to RSA 126-A:5, XVIII(c)."~~