

**Conference Call Convened at 9:00 a.m. Eastern Daylight Time**

✓ **Present**

|                  |                      |                  |
|------------------|----------------------|------------------|
| Jonathan Ballard | ✓ Katja Fox          | ✓ Seddon Savage  |
| ✓ Polly Champion | ✓ Lucy Hodder        | ✓ Carole Totzkay |
| ✓ Carl Cooley    | ✓ Ken Norton         | ✓ Joan Widmer    |
| ✓ James Culhane  | ✓ Deborah Pendergast |                  |

Totzkay

- Dr. Ballard had a scheduling conflict and unable to join the meeting.
- Review of minutes from meeting on May 22, 2020. Widmer mentioned update for minutes r/t study reference on page 2 (highlighted in draft). No further discussion.
- Widmer moved to accept minutes as drafted with amendment related to study reference, seconded by Norton. Passed unanimously with abstentions by Champion and Savage, who had not attended the meeting.

**Summary of State Disaster Medical Advisory Committee (SDMAC) Meeting**

Norton:

- Provided overview of our work to the SDMAC committee.
- Some process comments about our role relative to the SDMAC.
- Pendergast echoed Norton's comments.
- Next SDMAC meeting on June 26, 2020.

Pendergast:

- Plan of safe care is general guidance. Are we responsible for providing some data on the population's mental health?

Totzkay:

- Yes. We need to make evidence-based recommendation, so any data we can gather to support these recommendations would be useful.

Savage:

- Do you want data now, or at another time during the meeting?

Totzkay:

- After the STC update.

## Summary of State Triage Committee (STC) Meeting

### Totzkay:

- STC meeting last week, there was a push to gather remaining information. Meeting went over gaps they had been gathering: social economic issues and life-stages inclusion/exclusion, do not want any exclusion criteria.
- Went over some guidelines relative to mal-practice (RSA's provided).
- Discussed different plans across New England, especially MA plan triage system.
- The state is here to help move process along, helping to ensure not too much disparity across health systems.
- Look at MN plan relative to engaging the public in the process. Justin Romanello recommended more robust communications and continued use of Javari.
- Carl Cooley appreciated work but had concerns about implementation regarding individuals with disabilities, state has obligation to share this information with interest groups impacted by the CSC plan.

### Totzkay:

- What are formal recommendations do we want to provide the SDMAC?
- Is there anything in the CSC Plan we want to update/amend?
- What datasets/recommendations do we want to include?

### Norton:

- TEMSIS data relative to what is happening in the field per EMS calls.
- Also calls to 2-1-1 and mental health hotlines (National Suicide hotline, Doorways access, etc.).
- Admissions related to suicide, suicidal ideations.

### Fox:

- DHHS has been monitoring this information. Also looking at telehealth usage for access to mental health services, its effectiveness and utilization rates.
- She has a data report that can be shared after this call.
- No qualitative or quantitative data from individuals served; all data from providers.

### Savage:

- DHMC completed a survey of diverse stakeholders around SUD.
- This report is available and has qualitative data.
- NH drug monitoring initiative, EMS visits, OD deaths, etc., and looking to integrate this data. Complementary with qualitative data.

Campion:

- Is there any data on services sought but not able to be filled and/or delayed services (as measured by wait times)?

Savage:

- There is descriptive information in the Dartmouth Survey.

Norton:

- We want to identify data sets that can be used in any crisis not just this one.
  - Is there any data that doesn't currently exist but which would be important in a crisis?
  - Are there data sets relative to impact on children, impact on frontline healthcare workers, on first responders, on minorities, etc.
  - In a crisis, how can we obtain this data?

Totzkay:

- Governor's Equity Task Force, 30 days to prepare a report.
- Dr. Trini Tellez, Chair of the Equity Task Force has copy of the *NH CSC Plan* to take into consideration.

Totzkay:

- The CDC may gather some of the data that Norton mentioned. More information likely to come from this arena.

Savage:

- Experiences from the past would not complicate the situation.

Totzkay:

- Our charge relates to COVID, but we should be aware of confounding situations and information. Firm believer in more data.

Hodder:

- Medicaid claims data is another source of information.
- CSC asks: what are the real impacts of the crisis which need to be focused on to ensure the burden of addressing these impacts are not the sole burden of the hospitals? Plus, the impact of the crisis of COVID on health care providers.
- Our charge is to make sure plans and education programs are in place for the public so they do not reach crisis points relative to mental health issues. Do we ask the Governor to create a post-crisis triage commission?

Fox:

- We want to capture in the language to update the current document.
- Focused data collection on mental health issues: # calls to crisis line, # accessing mental health services, before, during, after crisis. Having an ongoing group to focus on this could be useful, perhaps reconvening the Governor's ED boarding group.

Savage:

- Usually a lag period of 2-3 months for mental health issues to manifest. So this needs to be monitored and tracked post crisis. Norton concurred.

Campion:

- All data elements gather need to be sorted by demographics, race, age, etc.
- What can we do now to prepare for this anticipated wave of mental health crisis?

Totzkay:

- When should we anticipate this rise in mental health & SUD needs for this particular crisis? Do we have a starting point date?

Savage:

- March.

Fox:

- Difficult to say at this point in time, we don't know when this crisis will end.
- Also 2-3 months is too short, we need a year for planning purposes.

Hodder:

- Are we keeping a list on the types of data we should be collecting?

Totzkay:

- Yes. Capturing it in the notes as well as looking at data from other sources.

Totzkay:

- Asked for clarity on item mentioned earlier.

Hodder:

- The uncertainty is creating the stress.
- The Governor's Workgroup on Emergency and Mental Health convened April 2017 still exists but in hiatus at this time. It can be reconvened to focus on these issues. It looked at ED boarding and wait lists.
- Katja's suggestion: talk to commissioner and reconvene the group.

Totzkay:

- Is there a report that summarizes where we were pre-COVID?

Hodder:

- Yes, there is some data and summaries of concerns related to ED boarding.
- Can reconvene with an agenda around the impact of the COVID crisis on mental health.
  - How can we prevent another ED Boarding mental health crisis?

Norton:

- NAMI has been tracking data since 2015 and can provide this.
- Agrees we need to make sure mental health needs do not flood our hospital system and that we need to monitor people seeking services and how successful they are in accessing these services.
- Agrees there is often a lag time in mental health needs, but not always.
- Also, need to look at impact in workforce, such as absenteeism.
  - Can this be used as a leading indicator?

Hodder:

- Great point. Employers coming back will see EAPs as robustly active, Doorways program and State EAP will also be active.
  - Can these be good data points?

Totzkay:

- Is there an association of employee assistance programs? Norton doesn't know of one, but did find one when he looked.

Hodder:

- The state supports EAPs, and might have this information.

Totzkay:

- Will look into this.

Savage:

- Occupational medicine associations are monitoring mental health services, recommended Bob McLellan, DHMC would be a good resource.
- Project Echo doing a return to work program, discussing issues, has broached on mental health issues.

Norton:

- The DHHS Bureau of Mental Health Services has been underfunded since 2008.
- DHHS is responsible for the most vulnerable folks in the state.
  - How do we monitor their capacity in a crisis?

Fox:

- With recent applications for SAMHSA grant funds, we were able to expand resources into the near future for emergency response. Each mental health center will get an extra staff person for 16 months. The NH Rapid Response Program.

Cooley:

- Some individuals with disabilities need daily access to direct care professionals.
- It would be useful to have NH specific data regarding access to personal care and other daily services and if it is being disrupted during the crisis.
  - Would it be useful to survey area agencies? (Katja to contact Deb Scheetz, DHHS)

Fox:

- All resources that have flooded the state have been helpful and beneficial.
- LTC stabilization program has made a huge difference, allow them to maintain a basic level of services that are needed. This should be part of after actions reporting.

Totzkay:

- We need local data and how it affects the state, the region, providers and the population.
  - Need to know demographic data: gender, race, age, disabilities, town/county, and living situation/household status.
  - The Governor's COVID-19 Equity Response Team may have additional data too.
  - ED Boarding report
  - Fox's report has data on outpatient service, emergency services, mobile crisis use, number of services provided.
  - TEMSIS data: Pendergast can look into this. TEMSIS has limited demographic data available only gender, age, and county. March 1 for starting the clock?  
Norton suggested January 1 since we saw a significant increase in anxiety calls.

Savage:

- Dealing with several crises which will be impactful on overall mental health situation; might want to "pencil in" different major stressors.

Hodder:

- Look at hospital census over time. A lot of other acute health issues that have been exacerbated by delays.

Fox:

- The first report she spoke of earlier in the meeting is compared to last year at the same time.

Totzkay:

- Propose to start clock on January 1, 2020.
- Will try to create a graphical framework for the data collection needs and share in a draft format with team.
- We should plan on another meeting in 2 weeks.
- Is there anything we want to push to the STC committee from this group?

Hodder:

- Are they hearing of issues in hospital ED's related to mental health issues?
  - Triage patterns changed?
  - Treatment recommendations changed due to COVID-19?

Norton:

- Have staffing patterns impacted their ability to respond to mental health issues?

Fox:

- All hospitals provide services for mental health and SUD, there is a tie-in here, so this is a good point. Also, many hospitals provide MAT services.

Totzkay:

- Is there a reporting obligation related to hospital involvement in the Doorways program?

Fox:

- In her data set, saw a spike in March, and then dropped back to more normal levels in April.
- Some Doorways' services are not associated with hospital's emergency department.

Polly:

- It would be helpful to have some linear graphics to share in this information to make it easier to understand.

Fox:

- Will try to do this, but the individual that did this work has left the position; they are looking for a replacement.

Savage:

- Should we have someone from the NHHA? Recommended Peter Ames.

Totzkay:

- Please send the names and contact information via email.

Widmer:

- Agreed recommended Ann Diefendorf as possible contributor.

Totzkay:

- What datasets do we want to include relative to children and mental health?

Fox:

- Her report does into include data on children.

Campion:

- Should we include reports of child abuse and neglect? [All: Yes]

Hodder:

- It is contemplated in the CSC.

Fox:

- Compare last year to this year. Increased reporting.

Savage:

- Recent media reports showing increase purchases of alcohol. This relates to increasing anxiety.
  - Can this relate to increases in child abuse/neglect?
- We need to make sure this increase in use is recognized, for instance increase in trauma over the Memorial Day weekend. Was this related to alcohol use?
- Want to make sure data is not missed do to admitting complaint.

Totzkay:

- Just received an email. Dr. Ballard has announced the STC draft CSC clinical guidelines document is now posted to the DHHS COVID CSC website.

Totzkay:

- Does UNH collected any data points that we have discussed? Hodder: no, only some claims data.

Savage:

- The NHHA collects discharge data. However, it may not include code for alcohol and SUD.

Hodder:

- Need to be careful on our data requests so the burden doesn't become unmanageable. Need the feedback from the STC on this.

Campion:

- If we are thinking big, is housing and food insecurity data something we should be collecting during a crisis?

Hodder:

- Good idea: put it on the think big list of what data is collected during a crisis.

Fox:

- DHHS has a whole bunch of data points: applications for SNAP, Medicaid, child abuse, elder abuse, etc.

Hodder:

- Looking at lots of data collection but how are we going to analyze, use and feed this data for form policy and influence decision makers? Good questions for crisis understanding.

Campion:

- If we are thinking big, is housing and food insecurity data something we should be collecting during a crisis?

Hodder:

- In today's *Concord Monitor* is an article on data from Save the Children's recently released report: "*The Land of Inopportunity: Closing the Childhood Equity Gap for America's Kids*"

Norton:

- Might also want to look at calls into primary care providers.

Culhane:

- Primary focus on data collection points is good.

Pendergast:

- Opioid crisis data still be collected in TEMSIS system, can compare current information to prior period.

**No public comments.**

Norton: Should we consider the need to make any changes to the NH CSC Plan's section on Mental and Behavioral Health?

Totzkay:

- We should take a look at this at our next meeting, as well as the framework for data analysis during a crisis. She will provide a draft agenda for the next meeting.

A motion to adjourn was stated by Hodder and seconded by Savage. [All in favor. Motion carried.]

**Call ended at 10:40 a.m.**

**Resources:**

- Concord Monitor. Wednesday, June 3, 2020. Local and State Section. *The Childhood Divide*. Page A6. [www.concordmonitor.com](http://www.concordmonitor.com)
- Centers for Disease Control and Prevention. *Impact of the COVID-19 Pandemic on Emergency Department Visits – United States, January 1, 2019-May 30, 2020*. MMWR Early Release/Vol.69.