



# PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

Task Force Chair: Monica Edgar

February 21, 2018 – 2:30PM - 4:30PM

## Minutes

### Attendees:

*In-Person:* Monica Edgar, Whitney Parsons, Allison Wyman, Daisy Goodman, David Laflamme, Maggie Minnock, Ann Collins, April Fitzsimmons, Lauren Hunter, Lucy Hodder, Deborah Schachter, Courtney Gray Tanner, Becky Ewing, Tricia Tilley, Peg Clifford, Adelaide Murray, Rekha Sreedhara

*By Phone:* Gary Kaufman, Bonny Whalen, Susan Latham, Lindsey Flynn, Karen Frarie, Vicky Flanagan, Linda Parker, Anna Ghosh

### Update:

- The group will remain under the Governor's Commission. Monica will serve as the Chair of the Task Force and report on the group's behalf at Governor's Commission meeting.

### Meeting Structure and Resource Sharing:

- 55% of the group stated that they would like the group to meet every other month.
- The group would prefer to meet on Wednesday or Thursday afternoons for 2 hour time blocks
- The group will meet again in March and then meet every other month.
- The Center will work with Monica to put together a schedule for the remainder of the year so everyone can mark their calendars.
- Rekha will develop a Google Group for resource sharing among task force members. The group will reevaluate in six months if the platform is working well.

### Membership Structure:

- The group suggested representation from the Board of Pharmacy; Peg will send Rekha Mike Bullock's contact information.
- The group suggested representation from peer support and patients; Rekha will reach out to Daisy for a contact person.
- The group suggested reaching out to Sue Brown from the Community Mental Health Center perspective. Becky will provide Rekha with contact information.
- The group suggested reaching out to Child and Family Services. Becky will provide Rekha with contact information.

### Training of Ancillary Providers and other Initiatives:

- The group discussed the current initiatives taking place at Dartmouth Hitchcock, as well as the ECHO model initiative and the NNEPQIN initiatives.
- Rekha asked the group for suggestions on what types of providers should be the focus of the Center's work for ancillary training.
  - A type of service link resource for providers is needed to care for pregnant woman experiencing SUD.

- There is a current initiative to develop a referral line to identify services, resources for trauma informed care, recovery friendly workplaces, etc. Really a hub for things needed to work with this population.
      - This is a day-time service; let's talk together, provider to provider.
  - There is a need to train ancillary providers that will be working on the Safe Plans of Care (social workers, etc.)
  - Uniformity is needed among district offices at DCYF – this includes administrators, attorneys, and social workers.
  - Judges, diversion programs, jails and criminal justice professionals need training on the legal needs of the population.
  - There is a need to incorporate contraceptive care into SUD treatment and prevention.
    - PPNNE provides this type of training.
    - Peg will check to make sure that the Post Placental LARC has been carved out of the Medicaid Bundle.
  - The touch points for the women entering the system need to be investigated. What are they?
  - The group should continue to forward ideas, and attempts at prioritization, to the Center.

#### **Summit Planning:**

- The target audience needs to be determined -- providers that care for pregnant and parenting women with SUD?
  - There could be different tracks to attract different audiences:
    - Legal, attorneys
    - DCYF, CLEs
    - SUD providers, mental health providers
    - Students and interns (ask for posters to attract this group)
- The focus should include opioids, but also marijuana, alcohol, tobacco, and meth.
- Primary prevention should be talked about in a very real way.
- Should there be a discussion about providers that are filling the gap for labor and delivery closures. Is there a potential opportunity for dialogue between providers and communities being affected? (think Lakes Region specifically)
- There was a suggestion for an overnight or weekend (Friday and Saturday) further north – or a one day meeting in Manchester
- Group members will consider the following question before the next meeting: Is there a particular focus of the Summit that could enhance or assist in the work you are already trying to do?

#### **Safe Plan of Care Update:**

- SB549 was introduced to the Senate back in January which if passed will require healthcare providers to share data with DPHS. DPHS would be responsible for tracking this data. DCYF would only become involved if the mother is not compliant with her safe plan of care. DPHS is proposing to add a check box on the birth worksheet to indicate if an infant is affected by substance use or withdrawal symptoms due to prenatal drug exposure. The healthcare provider would be responsible for completing and submitting this data.

- The Plans should be focused on the needs of the child and identify social and clinical needs of the family. This will cause differing concerns to be elevated and providers will need more consultation for dealing with complex patients.
- The new legislation will define clear expectations and the procedure about when there is suspected cases of abuse and neglect.
- In most cases, the safe plan of care will remain between the provider and the mom.
- “Substance exposed” includes both illicit and prescribed medications; which will include buprenorphine and methadone. Providers will need a more detailed explanation of what defines a substance.
- Right now, it is preferred that rules not be written to accompany this legislation. It would be ideal for DCYF to provide guidance.
- A question was raised: if a woman is not DCYF involved at the time her Safe Plan of Care is made, but later becomes DCYF involved, is the same plan of care something that can be accessed and used in the investigation?
  - This question had not been considered; Trish will bring it back to Safe Plan group.

**Next Meeting:**

**Thursday, March 29, 2018 – 2:30PM-4:30PM**  
**Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow**