



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

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

Task Force Chair: Monica Edgar

March 29, 2018 – 2:30PM - 4:30PM

Minutes

Attendees:

In-Person: Monica Edgar, Deborah Schachter, Melissa Brogna, Ann Collins, Erin Collins, Rebecca Ewing, Kate Frey, Jaime Gormley, Lucy Hodder, David LaFlamme, Eileen Mullen-Kennedy, Adelaide Murray, Devin Oot, Whitney Parsons, Helen Pervanas, Angela Seney, Rekha Sreedhara, Courtney Gray Tanner, Allison Wyman, Anna Ghosh, Louise Brassard, Sabrina Dunlap, Nadia Harrigan, Abby Rogers

By Phone: April Fitzsimmons, Renee Maloney, Bonny Whalen

I. Minutes

- February meeting notes were reviewed and approved by task force members.

II. Meeting Structure Follow Up

- Attendees were provided with a meeting schedule for 2018. Schedule can be found on the NH Center for Excellence website here: <http://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/>.
- Task Force members were informed of the Google Group for resource sharing. Email Rekha Sreedhara at rsreedhara@jsi.com to be added to this group. To share information, either reply to an email from the Google Group or send directly to PerinatalTF@googlegroups.com.

III. Task Force Priority Map

- The group reviewed the draft priority map which was developed considering past strategic planning efforts, and current member feedback.
- Amy Pepin explained how these priorities will be incorporated into the Strategic Plan for the Governor's Commission on Alcohol and Other Drugs.
- This will be a working document with outcomes/progress tracked on an ongoing basis.
- Five out of eight categories were reviewed.
 - **Category 1: Prevention**
 - Consider both preventing pregnancy among women with SUDs and preventing SUDs among women at child bearing age.
 - Further integrate SBIRT into women's health practices and primary care practices – **SBIRT is currently listed in practice improvement, will be moved to prevention section.**
 - Also consider other professional settings where women with SUDs are more likely to receive care
 - **The strategy focused on public messaging at liquor stores will be moved to the prevention section.**
 - Consider Vermont's Blueprint for Health, Women's Health Initiative where social workers are embedded in women's health care practices to serve women identified at risk.
 - **Add "Integration" in Prevention**

- **Category 2: Treatment and Recovery Support Services**
- Reciprocity for MLADCs and LADCs – this is in workforce development, **Rekha will add additional details to this section**
- Lack of reimbursement for services causing professionals to not be able to make a living wage contributing to workforce shortage
- Prior authorizations for buprenorphine are challenging and time consuming – the state has no control over this, it is the MCOs and the insurance companies that make the rules
 - **Rekha will add a Google Sheet to the Google Group for providers to document issues with prior authorizations. It will include fields for MCOs/insurance carriers, type of drug, time spent, provider name, date, and outcome. Once substantial information is gathered this will be shared with the NH Providers Association.**
- **Under strategy 3 – add domestic violence, sexual violence, legal services**
 - SB 570 would allow mental health or SUD treatment to count as the work requirement to qualify for a childcare subsidy. It has passed the Senate and is being heard in the house.
- **Category 3: Parenting and Early Childhood Supports**
- How to increase awareness whether a child may have been exposed to alcohol and other drugs in utero so that appropriate resources, services and parenting skills can be provided in a timely manner
 - It is difficult to identify exposure based on fetal symptoms and signs. Need to increase education and screening of pregnant women.
 - **Need to educate families early on what to look for, especially for foster parents.** Need to provide follow up care in local communities, not just in major medical centers.
- Support Groups for parents of children that have been born exposed to alcohol and other drugs
- Kristin Smith at UNH is interested in doing work on following children longer term. She could be a resource to discuss longitudinal effects. – MA is doing this successfully as a pilot but NH right now does not have the funding to do this.
- Provide resources to teachers and other mandatory reporters so that they feel comfortable bringing up any issues they are seeing
- Childcare resources are needed: will help mothers attend treatment appointments and will provide an opportunity for childcare providers to give care to children who need it
- **Expand on strategy 4 with action items to support above comments**
- Evidence based parenting training should be provided from prenatal through infancy and include other family members
 - **Overall, this map is very mother centric – and should include other family members (grandparents, etc.)**
 - Activities could include supporting legislation that supports these efforts
 - The task force cannot advocate – but individuals can and the Governor’s Commission now has a legislative task force by means of which task forces can recommend issues/bills.

- **Category 4: Public Education & Messaging**
- Engage organizations that oversee the methadone clinics to discuss dosing and safety concerns among new mothers
 - David LaFlamme can look into the number of women of child bearing age with methadone prescriptions vs. buprenorphine. Are more women being inducted onto methadone?
- There is a need for education about importance of tiredness, safe sleep, etc. in general - not just going to bed, but nodding off as well.
 - Mothers are often reluctant to disclose use of MAT even when support is available to help with holding baby and avoiding drops
 - Looking at the safe sleep data available in PRAMS would be interesting for the next meeting
 - See Safe Sleep Protocols
- Confusion about DCYF and other home visiting services need to be clarified
- Devin Oot explained the campaign that the Partnership is doing for women of child bearing age to discourage alcohol and marijuana use
 - Next Friday, April 6th at noon at New Futures in Concord, there will be a listening session to discuss what providers want to see in the materials
 - Devin will send messaging concepts to Rekha to share with the task force.
 - The messaging should also go through the ATCs (alternative treatment centers)
 - It was noted that when cord blood is tested, it doesn't have fat cells so the cord tests negative even if the mother smoked marijuana every day
- **Category 5: Policy**
- Safe Plan of Care:
 - There were many questions at the last House hearing but they responded positively. The objective should be clarified that the plan is a public health tool for surveillance rather than a DCYF tool.
 - The aggregate data should go back to DCYF to fulfill their CAPTA requirements
 - There is no obligation to report to DCYF unless there is evidence of abuse and neglect.
 - Education around the state of NH process for the Safe Plan of Care would be premature
 - As soon as we know what the legislation is, we will facilitate a group to help define the process for providers and for DPHS
 - NEPQUIN would be a very important partner to engage

➤ Additional comments on the priority map should be sent to Rekha.

Other:

- Task force members should let Devin/PDFNH know if there is a topic/ content they would like in a public facing document – she can pull that together.
- On April 18th at the Law School there will be an event about how the judiciary system is responding to the opioid crisis.

Next Meeting:

Thursday, May 31, 2018 – 2:30PM-4:30PM

Community Health Institute, 501 South Street, 2nd Floor, Bow