



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

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

Task Force Chair: Monica Edgar

Wednesday, February 20, 2019

Meeting Minutes

<p>Welcome & Introductions</p>	<p>Participants: Rekha Sreedhara, Amy Daniels Pepin, Kali Giovanditto, Lauren LaRoche, Lucy Hodder, Linda Parker, Sharon Drake, David Laflamme, Ann Collins, Margaret Minnock, Louise Brassard, Anna Ghosh, Hannah Lessels, Daisy Goodman, Deborah Schachter, Monica Edgar, Heidi Knoblauch, Rebecca Ewing, Jake Berry (for Kate Frey), Erin Collins, Annmarie MacIsaac-Parmenter</p> <p>On the Phone: Bonny Whalen, Melissa Brogna, Whitney Parsons, Lindsey Wyma, Sara Dupont</p>	
Agenda Item	Discussion	Action Steps
<p>Review and approve January meeting minutes</p>	<p>Minutes were approved.</p>	
<p>Updates</p>	<p>Task Force membership list: Members asked to review their information including adding their position or title.</p> <p>Kali Giovanditto has overseen Family Resource Centers and Plans of Safe Care. Those grants will be moving to the Division of Housing and Stability.</p> <p>Agenda today is structured in relation to activities related to the Task Force Priority Map in order to highlight progress towards defined priorities.</p>	
<p>Priority Map: Laws and policies to support mothers and infants (Category 6)</p>	<p>Plans of Safe Care Summit: January 29, 2019</p> <p>Feedback heard from participants:</p> <ul style="list-style-type: none"> • Overall positive comments. • There is still confusion over the role of marijuana use in NH. • Participants felt a good explanation of POSC was provided at summit and there is now a better understanding. • Seating organization by region worked well. • DCYF staff and Family Resource Centers felt the Summit contributed to clarifications. • Risk management staff from hospitals were not represented. 	

- Consistency of understanding around reporting seemed to be the goal, and participants felt this was achieved.
 - DCYF is moving towards promoting more consistency around reporting.
 - Findings from Summit pre and post evaluation:
 - Majority of participants were satisfied with the event.
 - Saw an increase in comfort level after the Summit compared to before the summit, indicated by a decrease in the percentage of participants who rated themselves as “slightly” or “not at all comfortable.”
 - Positive comments:
 - Grateful that we had someone with lived experience speaking.
 - Left with a better understanding of POSC and felt could take the next steps at their organization.
 - Would work and talk with mothers differently as well as passing on what they learned to their colleagues
 - Constructive comments:
 - Need training regarding how to support families better.
 - Confusion over marijuana.
 - Education needed regarding DCYF reporting.
 - Need list of resources available in regions.
 - Lack of patient presence should be considered.
 - POSC Template and Guidance
 - Many questions about expectations around date of implementation.
 - Currently the template and guidance say “Draft”
 - Guidance is final when it goes out with the letter to the providers
 - Preference is to have the template recommended by the TF, but not mandated. Will consider going through the process of getting it approved for official recommendation by the Governor’s Commission.
- Discussion on potential follow up event to the Summit:
- Anonymous donor funding supported the Summit. Need to consider priorities in terms of trainings including webinars, more summits, etc. before deciding on future events.

	<ul style="list-style-type: none"> • The local collaboration that came out of the Summit was important for breaking down the silos. • Interest in more participation from moms in recovery to facilitate relationship of DCYF as more of a partner and less of a punitive agent. • Propose a structured assessment to determine what is needed for provider support, for example, how to help educate staff. • It is important to focus on mothers who are trying to be in recovery but are not at that stage. Services are provided for people who are doing well already; we should also look at how to provide services for people who are not. 	
<p>Priority Map: Public & Provider Education (Categories 5 & 7)</p>	<ul style="list-style-type: none"> • Posters to bring awareness to perinatal alcohol use were developed for NH Liquor Store and distributed to all NH Liquor Stores on September 5, 2018. • The Center for Addiction Recovery in Pregnancy and Parenting (CARPP) was created: https://med.dartmouth-hitchcock.org/carpp.html • Today is For Me Campaign launched on February 4, 2019 https://todayisfor.me/ <ul style="list-style-type: none"> ○ Developed and presented by Martha Bradley and Christin D’Ovidio. ○ Purpose: Develop a social media campaign motivating women of reproductive years to avoid all types of alcohol and marijuana use while pregnant or trying to get pregnant. ○ The campaign’s key message: Women’s health and empowerment related to alcohol use. ○ February 2019 – July 2019 (6 months) ○ Audience: New Hampshire Females Age 18-44 <ul style="list-style-type: none"> ▪ Target Audience 1: Intervention: Women who are currently pregnant or planning a pregnancy within a year. ▪ Target Audience 2: Prevention: Women who are not pregnant and are not planning a pregnancy. <p>Relying on TF members for guidance and feedback and to share/disseminate the materials</p> <p>Discussion about the campaign:</p> <ul style="list-style-type: none"> ○ The original research seemed to imply that people would trust their medical providers, which indicates need to include a messaging point about this. 	<ul style="list-style-type: none"> • Please contact Martha Bradley (martha_bradley@jsi.com) or Christin D’Ovidio (christin_dovidio@jsi.com) if: <ul style="list-style-type: none"> -You would like to advise on the SBIRT Video production -You are interested in narrating and introducing the video <ul style="list-style-type: none"> ○ Lucy Hodder & Rebecca Ewing volunteered to review scripts. -You have an exam room they can use for filming. -You have feedback on the Today is for Me Provider Toolkit.

	<ul style="list-style-type: none"> ○ Given the population is college educated women, suggest more technical/medical information be included. Understanding the science could be beneficial. ○ Suggestion for a shared decision-making tool for providers to use with patients ○ Martha/Christin will bring conversational flipbooks for the Task Force to review next. ○ Many people affected by fetal alcohol spectrum do not exhibit the common physical symptoms of FASD and thus are not identified for early supportive services. Need to broaden early identification in order to serve these children and families better. <ul style="list-style-type: none"> ● The new SBIRT playbook version is available online now. 	
<p>Priority Map: Prevention of Unintended Pregnancies (Category 2)</p>	<ul style="list-style-type: none"> ● Shared info about reimbursement through the MCOs in January of 2018. ● Planned Parenthood of Northern New England (PPNNE) update from Whitney Parsons <ul style="list-style-type: none"> ○ Planned Parenthood of Northern New England (PPNNE) has been working to expand the full range of contraceptive services for people with SUD. ○ Reaching out to SUD treatment/recovery entities to discuss contraceptive services for people with SUD. ○ Important to educate treatment/recovery staff around reproductive health resources. ○ Developed the Safer Sex for Everybody graphic, which has had a positive response. There is a referral form on the back. ○ Conducting a free training February 28, 9am-1pm on the 10 best practices for contraceptive counseling. Will help people find a method that they are happy with and increase the effectiveness of use of that method. Registration closes 2/21. ○ Have begun conducting trainings in reproductive health once a month (began this year) in 2 different corrections locations and has gone well so far. 	
<p>Priority Map: Workforce Development and Provider</p>	<ul style="list-style-type: none"> ● The work in this priority area has consisted mostly of reviewing legislation and planning. ● Update on SB 308: Healthcare Workforce bill update from Jake Berry, New Futures <ul style="list-style-type: none"> ○ Increased investment in the State Loan Repayment Program (SLRP). 	<ul style="list-style-type: none"> ● For more information about SB 308 or to help, reach out to Jake Berry (jberry@new-futures.org) or Kristine

<p>Capacity (Category 9)</p>	<ul style="list-style-type: none"> ○ Provisions to expand advanced training opportunities in the state. ○ Provision that automates the background check process. ○ Telehealth provision: expands services. ○ More than \$100,000,000 but there seems to be bi-partisan support for these investments. ○ TF members can attend and support at the next hearing, make phone calls, write letters etc. ○ Tim Fisher recommended as a resource. ○ Timeline: work sessions in early March, first vote in March, then the process will repeat in the House in April. ○ Remember that you cannot attend and speak on behalf of the TF, if we want to officially support this, we can bring it to the Governor’s Commission. 	<p>Stoddard (KStoddard@bistatepca.org).</p>
<p>Priority Map: Parenting and Early Childhood Supports (Category 4)</p>	<ul style="list-style-type: none"> ● Goal: Identify someone from this Task Force to attend the home visiting TF meetings and have someone from that TF attend our meetings. ● SB 274 Update from Jake Berry, New Futures: <ul style="list-style-type: none"> ○ Expand eligibility for the state Medicaid home visiting program. ○ Went to hearing last week and passed with unanimous approval. ○ Will be voted on in the Senate next and then potentially the House. ○ Seems like there is already strong support. ○ The small price tag comes from the fact that most of the money would come from Medicaid, which is federal funding. 	<p>Rekha will coordinate representation from home visiting task force.</p>
<p>Priority Map: Treatment and Recovery Support Services (Category 3)</p>	<ul style="list-style-type: none"> ● Shared a regional resource list at the Summit. Received many good additions and corrections. 	<p>Regional resource list from Summit will be posted on the POSC webpage in the next few weeks.</p>
<p>The Doorway-NH Jamie Powers</p>	<ul style="list-style-type: none"> ● The NH Doorway system consists of 3 primary components: 2-1-1, the Doorways and On-Call providers, and service providers in the community. ● On-call/overnight coverage is provided by Dartmouth-Hitchcock. ● Unlike other Hub and Spoke models, the Doorways are not charged with providing treatment services, instead these will continue to be delivered by community providers. 	

	<ul style="list-style-type: none"> • Doorways (Hubs) provide immediate crisis stabilization, clinical assessment, care planning and referral out to community providers (Spokes) and continuous recovery monitoring. • Some Doorways have other services onsite, but this is not part of the core services that all Hubs provide. • The administrative services Doorways provide will include purchasing and distributing Naloxone; collecting GPRA data as required by SAMHSA; administering flexible needs funds to help clients address financial barriers; developing and maintaining a shared database of SUD treatment and peer recovery services that includes availability; conducting a comprehensive assessment of the available and needed services in the region; and developing hospital based and other medication assisted treatment and recovery services. • Will Regional Public Health Networks (RPHNs) still distribute Narcan? <ul style="list-style-type: none"> ○ TBD, but it is highly likely that the Doorways will subcontract with the local RPHN to distribute Narcan, but the Narcan will originate at the Doorway. • Doorways serve anyone with any SUD, however flex funds can only be used with clients with OUD. • The flex funds policies have not yet been finalized. The Department will update everyone about how Flex Funds are used. 	
Next Steps	<ul style="list-style-type: none"> • Group decided to defer review of the GC Action Plan to next meeting and use remaining time to talk about new areas of focus. • Request for feedback about the Task Force meetings. 	<ul style="list-style-type: none"> • Send ideas about new areas for TF focus to Rekha prior to the next meeting. • Please let Rekha know if you have feedback about meeting logistics and to what extent the meetings can better meet member needs.

Next Meeting: Wednesday, March 20, 2019 2:30pm – 4:30pm at the Community Health Institute, 501 South Street, 2nd Floor in Bow
Call-In Information: 1-866-210-1669 // Access Code: 9060313