



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Chair: Monica Edgar

Wednesday, September 18, 2019

Meeting Minutes

<p>Welcome & Introductions</p>	<p>Participants: Grace Palmer, Rebecca Rocheleau, Felicity Bernard, Savitri Horrigan, Sheryl Wood, Deborah Schachter, Molly Rossignol, Adriana Lopera, Heidi Knoblauch, Lucy Hodder, Kate Frey, Becky Ewing, Farrah Deselle, Erin Collins, Louise Brassard, Christine Campbell, Rekha Sreedhara, Hannah Lessels</p> <p>On the Phone: Linda Parker, Monica Edgar, Ann Collins</p>	
<p>Agenda Item</p>	<p>Discussion</p>	<p>Action Steps</p>
<p>Meeting Minutes</p>	<ul style="list-style-type: none"> July meeting minutes approved with the addition of updated ESC data. 	<ul style="list-style-type: none"> Minutes will be posted to task force web page.
<p>Update from Senator Hassan's Office</p> <p>Rebecca Rocheleau, Constituent Services Coordinator</p>	<ul style="list-style-type: none"> Rebecca Rocheleau gave an update around the Senator's work relevant to this task force. The Senator has worked to secure more funding through the State Opioid Response grant to allow for more flexibility in the use of funds to support efforts around various substances (not just opioids). Senator Hassan is supportive of programs like Moms in Recovery. Healthy Maternal and Obstetric Medicine (Healthy MOM) Act- HR2745, sponsored by Sen Sherrod Brown - 12 month continuous enrollment under Medicaid and CHIP after giving birth. S116 Modernizing Obstetric Medicine Standards Act (MOMS Act) co-sponsored with Senator Gillibrand. S116 - Would authorize and expand on the Alliance for Innovation on Maternal Health under HRSA. Appropriation request for the maximum amount for surveillance system on emerging threats to mothers and babies at the CDC SUPPORT Act - Directs HHS to provide more guidance on NAS. Funds study on gaps in Medicaid coverage for pregnant women and children. Becky Ewing pointed out that sometimes women are forced to take lower paying jobs so that they do not lose their Medicaid benefits. Childcare issue - when mothers re-enter employment and their cost share increases. Rebecca encouraged the task force members to share real life stories with Senator Hassan's office. 	<ul style="list-style-type: none"> Rebecca will share written version of the updates. Please feel free to reach out to Rebecca if you are interested in this work or have questions. Rebecca will send a list of issues for the group to find input from people with lived experience. Rekha will send the list of anecdotes identified by the insurance work group to Rebecca.

<p>Introduction to the Government Performance Lab</p> <p>Grace Palmer, Fellow</p>	<ul style="list-style-type: none"> • The Government Performance Lab at the Harvard Kennedy School embeds full time fellows in a locality - focusing on core operational projects and capacity building. • In NH, the core work focuses on child and family wellbeing within DHHS. • Four projects in NH for the next 2 years: <ul style="list-style-type: none"> ○ DCYF intake process ○ Contracts unit at DHHS ○ Matching people to services that are the most appropriate for them through a warm handoff ○ Real time program improvements • Grace works on service matching and referrals: <ul style="list-style-type: none"> ○ How do you make sure you match a child and family with a service that is right for them? Does the provider speak their language? Etc. ○ Identify → assess needs → match → handoff → follow up ○ Substance exposed infants have seemed to be an area of importance for this work. ○ Is this only for state-funded programs or all over the state? This depends on where the need is, but likely broad. ○ How do you determine the scope? Stakeholder conversations, community meetings like this, conversations with the state, data, etc. • Other state examples: <ul style="list-style-type: none"> ○ Florida - Focusing on parents with SUD and children in DCYF and connecting them to SUD treatment. ○ Connecticut - Focusing on families and matching them to right services among an array of services. • Farrah Deselle suggested connecting with Daisy Goodman and the NAS collaborative, which has been discussing AIM - improving care across the continuum of care. 	<ul style="list-style-type: none"> • Please reach out to Grace if you have any questions or ideas.
<p>Update on Today is For Me Campaign</p> <p>Christin D'Ovidio</p>	<ul style="list-style-type: none"> • Funded through the NH Charitable Foundation and supported by this task force. Campaign intends to educate women about the effects of alcohol and marijuana on their health and their pregnancies. • Digital campaign – have received attention from target audience and lead to hits on the patient focused website. • Materials for providers - developed based on key informant interviews with providers that described barriers to providing effective care. • Christin shared provider materials that are ready to be disseminated. <ul style="list-style-type: none"> ○ Conversation starter – intended to be looked at with provider and patient 	<ul style="list-style-type: none"> • If you think of an audience that should be on the distribution list, please let Christin know. • If you use this as a provider and have feedback, please let Christin know. • If you want more materials, please contact Christin.

	<ul style="list-style-type: none"> ○ Distribution list includes - nurse practitioners, nurse navigators, social workers, primary care providers, family medicine. ○ Materials would be great for home visiting network. ● Deborah mentioned that sustaining messaging will require government investment moving forward but encourages feedback on how to best strategically use what has been created. <ul style="list-style-type: none"> ○ Provider section of website could be built out in the future to account for updated recommendations. ● Todayisfor.me is the public facing website. 	
<p>Updates & Discussion on Plans of Safe Care</p>	<ul style="list-style-type: none"> ● Priority map is available on Task Force’s website. ● Provider letter (explaining the Plan of Safe Care to providers) <ul style="list-style-type: none"> ○ Ann Collins provided update: In July, Lisa Morris (DPH) and Joe Ribsom (DCYF) signed the letter and Ann has been sending out letters and templates by mail - all OB offices, all hospital CEOs, and has also sent via email for nurse managers in OB unit, prenatal providers at CHCs, and midwives. ● Outreach and Training <ul style="list-style-type: none"> ○ Discuss ways and opportunities to engage with women at the very beginning of their pregnancy beyond the birthing hospital. <ul style="list-style-type: none"> ▪ Hospital CMOs and CNOs - Rekha and Erin met with NHA to discuss opportunities to discuss Plans of Safe Care with hospital CNOs and CMOs. Erin and Rekha will request to be included on a future meeting agenda. ▪ MCOs – Lucy and Adriana are working on scheduling a meeting to discuss POSC and insurance issues. ▪ Judges - Lucy has started to make a connection about POSC. Susan Carbon – Circuit Court, Family Division Judge in Manchester to provide input on what a training might look like for the family courts. Eventually would like to reach out to the attorneys that support them. Will want to hear from providers about best practices and pathways for moms. The goal is for judges to understand efforts, for example: better understanding of MAT and ESC. <ul style="list-style-type: none"> ○ Multigenerational exposures - make judges understand that some of the mothers have mental health/disabilities because of being substance exposed infants themselves. ● Steven Chapman brought POSC to Pediatricians group. ● Lucy suggested reaching out to the Chiefs of Medical Staff. 	<ul style="list-style-type: none"> ● Ann will start disseminating provider letter to pediatricians. Erin and Rekha will schedule and work on coordinating presentation to CMOs/CNOs. ● Lucy will provide update on outreach to judges in November. ● Send Rekha suggested edits to brochures by this Monday, September 23rd.

	<ul style="list-style-type: none"> • Redoing introductory POSC webinar that can be shared with many audiences. • NH Academy of Medicine – Molly Rossignol offered to share there. • Well Sense and NH Healthy Families can share with members as well. • Will also work with CASA. Sarah Blodgett and Sarah Freeman will have good input here. • POSC patient brochure being worked on. <ul style="list-style-type: none"> ○ Will be changed to a 5th grade reading level ○ Participant feedback: <ul style="list-style-type: none"> ▪ Good start ▪ Too long ▪ DCYF reporting: still quite a bit of variability in NH. Whatever language is in the brochure should be clear on guidance around reporting. ▪ Good color scheme. ○ Images will likely stay as illustrations. 	
<p>Update and Next Steps of Insurance Work Group</p>	<ul style="list-style-type: none"> • The task force has an insurance work group to address insurance issues that mothers with SUD face. • One main issue is reenrollment after 60 days post-partum. The work group is planning a discussion with the MCOs about the reenrollment issue. • The work group sent an email out to collect anecdotes around this issue. Thank you to those who sent them in. • Participants expressed that the OB/GYN offices might be interested in assisting with this transition, if the process were easy and if they were in closer contact with the mothers post-partum. Beginning the process earlier might help. • Next step will be to meet with MCOs. 	<ul style="list-style-type: none"> • Schedule meeting with MCOs- Adriana and Lucy will reach out to MCO reps to schedule. • If you come across stories of moms that are unable to reenroll and end up losing coverage, please let Adriana know.
<p>Member Updates, Challenges, and Opportunities</p>	<ul style="list-style-type: none"> • Eat, Sleep, Console (ESC) Update from Farrah: <ul style="list-style-type: none"> ○ DHMC received grant from NHCF to help support Eat, Support Console implementation in NH. This grant supports Farrah’s role. ○ They have had trainings at DHMC, organizations and hospitals and have created surveys for hospitals to assess quality of care. ○ Other products will include ESC care tool, implementation guide to sustainability of ESC, checklists, handouts, etc. ○ Farrah expects 100% of hospitals will implement/or be on the journey by the end of the year. ○ Next training: October 21st. 	<ul style="list-style-type: none"> • Potential next agenda topic- Point of care fentanyl testing.

	<ul style="list-style-type: none"> ○ Some of the main feedback we have heard is that people are confident with the ESC care tool, but that they have a hard time with how to approach families in a non-judgmental way, how to reach out to disengaged families, emotional toll of caring for families who become separated. <ul style="list-style-type: none"> ○ Next step is to train on how to compassionately communicate and practice self-care and compartmentalize. ○ As of 9/19: <ul style="list-style-type: none"> ○ 15/17 NH hospitals have formally introduced/implemented the ESC Care Tool into care of opioid exposed newborns ○ 1 is in active planning/staff training process w/ plans to implement by 11/19 ○ 1 is in early planning stages w/ recent ask for an ESC Care Tool training ● NNEPQIN Webinars-POSC <ul style="list-style-type: none"> ○ July-NH Hospital POSC experience ○ August-Partners in POSC ○ Are available to view online on the POSC web page ● October webinar: super users of ESC deep dive on more challenging cases. ● November webinar: nurse and care provider experience in caring for infants. ● Lucy Hodder mentioned doulas and how they could be utilized in NH. Research shows that doula support can improve birth outcomes, particularly for at risk group. 	
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Next Meeting: Wednesday, November 20, 2019; 2:30pm – 4:30pm
Community Health Institute, 501 South Street, 2nd Floor in Bow