PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Chair: Monica Edgar

Wednesday, January 15, 2020 Meeting Minutes		
Welcome & Introductions	**Participants**: Monica Edgar, Ann Collins, Farrah Sheehan Deselle, Kate Frey, Kristi Hart, Savriti Horrigan, David Laflamme, Lauren LaRochelle, Renee Maloney, Margaret Minnock, Deborah Schachter, Gabrielle Teed, Patricia Tilley, Jennifer Ross-Ferguson, Kali Giovanditto, Grace Palmer, Pam Schachter, Alyssa Cohen, Jim Zibailo, Rekha Sreedhara, Adriana Lopera, Hannah Lessels, Lucy Hodder, Joseph Ribsam **On the Phone**: Molly Rossignol, Carol Furlong, Shannon Rondeau, Katie White, Bonny Whalen, Victoria Flanagan,	
Agenda Item	**Discussion**	**Action Steps**
Meeting Minutes	• Rekha distributed the 2020 membership list. Members provided edits to the list, noting if they would like to be official members or only remain on the distribution list. • Motion made to approve minutes.	•
Medication Assisted Treatment Request for Information	***James Zibailo, Director, NH Community Health Systems, Bi-State Primary Care Association*** • Contract approved November 6 to facilitate integrated Medication Assisted Treatment (MAT) for pregnant/postpartum patients including supportive care for infants. • Goal is to increase capacity at sites to provide integrated MAT (IMAT) to pregnant/parenting women and their children by training existing staff and hiring new staff. • Bi-State sent out a request for information focusing on Federally Qualified Health Centers (FQHC) and hospitals. • Contract will identify five sites around the state with preferential counties - areas not currently served under contract with DHHS to provide MAT - Coos, Carroll, Cheshire, Hillsborough, Rockingham and Strafford Counties. • Components of IMAT: o Providing parenting support and education. o Assisting clients in accessing benefits. o Ensuring proper communication and care coordination. o Outreach to ensure that people are aware of the services. o Collecting data. • Funding: up to $175,000 for the sites. • Timeline is a challenge. Contract runs through September 30, 2020. Funding cannot pay for	• Please reach out to James if you have ideas for collaboration. • Task Force prepared a list of all of the IMAT resources in NH, CHI will share with James.

	things like food, construction or renovation costs.
	• Bi-State has sent out a Request for Proposals and received six applications. They are currently working though the agreements and then will send to DHHS for approval, after which implementation can begin.
	• Challenges:
	  o Short timeline with a large amount of funding
	  o Geographic distribution versus population distribution- North Country has a great need but the majority of births are happening in the Southern part of the state
	• Bi-State does not want to reinvent the wheel with this work. They want to be collaborative and connect to existing work.
	• Open to suggestions on how to best carry out outreach and leverage existing initiatives to maximize funding.
	• Working with sites to do third party billing.
	• Limited to opioid use disorders because original funding is from State Opioid Response grant.
	• Outreach and marketing might be an area for collaboration with this Task Force.	

MOM Model Grant	***Patricia Tilley, Deputy Director, NH DPHS, DHHS*** ***Carol Furlong, Director of Substance Use Services, Elliot Hospital*** • MOM Model is a patient centered service delivery model that differs from others in that it creates sustainable coverage and payment strategies. • Five-year grant period. Year 1 is pre-implementation. Year 2 is transition. Years three through five are implementation. • Elliot Hospital will be the site of implementation. Memorandum of Understanding (MOU) was developed in the application phase, which has aided the quick turnaround. • Builds on the Greater Manchester Region's current opioid misuse prevention and treatment efforts. • Some of the funding will be used for things that cannot be billed such as enhanced case-finding, data sharing, and coordination of care. • A substantial part of the budget will be going towards building the Information Exchange between partners around the Plans of Safe Care (POSC). • Integration of physical and behavioral health care. • Reduced barriers around the social determinants of health. • Ensuring continuity of care with Medicaid for a minimum of 24 months (can be any category of Medicaid)	• Please reach out to Patricia Tilley with any questions or ideas. • One of the terms and conditions of the award is to have a dedicated project manager. This position will be posted soon. Once this is posted, please share the description with your professional networks.

	• Community implementation of screening for social needs through the Comprehensive Core Standardized Assessment. • POSC will be the connective tissue for the whole project. • Sustainable Payment Strategies: continuity of coverage post-partum, support of enhanced care management, cost savings to the NH Medicaid program by reducing health impacts to the mother and child resulting from substance exposure. Aiming for cost neutrality. • Next steps: Accept federal funds, contract with Elliot, community meeting and planning, engage with CMS about potential waivers or state plan amendments that may be needed (looking for Task Force input on this) • Program will live in Medicaid Division of the Department of Health and Human Services. Annette Escalante is taking the lead until staffing can be hired for program director. • Discussion about collaboration among efforts. This project aims to collaborate and not be duplicative.	
Legislative Updates Part I	***Kate Frey, Vice President of Advocacy, New Futures, Inc.*** • LSR 2976, introduced by Senator Rosenwald, makes changes to Medicaid for improved child, maternal and family health outcomes. This is one of the 2020 focus areas for New Futures. o Maternal and caregiver depression screening o Coverage of parent education programs o Adoption of DC-05 o Requires a fiscal impact study of adding Child Parent Psychotherapy and other infant and early childhood mental health services. o Develop a state plan to maximize use of Medicaid • HB 1591 – Cannabis Use During Pregnancy**.** Requires Alternative Treatment Centers (ATCs) to prepare information regarding the risk of cannabis use during pregnancy. DHHS to create a brochure relative to the risks. New commission called the Therapeutic Cannabis Board to oversee this. Need educational materials and trainings for ATC providers. • HB 1707 clarifies current law that any child born substance exposed shall be referred for early supports and services. Concern around how the rollout has differed across the state. This bill looks to close the gap. Public hearing scheduled for 1/22/20. • HB 1638 Supplemental Nutrition Assistance Program (SNAP) Incentive bill: secures $150,000 in state funding to support SNAP incentive programs that improve access to fresh fruits and vegetables for kids and families.	•

	• HB 118 asks the division to develop a mechanism to notify PCPs when an investigation is being done around a child and what the nature of that investigation is. There is not requirement to share anything but a notification, hopefully this will improve communication in general. Educates providers on immunity. • Kate Frey distributed one-pager which includes the public hearing dates.	
Insurance Discussions	***Alyssa Cohen**, **Acting Deputy Director of Medicaid, Division of Medicaid, NH DHHS*** • Concern about moms losing Medicaid coverage after the sixty-day post-partum period. This should not be happening; the mother should actually automatically cascade back into whatever category she was in before her pregnancy. If she was not previously covered by Medicaid, the system should categorize her into whatever category she fits into. • Lapses may occur if the client's income changes and makes them no longer eligible during the pregnancy or if their annual redetermination occurs during the sixty days. • If someone is experiencing one of these glitches, please call Alyssa. • Task Force Members reporting issues with pharmacies. Not very patient friendly, in the clinic patient looks active, but at pharmacy it says they do not have coverage. Then requires a prior authorization. Sometimes there are issues of quantity limits. Discharge planning should include a discussion about eligibility throughout the post-partum period. ***Lucy Hodder, UNH School of Law/ Institute for Health Policy & Practice*** • How to best connect Managed Care Organizations (MCOs) to POSC but also give patient ownership of that document. In Home Visiting they've been giving POSC in plastic sleeves to separate from other documents. • MCO should know that the mom is affected by substance use disorder (SUD) and is pregnant. MCO care coordinators or care coordinators at the hospital/OBGYN office could talk to mom about the best way to share the plan with the MCO. • Many providers do not know that they should be sharing the POSC with MCO. • Could be a role of this task force to issue guidance on best practices. • There seems to be confusion among parents about who can share it and who will automatically share it. There should be a conversation between parent and provider about with whom it should be shared and what the benefit is. • If the mom is sharing her own POSC, it is not covered as protected information. One Home Visiting organization has developed release form that allows them to pass along POSC to other provider if unable to share. Develop super release form through Elliot that as part of privacy practices.	• If you have stories about a client whose coverage has lapsed when it was not supposed to, please communicate them to Alyssa Cohen. • If this is an issue with pharmacies, please send these details to Alyssa as well. • Alyssa Cohen offered trainings on Medicaid eligibility for providers. Please let her know if you are interested.

	• POSC webpage has resources related to releases on information. ***Adriana Lopera, Consultant, JSI*** • Reviewed draft MCO Benefits document • Document shows benefits offered to pregnant and parenting patients from each MCO. • Once finalized, will become available on the POSC website as a poster and a one-pager. • Additions: o Breastfeeding benefits related to counseling. o Links to brochures. o Elaborate on what is covered by cell phone benefits. o Link to MCO consumer handbooks.	
Legislative Updates Part II **Joe Ribsam, Director, DCYF**	***Joe Ribsam,*** Director, NH Division for Children, Youth and Families • SB 549 - Rebuttable Presumption of Harm • Rebuttable presumption means that when in the past, you had to prove the event occurred and prove that it caused harm, now you only need to prove that the act occurred and it will be presumed that it is harmful, however, the parent can rebut the claim. • The presumption applies if there is "Evidence of a parent, guardian, or custodian's substance misuse that is adversely affecting a child's care or supervision, when that parent, guardian or custodian is not actively engaged in treatment". • This may act as an incentive for parents to engage in treatment. • DCYF is shifting towards working more proactively with families. • Sending high-risk families to community providers in order to prevent abuse or neglect. • 5 million for Community Based Voluntary Assessments and Supports (CBVAS). 1/3 of families assessed come back as high and very high risk. 10% substantiated cases of abuse/allegation. 40% of those families come back within 6 months, 60% come back within a year. CBVAS is trying to disrupt that cycle. • Low amount of families have substantiated cases of abuse or neglect, however many are at high-risk, so there is a large gap. • Law in place that creates a rebuttable presumption of harm in substance use with opioids. • SB 549 addresses fundamental issues with action around substantiated cases. Current law around rebuttal presumption of harm sunsets in the fall around families with SUD. The law does not include meth and PCP (Phencyclidine) and does not recognize the importance of treatment. Broad sponsorship across the aisle. Definitions of abuse and neglect, NH has low substantiation rates compared to national ~ 7%.	•

	• When does the presumption apply? Reporting obligations need to meet the statute of abuse or neglect. Substance use alone does not constitute abuse or neglect. It must be shown to have an adverse impact. • Is there anything in the bill specifying success or level of engagement in treatment? No, but this is still an editable bill. • Standard of burden likely preponderance of evidence. • Specifies that operating a motor vehicle under the influence with a child in the vehicle counts as abuse or neglect, the child does not have to be injured for it to count. • DCYF worked with domestic violence organizations to craft bill to ensure parent victims of abuse would not be harmed. Focuses on perpetrators of the act. • Includes physical and emotional abuse even if it is directed at another individual but the child is exposed to it. • Some Task Force members seeing a shift in perception around DCYF among families with SUD.	
Identify and Prioritize Investment Recommendations	***Rekha Sreedhara, Consultant, JSI*** • $3.7 million for SFY20 and $5 for SFY21. • All eight task forces under the Governor's Commission can make recommendations. More weight put towards recommendations that align with the Governor's Commission Strategic Plan. The template asks for supporting evidence. This does not mean it needs to be evidence based. Evidence for new practices that may not have robust research can include data. • This Task Force can endorse recommendations from other Task Forces. • Recommendations are also encouraged to incorporate the perspective of people with lived experience. • If a recommendation is approved for investment, the Bureau of Drug and Alcohol Services (BDAS) will figure out how to distribute it (Request for Proposals, sole source, etc.). • Funds can be recommended and then roll over into the next fiscal year. • Cannot recommend specific organizations. • TF Recommendations o Invest in 17 coordinators/navigators to move forward POSC work. o Marketing campaign about increasing awareness about supports for mothers in the state. o Peer Recovery Supports o Incarcerated parents: major gaps, maybe funding for a coordinator to visit	• Farrah will draft recommendations for trauma-informed care and Doulas. • Rekha will send an email to schedule a follow up phone call for discussing investment recommendations.

	corrections facilities o Trauma-informed care o Doula support for pregnant clients with SUD. Many pregnant women with SUD deliver alone. • Participant shared that funding smaller or part time positions is not sustainable and creates silos. Workforce needs full time positions and benefits.	
Member Updates, Challenges and Opportunities	• New POSC resources: Brochure for patients (also in Spanish) can be modified to include your organization's logo. ▪ Resources are posted to the POSC webpage. • Draft Brief on Coordinating Care – will share updated version in the coming weeks. ▪ This is meant for providers to use for their setting to replicate best practices. ***Savitri Horrigan, Population Health Program Manager, Planned Parenthood of Northern New England (PPNE)*** • PPNNE Training Opportunities o PPNNE offers resources for providers o 10 best practices in contraceptive counseling o Workshops to clients on sexual and reproductive health – offering these in women's prisons and Shea Farms. ***Farrah Deselle, Project Manager, NH Eat Sleep Console Implementation, Dartmouth Hitchcock*** • Preview of next meeting: Farrah will be presenting on the final report of the Eat, Sleep Console Implementation Project. Talking about where we are overlapping with existing services.	• CHI will change the location for March, so be on the lookout for more information.

Next Meeting: Wednesday, March 18, 2020; 2:30pm – 4:30pm

New Location: NH Fire Academy, 98 Smokey Bear Blvd, Concord, NH 03301