



# PERINATAL SUBSTANCE EXPOSURE TASK FORCE

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

Task Force Chair: Monica Edgar

Thursday, May 31, 2018

2:30PM-4:30PM

Meeting Minutes

**In-Person Participants:** Monica Edgar, Deborah Schachter, Rekha Sreedhara, Kate Frey, Lucy Hodder, Whitney Parsons, Peg Clifford, Maggie Minnock, Abby Rogers, Anna Ghosh, Ann Collins, Cheri Bryer, Brittney Smith, Martha Bradley, Louise Brassard, Daisy Goodman, Stephanie Daskal, Devin Oot, Courtney Tanner, Jonathan Stewart

**Phone Participants:** Steve Chapman, Bonny Whalen, Allison Wyman

## I. March Meeting Minutes

- Minutes were approved with the inclusion of minor edits.

## II. Priority Map Update

- The priority map will be a live working document. Members are requested to share updates and additions with Rekha as needed.
- *Rekha will share the priority map via email and will add it to the Google Group.*

## III. Partnership for a Drug-Free NH Campaign (PDFNH): "Know What Matters" Maternal Health Campaign

- PDFNH and their media campaign developer presented an overview of the campaign and solicited feedback.
  - Target audience for intervention: 18-44 year old women in NH who are currently pregnant or planning to become pregnant within the year
  - Target audience for prevention: 18-44 year old women in NH who are not pregnant and not planning to become pregnant
  - Key message is that no substance is safe with underlying theme of "Know what matters."
  - Goals are to provide education, positive health behaviors and create an online resource for additional information.
- PDFNH plans to launch a digital campaign from July to August allowing them to make changes as needed.
- Positive Feedback Received from the Task Force
  - "Know What Matters" offers a consistent and concise message and builds self-efficacy.

- vi. - Key insights found through research are clear.
- Concerns Raised by the Task Force
  - vii. - Messaging is confusing related to “No substance is safe.”
    1. Women needing medication assisted treatment might question their use of buprenorphine or methadone while pregnant and feel increased stigma. Discontinuing use of these medications could put the fetus at risk.
    2. Clearly define “substances” and knowing where prescribed medications (including SSRIs), caffeine, etc. fit in with this messaging.
      - Identify how to best address marijuana use in a public campaign. It was suggested that PDFNH speak with Dr. Mary Brunette and New Futures.
  - viii. - It was suggested that “Talk to your provider” be added as a key message.
  - ix. - Test campaign message (through focus groups) with patients in treatment and in recovery.
  - x. - Concern about statement relating to women who are not pregnant or not planning to be pregnant. Note CDC’s recent message and reaction.
- Further feedback and input can be directed to Devin Oot ([doot@drugfreenh.org](mailto:doot@drugfreenh.org)) at PDFNH.
- Devin is also looking for OB/GYNs for their PR initiative to bring a voice to this campaign and help build credibility. The volunteers will be given talking points.

**IV. Discuss Plan to Meet [RSA 177:8-b](#) and [175:4](#) Requirements to Inform General Public About Risks of Alcohol During Pregnancy in all Liquor Outlets**

- In 2015, on behalf of the Bureau of Drug and Alcohol Services, Division of Public Health Services, and the Liquor Commission, with funding from the March of Dimes, Community Health Institute designed a poster and coordinated the distribution of these posters in every liquor outlet to meet the RSA.
- It is believed that the state is no longer complying with this RSA. The task force has identified this as an activity to work on.
- During the meeting, the old poster that was created to meet the RSA was shared.
  - Main feedback shared was to consider messaging related to a range of ethnicities.

- A subgroup will be formed to determine message, how information will be shared (poster, card, credit card receipt, etc.), funding, printing, and process for how to keep information in liquor stores continuously replenished.
  - Devin Oot, Louise Brassard, Ann Collins, and Kate Frey volunteered to participate on the subgroup.
  - *CHI will convene a meeting to include identified task force members and will also invite BDAS, DPHS, and the Liquor Commission and will lead this process.*

**V. Presentation of NAS Needs Assessment: Jonathan Stewart, CHI**

- The Community Health Institute conducted a needs assessment last fall funded by the NH Charitable Foundation which focused on neonatal abstinence syndrome.
- The assessment consisted of: 1) surveys that went out via coordinators at hospitals, 2) survey to treatment providers, 3) survey to continuum of care facilitators and 4) series of key informant interviews
- Hospital discharge data analysis showed:
  - Information is incomplete and underestimated
  - Many inconsistencies in diagnosis and coding
- Top concerns related to being reported to child protective services, lack of child care, and lack of transportation.
- Top barriers and challenges:
  - Data collection needs to measure status and change
  - Adoption of Safe Plan of Care
- Discussion
  - i. - Childcare was identified as a challenge: There are providers for childcare but cost is an issue. Subsidies are never enough to meet the needed cost. Flexibility is also needed for childcare availability (e.g., for people who work 3rd shift).
  - ii. - There is a need for trauma informed child care. There are opportunities to educate providers and families. Trainings are being developed.
  - iii. - Home visiting and family resource centers could be helpful to pull together the different services.

**VI. Discuss Training Needs**

- This section was skipped due to time constraints.

- *Rekha will share identified training needs obtained from the SAMHSA Guidelines with task force members via email in an effort to identify provider-specific trainings needed.*
- *Rekha will convene a subgroup to start planning the Fall summit.*

## **VII. Legislative Updates**

- Safe Plan of Care
  - i. - SB 549 has passed.
  - ii. - Federal law requires that if the state is accepting certain funds, there is mandatory reporting of the numbers of children born with NAS and a safe plan of care must be developed.
  - iii. - If birth of a baby with symptoms is not synonymous with abuse a Plan of Safe Care is not required.
  - iv. - It is unclear how to confirm whether a referral for services has been made.
  - v. - The State developed a plan where the birthing worksheet will include a checkbox to indicate when there is a birth with NAS similar to how tobacco is tracked. Privacy concerns were raised with this process but for now this is the plan.

### Next Steps:

- A meeting with the State will be held to discuss worksheet to include language used and what information is collected.
  - It was suggested that a checkbox be included to track if the Safe Plan of Care was developed.

### - SB 592 Summary

- This bill “funds child protective services and staff and establishes a study committee for a family drug court.”

### Concerns expressed:

- vi. - How do referrals get made, to whom and how are they confirmed?
- vii. - Want people to get the services without being stigmatized or scared.

- viii. - Tries to get services to families earlier. Not always helpful if families are not ready to trust who this is coming from and when.
- ix. - Unless provider determines there is reason to report to child protective services, there is no need to report just because there is a Safe Plan of Care.
- x. - Need to let patients know that this is a 2-pronged system; not a mandated report just because there is a Safe Plan of Care. Need to let providers know that they need to create a Safe Plan of Care.
- xi. - Bill 515 applies to parents for whom a case has been opened. *Lucy Hodder will confirm with the State.*

Next Steps:

- xii. – Create guidance roadmap to include input from attorneys, providers, SUD treatment providers, state, etc.
- xiii. – Develop policies/education for medical providers (Daisy Goodman mentioned that she has materials (process map, etc.) but needs to get confirmation on content.)
- xiv. – Develop messaging and education for patients
- xv. – Provide education to DCYF, social workers and others
- xvi. – Develop Safe Plan of Care

It was recommended that a brief unified plan be developed to include patient strengths, contact info, web of support similar to VT plan.

Steve Chapman referred to the VT plan as a “how can we help you document.” Positive and supportive. Brings people together rather than striking fear. Can learn from the VT model. It was pulled together not by the State. It is a one-page document and itemizes strengths and webs of support.

- xvii. - Explore opportunities such as ECHO, NNEPQIN toolkit and Office of the Child Advocate

**VIII. Other Business**

a. [Well Sense Reimbursement Change](#)

- Well Sense also reimburses for postpartum LARC insertion. Thus, both MCOs currently reimburse for postpartum LARC insertion.

b. MCO RFP Process

- Both MCO contracts are up beginning on June 30, 2019. The State is going through RFP process to include current MCOs and new MCOs and will include Medicaid Expansion. The care and treatment of NAS is a critical focus. Public comments should recommend ensuring the use of best practices. The contract and RFP are coming out in next two weeks.

Concerns:

- i. - There is language about wanting to reduce the number of births of babies born with NAS symptoms. Not clear on the rationale and how this will be measured.
- ii. - Work requirement: How will this impact mothers who are in treatment and have a work requirement?
- iii. – *Lucy Hodder will prepare a summary on Medicaid Expansion.*

**Next Meeting**

Wednesday, July 25, 2018 – 2:30PM-4:30PM

Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow NH

Call-in Number: 1-866-210-1669

Passcode: 9060313