



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

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

Task Force Chair: Monica Edgar

September 26, 2018: 2:30pm-4:30pm Meeting Minutes		
Welcome & Introductions	<p>Participants: Monica Edgar, Rekha Sreedhara, Susan Latham, Becky Ewing, Anna Ghosh, Lucy Hodder, Courtney Gray Tanner, Deborah Schachter, Allison Wyman, David Laflamme, Kate Frey, Peg Clifford, Ann Collins, Melissa Brogna, Renee Maloney, Sarah Riordan (presenter), Martha Bradley (presenter), Adelaide Murray</p> <p>On phone: Linda Parker, Bonny Whalen, Vicki Flanagan, Steve Chapman, Brittany Smith</p>	
Agenda Item	Discussion	Action Steps
July Meeting Minutes	It was identified that Abby Rogers was not present at the July meeting.	Minutes were approved with edit to attendee list
Plan of Safe Care Update & Discussion	<ul style="list-style-type: none"> • The POSC Template Subcommittee met once and have had several offline conversations to draft a one-page template that focuses on meeting the legislative objectives (SB 549) as well as to support moms and babies. • DPHS, Abby Shockley, DCYF, Concord Hospital, and DHMC have been consulted to provide feedback on this template. • Additional feedback was requested from this Task Force. • Discussion took place on the benefits and harms of adding a place to note if there is a “guardian” other than the mother to the plan. Options were suggested which will be shared with DCYF for feedback. <ul style="list-style-type: none"> ○ Keep “Guardian” in the position as it appears on Draft 5 ○ Keep “Guardian” in the position as it appears on Draft 5 and add shading to indicate that it is a field filled out at discharge ○ Remove infant guardian section and include “primary caregiver” in the emergency childcare contact information section ○ Move infant guardian information to the end of the plan “to whom the baby is being discharged.” • It was suggested to use shading to indicate which parts of the plan would be completed at the postnatal period rather than prenatal. • Strengths and goals section was explained by Steve Chapman as a place to ask the 	<ul style="list-style-type: none"> • Change “Pediatrician” to “infant’s provider” in the signature section • Lucy and Allison will bring suggestions surrounding “guardian” language to DCYF for feedback. • Lucy and Allison will work with Steve to receive feedback on the “prenatal exposure” section from moms and family resource centers. • Task Force members will send suggestions for the services/supports/new referrals section to Allison and Lucy.

	<p>patient and record: What are you hoping for? Where would you like to be in a couple of months? What do you want to see happen? Hidden in here is a needs assessment (to meet goals).</p> <ul style="list-style-type: none"> • Options were suggested for the “Prenatal exposure” section. <ul style="list-style-type: none"> ○ Draft 5 asks if prenatal drug exposure is due to prescribed medications (y/n) followed by a place to include notes. The previous version included a list of potential prescribed/not prescribed substances to check off. ○ It was mentioned that it would be difficult to indicate yes/no in draft 5 as the answer will vary depending on the substance. ○ Suggestion to add two options “was the infant exposed to prescribed drugs during pregnancy” and “was the infant exposed to non-prescribed drugs during pregnancy”. ○ Suggestion to change to “prenatal exposure – Y/N” then “if yes” there is an option for prescribed or not prescribed. ○ Feedback is needed from the moms and family resource centers. • Recommendations provided to the “Supports and services” section; <ul style="list-style-type: none"> ○ Add DCYF ○ Add Domestic Violence ○ Reorder list to include services such as WIC, VNA, family resource centers towards the top of the list followed by parenting classes, safe sleep, MAT, behavioral health, etc. • It was clarified that DCYF, providers, and DPHS will not be using this form specifically for data collection procedures. DPHS and DCYF will only receive a copy of the plan if there is a formal report made. <ul style="list-style-type: none"> ○ It is important to differentiate between the level of detail that is included in the POSC versus the discharge summary. The POSC does not need to be a clinical record which would require a different level of confidentiality. • It was suggested to make this POSC applicable to every baby, not just for babies exposed to substances. In which case, all hospitals could be encouraged to use this for all births in the prenatal period. This could be a way to destigmatize the entire process and provide supportive care to all dyads. 	<ul style="list-style-type: none"> • Allison and Lucy will present this feedback to the POSC template subcommittee on October 3rd.
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	<ul style="list-style-type: none"> ○ This suggestion has been heard in other hospital settings ○ It could be included at prenatal intake for admission paperwork. ○ The mom could fill it out on their own for first pass. ● It was suggested to also develop an annotated version of the template to serve as a guidance document for the provider needing to fill out the plan. <ul style="list-style-type: none"> ○ This may include legal information as well, but the State will need to determine what this document would look like. ● A question still exists – “what does affected by” mean; The law is not clear; different hospitals are using different criteria to identify when to use a POSC. 	
<p>Plan of Safe Care Summit Preparations January 29, 2019</p>	<ul style="list-style-type: none"> ● Two planning meetings have been held for the POSC Summit. ● A Save the Date announcement went out in early September. Task Force members were asked to continue to disseminate the Save the Date among their contacts. ● Registration information will be disseminated in mid to late November ● The tentative agenda includes keynote speakers, a panel, and a series of case study discussions ● Potential keynote speakers include: Dr. Lauren Jansson and Dr. Davida Marti Schiff Other suggestions that were made: <ul style="list-style-type: none"> ○ Judge John Kissinger, or another Drug Court judge ○ North Carolina Family Court 	<ul style="list-style-type: none"> ● Task force members will share suggestions for Summit Keynote speakers with Rekha as soon as possible.
<p>Anti-Drinking Communication Materials</p>	<p>Announcement: The Partnership for Drug Free NH will be dissolved. The work related to Maternal Health Campaign will be carried on as a project of the Community Health Institute/JSI.</p> <ul style="list-style-type: none"> ● CHI/JSI (presented by Martha Bradley) will be launching the digital media campaign to limit perinatal alcohol and marijuana use. ● Focus groups will be held with women over the next couple months to gain feedback on potential story boards and other communication materials. ● The campaign team would like to talk with the Task Force in November about challenges and needs related to talking to pregnant women about alcohol and marijuana. ● Becky Ewing suggested that information cards to give to moms would be very helpful. ● The campaign team is requesting names of providers to conduct Key Informant 	<ul style="list-style-type: none"> ● Martha will come to the November TF meeting to discuss the obstacles in talking to women about marijuana use and to discuss other aspects of the campaign. (45 minutes) ● Martha will send an email in the next couple days to elicit provider names to conduct

	<p>Interviews with.</p> <ul style="list-style-type: none"> ○ This may include providers who are not currently following guidelines regarding communicating about marijuana use. ● Materials will be shared with the Task Force for input once they are developed. ● A suggestion was made to check with states that have legalized marijuana and how they have approached this issue. <p>A poster about the risks of drinking alcohol while pregnant use was developed for liquor stores to comply with the RSA. Participants are encouraged to take posters back to their organizations to display. These are also available in an electronic version.</p> <ul style="list-style-type: none"> ● Concern was raised about making sure the posters remain displayed at the liquor outlets, given the challenges in the past. ● This concern needs to be raised with the Liquor Commission. ● If Task Force members do not see the poster in liquor stores after October 1, please let Rekha know. 	<p>potential key informant interviews to inform messaging.</p>
<p>Hospital Needs Assessment related to Plans of Safe Care</p>	<ul style="list-style-type: none"> ● The purpose of the assessment was to gain understanding of the progress in utilizing Plans of Safe Care including challenges and questions. The information collected will be used to inform the agenda for the Summit and the development of the POSC template. ● Rekha and Vicki provided a background of the questions that were asked of the 17 birth hospitals in the state related to the POSC. ● Responses were received from 11 of the 17 hospitals, 8 stated that they were implementing with some identifying challenges; 2 were in the planning stage; and 1 was not implementing. ● Hospitals expressed questions and challenges about the purpose, how to use it, and other administrative and technical questions. ● The Summit planning group reviewed this data to inform the Summit agenda. The POSC subcommittee will review as well at their next meeting. 	
<p>NH PRAMS Data Presented by Sarah Riordan, NH DPHS</p>	<ul style="list-style-type: none"> ● Sarah presented an overview of the NH PRAMS data including analysis that shows: women are more likely to cut back on smoking in the last trimester of their pregnancy; and women who intend to get pregnant have lower marijuana use before pregnancy than among women who had not intended to become pregnant. 	<ul style="list-style-type: none"> ● Sarah's PowerPoint will be sent to participants with the meeting minutes.

	<ul style="list-style-type: none"> • Additional funding has been received to add 10 questions to the PRAMS survey related to opioid use in April 2019. This data collection will end in December 2019. • PRAMS data can be found at: https://www.dhhs.nh.gov/dphs/bchs/mch/prams.htm If participants want any additional analysis with the PRAMS data, contact Sarah Riordan (Sara.Riordan@dhhs.nh.gov) or David Laflamme (David.Laflamme@UNH.edu). • If participants know of any uses of the PRAMS data in NH, please let Sarah know, as they report this information to sustain funding. 	<ul style="list-style-type: none"> • Sarah will send any notable Data to Action reports to the group.
<p>Other Business</p> <ul style="list-style-type: none"> • Upcoming Conferences & Trainings • Other Updates 	<ul style="list-style-type: none"> • The Opioid Collaborative Forum will be held on October 5 in Concord. The topics focus on children and families in relation to opioid use disorder. • The NH Behavioral Health Summit will be held on December 10 & 11 <ul style="list-style-type: none"> ○ Lucy, Tricia, Steve, and Kali will be presenting on the Plan of Safe Care. • The Circle of Security Training will be held from January 21 – 24. <ul style="list-style-type: none"> ○ This is a training on a clinical model to raise parenting and coping skills in the context of trauma. • Trauma Informed Childcare Practices training will be happening in Claremont and White River Junction. <ul style="list-style-type: none"> ○ This presenter could be a guest at the Perinatal Task Force in the future. 	<ul style="list-style-type: none"> • Vicki will provide an update to the group on the Circle of Security of training. • Bonny will send information to the task force on the Trauma Informed Childcare Practices training.