2017-2020 Governor's Commission Plan

PERINATAL SUBSTANCE EXPOSURE Task Force

State Plan Recommendations

WHAT: The current 5-year state plan is due to expire at the end of 2017. A new 3-year plan, with an anticipated release date of October 2017 will be developed, soliciting recommendations from all eight task forces, an enforcement ad hoc group and Commission members. These recommendations, once vetted and approved by the Governor's Commission, will essentially be the workplans for task forces.

WHO: Task Forces, enforcement representatives, commission members and other stakeholders as identified by the task forces.

WHEN: Completed templates are due by **April 25, 2017**.

HOW: Use the following template to record observations based on available data and identify, at a minimum, two priority areas and corresponding strategies to address identified areas of focus and specifically indicate the role your task force will play. Please indicate if certain strategies involve other task forces and stakeholders. Additionally, please include any recommendations identified for other task forces and/or measures that would be important to monitor over the next three years. Task forces may solicit recommendations through regularly scheduled meetings, additional in-person and/or phone meetings, key informant interviews, focus groups, and other methods.

OVERARCHING THEMES: Task Forces are encouraged to submit recommendations to enhance the following mission statement.

The mission of the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.

We envision a society in which alcohol and drug problems are recognized as a public health issue that is both preventable and treatable.

We envision a society in which high-quality services for prevention and treatment of alcohol and drug problems are widely available and where prevention and treatment are recognized as specialized fields of expertise.

We envision a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, prejudice, discrimination, and other barriers to prevention and recovery are eliminated.

For additional guidance see DHHS, Division of Behavioral Health, Bureau of Drug and Alcohol Services Conceptual Framework - http://www.dhhs.nh.gov/dcbcs/bdas/index.htm.

STEP 1: *Identify and review guidance relative to the specific areas of focus of the task force as well as state resources such as the following:*

- ✓ SFY 2016 Annual Report - http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/10/GC-FINAL-September-2016-1.pdf
- ✓ Collective Action, Collective Impact Five-Year State Plan - http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/collectiveaction.pdf
- ✓ National Survey on Drug Use and Health (NSDUH) Talking Points - http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/TalkingPoints_SubstanceMisuseAmongYouth-YoungAdults.pdf
- ✓ NH Drug Monitoring Initiative Report - http://www.dhhs.nh.gov/dcbcs/bdas/data.htm
- ✓ The Voice of NH's Young Adults: Results of the 2015 Young Adult Needs Assessment - http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/11/FINAL-Voice-of-NH-Young-Adults-Final.pdf
- ✓ Any other data sources that are relevant to the focus of the task force

STEP 2: *Based on data reviewed in the previous step, complete the following table to record your observations of the data as they relate to the specific areas of focus of the task force.*

OBSERVATIONS	SUPPORTING DATA SOURCES
"Women are more likely to experience chronic pain and use prescription opioid pain medications for longer periods and in higher doses than men."	Opioid Use, Misuse and Overdose in Women White Paper, page 5
Women tend to use substances differently than men, sometimes using a smaller amount of drugs for a shorter amount of time before they become dependent	Opioid Use, Misuse and Overdose in Women White Paper, page 5
Psychological and emotional distress have been identified as risk factors for hazardous prescription opioid use among women, but not among men	Opioid Use, Misuse and Overdose in Women White Paper, page 5
Women are more likely to have co-occurring disorders	Opioid Use, Misuse and Overdose in Women White Paper
Adverse childhood experiences/sexual abuse can	Opioid Use, Misuse and Overdose in

lead to substance misuse	Women White Paper
Issues around caregiving, can impact access and a woman's ability to stay in treatment	Opioid Use, Misuse and Overdose in Women White Paper
"A 2016 study found that men were nearly three times more likely than women to receive naloxone in Emergency Medical Services opioid overdose resuscitation efforts."	Opioid Use, Misuse and Overdose in Women White Paper, page 10
"Women are more likely to initiate hazardous drug use in the context of some type of intimate partner relationship, particularly after introduction of the substance by a boyfriend or spouse. While women are likely to be introduced to substances by an intimate partner, men are more likely to be introduced to substances by a peer."	Opioid Use, Misuse and Overdose in Women White Paper, page 13
"Eighteen women (75%) had at least one documented risk factor (obesity, tobacco use, substance use, and/or at least one mental health disorder)."	NH Maternal Mortality Report
16.7% of pregnancy-associated deaths in women from 2012-2016 are from suicide and 20.8% from accidental drug overdose.	NH Maternal Mortality Report
Very small number of pregnancy-associated, and even smaller number of pregnancy-related deaths makes any broad conclusions difficult.	NH Maternal Mortality Report
Need to determine if the 5 Pregnancy-Associated Accidental Drug Overdose deaths were for women in treatment at the time of pregnancy/delivery.	NH Maternal Mortality Report
Need to determine how the "documented risk factors" of substance use and/or mental health disorder overlap with overdose deaths - and investigate how these women "fell through the cracks"?	NH Maternal Mortality Report
47% of women used some form of contraception at time of pregnancy	PRAMS 2013 Data Book
Tobacco use in 3 months prior to pregnancy (27%), last 3 months of pregnancy (13%) and 2-6 months postpartum (17%)	PRAMS 2013 Data Book, pg 19, Questions 29, 30, 33, 34 & 35
In 2015, nine hospitals (Androscoggin, Catholic Medical Center, Concord Hospital, DHMC, Elliot, Memorial Hospital, Southern NH Hospital, Speare	2015 project-based NAS data from a regional quality improvement collaborative

Hospital and Wentworth Douglass Hospital) cared for 336 infants born at their hospital that were exposed to opioids (illicit and licit) in-utero. These infants include resident and non-resident infants born in NH and exclude NH residents born in other states. These nine hospitals account for 68.5% of all NH births.	
2015 rates of maternal-fetal opiate exposure (n=336) based on maternal self-report and maternal or neonatal toxicology screens indicate exposure to short-acting opioid, prescribed (29, 8.6%), short-acting opioid, illicit (51, 15.2%), short-acting opioids, unknown (12, 3.6%), methadone, prescribed (93, 27.7%), methadone, illicit (10, 3%), buprenorphine, prescribed (147, 43.8%), buprenorphine, illicit (32, 9.5%), buprenorphine, unknown (2, 0.6%), heroin (66, 19.6%), and no opioid exposure able to be determined (10, 3%).	2015 project-based NAS data from a regional quality improvement collaborative
2015 rates of maternal-fetal non-opiate exposure (n=258) indicate exposure to cocaine (44, 17.1%), marijuana (112, 43.4%), alcohol (9, 3.5%), SSRIs (26, 10.1%), benzodiazepine (37, 14.3%), nicotine (184, 71.3%), and other (49, 19%).	2015 project-based NAS data from a regional quality improvement collaborative
Out of 333 infants, 250 (75.1%) were scheduled an appointment with a primary care provider within 1-2 days of discharge whereas 71 (21.3%) infants were not and 12 (3.6%) were unknown.	2015 project-based NAS data from a regional quality improvement collaborative
Out of 336 infants, 244 (72.6%) were scheduled an appointment with VNA within 1-2 days of discharge whereas 64 (19%) infants were not and 28 (8.3%) were unknown.	2015 project-based NAS data from a regional quality improvement collaborative
74% of providers discussed alcohol use and 73.7% discussed smoking during perinatal visits	PRAMS 2013 Data Book
Prenatal home visits (6%) and postpartum home visits (32.6%). In the Medicaid only data it was 10%.	PRAMS 2013 Data Book
Mental Health 16% depression reported.	PRAMS 2013 Data Book
The most often cited reason for not starting prenatal care as early as desired was unawareness of the pregnancy, by 39% (32/81) of women	PRAMS 2013 Data Book

Proportionately more than twice as many women in the Medicaid group as in the non-Medicaid group started prenatal care after the first trimester (17.8% vs. 7.1%), had eight or fewer prenatal visits (12.5% vs. 5.3%), and had a rating of 'Inadequate' on the Kotelchuck index of prenatal care adequacy (12.1% vs. 5.2%).	PRAMS 2013 Data Book, Stratified by Medicaid Participation, page 6
Over 40% of women in the Medicaid group experienced 3 to 5 life stressors in the 12 months before delivering their baby, compared to less than 20% in the non-Medicaid group.	PRAMS 2013 Data Book, Stratified by Medicaid Participation, page 7
2015 project-based NAS data from a regional quality improvement collaborative involving opioid-exposed newborns from 13 NH and 4 VT hospitals indicate co-morbid perinatal exposure to substances at 12% cocaine, 33% marijuana, 2% alcohol, 6% SSRIs, 11% benzodiazepines, 60% nicotine, and 13% other substances.	2015 project-based NAS data from a regional quality improvement collaborative
Safe Sleep Practices, co-sleeping behavior, baby sleeps in same bed, couch, with other adults or children - 7.6% always, 13.2% often, 16.3% sometimes, 29% rarely, 33% never	PRAMS 2013 Data Book, page 29, Question 70
NH reports 8 to 12 (approximately 1/5 of deaths) infant deaths related to unsafe sleep settings	NH Division of Public Health Services' NH Sudden Unexpected Infant Death Case Registry, 4/19/17
Alcoholic drinks 3 months prior to pregnancy (yes-87.3%, did not drink 12.7%) & during last 3 months of pregnancy (15.9% consumed alcohol and 87% did not drink)	PRAMS 2013 Data Book, page 20, Questions 37 & 38
Reproductive healthcare – condom use & unplanned pregnancies (One Key Question initiative)	PRAMS 2013 Data Book, page 15, Questions 14-17
Major stressors during the 12 months before new baby was born. Choice m: Someone very close to me had a problem with drinking or drugs. 2013: 16.1% (12.9 to 20.0) 95% CI 2014: 13.9% (10.9 to 17.6)	PRAMS 2013 Data Book, question 39
Percent with no insurance Q8, PrePreg Q21, PrenatalCare Q64, PostPartum 2013 19.4% 2.4% 17.4%	PRAMS 2013 Data Book

2014 13.9% 1.8% 7.3%	
"The percentage of individuals in the United States with past year illicit drug dependence or abuse was highest among young adults 18–25. Young adults in New Hampshire have higher rates of alcohol and drug misuse when compared with young adults nationally."	Young Adult Assessment
According to the National Survey on Drug Use and Health, "young adults in New Hampshire (18–25 years of age) are using prescription painkillers non-medically at higher rates (9.8%) than other states in the Northeast region1 (7.8%) and the rest of the nation (8.3%). New Hampshire young adults also have a higher rate of illicit drug dependence and abuse and non-marijuana illicit drug use than the rest of the country."	Young Adult Assessment
"Drinking can stem from boredom, which might be why New Hampshire has a high rate of drinking, because there isn't much else to do."	Young Adult Assessment
"[It's] difficult to find consistent employment that pays enough to be stable. Seasonal employment makes it hard to get by. [It's] difficult to move out and live independently because [of] not making enough."	Young Adult Assessment
Participants recognize that a strong family structure contributes to better choices and more stable foundation but it is not as prevalent in their generation.	Young Adult Assessment
Young adults are more trusting of medical providers due to confidentiality laws and are not as willing to talk with family because they do not want to let them down.	Young Adult Assessment
Most Common Source of Discouragement: Economy or finances, poor work ethic and immaturity of their generation, government, politics, and world events, people disrespecting each other	Young Adult Assessment
The misuse of alcohol among high school students has decreased steadily from 2003 to 2015. This decrease correlates with the array of substance	Youth Risk Behavior Survey (YRBS)

misuse prevention activities conducted over this time period with the main focus targeted youth and the reduction of alcohol use.	
There has been no statistically significant change in the lifetime rate of heroin use reported by students during the past 5 years, which indicates a need for more focused work and attention to address the opioid crisis in New Hampshire.	Youth Risk Behavior Survey (YRBS)
Other trends for illegal drug use are encouraging. The percent of students using prescription drugs (such as painkillers, stimulants or sedatives) without a prescription from a medical provider has decreased to 13.4%. The percent of students who were offered or sold illegal drugs on a school campus decreased from 28.2 % in 2003 to 16.5% in 2015.	Youth Risk Behavior Survey (YRBS)
The number of students who attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor has increased over the past decade.	Youth Risk Behavior Survey (YRBS)
The number of students who did something to purposely hurt themselves (such as cutting or burning themselves) without wanting to die continues to hover at 18% since the question was first asked in 2013.	Youth Risk Behavior Survey (YRBS)
The number of students who felt sad or hopeless almost every day for 2 or more weeks has remained unchanged over the past decade, continuing to hover at 25%.	Youth Risk Behavior Survey (YRBS)
Rates in the use of tobacco have significantly decreased.	Youth Risk Behavior Survey (YRBS)
A new question included in the survey revealed that 25% of students reported using electronic vapor products. By 12th grade, 32.4 % of students used one of these products on at least one day in the past 30 days.	Youth Risk Behavior Survey (YRBS)
“Clinical reports suggest that women who use cocaine, opioids, or alcohol progress from initial use to a disorder at a faster rate than do men (called “telescoping”).”	Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health

"The incidence of NAS has increased dramatically in the last decade along with increased opioid misuse. In 2012, an estimated 21,732 infants were born with NAS, a five-fold increase since 2000. Moreover, in 2012, newborns with NAS stayed in the hospital an average of 16.9 days, more than eight times the number of days other newborns stay in the hospital (2.1 days). These newborns with NAS cost hospitals an estimated $1.5 billion, and 81 percent of these costs were paid by state Medicaid programs."	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
"Long-term methadone maintenance treatment for opioid use disorders has been shown to be more effective than short-term withdrawal management, and it has demonstrated improved outcomes for individuals (including pregnant women and their infants) with opioid use disorders."	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
"Buprenorphine is associated with improved outcomes compared to placebo for individuals (including pregnant women and their infants) with opioid use disorders, and it is effective in reducing illegal opioid use."	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health
"Studies have found that providing recovery coaches for mothers with substance use disorder reduces subsequent births with prenatal substance exposure and also increases rates of family reunification."	Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health

STEP 3: *Use your observations of the data (Step 2) to identify at a minimum two priority areas and corresponding strategies to address identified areas of focus and specifically indicate the role your task force will play. Please indicate if certain strategies involve other task forces and stakeholders. The current active task forces include:*

-Opioid Task Force
-Healthcare Task Force
-Military Task Force
-Perinatal Task Force
-Prevention Task Force
-Treatment Task Force
-Recovery Task Force
-Data and Evaluation Task Force

PRIORITY AREA 1: ***Increase evidence-based education for providers and patients***			
RECOMMENDED STATE PLAN STRATEGIES	**RECOMMENDED TASK FORCE STRATEGIES**	**OTHER TASK FORCE(S)**	**OTHER STAKEHOLDERS**
1. Encourage implementation of SBIRT practices across primary care and OB practices to universalize screening for substance misuse	*a. Support implementation of SBIRT practices*	-Healthcare -Prevention -Treatment	-NH Chapter of ACOG -NH Hospital Association -NNEPQIN -FQHCs -Center for Excellence
2. Encourage primary care and OB practices to receive training on best practices for trauma, psychological and emotional distress and co-occurring disorders	*a. Support best practice and training for trauma, psychological and emotional distress and co-occurring disorders*	-Healthcare -Prevention -Treatment	-NH Chapter of ACOG -NH Hospital Association -Behavioral health -FQHCs -NNEPQIN
3. Increase education related to the risks of smoking on the fetus, newborn and child	*a. Collaborate with DPHS/ Tobacco Prevention and Cessation Program to provide education*	-Prevention -Treatment	-DPHS -DHHS/BDAS -NH ACOG -AAFP -AAP -NH Pediatric Improvement Partnership -March of Dimes -Partnership for a Drug-Free NH -IDNs
4. Educate and inform the public and professionals on the impact of marijuana use during pregnancy and lactation	*a. Research and support development of educational materials to communicate impact of marijuana use during pregnancy*	-Prevention -Treatment	-DHHS -NH Medical Society -March of Dimes -NH PRAMS

			-Alternative treatment centers -NH ACOG -AAFP -AAP -March of Dimes -Partnership for a Drug-Free NH -IDNs
5. Maintain patient education related to the risks of alcohol on the fetus, newborn and child	*a. Continue collaborating with DHHS and the Liquor Commission to promote education in liquor stores*	--	-DHHS -Liquor Commission -NOFAS
6. Provide education to provider and patients on safe sleep practices to prevent sleep-related infant deaths and falls	*a. Encourage inclusion of safe sleep practices in safe plan of care* *b. Support education for patients and providers on the potential increased risks of infant injury related to MAT sedation*	--	-DCYF -Hospitals -AAP -AAFP -Dartmouth Injury Prevention Center -DHHS/BDAS -OTPs

PRIORITY AREA 2: ***Increase access to family support services***			
RECOMMENDED STATE PLAN STRATEGIES	**RECOMMENDED TASK FORCE STRATEGIES**	**OTHER TASK FORCE(S)**	**OTHER STAKEHOLDERS**
1. Increase referrals to home visiting programs (newborn and other programs)	*a. Encourage inclusion of home visiting referrals in safe plan of care*	-Treatment	-Hospitals -Community-based home visiting agencies -Early Supports and Services
2. Increase trauma-informed strategies for early childhood services	*a. Support training for early childhood providers*	-Treatment -Recovery	-DHHS

3. Increase recovery support referrals for pregnant and parenting women including for transportation and childcare	*a. Encourage inclusion of recovery support referrals in safe plan of care*	-Treatment -Recovery	--

PRIORITY AREA 3: ***Increase access to family planning services***			
RECOMMENDED STATE PLAN STRATEGIES	**RECOMMENDED TASK FORCE STRATEGIES**	**OTHER TASK FORCE(S)**	**OTHER STAKEHOLDERS**
1. Implement the "One Key Question" initiative across NH	*a. Research and promote initiative*	--	-March of Dimes -DPHS -NNEPQIN -Title X Family Planning providers
2. Increase access to postpartum long-acting reversible contraception (LARCs)	*a. Research strategies used by other states that are applicable to NH to increase LARC access*	--	-NH Chapter of ACOG -Pharmacies -Medicaid/ MCOs

PRIORITY AREA 4: ***Provide coordinated and timely access to treatment***			
RECOMMENDED STATE PLAN STRATEGIES	**RECOMMENDED TASK FORCE STRATEGIES**	**OTHER TASK FORCE(S)**	**OTHER STAKEHOLDERS**
1. Increase access to family-centered and integrated treatment programs	--	Treatment TF	--
2. Support policy changes to address prior authorization and other insurance barriers	--	--	--

STEP 4: *Include any recommendations identified for other task forces that would be important to monitor over the next three years.*

ADDITIONAL RECOMMENDATIONS FOR OTHER TASK FORCES
1. Increase access to mental health treatment including psychopharmacotherapy and counseling – *Treatment Task Force*

2. Ensure all core trainings are inclusive of perinatal providers – *Healthcare Task Force*

STEP 5: *Identify additional measures and datasets, not mentioned above, that would be important to monitor over the next three years.*

ADDITIONAL MEASURES	
MEASURES/DATASETS	DATA SOURCE
1. # of integrated substance use disorder treatment programs in NH	--
2. Methadone dosing data	--
3. Number of referrals	Safe Plan of Care

STEP 6: *Please list additional stakeholders who were engaged with this process outside of task force members.*

ADDITIONAL STAKEHOLDERS	
1.	
2.	
3.	
4.	

STEP 7: Submit completed template to NH Center for Excellence staff by **April 25, 2017** and present recommendations at the Governor's Commission Retreat on **May 5, 2017.**