

## PERINATAL SUBSTANCE EXPOSURE TASK FORCE PRIORITY MAP

This priority map outlines categories of emphasis for this task force and partners who care for mothers and infants affected by perinatal substance exposure. Key strategies, gaps and challenges, identified activities and task force and partner efforts are included for each of the nine categories.  
*Last Updated: 5.16.2019*

### CATEGORY 1: Prevent risk of developing a substance use disorder among women of child bearing age

#### STRATEGY 1: Encourage implementation of SBIRT processes across NH primary care and OB practices, and other settings

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-OB providers are not using uniform SBIRT protocols and skills.</p> <p>-Early detection of risk for SUD and intervention is required for reproductive-age women to prevent fetal exposure and maternal substance use.</p>	<p>-Support implementation of SBIRT among provider sites</p>	<p>-NNEPQIN learning collaborative focused on SBIRT approach</p> <p>-D-H 21<sup>st</sup> Century Cures Act project promoting SBIRT in participating practices</p> <p><a href="#">-JSI/CHI SBIRT Initiative</a></p> <p>-TA provided to VNA of Central NH Home Visiting Program</p> <p>-Developed <a href="#">SBIRT Perinatal Playbook</a>; disseminated to Perinatal TF members and 300+ participants at 1/29/19 summit</p> <p>-NH DHHS awarded 5-year HRSA grant focused on “Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program”</p>

### CATEGORY 2: Prevent unintended pregnancy among women with substance use disorders

#### STRATEGY 1: Increase access to long-acting reversible contraception (LARC) for women of child-bearing age and postpartum women

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Providers need education/training to increase skills and confidence in post-placental insertion and removal</p> <p>-Limited funding due to Federal Administration’s Title X proposed rules</p>	<p>-Support education and training related to LARC</p>	<p><a href="#">-NH Healthy Families</a> &amp; <a href="#">Well Sense</a> reimburses for LARC insertion at postpartum while the member is still inpatient (effective January 1, 2018); disseminated LARC reimbursement policy to Perinatal TF members to share with key audiences</p> <p>-Break-out session held about LARC at January 2018 NNEPQIN meeting</p> <p>-LARC session offered at June 7 ACOG conference</p>

#### STRATEGY 2: Implement “One Key Question” initiative and contraceptive counseling practices across NH including for health and human service providers, drug and alcohol counselors and case managers

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts

<p>-Many women need information about contraceptive options, and assistance in overcoming barriers to obtaining reproductive health care</p> <p>-Unmet need for contraceptives and access barriers among women with SUDs</p> <p>-Need to develop parallel outreach approach which can be implemented in rural/semi-rural communities to meet women with substance use disorders where they are engaging in care (for example, private, non-affiliated substance use treatment providers, WIC offices)</p>	<p>-Encourage providers to implement evidence-based contraceptive counseling protocols</p>	<p>-A new section on postpartum care and best practices in contraceptive counseling to include the OKQ approach was included in the NNEPQIN toolkit and jointly developed with PPNNE.</p> <p>-PPNNE offered training on Best Practices in Contraceptive Counseling attended by 15 HHS professionals from 10 different organizations/programs</p> <p>-PPNNE provided training, over the last year, to over 200 professionals from 15 NH SUD treatment/recovery entities on having conversations with their clients about sexual and reproductive health, including discussing the full range of contraceptive options</p> <p>-PPNNE developed and shared “Safer Sex for Every Body” graphic with all community partners trained in the last 6 months and with participants at 1/29/19 summit</p> <p>-New PPNNE position funded to increase capacity to train NH health and human service providers to expand the sexual and reproductive health services and information offered to their clients/patients.</p> <p>-Manchester Community Health Center in partnership with the Elliot will be providing intensive community outreach and contraception options/education to women not currently engaged in medical care.</p> <p>-DHMC Moms in Recovery expanding co-located Women’s Health Services at Doorways site.</p>
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**CATEGORY 3: Increase awareness of and access to treatment and recovery support services for pregnant and parenting women with substance use disorders**

**STRATEGY 1: Increase provider awareness of behavioral health treatment resources**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Limited awareness among providers of NH treatment resources</p> <p>-Lack of access to behavioral health/psychiatric services in NH</p>	<p>-Identify behavioral health treatment resources for pregnant/parenting women in NH</p>	<p>-Developed <a href="#">map</a> and <a href="#">list</a> of services and supports</p> <p>-Posted map/list on <a href="#">POSC web page</a></p> <p>-Disseminated to 300+ participants at 1/29/19 summit</p> <p>-HUB model using DHMC Doorways as Hub for Lebanon/Grafton County, with Moms in Recovery as spoke for pregnant and parenting women, and DHMC ATP, GIM, and Primary Care as spoke sites for both women and other family members</p> <p>-HUB model using Riverbend CHOICES as the HUB for Concord PCP imbedded providers</p>

<p>-More place based behavioral health services needed in public schools and/or Family Resource Centers where moms attend parent education, receive food, shelter, etc.</p>	<p>-Identify outreach and other needs to best support provider use of statewide Dartmouth-Hitchcock provider-to-provider consult line</p>	
	<p>-Enhance dissemination of <a href="#">UNH Parity Guide</a> and video to all settings</p>	

**STRATEGY 2: Increase access to and provider awareness of recovery (e.g. recovery coaching, telephone recovery supports) and ancillary supports (e.g. housing, childcare, transportation, domestic violence, sexual violence, and other criminal justice services)**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Limited awareness among providers of NH resources</p> <p>-Lack of affordable transitional and recovery-supportive housing that also support families</p> <p>-Lack of affordable and safe childcare</p> <p>-SB 313 work/community engagement requirements may complicate access to services for this population.</p>	<p>-Identify recovery support services and ancillary supports for pregnant/parenting women in NH</p>	<p>-Developed <a href="#">map</a> and <a href="#">list</a> of services and supports</p> <p>-PRSS Facilitating Organization oversees 13+ NH Recovery Community Organizations</p> <p>-<a href="#">Hope on Haven Hill</a> is planning to open a recovery house in June 2019.</p> <p>-<a href="#">Families in Transition-New Horizons</a> opened new recovery house in Manchester.</p> <p>-<a href="#">Governor's Recovery Friendly Workplace Initiative</a> will offer more employment opportunities.</p> <p>-Bill passed to allow mental health or SUD treatment to meet the work requirement to be eligible for a childcare subsidy (SB 570).</p>

**STRATEGY 3: Increase MAT access and prescriber capacity**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Lack of prescriber capacity in many parts of the state</p>	<p>-Identify integrated programs offering maternity care and buprenorphine treatment.</p>	<p>-Developed <a href="#">map</a> and <a href="#">list</a> of services and supports</p> <p>-DHMC 21st C. Cures Act funding supports integrated MAT at 5 maternity-care providing sites across NH</p>

<p>-Patients unable to access a PCP who also is a MAT provider</p> <p>-Limited availability of buprenorphine for reproductive age and pregnant women</p> <p>-Inconsistent dosing across Opioid Treatment Programs/Methadone Clinics</p> <p>-Lack of behaviorists and enhanced care coordination in PCP practice</p>	<p>-Support provider education and training related to MAT</p>	<p>-<a href="#">CARA 2.0</a> proposes to support pregnant/parenting women by expanding MAT training/ buprenorphine prescribing to both nurse anesthetists and nurse midwives</p> <p>-Dartmouth-Hitchcock Cures Act funded initiative is training physicians and nurse midwives to prescribe MAT and supporting development of related practice infrastructure (Behavioral Health, Peer Recovery Support Workers)</p> <p>-<a href="#">Citizens Health Initiative Project Echo</a> focused on care management for substance use and exposure during the perinatal period</p> <p>-<a href="#">JSI/CHI MAT Community of Practice</a> focused on development and implementation of MAT</p> <p>-DHMC Center for Addiction Recovery in Pregnancy and Parenting (CARPP) provides MAT related resources for providers including guidance for MAT in pregnant and parenting women (linked to NNEPQIN toolkit materials)</p> <p>-NNEPQIN toolkit and perinatal SUD learning collaborative provides support and guidance regarding best practice for MAT/AUD/other SUD treatment for reproductive aged women (linked the DHMC CARPP site)</p> <p>-NNEPQIN perinatal SUD learning collaborative meets monthly to support implementation of best practice for screening and link to care for MAT/AUD/other SUD in perinatal population, aligned with Alliance for Innovation in Maternal Health (AIM)</p>
	<p>-Make recommendation to ACOG, AAFP, and AWONN for OB/GYNs, family physicians, and midlevel providers to obtain and use X waivers to treat patients who have OUD</p>	<p>(See above DHMC and NNEPQIN initiatives)</p> <p>-NNEPQIN promotes regional implementation of Alliance for Innovation in Maternal Health (AIM) Patient Safety Bundle for Perinatal Care of Women with Opioid Use Disorder</p> <p>-DHMC OB/Gyn Resident training program (PGY2) trains 4 residents/year in care of perinatal women with substance use disorders including obtaining buprenorphine waiver</p>
<p><b>STRATEGY 4: Increase outpatient and residential treatment capacity specific to pregnant and newly parenting women</b></p>		
<p><b>Gaps/Challenges</b></p>	<p><b>Identified Activities</b></p>	<p><b>Task Force &amp; Partner Efforts</b></p>

<ul style="list-style-type: none"> <li>-Capacity insufficient to meet the need of pregnant and newly parenting women</li> <li>-Gap exists not only in access but also in quality and comprehensiveness of services which are available</li> <li>-Lack of capacity in many parts of the state – only a few residential programs for pregnant/parenting women are available</li> <li>-Need for low cost, recovery housing for newly parenting women with one or more children</li> <li>-Need to provide individualized treatment</li> <li>-Need capacity to accept children of different ages</li> </ul>	<ul style="list-style-type: none"> <li>-Identify opportunities to support expansion of program capacity</li> </ul>	<ul style="list-style-type: none"> <li>-<a href="#">CARA 2.0</a> proposes to support pregnant/parenting women including \$100 million to expand treatment for pregnant and postpartum women, including facilities that allow children to reside with their mothers.</li> <li>-IMD waiver</li> <li>-UNH/IHPP assisting State with preparing proposal for CMS grant (Maternal Opioid Misuse (MOM) Model)</li> <li>-Region 1 IDN funded initiative currently exploring feasibility of long term residential care for women and children in Grafton County: report in June, 2019</li> </ul>
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**CATEGORY 4: Increase awareness of and access to parenting and early childhood supports among pregnant and parenting women with substance use disorders**

**STRATEGY 1: Expand eligibility and referrals for home visiting and other family supports**

<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
<ul style="list-style-type: none"> <li>-Long waitlists in some communities; in some communities home visiting slots are available but not used due to stigma, lack of workforce or lack of coordination</li> </ul>	<ul style="list-style-type: none"> <li>-Identify opportunities to expand home visiting and other supports for families</li> </ul>	<ul style="list-style-type: none"> <li>-Bill passed to establish a home visiting services initiative (SB 592).</li> <li>-UNH/Institute for Health Policy and Practice prepared and reviewed summary on SB 592 during 5/31/18 Perinatal TF meeting</li> <li>-Invited member from Home Visiting Task Force to serve on the Perinatal Substance Exposure Task Force and vice versa; started attending meetings in March 2019</li> </ul>

<p>-Restricted eligibility (e.g. some programs require DCYF referral, some programs are limited to first-time parent under a certain age)</p> <p>-Lack of awareness of programs</p> <p>-Reluctance to participate due to fear of reporting to child protection</p> <p>-Home visiting and WIC are often unaware of the opportunity to work with women until later in pregnancy or postpartum</p> <p>-Home visiting appointments not based on client needs</p>		<p>-<a href="#">SB 274</a> proposes to remove the eligibility requirements for Medicaid home visiting and open the program to all Medicaid eligible families. The bill is expected to pass the Legislature.</p>
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**CATEGORY 5: Increase public education and messaging to inform women of the risks of substance use during pregnancy and enable them to make healthy choices**

**Strategy 1: Educate women of child bearing age, pregnant populations and others of the risks of marijuana and alcohol**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Lack of understanding of the [seriousness of] harms to baby with substance use during pregnancy</p> <p>-MAT programs have inconsistent policies about marijuana, most do not actively address it.</p>	<p>-Identify opportunities to inform education and messaging specific to alcohol and marijuana</p>	<p>-Invited NOFAS NH to join the Perinatal Substance Exposure Task Force and started attending meetings in March 2018</p> <p>-Patient education materials related to marijuana and alcohol use disorder in pregnancy developed by Dartmouth-Hitchcock and available in NNEPQIN toolkit</p> <p>-UNH Collaborative Care Toolkit Program</p> <p>-Task Force provided input to JSI/CHI on the consumer facing materials for the <a href="#">Today is For Me</a> public awareness campaign focused on alcohol and marijuana</p> <p>-Participated in a facilitated discussion on working with women with SUD and how the materials can support the POSC</p> <p>-Distributed materials at 1/29/19 summit</p>

<p>-Emphasis on perinatal drug use has decreased focus on alcohol</p>		<p>-Endorsed a mailing with materials to organizations serving women to inform them of the campaign</p>
<p>-Reliance on urine drug testing risks missing alcohol exposed pregnancy</p> <p>-NH state law (<a href="#">RSA 175:4 IV</a> and <a href="#">177:8-b</a>) requires messaging on the risks of drinking alcohol while pregnant at all NH Liquor &amp; Wine Outlets. This may not currently be consistently observed in all outlets.</p> <p>-Parents, providers, early childhood educators, home visitors, etc. need education regarding FASD signs that may indicate the need for a professional FASD assessment</p> <p>-Mixed messages to women of child bearing age around alcohol and marijuana use during pregnancy</p>	<p>-Work with NH DHHS and the Liquor Commission to reinstitute consistent population education around the risk of alcohol during pregnancy to fulfill compliance to RSA 177:8-b</p>	<p>-Task Force convened Planning Committee to focus on this work</p> <p>-JSI/CHI tested messages via 4 focus groups (34 participants) and Qualtrics survey (300 respondents)</p> <p>-JSI/CHI developed poster</p> <p>-Task Force unveiled poster at Hooksett, NH Liquor Outlet on September 5, 2019</p> <p>-JSI/CHI disseminated poster to be displayed at all 79 NH Liquor &amp; Wine Outlets</p>

**Strategy 2: Review and optimize available public resources**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Limited messaging related to this population</p>	<p>Identify ways to include and/or augment resources to include this population (i.e., Partnership for Drug Free NH)</p>	<p>-Task Force informed the three-year Governor’s Commission Action Plan</p>

**Strategy 3: Increase awareness of the importance of language regarding substance use disorders**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
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-References to incorrect language used by news outlets	-Explore opportunities to provide information and guidance to editorial boards, news outlets, and other key audiences regarding language related to SUD	
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**CATEGORY 6: Improve laws and policies to assist mothers and babies affected by substance use disorders to obtain needed care, treatment and supports**

**Strategy 1: Clarify state law and process regarding federal Plan of Safe Care requirement**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
-Providers are unclear and inconsistent regarding compliance with Plan of Safe Care requirements	-Provide feedback and recommendations to the State of NH on Plans of Safe Care	-Convened work group focused on Plans of Safe Care -UNH/IHPP conducted research on federal law and POSC models used by other states -JSI/CHI conducted a survey with all 17 birth hospitals to understand POSC implementation needs
-Fear of state involvement deters women from seeking prenatal care or being candid about their SUDs	-Work with DPHS and DCYF to determine Plans of Safe Care process and guidance	-Drafted <a href="#">POSC template</a> -Drafted <a href="#">guidance document</a> -Drafted and planning to disseminate letter to providers -Technical Assistance from the Children’s Bureau and the National Center on Substance Abuse and Child Welfare anticipated in August to include task force engagement

**Strategy 2: Identify insurance issues experienced with MCOs and other insurance carriers**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
-Insurance challenges related to SUD treatment and medication coverage -MCO reimbursement rates are low	-Compile issues encountered by care providers	-Solicited comments from task force members on insurance issues -JSI/CHI conducted interviews with select members of the task force to identify insurance issues -Initiated Task Force work group focused on insurance

**CATEGORY 7: Increase provider knowledge to enhance the health and wellbeing of mothers and babies affected by substance use disorders**

**Strategy 1: Provide education to OB providers and other providers related to the risks of alcohol on the fetus, newborn and child**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
-Inconsistent education provided during prenatal care by OB providers	-Identify opportunities to inform education and	-Task Force provided input to JSI/CHI on the provider facing materials for the <a href="#">Today is For Me</a> public awareness campaign focused on alcohol and marijuana -Participated in a facilitated discussion on working with women with SUD and how the



-OB providers lack training about alcohol use disorders in women (AUD)	messaging specific to alcohol and marijuana	<p>materials can support the POSC</p> <ul style="list-style-type: none"> <li>-Distributed materials at 1/29/19 summit</li> <li>-Provided feedback on materials for providers via a survey and facilitated discussion to review provider booklet, talking tips and, script for SBIRT training video</li> <li>-Participated in key informant interviews to inform the development of the content for healthcare providers</li> </ul> <p>-NNEPQIN toolkit contains material specific to AUD and pregnancy</p> <p>-NNEPQIN learning sessions focused on treatment of AUD</p> <p>-NNEPQIN learning collaborative promotes SBIRT approach</p>
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**Strategy 2: Review and optimize available provider resources**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
	-Identify ways to augment NNEPQIN Toolkit to reach a larger audience	
	-Identify ways to promote/augment CARPP website	-JSI/CHI provided suggestions for organizing and designing site

**Strategy 3: Increase provider awareness of approaches to provide compassionate care related to substance use disorders**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
-Inconsistent understanding and use of appropriate language related to SUD	-Provide information regarding language related to SUD	-1/29/19 summit included a <a href="#">presentation</a> which included information about language
-Limited opportunities to engage in skills-based training	-Explore opportunities to increase skill-based training (e.g., role plays) to allow providers to practice use of approaches	- <a href="#">Fact sheet</a> prepared related to perinatal substance use which includes information about language; disseminated to 300+ participants at 1/29/19 summit

**Strategy 4: Educate and inform providers on the impact of marijuana use during pregnancy and lactation**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
-Inconsistent messaging from healthcare providers	-Identify opportunities to inform education specific to marijuana use during pregnancy/lactation	-March of Dimes and institution-based brochures educate patients of risks
-Lack of knowledgeable supervisory level providers		-NNEPQIN toolkit includes breastfeeding guideline and marijuana brochure

<p>to recommend alternative safe treatments for nausea and insomnia</p> <p>-Lack of robust research on impacts of exposure on young children</p> <p>-OB providers need education about current research in this area</p>		<p>-Task Force provided input to JSI/CHI on the provider facing materials for the <a href="#">Today is For Me</a> public awareness campaign focused on alcohol and marijuana</p>
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**Strategy 5: Provide education to methadone providers and others on the potential increased risks of infant injury related to MAT sedation**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<p>-Some women of childbearing age who have OUDs are prescribed high dose methadone, which can cause late day sedation, putting their infants at increased risk particularly in the first weeks of life</p>	<p>-Assess the data on women of child bearing age using methadone, and determine usage patterns, opportunities for localized improvements, etc.</p>	
<p>-MAT providers need to be mindful of dosage of postpartum women to avoid increased risk of sedation</p>	<p>-Continue to share information on safe sleep with families through the hospitals and other settings (e.g. DHHS resources)</p>	
<p>-Often times doses are high during pregnancy and remain high after delivery</p>	<p>-Outreach to treatment providers to incorporate awareness/discussion in care planning with patients</p>	
<p>-Some new mothers have dropped infants due to over-sedation</p> <p>-Parents and extended family members may not be aware of Safe Sleep practices</p>	<p>-Support work to increase split dosing of methadone and the availability of buprenorphine pre-conceptually as it is not recommended to transition from methadone to</p>	

	buprenorphine during pregnancy	
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**Strategy 6: Educate OB providers and other providers on the impact of smoking during pregnancy**

<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
<ul style="list-style-type: none"> <li>-OB providers lack confidence in tobacco cessation counseling</li> <li>-OB providers not aware that tobacco cessation counseling is a billable service</li> <li>-Need to develop team based approach in OB practices (RN scope includes patient education but is underutilized for tobacco cessation)</li> <li>-Need to address perception of harmlessness of smokeless tobacco/nicotine delivery systems in pregnant women</li> <li>-Providers feel ill equipped to be effective in this area</li> <li>-Providers express reluctance to address tobacco in addition to OUD [despite evidence that tobacco cessation</li> </ul>	<ul style="list-style-type: none"> <li>-Encourage OB providers to obtain training in basic tobacco cessation counseling skills</li> </ul>	<ul style="list-style-type: none"> <li>-Training information shared about NH Tobacco curriculum with Perinatal TF members at 9/26/18 meeting</li> <li>-NNPEQIN learning collaborative focusing specifically on this issue at participating sites</li> <li>-DHMC March of Dimes funded initiative conducting focus groups and interviews with women with OUD/SUD who use tobacco/nicotine products or recently quit and providers to identify preferences/barriers/facilitators. Project deliverable: co-design of tobacco cessation strategy</li> <li>-DHMC resident training program (Ob/Gyn Purple Pod clinic) focuses specifically on skills development for tobacco cessation</li> </ul>

enhances sustained SUD remission]		
<b>Strategy 7: Educate OB/GYN and other maternal-child health providers regarding best practices for nonpharmacological NAS infant care</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
-Need to assist OB providers to convey consistent message about benefits of MAT and lack of long term adverse impact of NAS/NOWS	-Support ongoing work to increase utilization of best practices	-NNEPQIN toolkit and related NAS Learning Collaborative efforts  -DHMC Ob/Gyn Resident training program
<b>Strategy 8: Foster peer-to-peer learning</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
-Limited awareness among providers of shared learning opportunities	-Identify and compile list of programs/projects supporting perinatal SUD providers	-Developed list of NH programs/projects supporting perinatal SUD providers -Neonatal Abstinence Syndrome (NAS) Collaborative -Perinatal Opioid Use Disorder (OUD) Learning Collaborative -Patient Centered Outcomes Research Institute (PCORI)
<b>Strategy 9: Provide training and other resources for hospitals, DCYF staff and other professionals related to Plans of Safe Care</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
-Limited understanding of legal requirements  -Policies and procedures unavailable for content, process, flow	-Train professionals working with women and infants affected by perinatal substance use on NH's Plan of Safe Care	-JSI/CHI hosted a summit attended by 300+ participants on 1/29/19 focused on supporting mothers and infants affected by perinatal substance use to include NH's Plan of Safe Care  -Presented POSC at: -The NH Behavioral Health Summit Workshop on 12/10/18 (DPHS, DCYF, UNH/IHPP) -The NH WIC Director's Meeting (Steven Chapman) -The NH Pediatric Society Annual Meeting (Steven Chapman) -The NAS QI Meeting on 9/25/18 (UNH/IHPP) -NNEPQIN webinars series for Improving Care for Opioid-exposed Newborns (July – September 2019) -Mental Health and Addiction Services Advisory Committee on May 29 (Lucy Hodder)  -JSI/CHI working to develop a webinar on POSC
	-Develop resources to support implementation of Plans of Safe Care	-Developed <a href="#">web page</a> to host materials related to POSC  -Created email for providers to ask questions related to POSC  -Developed implementation checklist  -Developed <a href="#">fact sheet</a> focused on perinatal substance exposure

		<ul style="list-style-type: none"> <li>-Developed <a href="#">map</a> and <a href="#">list</a> of services and supports for pregnant/parenting women</li> <li>-Working on developing a questions and answers document</li> <li>-Concord Hospital implementing POSC with a Regional Perinatal Collaborative Committee</li> <li>-DHMC piloting OB/Gyn workflow</li> <li>-JSI/CHI and D-H working to understand POSC implementation needs among birth hospitals via a follow up survey</li> <li>-Dedicated session at NNEPQIN 6/6/19 conference to address POSC requirements and implementation</li> <li>-NNEPQIN and ESC learning collaboratives devoting 2019 July/August sessions to clarify POSC requirements and discuss implementation strategies using Task Force resources</li> </ul>
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**Strategy 10: Educate pediatric practices on recovery friendly language, developmental supports for children, and recovery supports for parents**

Gaps/Challenges	Identified Activities	Task Force & Partner Efforts
<ul style="list-style-type: none"> <li>-Identification for developmental delays is imperative to intervene as early as possible.</li> <li>-Improvements are needed both at the practice and state level to standardize screenings by identifying barriers and creating attainable solutions.</li> <li>-Education for staff around trauma informed care, destigmatizing/strength based care is important to build rapport and engage families in the medical care that is critical for individual recovery and</li> </ul>	<ul style="list-style-type: none"> <li>-Support ongoing work to increase utilization of recovery friendly practices</li> </ul>	<ul style="list-style-type: none"> <li>-NH Pediatric Recovery Friendly Practices</li> <li>-Watch me grow leadership engagement with clinical settings</li> <li>-Embedded community family resource centers at pediatric clinics</li> </ul>

developmental support for their child.		
<b>STRATEGY 10: Increase evidence-based prenatal and parenting education</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
<ul style="list-style-type: none"> <li>-Different programs have different access to trainings</li> <li>-Need for coordination for training opportunities/grants/contracts across education, human services and medical communities</li> <li>-Include ECE teachers and family child care providers in trainings, at present there are many misconceptions about young children impacted by SUD</li> </ul>	<ul style="list-style-type: none"> <li>-Identify and disseminate training opportunities</li> </ul>	<ul style="list-style-type: none"> <li>-Circle of Security training offered in-state in January 2019</li> <li>-Positive Solutions for Families trainings are currently occurring in FRCs, FOHCs, prisons and schools in some regions. A cadre of new Parent Educators have been trained in the model across NH in the last year through Project LAUNCH</li> <li>-Project Launch in Manchester, NH</li> <li>-Preschool Technical Assistance Network</li> </ul>
<b>CATEGORY 8: Support practice settings to engage in systems improvement activities to strengthen processes and availability of services and supports for mothers and babies affected by substance use disorders</b>		
<b>Strategy 1: Integrate peer support into medical settings</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
<ul style="list-style-type: none"> <li>-Lack of funding/reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>-Research best practices related to integration of peer recovery services in medical settings</li> </ul>	<ul style="list-style-type: none"> <li>-DH 21<sup>st</sup> C Cures Act practice model includes use of recovery coaches</li> </ul>
<b>Strategy 2: Encourage replication of good practice models/approaches</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
<ul style="list-style-type: none"> <li>-Good models/approaches not actively shared across practices</li> </ul>	<ul style="list-style-type: none"> <li>-Identify and disseminate information on practice models/approaches (e.g. incentives, care</li> </ul>	

	coordination, recovery coaching)	
<b>CATEGORY 9: Identify and inform workforce development needs to increase provider capacity serving mothers and babies affected by substance use disorders</b>		
<b>Strategy 1: Increase addiction professional capacity in NH</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
-Reciprocity issues for MLADCs and LADCs	-Support policies related to addressing needs and challenges associated with expanding LICSWs and MLADCs	
<b>Strategy 2: Increase availability of care coordinators for pregnant and newly parenting women with SUD</b>		
<b>Gaps/Challenges</b>	<b>Identified Activities</b>	<b>Task Force &amp; Partner Efforts</b>
-No funding/reimbursement mechanism to support this position/service		