



# PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Chair: Monica Edgar

Wednesday, March 20, 2019

## Meeting Minutes

<p>Welcome &amp; Introductions</p>	<p><b>Participants:</b> Amy Daniels Pepin, Rekha Sreedhara, Adelaide Murray, Kali Giovanditto, Deborah Schachter, Gabrielle Teed, Heidi Knoblauch, David Laflamme, Lauren LaRochelle, Kristi Hart, Annmarie Parmenter, Susan Latham, Melissa Brogna, Courtney Tanner, Maryann Evers, Christine Campbell, Monica Edgar, Anna Ghosh, Daisy Goodman, Ann Collins, Lucy Hodder  <b>On the Phone:</b> Whitney Parsons, Margaret Clifford, Helen Pervanas, Louise Brassard, Gayle Lee-Babineau, Margaret Minnock, Geoff Schreiner, Bonny Whalen, Erin Collins, Farrah Deselle</p>	
<p><b>Agenda Item</b></p>	<p><b>Discussion</b></p>	<p><b>Action Steps</b></p>
<p>February Meeting Minutes</p>	<p>The February meeting minutes were approved.</p>	<ul style="list-style-type: none"> <li>Adelaide Murray will post meeting minutes on the Center website.</li> </ul>
<p>Governor's Commission Action Plan  <i>Presenter: Amy Daniels Pepin</i></p>	<p>The Governor's Commission on Alcohol and Other Drugs developed a <a href="#">new 3-year strategic plan</a>. This plan was developed with input from all eight task forces including the Perinatal Substance Exposure Task Force.</p> <ul style="list-style-type: none"> <li>Perinatal strategies are most evident in the Treatment and Recovery sections (Page 9) of the plan.</li> <li>Women and families are also considered in other sections of the plan including: family supports and services, reimbursement, workforce capacity and professional development, and public awareness (Pages 10 and 11).</li> <li>The Commission has affirmed that this will serve as their guiding document. Funding decisions made in January and February of 2019 were in alignment with this Plan. Commissioners and other members of the Commission are looking to utilize the plan's strategies and recommendations when determining priorities. The plan will be considered when funding opportunities become available.</li> <li>The Center, in its support role for the Governor's Commission, will identify opportunities to address shared priorities across task forces when appropriate.</li> <li>Each objective has baseline measures. Data to track change will be reported upon two times a year. The Data Task force defined the baseline measures. A dashboard with the metrics is being planned.</li> </ul>	<ul style="list-style-type: none"> <li>The Center will share the explanation of baseline data measures developed by the Data and Evaluation Task Force when it becomes available.</li> </ul>
<p>Priority Recommendations &amp; New Areas of</p>	<p>The task force began with a general discussion and reactions to the Task Force's 2019 Priority Map. Most of the discussion was in relation to the Plan of Safe Care.</p> <ul style="list-style-type: none"> <li>The importance of creating stronger linkages to community supports was emphasized</li> </ul>	<ul style="list-style-type: none"> <li>The Center will post the updated services list to the POSC webpage and will share with the Task Force.</li> </ul>

<p>Focus</p>	<p>as a priority the task force could lean into. There is potential to include more community providers in the task force (such as the family resource centers).</p> <ul style="list-style-type: none"> <li>• The New Hampshire Home Visiting Task Force is working on changing messaging around services for new moms and the POSC. The goal is to make it clear that all families need support. The Perinatal Task Force could work with the Home Visiting Task Force on this.</li> <li>• It was agreed that women utilizing services need to be included in Task Force conversations. <ul style="list-style-type: none"> <li>○ The Task Force Chairs will continue this discussion at the June meeting. This will include identifying mechanisms to gain valuable input that are equitable for those who are not participating as part of their professional role. <ul style="list-style-type: none"> <li>▪ Tanya Lord from the NH Hospital Association could be a valuable resource to think through how to do this well.</li> </ul> </li> </ul> </li> <li>• It could be useful to look at other states' examples of how they have successfully increased engagement with the Plan of Safe Care.</li> <li>• Patients are often skeptical of the POSC due to fear of how the information will be used and potential repercussions.</li> <li>• Concord Hospital is considering including the POSC template in the intake packet for families, so that it is included as one of all the forms used for all families.</li> <li>• Funding could be utilized to fund social worker positions at all NH birth hospitals to support all mothers in Plan of Safe Care development and coordinate other supports.</li> <li>• Women who have just given birth lose their Medicaid coverage after 30 days; this is a huge barrier since women have to reapply. They typically fall out of care at this time.</li> </ul> <p><b>Key Activities that this Task Force may be able to support include:</b></p> <ul style="list-style-type: none"> <li>• Targeted trainings for different audiences specific to the Plans of Safe Care <ul style="list-style-type: none"> <li>○ Local facilitated meetings/trainings for all providers working with families and babies by geography around the state. The TF could hold regional POSC meetings – utilizing an identified champion in each region. One goal is to identify who is not being served and identify the needed services.</li> </ul> </li> <li>• Engagement with MCO representatives would be valuable to explain the difficulties with Medicaid Reimbursement for pregnant and new parenting moms and suggest solutions. <ul style="list-style-type: none"> <li>○ These solutions could then be suggested to the Commissioner of Medicaid on</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Center will reconvene the Plan of Safe Care workgroup to begin thinking through identified activities for the future.</li> <li>• Persons interested in joining the Plan of Safe Care workgroup should contact Rekha Sreedhara.</li> <li>• Kali Giovanditto will bring the topic of Medicaid challenges to the DHHS internal care coordination meeting.</li> <li>• Rekha Sreedhara will share Managed Care Organization (MCO) contract language that Lucy Hodder provides.</li> <li>• Ann Collins will touch base with Tricia Tilley and will loop back on what the next steps related to insurance issues.</li> <li>• Courtney Tanner will connect with Daisy Pierce and Becky Ewing about the Medicaid Dental Health Care bill.</li> <li>• The Center will request permission from BDAS to add pregnant/parenting messaging to the Anyone.Anytime campaign.</li> </ul>
--------------	---	--

	<p>behalf of both the TF and the MCOs.</p> <ul style="list-style-type: none"> <li>• Advocacy work on related bills was suggested; any advocacy activities would need to be agreed upon by consensus and approved by the Governor’s Commission before being shared. <ul style="list-style-type: none"> <li>○ If the group wanted to provide information to legislators in relation to a particular bill this would also need to be approved by the Commission Chair</li> </ul> </li> <li>• Public messaging and outreach is needed for: <ul style="list-style-type: none"> <li>○ Pregnant and parenting women</li> <li>○ OTP providers – all of these programs are independently owned and operated but connections between OTPs and perinatal providers are needed.</li> <li>○ There is an opportunity to embed messaging in the Anyone Anytime Campaign. There is currently not any pregnant women included in the materials.</li> </ul> </li> </ul>	
Plan of Safe Care Updates	<ul style="list-style-type: none"> <li>• DCYF/DPHS has been notified that New Hampshire will begin receiving technical assistance related to Plans of Safe Care in the late summer / early fall based on an assessment of what is working well and what needs to be improved. Internal and external stakeholders will likely be engaged.</li> <li>• The Provider Letter needs to be sent; there is a renewed effort to get this letter out. <ul style="list-style-type: none"> <li>○ Task Force members can review the list of people the list will go to, and add to it as appropriate. Suggestions to include hospital CEOs, pediatricians, PCPs, and the Medical Society.</li> </ul> </li> <li>• Surveillance Questions: <ul style="list-style-type: none"> <li>○ These questions were accidentally shut off for about a week. The questions are back up and the data is coming in again.</li> <li>○ There is not an update on more permanent birth certificate questions as of now.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Kali Giovanditto will provide updates on the State’s POSC technical assistance as appropriate.</li> <li>• Rekha Sreedhara will prepare brief intro to include hyperlink of the POSC webpage and will send to members to include on websites and in emails. Daisy will include on NNEPQIN website.</li> </ul>
Other Business	<ul style="list-style-type: none"> <li>• Rekha Sreedhara will work on updating the priority map and will share with task force members once updated.</li> <li>• At the next meeting, Rebecca Ewing would like to discuss Point of Care testing available (FDA approved) for Fentanyl.</li> </ul>	

**Next Meeting:** Wednesday, May 15, 2019 2:30pm – 4:30pm at the Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor in Bow

**Call-In Information:** 1-866-210-1669 // Access Code: 9060313