



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Chair: Monica Edgar

Wednesday, May 15, 2019

Meeting Minutes

<p>Welcome & Introductions</p>	<p>Participants: Amy Daniels Pepin, Rekha Sreedhara, Kali Giovanditto, Deborah Schachter, Gabi Teed, David Laflamme, Lauren LaRochelle, Kristi Hart, Susan Latham, Erin Collins, Kate Colter, Christine Campbell, Anna Ghosh, Daisy Goodman, Ann Collins, Lucy Hodder, Steve Chapman, Tym Rourke, Becky Ewing, Melissa Schoemmel, Adriana Lopera, Farrah Deselle, Maggie Minnock, Emily Lawrence, Louise Brassard, Tara Rano, Kate Frey, Sharon Drake, Maryanne Evers, Gayle Babineau</p> <p>On the Phone: Annmarie Maclsaac-Parmenter, Whitney Parsons, Geoff Schreiner, Bonny Whalen, Vicki Flanagan, Renee Maloney</p>	
<p>Agenda Item</p>	<p>Discussion</p>	<p>Action Steps</p>
<p>Meeting Minutes</p>	<p>The meeting minutes were approved.</p>	
<p>Priority Map</p>	<ul style="list-style-type: none"> • Priority Map was created 15 months ago to identify priorities for this Task Force. It is a working document. Please share activity updates or new activities with Rekha in an effort to keep the priority map current. • The following categories/strategies require attention: <ul style="list-style-type: none"> ○ Category 3, Strategy 1 <ul style="list-style-type: none"> ▪ Augment Dartmouth-Hitchcock provider to provider consult line: Currently working on marketing materials. NHCF reports that colleagues from other states are interested so would like to distribute materials to them. ▪ Augment UNH Parity Guide: Gone through first iteration of updates and wants to confirm everything is set with the MCOs and Treatment Locator before finalizing. Lucy will bring back to this group. ○ Category 5, Strategy 3 <ul style="list-style-type: none"> ▪ Please provide ideas on how to approach language used by media outlets. Patients might be looking at different media outlets. <i>Union Leader</i> “Beyond the Stigma” series contact, Shawne Wickham would be good to have at this Task Force meeting. Also, consider other partners who serve youth and families. ○ Category 7, Strategy 2, 3, 5 	

	<ul style="list-style-type: none"> ▪ Augment NNEPQUIN toolkit: Would like to make it searchable. ▪ Augment CARPP website. ▪ If you have activity ideas or would like to work on the activities listed under strategy 5 related to methadone, please let Rekha know. ○ Category 8, Strategy 2 <ul style="list-style-type: none"> ▪ Identify and disseminate information on practice models/approaches to encourage replication: CHI will take on this task. If others have models or approach please forward to Rekha. ○ Category 9, Strategy 1 & 2 <ul style="list-style-type: none"> ▪ Workforce development policies. See what SPARK has done. See Colby Sawyer College health professionals' education. • Graphic overview of Service Needs, Resource Gaps and Opportunities can help to think through what is needed and the progress that has been made. • Non-stigmatizing language throughout the system might actually help with transportation in terms of making a choice to use transportation from one point to another. Challenge is, how do we reach all the agencies as active partners. • Educating media about stigmatizing language: utilize the work prevention task force did with a brief about stigmatizing language. • Elizabeth Peacock Chambers at Baystate Health has done some research on barriers to women accessing services. Stigma is one factor. Other is "does my child need this?" Steve Chapman will forward contact. 	
<p>Background Work on Insurance Issues</p> <p><i>Adriana Lopera</i></p>	<ul style="list-style-type: none"> • A subgroup will be convened to identify issues related to insurance and identify opportunities. • Interviewed 5 TF members to identify issues related to what moms are facing related to insurance. See summary document, which includes 6 issues under each category. In bold is what the TF might be able to tackle. • Strong theme: Information from the MCOs is confusing and complicated. Each are different from the others. • TF Feedback: <ul style="list-style-type: none"> ○ Timing of incentives is a good issue to work on. ○ What is the role of the MCO perinatal care coordinators? Do they meet patients needs and if not, how can providers get reimbursed for this work? Dartmouth has done some research and found these issues are not just specific to this population, but rather all populations. 	<ul style="list-style-type: none"> • Meet with MCOs as they start to gear up for new contracts. • Rekha will have Katie Robert reach out to Fallon Cluxton-Keller at Dartmouth regarding her research. • TF members to review list of insurance related issues and let Adriana know if there is feedback. • Poll to identify date for subgroup meeting will go out 5/16.

	<ul style="list-style-type: none"> ○ Need to prioritize what of these issues are important to the women we work with. ○ Thermometers: hear all the time that moms want this. They are told to watch for fevers but don't have thermometers, so they'll bring their infant to the Emergency Department. ○ Need outreach to MCOs to build relationships 	
<p>Community Engagement Requirements</p> <p><i>Lucy Hodder</i> <i>Lauren LaRochelle</i></p>	<p>Please refer to summary.</p> <ul style="list-style-type: none"> ● Granite Advantage Health Care Program (“Granite Advantage”) applies to New Hampshire’s Medicaid expansion population: adults age 19 to 64 with incomes less than 138% of the federal poverty level. ● As of March 1, they have a work and community engagement requirement. June 1 is really the first date that members will have to start working/engaging. ● Mid – July notifications of non-compliance. ● Mid – August would be first time would see anyone being taken off for non-compliance. ● Some have received letters to say they are exempt. ● 22,000 others do not know if they are exempt or not. ● Not sure what will happen so when a patient engages with a provider might be the first time know they are not still covered. ● No longer a retroactive coverage so it is critically important that providers are trained in presumptive eligibility. ● The 90-day retroactive coverage does apply to pregnant women. Nothing has changed for pregnant women. ● Pregnant women have Medicaid eligibility during prenatal, delivery and 60 day postpartum. ● Exempt if they are the caregiver of a child under 6. Unclear what happens if parent loses custody. ● Other exemption categories: medically frail, including with chronic substance use disorder, those in inpatient treatment or residential outpatient. ● Issue: Some people with substance used disorder still must meet community engagement requirement but their treatment hours are not enough to meet requirement. ● Concern that after 6 weeks postpartum visit, no one owns the process to help postpartum patients engage in reenrollment process. Who is supposed to facilitate 	<ul style="list-style-type: none"> ● New Futures is conducting trainings ● Community Engagement Requirement questions may be directed to Alyssa Cohen (Alyssa.Cohen@dhhs.nh.gov) at the State

	<p>transition to Granite Advantage Program?</p> <ul style="list-style-type: none"> ○ This issue will be further discussed through Insurance Work Group. ● Being in DCYF involvement should be an exemption. There is work going on related to this. ● There have been lawsuits filed against this requirement in other states. ● NH Pediatric Society is challenging the law along with other states. ● Hospital social workers are doing a lot of work and need support. 	
<p>Plans of Safe Care Work</p> <p><i>Bonny Whalen</i></p> <p><i>Melissa Schoemmell</i></p>	<p>The Task Force has been involved in helping State through process, held a Summit on the topic, developed a website to host resources, and working on a Q&A document.</p> <p>Bonny Whalen and others sent a survey about POSC implementation to the 17 birth hospitals. Wanted to know challenges and barriers in developing POSC and what strategies they have developed to overcome.</p> <ul style="list-style-type: none"> ● 9 of 17 are implementing ● 3 planning ● 7 said they would be willing to serve as a resource ● 4 said they would be willing to serve on July 17 webinar <p>Refer to summary document.</p> <p>Two upcoming webinars this summer: July 17th (NH Hospitals experience with POSC implementation) and August 28th (POSC Community Partnership). Please email Vicki Flanagan for more information.</p> <p>Suggest including VT and ME partners. There was a webinar today about ME's journey.</p> <p>This is an opportunity to clarify what the POSC is and is not. Be careful about not inviting lots and lots of ideas; but rather focus on what IS.</p> <p>Melissa presented a proposed plan for Plans of Safe Care Webinars: refer to proposed plan.</p> <ul style="list-style-type: none"> ● Talked to Bonny and Farrah about webinars and how to provide information to those who do not know as much/need refresher about POSC leading up to the NNEPQIN webinars. ● They will be pre-recorded. 	<p>NNEPQIN Opioid-exposed Newborn Monthly Webinar: 3rd Wednesday from 12:00PM-1:00PM (except where noted)</p> <ul style="list-style-type: none"> ● June 19: Introducing the 3rd edition ESC Care Tool & Care Manual and ESC Implementation Toolkit ● July 17: NH's Plan of Supportive Care (POSC) Experience ● Aug 28 (4th Wednesday): Community Partners for POSC Development ● Sept 18: Nurse/Provider Experience in Caring for Opioid-Exposed Newborns and Families <p>Contact Vicki Flanagan, victoria.a.flanagan@hitchcock.org for more information about this webinar series.</p> <p>POSC Webinars: Melissa to connect with Lucy Hodder, David Laflamme and Joe Ribsam.</p>

	<ul style="list-style-type: none"> • Target audience: The Summit outreach list and also NNEPQIN distribution list. Purpose is to be prepared to participate in the live NNEPQIN webinars and to share general POSC information with other key audiences. • Will work off summit slides. • Timeline: July 1 (first webinar) / August 1 (second webinar) <p>Feedback:</p> <ul style="list-style-type: none"> • Would be key to have a good handle on what the responsibility is for MCOs and how they are being measured around POSC • Note: The TF is emphasizing POSC for all moms, but the statute is only for those affected. • Ask David Laflamme to provide data regarding the number of births through the surveillance questions. • Create in 10-15 bite-size pieces so can go to the segment that need. Use animation and easy to digest and appeal to audiences. • Need to be aware of what is actually conceived and what is actually done. There will be some real experts at the webinars who have thought a lot about it. Should have some dialogue so can learn. • Would like a few moms to record in a module to present at the August webinar— discuss further. • Have heard that “Plan of Safe Care” is stigmatizing. Would prefer “Plan of Supportive Care.” • DCYF staff need this training. Kali to make sure integrated into staff learning. Need to think of this webinar for this type of audience; rather than focusing on provider audience. <p>Provider Letter regarding POSC: Waiting to hear back from DHHS.</p> <p>Federal TA Visit:</p> <ul style="list-style-type: none"> • 2 reps from Children’s Bureau and 2 technical assistance support staff from National Committee on Child Abuse and Welfare coming to NH on August 13 & 14. • Will be listening and gathering information, hearing challenges. Will use survey results to inform. • The feds identified NH based on innovation and creativity, where DCYF was not the driver but rather a collaborator, along with opioid use disorder prevalence. 	
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	<ul style="list-style-type: none"> Looking for a group from TF to attend a portion of the meeting to provide case discussions. Kali to send out a message to identify the group. Will hold a briefing call. 	
<p>Overview of the Office of the Child Advocate <i>Emily L. Lawrence, Associate Director and Counsel</i></p>	<p>Emily Lawrence provided an overview of the Office of the Child Advocate.</p> <ul style="list-style-type: none"> Established in 2017 to oversee DCYF. Are an independent office with 3 staff members. Take cases in a confidential manner. Provide education and outreach about DCYF and other related services and programs, as well as referrals. Receive incidents for children in DCYF care. Have a robust monitoring system. Review deaths using a tool by looking from a systemic level. Started implementing this year. Take what is learned to policy level to inform change. System Review Summary (refer to report) provides indication where system needs strengthening. Looking at how DCYF is working with families where an infant is exposed to substances. Want to support DCYF. Looking at the cases of infants born substance exposed. Looking at how they are handled across the state; whether there are inconsistencies. Random sample of case review to delve into cases where there was review or not. Looking at other states to see how can tie together to support DCYF. Hoping to get information in a way that is helpful; not harmful. 	
<p>Other Business</p>	<p>Perinatal Substance Use Disorder Projects/Programs: Daisy and Bonny reviewed a spreadsheet that describes initiatives available to support providers working with mothers. This includes: NAS Collaborative, OUD Learning Collaborative, Pediatric Recovery Friendly Practices, 21st Cures Act – Integrated MAT for Pregnant and Postpartum women, and Patient Centered Outcomes Research Institute. See spreadsheet.</p> <p>Affordable point of care test for fentanyl: Becky Ewing brought up concerns about not having an affordable point of care test for fentanyl. This poses a risk of inducting women on buprenorphine. Could mean risking a period of very uncomfortable time for baby and for the mother. Want to pressure CDC.</p>	<ul style="list-style-type: none"> Daisy and Becky to delve further to investigate factors related to the fentanyl test strips.

Next Meeting: Wednesday, July 17, 2019 2:30pm – 4:30pm at the Community Health Institute, 501 South Street, 2nd Floor in Bow