



PERINATAL SUBSTANCE EXPOSURE TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: Monica Edgar

Wednesday, March 18, 2020 - 2:30PM-4:30PM

Meeting Minutes

Attendees: Farrah Deselle, Gabrielle Teed, Deborah Schachter, Lauren LaRochelle, Heidi Knoblauch, Lindsay Ginter, Kali Giovanditto, Rebecca Ewing, Stephanie Gonzalez, Victoria Flanagan, Linda Parker, Kristi Hart, Hannah Lessels, Rekha Sreedhara, David Laflamme, Carol Furlong, Rene Maloney, Maggie Minnock, Bonny Whalen, Shannon Rondeau, Susan Latham, Louise Brassard, Kate Coulter, Molly Rossignol, Emily Lawrence, Lucy Hodder, Courtney Tanner, Kate Frey, Alyssa Cohen, Adriana Lopera, Ann Collins

Agenda Item	Discussion	Next Steps
Welcome <ul style="list-style-type: none"> • Introductions • Approve January Meeting Minutes 	<ul style="list-style-type: none"> • This meeting is remote in order to comply with CDC guidance around social distancing. We will update everyone as things change, but for now, the meetings will be remote through June. • Emily Lawrence motioned to approve minutes. Farrah Deselle seconded. All in favor. Minutes approved. 	<ul style="list-style-type: none"> • CHI Team will post minutes on webpage.
New Maternal Alcohol and Marijuana Awareness Activities	<ul style="list-style-type: none"> • CHI will be conducting the social-digital “Today is For Me” campaign again this year with funding from NHCF and additional funding from BDAS. • Through NHCF, the CHI team will be evaluating the provider packets for usefulness and how much they were actually used to make necessary changes, update and redistribute. Approximately 1,000 packets have been distributed. • The CHI team will be reaching out to Cannabis Dispensaries with the goal to engage them in how we can best assist them with staff training to give health information responsibly to women of childbearing age about potential risks. • The CHI team is available to develop new materials, including messaging and graphic design that broaden messaging around substance use. The team is working with Bonny Whalen from Dartmouth. • The CHI team has made connections with Bi-State Primary Care 	<ul style="list-style-type: none"> • If interested in joining sub group focused on communications, please email Christin D’Ovidio at christin_dovidio@jsi.com

	<p>Association, who has funding through SAMHSA/BDAS to provide integrated medication assisted treatment (i-MAT). Bi-State is looking to work with CHI to coordinate outreach among all of the i-MAT sites.</p> <ul style="list-style-type: none"> • The CHI team is looking to create a communications sub group dedicated to review materials on an ad hoc basis. Christin and team will send out an email. 	
Investment Recommendation Update	<ul style="list-style-type: none"> • Investment recommendations were received from 7 out of the 8 task forces in addition to recommendations received from other Commission members. The CHI team reviewed these recommendations with Annette Escalante and Patrick Tufts which included looking at various factors included in the template as well as whether there were other funding sources available. • The Governor’s Commission met on March 6, 2020 to review, discuss, and endorse the recommendations. • Funds for FY 2020 and 2021 were less than anticipated. This also affected how many recommendations were endorsed. • Each Task Force’s top priority was reviewed. The GC endorsed at least one of each TF’s recommendations, with some edits to language based on funding and contract requirements. <ul style="list-style-type: none"> ○ Given that the recommendations were largely innovations, investments were limited to FY20 and modified as pilots. • The recommendation that was submitted by the Perinatal Task Force was funded at \$250,000 for one pilot site serving 75 families. • Next round of funding will likely be in October. • Next step is for BDAS to determine how to get funds out to community (sole source, RFP, etc.) Funds will likely will not be released until late fall. 	<ul style="list-style-type: none"> • CHI will share any updates as we receive them.
POSC and MCOs	<ul style="list-style-type: none"> • Alyssa Cohen has been working with members of the PSETF to determine how Managed Care Organizations (MCOs) will be notified when a Plan of Safe Care (POSC) is created. • Can birth hospitals send MCOs a POSC when they contact a MCO to notify 	<p>TF members who are providers will check with their legal departments whether 42 CFR, Part 2</p>

	<p>of a birth?</p> <ul style="list-style-type: none"> ○ Ideally, this contact would happen prenatally, but shortly after birth would be a good start. ○ There may be some HIPAA issues to work out. ○ Catholic Medical Center indicated that their content does include the insurance company. ○ Sometimes there are patients that do not want information sent to their insurance company. However, in order for payments to be processed, insurance has access to medical records. ● Could hospitals make POSC part of the patient's chart? <ul style="list-style-type: none"> ○ This would be ideal, but may take some time to update electronic medical records (EMRs). ○ At some hospitals, social workers would be able to notify MCOs. ● What are some best practices around care management that can align well with MCO care management? <ul style="list-style-type: none"> ○ A POSC works well when mothers feel empowered and feel a sense of ownership around plan. ○ On the MCO side - they're looking to meet face-to-face with hospitals to learn more how to best help. ○ Some providers are still not aware of care management opportunities available through MCOs. ○ There's still some education needed on the provider side about POSCs. ● State has issued telehealth guidance through Governor's executive order for the state for both phone and virtual. Covers all insurers including Medicaid. ● Could dedicate May NNEPQIN Webinar to these issues. 	<p>would cover sending POSC to MCOs.</p> <p>If anybody has suggestions how to better coordinate care management between MCOs and providers, please reach out to Lucy Hodder at lucy.hodder@unh.edu</p> <p>Adriana will send Bonny's contact information to MCOs to reach out about May NNEPQIN webinar.</p> <p>Lucy and the CHI Team will modify the patient flow chart to include the practice of notifying the MCO when the POSC is made.</p>
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Discussion of National and State Toolkits

- Identify gaps in existing resources
- Identify opportunities for resource development
- Discuss consistent utilization of resources
- NHCF Grant - Workforce Development Related to Trauma Informed Care

- Farrah provided an update of work funded by the NH Charitable Foundation.
- Eat Sleep Console (ESC) tool was disseminated among all birth hospitals in the state.
- 16 out of 17 birth hospitals in NH have implemented ESC. The other birth hospital is still working to achieve this, but works closely with the other hospitals. Achieved this through training and support. Parent Satisfaction Survey has been developed but has not yet been sent out. Intention is to still move forward with this.
- Data shows that the NH hospitals among NNEPQIN are providing the most data.
- Data for NNEPQIN (not NH specific) found a 50% decrease in pharmacological treatment; 25% decrease in overall length of stay; 84% decrease in need for 2nd medication for withdrawal; No difference in breastmilk at time of discharge; and 50% decrease in last day of opiate treatment before discharge.
- Conducted a NH nurse survey around ESC implementation
 - Received approximately 91 responses (about a 10 percent response rate)
 - Overall response was positive but still some confusion
 - Staff reported increased satisfaction around family engagement and more consistency in scoring. Less stigma.
 - Staff reported not being satisfied around: difficult to use when there is not much access to rooming in. Takes more time to teach and lack of clarify.
 - 3rd edition of ESC sought to be more specific and offer more clarity about pieces staff were concerned about.
 - Staff reported feeling a lot of worry about the families of infants with Neonatal Abstinence Syndrome (NAS) and whether they're getting what they need.

Farrah will work on putting together a small group to gather feedback on what would be useful in terms of materials.

	<ul style="list-style-type: none"> ○ Staff reported needing more cuddlers, daily huddles, parental support. ● One of the grant's intentions was to create materials for patients and staff. Farrah began to search for online resources and found many useful tools. <ul style="list-style-type: none"> ○ One is the password protected website with resources on the NNEPQIN site. Would like to track use of the ESC tool, which is why the site is password protected. Currently working on manuscripts. ○ Clinical Guidance from SAMHSA is a very good resource and there is a phone app that Daisy and her team hope to pilot with medical residents. ● Next steps will be to focus on trauma informed care 	
NNEPQIN Toolkit Update	<ul style="list-style-type: none"> ● CHI is finalizing the NNEPQIN Toolkit draft to send to graphic design. ● Please let us know if you have any feedback about whether or not splitting the toolkit into sections would be helpful. Please email Adriana or Rekha. 	CHI will share the Toolkit with the task force once it is finalized.
Care Coordination Brief	<ul style="list-style-type: none"> ● CHI team created a practice brief summarizing background and key elements that enhance care for pregnant/parenting women with SUD. ● Also highlights several existing initiatives in NH. Other healthcare settings could use these as a model. ● Also includes contact information for each example. ● Brief mentions POSC but does not go into detail. 	
Member Updates, Challenges & Opportunities -Draft Substance Exposure Questions	<ul style="list-style-type: none"> ● Update from David LaFlamme on draft questions for NH Birth Certificate. <ul style="list-style-type: none"> ○ First question asks how many infants are at risk of effects of in-utero substance exposure. ○ It was suggested to provide a list of substances as well as a space to add specific names. ○ Second question -Was the infant identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder? 	Please provide any feedback or suggestions to David about birth certificate questions

<p>-Telehealth & POSC</p>	<ul style="list-style-type: none"> ○ Last question is whether a Plan of Safe Care was completed for the infant. <ul style="list-style-type: none"> ▪ Could there be unintended consequences since there is a federal law to create a POSC? Unclear. The statute does not create a penalty or added liability for the hospital. This question may come up more often. ● Answers to these questions would not be publicly available/not be available through vital records. ● Kristi Hart had questions around home visiting, in light of COVID-19 <ul style="list-style-type: none"> ○ Suggestions for apps for secure telehealth? <ul style="list-style-type: none"> ▪ Doxy and VSee are both HIPAA compliant apps ▪ There have been releases from DEA and SAMHSA that allow for telehealth even without an in-person first time visit. ○ How are POSC being rolled out in light of COVID-19? <ul style="list-style-type: none"> ▪ Referrals are still being made but given how quickly things are changing unclear. ▪ https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html 	
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Next Meeting (Via Zoom):

Wednesday, May 20, 2020, 2:30PM-4:30PM