



NH Perinatal Substance Exposure Collaborative Meeting Notes

March 22, 2023 | 2:30-4:30 p.m.

| Agenda Item | Notes | Action Items |
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| Welcome and Introductions | <ul style="list-style-type: none">• JSI has received grant funding from the New Hampshire Charitable Foundation to host meetings of the NH Perinatal Substance Exposure Collaborative. Please reach out to members of JSI's team with any questions that come up during the meeting or about related content.• Meeting participants are welcome to introduce themselves in the chat. <p>Meeting Attendees: Hannah Lessels, Aditi Saha, Melissa Schoemmell, Rekha Sreedhara, Deb Fournier, Adriana Lopera, Becky Ayling Bev Gagnon, Bonny Whalen, Bridgette Parker, Carol Whitman, Carolyn Nyamasege, Cheri Bryer, Courtney Tanner, Daniel Andrus, David Laflamme, Debra Girardin, Erica Gilbert, Farrah Sheehan, Heather Allard, Jennifer Ross, Jess Bacon, JoAnne Miles-Holmes, Kara Valinski, Katie White, Kerry Norton, Krissy Nikitas, Kristi Hart, Kristine T, Lisa Clina, Lindsay Ginter, Lisa Fontaine-Storez, Lisa Spurrell, Maggie Rose, Rebecca Woitkowski, Rhonda Siegel, Rita Wojtas, Shannon Rondeau</p> | |
| Advisory Group Update | <ul style="list-style-type: none">• JSI is creating two "promotional" videos about Plans of Safe Care (POSC). One video is for providers and the other is for families.• To create these videos, JSI is putting together an Advisory Group of families to provide feedback about the video content.• JSI is working with two facilitators - Cheri Bryer and Erica Gilbert - who helped recruit families to participate in the advisory group and will facilitate listening sessions. | |



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| | <ul style="list-style-type: none">○ Cheri and Erica introduced themselves and both have experience with relevant work.● There are currently 11-12 families interested in participating in the advisory group. They represent four regions in New Hampshire and range from people who are pregnant to those who have toddlers.● The first listening session is scheduled for Tuesday, March 28th.● By the next Collaborative meeting, JSI should be able to provide an update about the input received from families and how they wish to learn about POSC. | |
| Doula-CRSW Dual Certification Program | <ul style="list-style-type: none">● Krissy Nikitas is with the Clinical Services Unit under the Bureau of Drug and Alcohol Services (BDAS). She presented on the work that BDAS is doing around doulas and perinatal substance use.● The Collaborative has previously expressed interest in the use of doulas for people with Substance Use Disorders. About two years ago, this group submitted a recommendation to BDAS that doulas be rolled out based on previous research and evidence.● There are currently two NH-based doula organizations, as well as multiple national organizations.● BDAS has published a full report on their findings; the entire report is about 90 pages.<ul style="list-style-type: none">○ The entire report may be publicly available after funding is secured.● Currently, project leads at BDAS are awaiting funding and approval through the Governor's Commission on Alcohol and Other Drugs.● Questions can be emailed to Krissy Nikitas; she will send these questions to the project leads at BDAS for review.● <i>Please see presentation slides for further detail.</i> <p>Questions and Comments following the presentation:</p> <ul style="list-style-type: none">● Farrah: There is not too much formal work among doulas, but there is a very active Facebook community. Offered to share with Krissy. | |



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| | <ul style="list-style-type: none">● Lucy: Does the report discuss or make recommendations about certification in the state?<ul style="list-style-type: none">○ Krissy: I don't think any recommendations were made about whether doulas should be certified; there was some mention around specific training.○ Rhonda: Without a certification process in place and with the number of doulas growing in NH, I'm not sure how that dual certification would be possible.● Farrah: DONA (Doula of North America) is a large certifier, but there are also many smaller grass-roots certification organizations.<ul style="list-style-type: none">○ It's difficult to combine large certifying and governing bodies with doulas. Each group comes from very different backgrounds; doulas are often community-based workers.○ It's important to speak with communities to see how different processes and requirements increase access and workflow. | |
| Medicaid - PHE | <ul style="list-style-type: none">● Medicaid is transitioning from continuous coverage - how it operated during the pandemic - to how it operated before the pandemic began. This means that people will once again have to annually renew their coverage.● Lucy Hodder and Deb Fournier presented an overview of the transition process and clarified how people can maintain coverage.<ul style="list-style-type: none">○ Both Lucy and Deb work with the state around messaging.● New Hampshire predicted this transition and developed an Eligibility Renewal Distribution Plan. This plan was submitted to CMS and approved.● There has been about a 40% increase in the number of people enrolled in Medicaid since before the pandemic began.● Collaborative members can help share links to resources listed in the presentation slides.<ul style="list-style-type: none">○ Link to Pandemic Benefits Changes (shared by Deb)● Contact Information for the DHHS team is listed in the presentation slides; if there are problems the Department wants to make sure coverage is available. | |



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| | <ul style="list-style-type: none">• Yellow letters are specific to individuals so it is very important to read each letter and act accordingly; it is possible for members of the same household to receive different letters (for example, moms and children may receive different letters).• <i>Please see slides for further detail.</i> <p>Questions and Comments following the presentation:</p> <ul style="list-style-type: none">• Melissa: I heard this on a national call about Medicaid-related work - for many families who began Medicaid during the pandemic, this will be the first time they will have to do this.• Lucy: Navigators can play an extremely important role in this work; there are also call centers that can help. | |
| <p>Senate Bill 105 and the implications around data collection and POSC</p> | <ul style="list-style-type: none">• Legislation has ensued to try to ensure coverage for women for up to a year postpartum.<ul style="list-style-type: none">◦ This would mean that women who deliver would not have to worry about enrollment for a year after delivering.◦ Currently, there is only a 60-day period.• <i>Please see slides for detail about SB 105.</i> <p>Questions and Comments:</p> <ul style="list-style-type: none">• Courtney Tanner: Hoping that SB 105 gets to a point where the House of Representatives is able to vote.• Link to the Senate Calendar that has the amendment on page 4<ul style="list-style-type: none">◦ There are still over 12 hours to contact your Senator• David Laflamme: Taking away identifying information takes away the ability to make linkages. Linkages are beneficial for women and children in public health.<ul style="list-style-type: none">◦ “Please contact the NH Public Health Association and insist that they change their stance on this legislation from Monitor to Oppose. You can email the Executive Director at: hbedri@nhpha.org ALSO please contact your Representative and Senator.” | |



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| | <ul style="list-style-type: none">○ School enrollment projections would be affected if made opt in.● Carol Whitman: Maternal Mortality Review will be affected.● Carolyn Nyamasege: Many of our MCH programs at DHHS that utilize data linkages (COVID, maternal death etc.) would be impacted.<ul style="list-style-type: none">○ Data is also used to analyze which counties have high rates of low birth weight, perinatal substance use, etc. | |
| POSC Binder Approach | <ul style="list-style-type: none">● This is related to JSI's work around state POSC work.● Researchers at Baylor University piloted a POSC "binder" which helped mothers utilize POSC in a unique way to support their families.<ul style="list-style-type: none">○ 1500 binders were disseminated in Houston, TX during a pilot program.○ After 3 months of use, researchers held stakeholder interviews with families to gather input.○ Families indicated that the POSC Binder - referred to as a "recovery resume" was very helpful. It was used as an organizational and advocacy tool that families brought to appointments, child and family court hearings, etc. to demonstrate progress made.○ Since then, New Mexico and Oklahoma have also adopted the POSC Binder approach.● Rhonda approached JSI with extra funding and JSI pitched the binder approach in New Hampshire. Asked for feedback from Collaborative members. <p>Questions and Comments:</p> <ul style="list-style-type: none">● Rekha: What is the best way to potentially roll this out? One idea we came up with is looking at the data that Carolyn maintains to determine numbers of births and therefore determine the number of binders that each hospital should receive.● Bonny: What are the percentages of moms who brought the binder to their visits?<ul style="list-style-type: none">○ | Rita will follow up with the team from Texas to see if they recorded the percentage of birthing parents who brought the binders to their appointments. |



- Bonny: What would the timeline be?
 - Rekha: We will have through the fall to actually roll this out.
- Lucy: Which materials would be included in the binder? Do we have evidence that this will actually be helpful for women in NH?
 - Evidence is based on implementation among three states.
- Bonny: Clarify the number of births available. Would this be for all mothers/babies, or just those exposed to substance use?
 - Rekha - We are thinking just for those exposed, at least to begin with during the pilot.
- Carolyn: Numbers are around 200 for just exposed; there are also POSC created for reasons not specific to perinatal substance exposure.
 - Some hospitals have more POSC created than others so some hospitals would need more than others.
 - Rekha: Based on supply costs, we are thinking we could roll out to those 200-300 births.
- Bonny: I would love to see it start in the prenatal clinic - that is when mothers can determine what their needs are and can connect with prenatal resources.
 - I would expect more than the 200-300; I don't believe all hospitals are starting plans with marijuana exposure.
- Rekha: Which materials should be included in the binder? We had brainstormed a template, pages for notes, business cards, etc.
 - Bonny Whalen: Maybe some sort of template, resources outlined in a grid, a worksheet for families to jot down strengths and identified needs, and a patient education handout.
 - Katie White: A section with NH resources for recovery and reunification for parents would be helpful. Electronic links for packets provided in one document would be helpful to print. Maybe include a thoughtful explanation on why this document is created with families to reference for both providers and patients.
 - Becky Ayling: I would like to see some information about NH Family Resources included which I can provide digitally or in print.



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| | <ul style="list-style-type: none">○ Bonny Whalen: A state summary document of what MCOs, VNA, other Hospital Visiting Programs, Parent Child Centers/Family Resource Centers, etc. are and key contact information.○ Carol Whitman: A section about fetal development, what to expect during pregnancy, and warning signs to get care, etc. - could make it a fun section. I think a picture of fetal growth. Breastfeeding information, body changes during pregnancy, etc. chart - maybe even a spot below the different stages for journaling. This could engage the mom with the binder other than at appointments. Things like that.● Carolyn: Data for numbers of POSC created - 194 in 2021 and 140 in 2022.<ul style="list-style-type: none">○ Some hospitals have more than others; can connect with Rekha to discuss which hospitals may need more than others.● Rekha - If your setting was selected to pilot this approach, what is your capacity for printing materials, etc.?<ul style="list-style-type: none">○ Bonny: If you are able to provide the hard binders and work with a print shop that would be helpful; if everything came together that would be easier than having providers print themselves.● Farrah: A video component would be helpful● If anyone on the call is interested in helping to pilot the binder approach, please contact Rekha or Adriana. | |
| Video Update | <ul style="list-style-type: none">● JSI will be creating up to three animated videos. JSI selected a vendor called Frontiers Animation that they used before to create health promotion videos.<ul style="list-style-type: none">○ Frontiers will animate, help with voiceovers, and help develop a script to capture people's attention.● Adriana: We went back and forth about calling the videos educational versus promotional. We hope that this video will urge providers to talk to patients about POSC, download the template, etc.<ul style="list-style-type: none">○ In thinking about the binder approach, we are thinking about including a QR code in the binder to the video.● Adriana shared a draft of the POSC video script. | |



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| | <ul style="list-style-type: none">○ Key content points: Emphasize that POSC should start prenatally, briefly outline the legal requirement for POSC, emphasize that there is not necessarily a correlation between substance use and harm, and include a URL at the end to direct to more POSC resources.○ Bonny: There is a national shift from using the term "Plan of Safe Care" to using "Family Care Plan," so it would be good to consider using both terms.● Based on feedback from the last Collaborative meeting, folks believed that the video should be for all providers, including doctors, recovery navigators, home visitors, family resource centers, etc.● Lucy: I would love to review this and offer comments. In regard to language, we have been working for so long around language and how to convey this.● Adriana: There are numerous stages of production and we should be able to share the video while in production to get feedback.<ul style="list-style-type: none">○ Will also be looking for feedback on accuracy of the video● For the family-facing video, the advisory group of parents will meet four times at various stages of the video production to review and provide input. | |
| Participant Updates | <ul style="list-style-type: none">● POSC summary report is almost finalized and will be sent to Collaborative members via email in the coming weeks. | |

NEXT MEETING

June 21, 2023 | 2:30-4:30 p.m.