NEW HAMPSHIRE
Perinatal Substance
Exposure Collaborative

NH Perinatal Substance Exposure Collaborative Meeting Notes

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

Meeting Attendees: Aditi Saha, Rekha Sreedhara, Alysse Carlisle, Adriana Espitia, Melissa Schoemmell, Elizabeth Carr, Becca Simon, Bev Gagnon, Lucy Hodder, Bonny Whalen, Carol Whitman, Caroline Nickerson, Carolyn Nyamasege, Christina DAllesandro, Dan Andrus, Deborah Fournier, Debra Girardin, Emma Sevigany, Emily Lawrence, Farrah Sheehan, JoAnne Miles Holmes, Katie White, Kerry Noton, Krissy Nikitas, Kristi Hart, Lisa Spurrell, Mia Qualis, Skyla Marceau, Fay Pierce, Katie Robert, Hannah Lessels, Becky Milner

Agenda Item	Notes	Action Items
Welcome and Introductions	• JSI has received grant funding from the New Hampshire Charitable Foundation to host meetings and support activities identified by the NH Perinatal Substance Exposure Collaborative.	

NH ECCS QI Collaborative Recruitment	• Community Health Institute has partnered with NH Voices - launching a 6-month continuous quality improvement (CQI) project (starting in August/September)
	  ○ Partner healthcare practices with families to explore improvements in service coordination
	  ○ The aim is to assist providers with resources they need to provide to the families.
	  ○ Looking for practices in NH to participate.
	  ○ May include a focus on patients impacted by substance use or managing substance use.
	  ○ Goals - learn how to identify any barriers that make it difficult to connect to patients to services outside of the practice; receive individualized coaching and training support to	

	implement any small changes in provider practices and a chance to partner with patients as peers ○ Benefits - Funds available for practices, tailored staff training opportunities, individualized TA • *Please see presentation slides and flyers for further detail.* Questions and comments following the presentation: • Reach out to Alysse Carlisle with any questions (alyssa_carlisle@jsi.com)	
Legislative Update on Maternal Health Issues	• NH medicaid program begin its 12 month continuous coverage for postpartum people ○ House Bill 2 requires NH to elect this option. Public reporting on the program should begin January 2024. • Coverage for Legally Residing otherwise Eligible Pregnant People and Children - submission of state plan required by January 2024 ○ Made possible through a spending bill under the Biden administration. ○ Beneficial for the immigrant and the refugee population • Extension of Medicaid Expansion through 2030 ○ Opportunity for permanent medicaid expansion to come through which is separate from the budget bill with permanent reauthorization retained in House Finance • Doula Services, Lactation and Donor Breast Milk ○ Now required to be covered by medicaid for women ○ Doula services means services by a highly professional service and a practice designed to provide physical, emotional and physical support to women ○ Reporting starts January 2025 Questions and Comments following the presentation: • Can lactating people direct the bill with their licensure as well?	

	○ It will fall under any of those categories - inpatient services, outpatient services, EPSTT, physician services under the physician supervision, nurse midwives, and other licensed practitioners • Do we know when the state will be moving to those certifications for doulas and lactation consultants? ○ Will need to look into the date for clarification • Are those 2 categories that you mentioned, are they licensed in NH? - ○ NH does not have a process for them to be licensed but you will be licensed under the practice or organization. • Who comes with what the service entails? ○ The Medicaid Office have outlined the types of services through managed care organizations • How can we monitor doula services in the state? Add a PRAMS question on the same but PRAMS sampling is just a subset of NH birthing people? ○ The Commissioner of HHS is going to come up with a plan with what kind of services it will provide which will probably take a long time ○ The Institute for Medicaid Innovation recently did a webinar series on Medicaid reimbursement for doula services and potential models. We've put the webinar recordings and resources on the Collaborative's website ○ MCH section – We will also work with Medicaid office to get claims data for doula services now that Medicaid will be paying for the same	
DCYF Community Response Guide	• The Division had come together through couple of different levels to revive policies and procedures and build a new computer system. • We revisited all our response priorities and standard decision making process - developed a program for our community where folks can visit and decide if that is something they should report	

	• We are still in the testing phase of the tool that we want to put out
	• The tool contains our entire policies, response guide, and standard practices to help the community decide whether or not they want to report to DCYF or provide an intervention to the family.
	• The testing will be of this Community Response Guide tool to get feedback and improve the quality of the tool
	• When this is in place, it will also connect folks with a community navigator (potentially in August 2023). A community navigator is a person who is going to be reaching out to folks who DCYF screens out. When the tool is out, the community navigator will be the person the families will connect to.
	  ○ We have a contract with an agency we are working with and developing the steps to identify the families we need to send to them. When we get reports that intake is screened in or screened out
	  ■ For screened in - it is sent to the district office for investigation and community navigators will not be part of the process. They will reach out to the list of established criterias based on the small number that we have developed so far.
	  ○ The community navigators will be working with families who are not part of the division and for that they will first work with the initial reporters and then reach out to the families to provide resources or services to them.
	  ○ We are still working on the process and hopefully will be launching it by August.
	• Community Response Guides Testing Sign Up: https://docs.google.com/forms/d/e/1FAIpQLScj0188KwdQ4pSIZ4WvzLhwazQPli__s9p4HsIrnkhuGR54MA/viewform
	• *Please see the attached materials for further detail.*
	
	Questions and Comments following the presentation:	

	• How will the community navigators be accessible?
	  ○ They will be available through the community response guide when a person is redirected to them based on the answers they provide on the website. They will be working with the reporters and families. They can reach out directly to families with resources.
	• How will this affect the people with SUD in this particular model?
	  ○ We are hoping this model brings consistency to all types of abuse and neglect. We wanted to make sure this tool is able to capture questions to truly answer whether or not it should be reported for infants with substance exposure.
	  ○ We want to make sure we focus on the population so we have been sharing it to families and participants who are willing to test
	  ○ We want to get feedback from most people as possible so we can finalize before the tool goes live and is functional for everyone
	• I know there are some community members (specifically schools) who often share additional information through Central Intake, knowing that there isn't a release of info in place. How would those professionals be guided in this process when they know they're not reporting abuse or neglect, but want to provide additional information on what they know is an open investigation? Are they being encouraged to not make those calls anymore, Or will that continue as usual?
	  ○ Likely should be a question of whether or not they are already open with the Division - If it already open so they contact the intake or the office
	• I often get questions about the accuracy of the data and there is a lot of stigma around mothers with SUD, what can we do to reduce those stigma so that we can have more birthing parents visit the centers?	

	○ From division standpoint, you can help them to educate on our process which is not to remove the children but we want to educate about the barriers and provide information ○ I wonder what kind of campaign could be instituted with the general public that would be effective in eliminating the stigma? To promote the available resources? • My concern is that with every hospital interpreting and determining which cases they are going to report (i.e. prenatal THC) that there are going to be reasons why people don't seek care from a facility due to the inconsistency of reporting process across hospitals. If our plan of care will not be different- and our referrals outside of DCYF will not be reflected differently by a report for THC, it's hard to argue the concern for a report.	
Myths, Facts and In Between: Supporting At-Risk Birthing Parents with Substance Use Disorder and Reporting/Notification	• This is in context of the general on-going confusion and shift around reporting ○ There is a shift in the availability of services and there are constantly changing needs on how to better support moms, prenatally and post-partum for parents experiencing mental illness and/or substance use ○ DCYF in NH relationship with families is evolving - questions around what support parents need and laws around it • SUD presents a myriad of challenges which can be difficult to navigate. In NH and elsewhere the care and support for parenting and birthing parents who are in in-treatment and need treatment are in priority • The stigma continues for women who use substances and have constant concerns about being reported to child protective services. It is also very hard for parents to access labor and delivery centers near them due to closings.	

	• The general recommendation is we develop POSC for all moms who are in treatment. Right now, it is at 84% and would want to see it improve to 100%.
	• Engagement in Behavioral Health - Pregnancy is strongly associated with substance use treatment initiation.
	• We found that policies are scattered around when they are reporting and treating birthing parents with substance use, exposed infants and recommendations around breastfeeding etc. The Federal and NH Law (RSA 132:10-e and f) requires Plans of Safe Care for infants exposed and their families per the federal and state requirements.
	• What is required? - In NH prenatal substance exposure alone is not grounds to substantiate child abuse or neglect
	  ○ Tthe CAPTA CARA law includes the requirement that certain data is collected for notification and in July 2018 NH passed law for birthing hospitals to submit notification and develop POSC before infant is discharged
	• A question that arises in hospitals - “What do you do when exposure happens during pregnancy and how far before birth does it trigger a concern and requires reporting?
	  ○ NH has a federal data reporting requirement known as “Notification” used to assess issues and do surveillance.
	• What is Reporting? - Prenatal Substance exposure along does not alone substantiate a finding of child abuse and neglect or a mandatory report
	  ○ We discussed what would require to be reported. We define a substance exposure infant in a specific way and it is something that needs to be reported.
	  ○ I think it is very important to be transparent with what the policy is and for there to be a forum including health care providers to discuss this further. This is different from what Dr. Ribsam shared that substance exposure in of itself does not necessarily mandate a report .... a birthing parent may be able	

	to set up safe care for their newborn with potential use after delivery ○ There is a decrease in mortality and morbidity in poor outcomes for the birthing parents and infants that this policy has some significant negative health impacts. It can be helpful to provide some education to the department with some latest scientific data. ○ Screening in a breastfeeding patient with +utox for THC for intentional poisoning is concerning because this is not my understanding of what our medical committees have stood behind in any journals but instead encourages cessation and abstaining while breastfeeding ○ We also don't report legalized drugs e.g Marijuana, alcohol, nicotine etc. to Alliance Innovation for Maternal Health (AIM) even though these substances have an effect on the fetus. Noted but AIM if Federal, so they only take illegal drugs, we only report aggregate numbers.. process and structure measures. ○ Medical cannabis use is legal, recreational is not ○ Because exposure may or may not mean harm, that is where the providers have been trying to understand the process of how to navigate the issue. • *Please see presentation slides for further detail.*	
Update on POSC Videos	• We are developing two promotional videos for the provider audience and for families around POSC. • For the family video we have convened 10-12 mostly moms who have experience with POSC along with Erica and Cheri, two recovery coaches and together they have been directing the design and look of the family video. We are waiting for the vendor to create a fully animated draft. We are planning to show it during our last session next week.	

	• We wanted to share a few feedback that we received from the group:
	  ○ We had a concern if the POSC triggers reporting to DCYF. Once they are able to view the POSC separate from the DCYF, they see it as a helpful resource
	  ○ We heard that we need to include partners, dads, and others people in the people
	  ○ They wanted designs to be colorful and positive, voices to be soothing, they wanted to hear from OBGYN, providers, moms in terms of the message
	• We have a really engaging group of parents.
	• We will share the video once the group have finalized and provided more feedback
	• For the Provider video - we have a screen design storyboard
	• Feedback following the storyboard:
	  ○ Less providers with white coats
	  ○ The crib should be empty (no pillow or toys)
	  ○ Show a mom and provider holding the plan together?
	  ○ Reword to say “Plan” or “Family Care Plan” and not worksheet
	  ○ For the sentence on #16 reword to include “Birthing hospitals must notify the State via the…(include the specifics) when an infant is born affected by substance use”
	  ○ Include dads, whole family or partners who owns the POSC
	  ○ I would love to see a safe sleep image for an infant lying down in the crib … we heard shared stories of unsafe sleep situations in our qualitative interviews with families after newborn discharge.
	  ○ Love that feedback re: the plan giving to birthing parent at d/c.
	  ○ Remove the white coat could be helpful or remove the clipboards
	  ○ Paperwork held by both the providers and the family to make it look like a vision
	• We will share at the final collaborative meeting	

Update on POSC Binder	• During the last collaborative meeting we provided a brief overview of the funding and our initial research regarding our Plans of Safe Care Binder approach. • Since our last meeting we have been developing the content of the binder and throughout the content development process, we acknowledged all the feedback we received from the collaborative, the family advisory group and our participating organizations: Dartmouth-Hitchcock Hospital and Concord Hospitals. • We are nearing the completion of the first draft of the binder content Timeline • We will be finalizing the content to include the literacy review by the following week. • We are hoping to receive our final feedback from the participating organizations by the 1st week of July and incorporate those by the following week. • Our graphic designer Faith will also start to develop the finalized content and have it completed by early August. • JSI and the participating organization will then review the finalized content. • In Late August-September - order materials, prepare binders, disseminate. We will be creating evaluation surveys to obtain the feedback from both patients and the participating providers. • This is a pilot test but we want to start small - we will distribute a few binders to the participating sites as per their feedback to understand what additions we need to add • We will share the electronic version of the binder once we have tested out the first few documents. We will also share the electronic materials once we have enough data and funding and in the event that you would like to roll it out yourself	

	• The binders will not be the standard binder rather something that will be more personal and user-friendly for the parents.	
Participant Updates	• We will share follow-up materials, presentations and flyers via email in the coming weeks.	

NEXT MEETING

September 20, 2023 | 2:30-4:30 p.m.