NH AIM/ERASE Monthly Webinar
April 11, 2024

WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Julie Bosak & Karen Lee will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email **Karen.G.Lee@Hitchcock.org**

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NH AIM/ERASE Monthly Webinar
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REMINDERS:

- Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ **www.NNEPQIN.org:** Educational Offerings | NNEPQIN
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Karen Lee sends to you immediately following the webinar. It takes less than 5 minutes to complete.

Utilizing the Plan of Safe and Supportive Care (POSC) to demonstrate patient strengths and link them with community based resources

NH AIM/ERASE Monthly Webinar
April 11, 2024

Today's Agenda

NH Perinatal Services Data
Maggie Coleman, MPH

MOMS in Recovery at DH Health
Cheri Bryer, CRSW

MOMS Program at the Elliot in Manchester
Lisa Spurrell, MLDAC

AIM Perinatal Mental Health Condition Bundle next steps

NOTE: Todays speakers have nothing to disclose

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

Gender Statement

We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

AIM

ERASE MM
Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

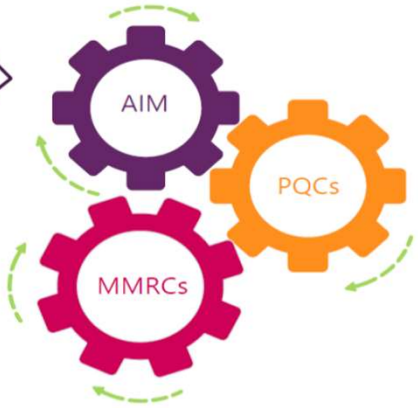
https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

Critical Collaborations: NNEPQIN, ERASE and AIM

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts



Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Created from a Centers for Disease Control, Division of Reproductive Health source

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PERINATAL MENTAL HEALTH CONDITIONS (PMHC) SAFETY BUNDLE QA project: March 1st-14th active surveillance of deliveries on birth units

- Context
  - Two new questions on the birth certificate worksheet:
    - *Was the mother diagnosed with any perinatal mental health conditions?*
    - *If Yes, did they receive treatment or were they referred for treatment?*
  - We may be able to avoid doing intense active surveillance to collect data for the bundle's patient-level outcome measure:
    - *O1: Percent of Pregnant and Postpartum People with PMHC Who Received or Were Referred to Treatment*

PMHC SAFETY BUNDLE QA project: March 1st-14th active surveillance of deliveries on birth units

- For the first two weeks of March, each site actively tracked every delivery on the unit (example table below)
  - If the number recorded by a site's unit staff is fairly close to the number reported via de-identified birth certificate worksheets, we plan to use state surveillance to collect data for this bundle measure

Unit Surveillance Data: March 1-March 14		
# with a PMH Condition	20	
	Referred or Rec'd Treatment	No Tx
	18	2

RESULTS AND NEXT STEPS: Review of site data vs. birth certificate data

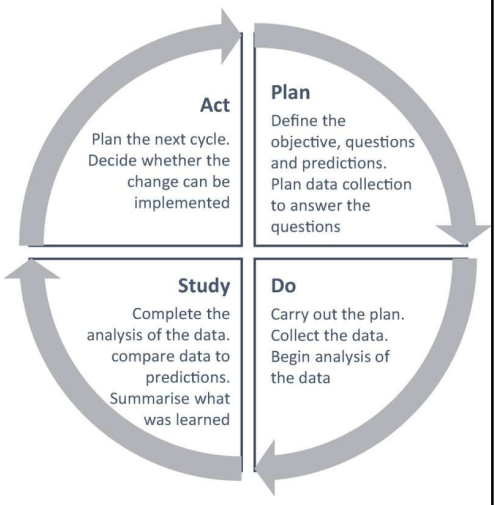
- **Results: 93% of sites** completed the QA
  - **2 of the reporting sites** had 100% of PMHC patients receiving/referred to tx
  - **3 sites** had 75% or more
  - **9 sites** had 50% or more
  - **12 sites** had 25% or more
- **Next steps**
  - PMHC #s reported via birth certificate facility worksheets shared with participating sites
  - Together we'll compare unit surveillance #s with birth certificate worksheet #s; identify discrepancies, processes to improve accuracy of birth certificate worksheet #s
  - Discussion of results, processes, learnings to follow (May webinar)

CARE FOR PREGNANT AND POSTPARTUM PEOPLE WITH SUBSTANCE USE DISORDER (CPPSUD) SAFETY BUNDLE: Successes and challenges

- **CHALLENGE**: **6 of the 11** hospitals that now submit patient-level data reported that 100% of their SUD Bundle-eligible patients received counseling on Naloxone by Q4 of 2023.
  - *P4: Percent of pregnant and postpartum people with SUD who received Naloxone counseling*
- **SUCCESS**: **11 of the 15** hospitals now report at least a "4" for this measure:
  - *S3: Has your hospital implemented post- delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?*
- **SUCCESS**: **11 of the 15** hospitals now report at least a "4" for this measure (of which 3 sites started at a "3" or below):
  - *S5: Has your hospital shared with all its prenatal care sites validated verbal screening and follow up tools for diagnosis of opioid use and substance use disorders*
  - *OPPORTUNITY TO IMPROVE WITH NHPQC COLLABORATION!*

Coming up…

- Review CPPSUD Safety Bundle progress by site
  - Identify opportunities for improvement, PDSA cycles
- CPPSUD/PMHC Safety Bundle data collection for 2024 Q1
- Evaluate PMHC Safety Bundle QA by site
  - As-needed PDSA cycles to improve birth certificate worksheet data
  - Invitation to share learnings at May webinar
- Funding for a new full-time position, focused on supporting AIM work



Ong T, Sahota O. Establishing an Orthogeriatric Service. 2020 Aug 21. In: Falaschi P, Marsh D, editors. Orthogeriatrics: The Management of Older Patients with Fragility Fractures [Internet]. 2nd edition. Cham (CH): Springer; 2021. Fig. 5.2, [PDSA cycle. (Adapted from NHS Improvement [])]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK565573/figure/ch5.Fig2/ doi: 10.1007/978-3-030-48126-1_5

Plans of Safe Care for Substance Exposed Infants and Families

New Hampshire, Cheri Bryer, Recovery Coach/Certified Recovery Support Worker, Dartmouth Health

Project ECHO® University of New Hampshire

Project SCOPE

An Initiative of NH-ME LEND at the Institute on Disability

Objectives

At the end of this session, participants will:

- Understand the federal mandate and purpose of a Plan of Safe Care (POSC) for substance exposed infants and families nationwide
- Be familiar with the short-term and long-term goals of a Plan of Safe
- See the strengths New Hampshire's Plan of Safe Care
- Value how a Plan of Safe Care serves as a bridge to communication between clinical and social services providers and families to determine needed resources and ensure best-possible life-long outcomes for substance exposed infants

What is a Plan of Safe Care? Who Needs One?

- The United States Federal government requires every state to design a **Plan of Safe Care** for infants exposed and/or affected by prenatal substance exposure, their mothers, families, and/or other caregivers. (Child Abuse Prevention Treatment Act, CAPTA, 1974, amended: the Comprehensive Addiction and Recovery Act, CARA 2016)
  - Healthcare providers caring for substance exposed infants are responsible for providing a notification to their state's child protective services; the details of the process are connected to a state's laws around substance use and substance exposed infants
  - All substance exposed infants and families living with substance use disorder should be invited to develop a Plan of Safe Care

Retrieved from https://www.childwelfare.gov/pubPDFs/safecare.pdf

What is a Plan of Safe Care? Who Needs One?

- A **Plan of Safe Care** (POSC) functions to ensure the supported and ongoing **safety, well-being and best possible long-term health and developmental outcomes** for substance exposed infants and families, including foster families, resource families and kinship placements
- A **Plan of Safe Care** serves to identify needed services and resources and defines actions needed to align these. The POSC process includes referrals to these services

Retrieved from https://www.childwelfare.gov/pubPDFs/safecare.pdf

What is a Plan of Safe Care? Who Needs One?

- *In New Hampshire*, state law RSA 132:10-e and RSA 132:10-f, **requires a health providers develop a Plan of Safe Care when a child is born affected by substance use.**
- *New Hampshire's* state law **does not require a report of abuse and neglect when a POSC is developed**

Retrieved from https://www.childadvocate.nh.gov/documents/reports/OCA-SR-Subs-Exp-Infants-11-22-19.pdf

Retrieved from: https://www.mainelegislature.org/legis/statutes/22/title22sec4004-B.html

Retrieved from: https://www.mainelegislature.org/legis/statutes/22/title22sec4011-B.html

What is a Plan of Safe Care? Who Needs One?

- **State child welfare agencies** are responsible for federal data reporting, but **there is flexibility around who initiates the POSC** process; clinical and social services providers, community health workers, resource specialists, case workers

Federal Plan of Safe Care Data Reporting Points:

- *The number of infants identified as being affected by substance abuse, withdrawal symptoms, resulting from prenatal drug exposure or FASD*
- *The number of infants for whom a Plan of Safe Care has been made*
- *The number of infants for whom referrals were made for appropriate services for infants, including caregivers*

Retrieved from: https://www.cadca.org/comprehensive-addiction-and-recovery-act-cara

Goals of a Plan of Safe Care

- The goal of the Plan of Safe Care is to remove barriers to support for pregnant and parenting individuals living with substance use disorder
- A Plan of Safe care is designed to be a conversation:
  - Open ended questions and use of destigmatizing language
  - A stance of collaboration with a focus on the strengths of the family
  - Best practice to create prenatally, patient engagement, and accessible to families

Prevalence of Substance Exposure in New Hampshire

- In New Hampshire, 6.5% of infants born in NH hospitals between May 1st and Oct 31st, 2020, were monitored after birth due to prenatal substance exposure
- Cannabis was the most common exposure, followed by opioids
- There were 2.6% of infants identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder
- The leading cause of pregnancy-associated deaths in NH is accidental drug overdose, the overwhelming majority occurring postpartum

Retrieved from: slide 14, Developing Plans of Safe and Supportive Care for High-Risk Families in New Hampshire Legal Update Supporting mothers and infants born exposed to substances December 17, 2020, nhcenterforexcellence.org

Prenatal Substance Exposure, Births Occuring in NH

Infants born in 2022 and 2023

82A2: If YES, Type of substance(s)

Substance+ includes 82A3 (other substances) reclassified if applicable

Infants born in 2022 and 2023

	Child Birth Year 2022	2023
Cannabis+	398	399
Nicotine	318	277
Opioids+	240	183
Opioids (checkbox subgroup of above)	144	89
Alcohol	24	23
Stimulants+	97	74
Benzodiazepines	29	24
Cocaine	43	47
Other substance	224	231

Percentage of postpartum birthing individuals whose infant was affected by in utero substance exposure who had a documented Plan of Safe/Supportive Care (POSC).

	83: Was a Plan of Safe/Supportive Care (POSC) created?	
Affected Infants	Yes	No
2022	221 (84.7%)	40 (15.3%)
2023	201 (82.4%)	43 (17.6%)

%Monitored for Substance (82A) Exposure with POSC

2021	50.9%
2022	44.5%
2023	43.8%

% Affected by Substance Exposure (82B) with POSC

2021	86.3%
2022	84.7%
2023	82.4%

Data Source: NH Vital Records, prepared by MCH Epidemiologist

Lack of Trust is a Barrier to Getting Care

Fear about being reported to child protective services is a major barrier to accessing care for individuals and families living with substance use disorder.

In New Hampshire in 2017:

- Perinatal providers shared that **78%** of clients had concerns about being reported to child protective services and identified this as a “moderate” barrier
- Substance Use Treatment Providers reported **that 92%** of clients had concerns about being reported to child protective services and identified this as a “top” barrier
- Continuum of Care Facilitators reported **that 91%** of clients had concerns about being reported to child protective services and identified this as a “serious or moderate” barrier

Retrieved from: slide 11, Developing Plans of Safe and Supportive Care for High-Risk Families in New Hampshire Legal Update Supporting mothers and infants born exposed to substances December 17, 2020, nhcenterforexcellence.org

What is the Perinatal Substance Exposure Collaborative?

Originally this was a Governor's Perinatal Substance Exposure Task Force. Continues the work as a collaborative.

The mission of the Perinatal Substance Exposure Collaborative is to identify, clarify, and inform the Governor's Commission about issues related to perinatal substance exposure including: ways to lessen barriers pregnant women face when seeking quality healthcare; aligning state policy and activities with best medical practices for pregnant and newly parenting women and their children; and increasing public awareness about the dangers of exposure to prescription and illicit drugs, alcohol and other substances during pregnancy.

Retrieved from https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force

New Hampshire's Center for Excellence on Addiction

New Hampshire's Center for Excellence on Addiction provides resources and technical assistance to communities, clinical and social services practitioners, policymakers, and anyone else working to support individuals and families living with substance use and alcohol use disorders statewide.

- Expertise on Addiction
- Individualized Support
- Collaborative Approach
- Pathways to Resources

https://www.nhcenterforexcellence.org

Maternal Opioid Misuse (MOM) Model Outreach and Engagement with the MCOs

April 11, 2024

Agenda

- MOM Model Team
- Overview of MOM Model Grant Program
- Overview of MOM Beneficiaries
- MCO Current Involvement in Care Coordination Meeting
- Plans of Safe and Supportive Care
- Outcomes

Maternal Opioid Misuse (MOM) Model Team

- New Hampshire Department of Health and Human Services
  - Olivia May (Director, Medicaid Enterprise Development)
  - Grant Beckman (Business Administrator)
  - Rhonda Siegel (Maternal and Child Health Section Chief/Title V Director)
- University of New Hampshire Institute for Health Policy and Practice
  - Kimberly Persson (Project Director)
- Elliot Hospital
  - Annette Escalante (Director, Substance Use Services Department)
  - Lisa Spurrell (Program Manager, Mothers With Addiction Grant)
  - Jennifer Vallier (Community Health Worker)
  - Beverly Gagnon (Project Data Analyst)

MOM Model Grant Program Overview

- Grant-funded program to help pregnant and postpartum individuals with Opioid Use Disorder (OUD) find services for health, well-being, and recovery
- Engage pregnant individuals with OUD in prenatal care as early in their pregnancies as possible
- Enrollment Criteria
  - Pregnant or postpartum (up to two years)
  - Diagnosed with OUD
  - Medicaid-eligible and enrolled
- Services must be provided by participating organization in Greater Manchester area, however, there are no geographical constraints on where beneficiary can live

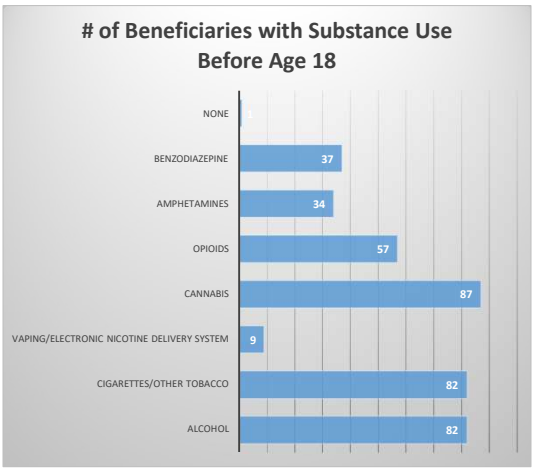
MOM Model Grant Program Overview

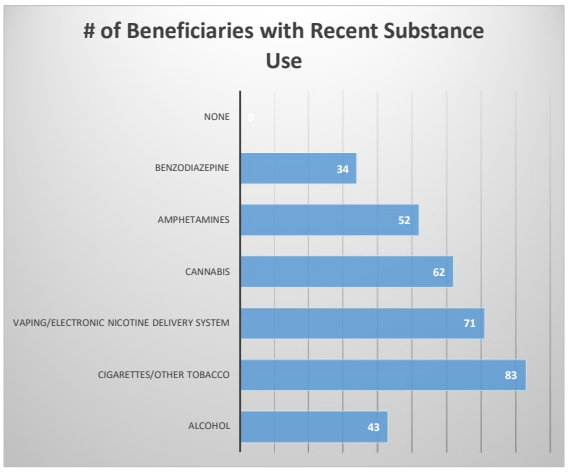
- Elliot Health System: care delivery partner collaborating with NH Department of Health and Human Services to implement MOM Model in Greater Manchester
- Elliot MOM Model staff: provide care coordination and peer recovery support services to beneficiaries to help ensure quality outcomes and reduce costs for them and their infants and families
- MOM Model beneficiaries: may receive incentives for participating in MOM Model and other qualified service organizations partnering with the MOM Model

Overview of MOM Beneficiaries (as of March 31, 2024)

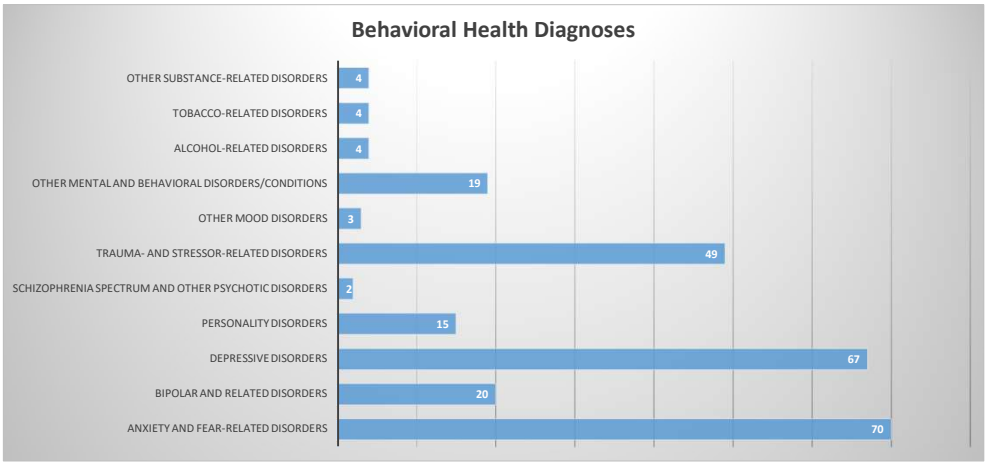
- Beneficiaries enrolled: 96
- Average age: 32.1 years
- Achieved at least a high school level of education: 75
- Prior birth experience: 66
- Infants diagnosed with Neonatal Abstinence Syndrome: 55
- Pregnancy Loss: 7
- Reported engagement with Medication-Assisted Treatment upon intake: 68
  - Prescribed buprenorphine: 37
  - Prescribed methadone: 31

MOM Beneficiary Statistics

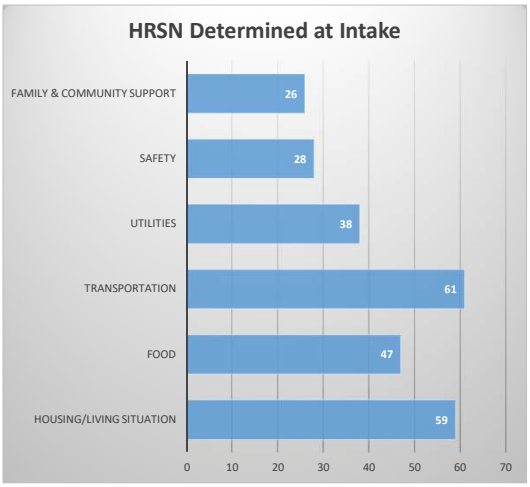


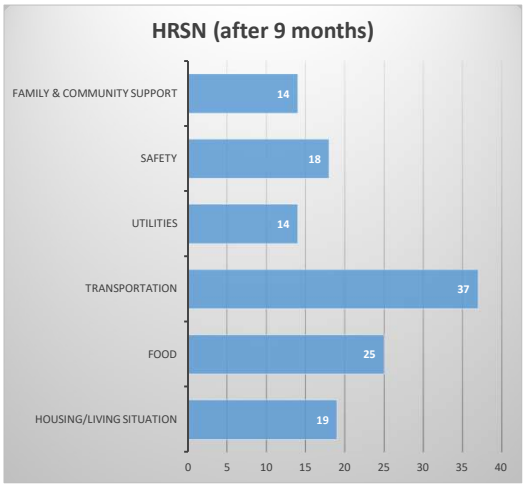


MOM Beneficiary Statistics



MOM Beneficiary Statistics





MCO Involvement in Care Coordination Meetings

- MCO case management teams
  - Engaged in MOM Model Care Coordination Committee
  - Attend monthly meetings
- Care Coordination Committee goals: address and prioritize specific care management priorities
  - Successes and challenges in outreach/engagement
  - Additional pathways for MCO outreach/engagement
  - Leverage existing relationships to improve coordination of services and access to services

Plans of Safe and Supportive Care (POSC)

- MOM uses the POSC as the beneficiaries' treatment plans
  - Treated as a living document and updated as goals change
  - Beneficiaries have an active and collaborative role in POSC development

Engagement of MCOs with POSC

- MOM Team implemented a quarterly meeting with MCO representatives to address collaboration with the POSC in March 2023
- A standardized method of sharing the POSC was developed with each MCO

Outcome

- Increased coordination on beneficiary needs
- Regular collaboration on highlighted topics related to the beneficiaries:
  - Child Protective Services Involvement
  - Postpartum Care and Mental Health
  - Eat, Sleep, Console

MOM Model Contacts

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Questions & Comments?

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NEXT MONTH

NH AIM/ERASE Monthly Webinar

May 9, 2024

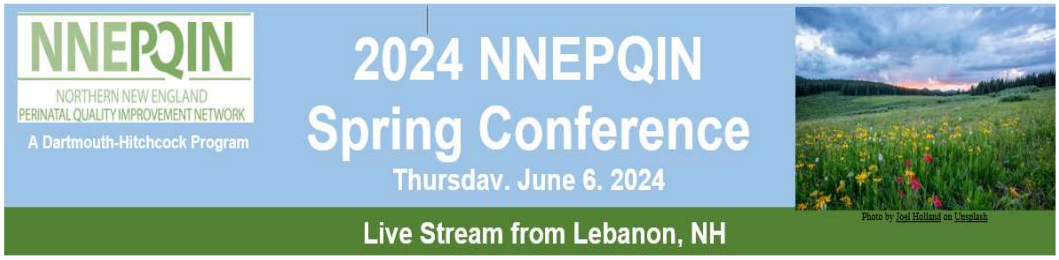
How to provide appropriate mental health treatment in your community to meet your patients' needs

Rebecca Casey, APRN Psychiatry II at DHMC
Brittini Cusson – SW and PCAC member will share her experience in the North Country.

AIM ALLIANCE FOR INNOVATION ON MATERIAL HEALTH

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services



JUNE 6, 2024
FULLY VIRTUAL – REGISTRATION OPENING SOON!!

TOPICS:

- **Trauma Informed Care for Perinatal Mental Health and Substance Use Disorders**
- **Addressing Obesity Bias in Healthcare**
- **"Wholistic" Multidisciplinary Approaches to**
- **Supporting Socially or Medically Complex**
- **Neonatal Patients and Their Families**
- **Supporting the Partner and Family Following a Traumatic Birth Experience**
- **Second Victims: Peer to Peer Support for Health Care Providers after Adverse Events**

SAVE THE DATE!

JUNE 3, 2024

NH BREASTFEEDING TASK FORCE'S ANNUAL PROFESSIONAL CONFERENCE!

Mill Falls at Church Landing on Lake Winnipesaukee!

New Research to Support Modern Families: Clinical Recommendations for Mastitis, HIV and Promoting Attachment Parenting

Registration via Eventbrite forthcoming!

PSI New Hampshire

September 18-20, 2024

2 –Day: PSI Certificate of Completion Training

Optional 3rd Day – "Advanced Psychotherapy"

SAVE the DATE!

Perinatal Mood Disorders: Components of Care

PSI has developed an internationally recognized unique evidence-based training program for health providers and social support networks. We have created an expert corps of experienced trainers and are committed to providing you with the most current research.

The 2-day PSI Certificate of Completion Course, taught by experienced and engaging faculty, is a thorough and evidence-based curriculum designed for nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, or anyone interested in learning skills and knowledge for assessment and treatment of perinatal mood disorders. Registration includes training binder, handouts, and continuing education credits. Approved for CMEs, CNEs, and CEs.

www.psichapters.com/nh/

References for New Hampshire Plans of Safe Care

References: 2

- David Laflamme, David.Laflamme@unh.edu

- Retrieved from: Slide 14, Developing Plans of Safe and Supportive Care for High-Risk Families in New Hampshire Legal Update Supporting mothers and infants born exposed to substances December 17, 2020, https://nhcenterforexcellence.org
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- Retrieved from https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/documents/Maine-Birthing-Hospitals-Map-2018.pdf