
June 22, 2016

Task Force Chair: Rebecca Ewing and Tricia Tilley

Minutes

Attendees:

In-Person: Gary Kaufman, Eileen Mullen, Peg Clifford, Tricia Tilley, Victoria Flanagan, James Vara, David Laflamme, Terry Alord, Felicity Bernard, Rekha Sreedhara

Via Phone: Abby Rogers, Lindsey Flynn, Rebecca Ewing, Julie Bosak, Joe Harding, Bonny Whalen, Bill Edwards, Michele Merritt

Welcome & Introduction:

- March 2016 minutes were approved.

Updates from Priority Areas:

Priority Area	Lead(s)	TF Tasks/Other	Status/ Accomplishments	Updates
Follow-Up on SB515	All		SB515 proposes to change the definition of "child abuse" which would result in mandated reporting of opioid-exposed newborns with symptoms of neonatal abstinence syndrome (NAS).	SB515 passed. DCYF should be 'notified' of all infants born and identified as affected by substance misuse, withdrawal from substance exposure, or NAS. Task Force members discussed importance of developing consistent, uniform protocols to include messaging and data collection/reporting that should be practiced across all hospitals as each hospital currently interprets the term 'notify' differently. DCYF representative, Eileen Mullen indicated that making a report can have many different results depending on the situation. DCYF is also working with the state to clarify how prescribed medications and other substances would be handled.
Governor's Advisor	James Vara			James attended this meeting

on Addiction and Behavioral Health Response Document		to inform members that he is working on a brief document to articulate the State's comprehensive response to the opioid crisis and to outline additional efforts in process for SFY 2017 and beyond. This document is separate from the State's three-year plan. Members will share current data that is available with James to include the PRAMS, NAS survey and NICU/hospital data.
Update on Dartmouth		
Collaborative Project		
Tobacco Cessation and Pregnant Women Presentation	Tricia Tilley	The Division of Public Health Services Tobacco Program works on the Tobacco Quitline, policy in the workplace, living environment, media messaging, access to care, and MD attitude, knowledge and beliefs.
		Approximately 30%-40% of the Medicaid population are young, poor white pregnant women who smoke.
		This program has not had significant outreach to the pregnant population.
		NH is one of the lowest priced states for cigarettes.
		1-800-Quit-Now
Topics for Future Meetings		www.QuitNowNH.org -Medication assisted treatment initiatives (e.g. work with CHCs, CMHCs, Primary Care, SAMHSA MAT Grant)

-Transitional/Sober Housing

for Pregnant/Parenting
Women
-Presentation from DCYF to
learn how intakes are
processed

Next Meeting:

Wednesday, September 28, 2016 - 2PM-4PM

Call-In: 1-866-210-1669 Passcode: 9060313