Commonwealth of Massachusetts

Interagency Task Force on Newborns with Neonatal Abstinence Syndrome

*State plan for the **coordination of care and services** for newborns with neonatal abstinence syndrome and substance-exposed newborns*

March 17, 2017

Table of Contents

Overview

Authority: Fiscal Year 2017 Budget, Outside Section 171

Purpose

There shall be an interagency task force on newborns with neonatal abstinence syndrome and substance-exposed newborns to develop a unified statewide plan to collect data, develop outcome goals, and ensure quality service is delivered to those newborns.

The statewide plan shall ensure that, to the extent possible, all executive agencies work in coordination to address the needs of newborns, infants, and young children impacted by exposure to substances.

Final Report

The task force shall file a report of its findings and the recommended statewide plan, along with any proposed legislation or regulatory amendments necessary to implement the statewide plan not later than March 2017.

Four Components of the State Plan

*Develop a State Plan for the **coordination of care and services** for newborns with neonatal abstinence syndrome and substance-exposed newborns including, but not limited to, those related to early intervention, substance use disorders and healthcare access issues*

The State Plan shall include:

1. An **inventory of the services and programs available** in the Commonwealth to serve newborns with neonatal abstinence syndrome and substance-exposed newborns;

2. Identification of **gaps in available services and programs**;

3. A plan to **address identified gaps**; and

4. An interagency plan for **collecting data**, developing **outcome goals** and ensuring **quality service** is delivered

Working Definitions for NAS and SEN

Substance Abuse and Mental Health Services Administration's (SAMHSA) definitions for NAS/SEN are the following:

- **Substance-Exposed Newborns (SEN)** are infants exposed to alcohol or other drugs ingested by the mother in utero, whether or not this exposure is detected.[1]

- More specifically within SEN, **Neonatal Abstinence Syndrome (NAS)** is the term used to represent the pattern of effects that are associated with opioid withdrawal in newborns.[2] NAS can also be caused by exposure to other drugs (e.g. barbiturates, benzos, SSRIs). [2]

- NAS symptoms are affected by a variety of factors, including the type of opioid the infant was exposed to, the point in gestation when the mother used the opioid, genetic factors, and exposure to multiple substances.[3]

1. *Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). Substance-exposed infants: State responses to the problem. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://store.samhsa. gov/product/Substance-Exposed-Infants-State-Responses-to-the-Problem/SMA09-4369*

2. Hudak, M. L., & Tan, R. C. (2012). Neonatal drug withdrawal. Pediatrics, 129(2), e540–e560. Retrieved from http://pediatrics.aappublications.org/content/129/2/e540.abstract.

3. Wachman, E. M., Hayes, M. J., Brown, M. S., Paul, J., Harvey-Wilkes, K., Terrin, N., Huggins, G. S., Aranda, J. V., & Davis, J. M. (2013). Association of OPRM1 and COMT singe-nucleotide polymorphisms with hospital length of stay and treatment of neonatal abstinence syndrome. Journal of the American Medical Association, 309(17), 1821–1827.

SAMHSA Report: *State Responses to the Problem*; Five-Point Intervention

- A *Five-Point Framework (Framework)* is the organizing foundation for a highly acclaimed SAMHSA report *Substance-Exposed Infants: State Responses to the Problem*. This publication serves as a comprehensive and widely-accepted model to establish the five major time frames when intervention can help reduce the potential harm of prenatal substance exposure.

- The *Framework* emerged from a multi-year review and analysis of existing polices and practices across 10 states regarding prenatal exposure to alcohol and other drugs.

- One benefit of the *Framework* is that it identifies the birth event as only one of several opportunities to affect outcomes.

- The *Framework* also makes it apparent that cross-system linkages are necessary to ensure services are coordinated across the spectrum of prevention, intervention, and treatment.

- **The Task Force adopted this *Framework* in its deliberations and development of the State Plan.**

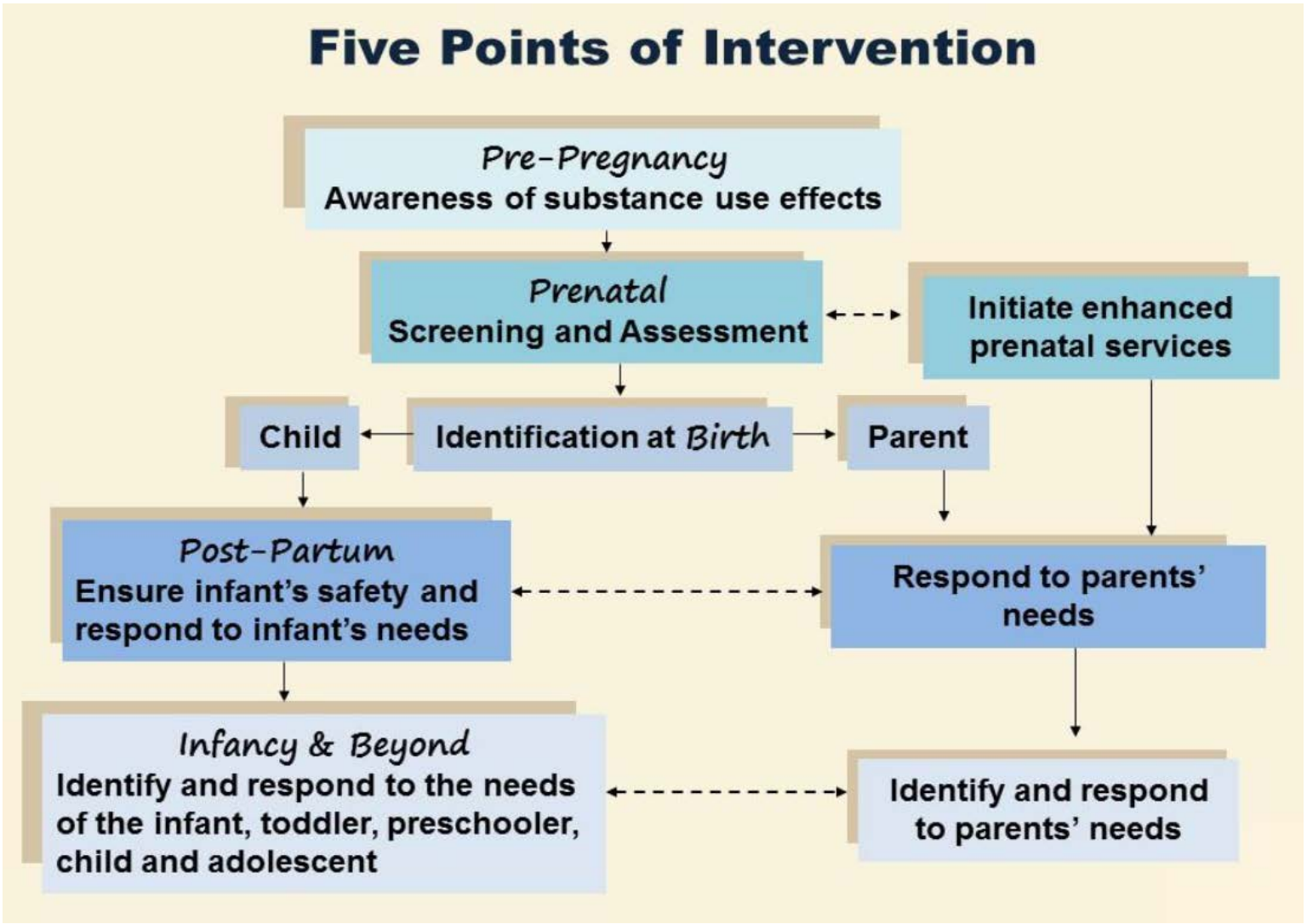
Five-Point Intervention Framework

Five-Point Intervention Framework*

1. **Pre-pregnancy:** During this time, interventions can include promoting awareness among women of child-bearing age and their family members of the effects that prenatal substance use can have on infants.
2. **Prenatal:** During this time, health care providers have the opportunity to screen pregnant women for substance use as part of routine prenatal care and to make referrals that facilitate access to treatment and related services for the women who need these services.
3. **Birth:** Interventions during this time include health care providers testing newborns for prenatal substance exposure at the time of delivery.
4. **Neonatal:** During this time, health care providers can conduct a developmental assessment of the newborn and ensure access to services for the newborn as well as the family.
5. **Postnatal** (Throughout childhood and adolescence): During this time, interventions include the ongoing provision of coordinated services for both child and family.

**A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers published by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*

Five-Point Intervention Framework



Source: 2017 ***Policy Academy*** *"Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and Their Infants, Families, and Caregivers"*

Inventory of Services and Programs Available in the Commonwealth

***Component #1 of State Plan**: Include an inventory of the services and programs available in the Commonwealth to serve newborns with neonatal abstinence syndrome and substance-exposed newborns*

Process for Developing the Inventory Survey

1. **The Task Force sought to create an accessible mechanism that could:**

    1. Be widely distributed across the entire care system
    2. Fully capture the existing inventory of services and programs in the Commonwealth
    3. Gather information regarding existing gaps in services and programs, including gaps that are more systemic in nature

2. **Survey**

    1. The Task Force decided to develop an online survey mechanism using *Survey Monkey* in order to solicit responses.
    2. An example survey response was also created to demonstrate the level of detail sought from those who completed the survey.

3. **Distribution**

    1. All materials were distributed to the Task Force, Advisory Council, and other stakeholders.
    2. It was requested that, in addition to completing the survey on behalf of their organization, they would disseminate the materials to their networks.

Components of Inventory Survey*

1. **Contact Information**

2. **Organization; Name of Service/Program/Initiative**

3. **Organization/Program Description as It Relates to NAS/SEN**

4. **Geographic Region(s) Served**
   - **Northeastern (Essex and Middlesex); Boston area (Norfolk and Suffolk); Southeastern (Bristol and Plymouth); Cape and Islands (Barnstable, Dukes, and Nantucket); Central (Worcester); Pioneer Valley (Franklin, Hampshire, and Hampden); Western (Berkshire)**

5. **Intervention Stage**
   - **Pre-pregnancy; Prenatal; Birth; Neonatal; Postnatal (Throughout Childhood and Adolescence)**

* *Full Inventory Survey can be found in the Appendix*

Components of Inventory Survey*

6. Type of Intervention

- Prevention/Education/Outreach; Screening/Testing/Assessment; Treatment; Social Services; Training; Data Collection; Quality Improvement

7. Target population

- Women of childbearing age; pregnant women (with SUD/OUD); mothers; at-risk parents; other caretakers; newborns/infants; older children; providers

8. Capacity

9. Funding Source and Duration

- State appropriation; grant (federal or state); private; payer reimbursement

10. Gaps in Services and Programs

* *Full Inventory Survey can be found in the Appendix*

75 Organizations Completed the Inventory Survey

1. Adcare
2. Anna Jacques Hospital
3. Baby Steps Program
4. BAMSI Early Intervention
5. Baystate Children's Hospital
6. Bay State Community Services
7. Berkshire Medical Center
8. Beth Israel Deaconess Medical Center/ Children's OT
9. Beverly Hospital
10. Boston Children's Hospital
11. Boston Medical Center
12. Boston Medical Center HealthNet Plan
13. Cape Cod Children's Place
14. Cape Cod Hospital
15. Catholic Charities
16. CeltiCare Health
17. CleanSlate
18. Community Catalyst
19. Community Health Link (Orchard Street, Worcester Community Housing, North Village Community Housing, and Faith House)
20. Criterion Child Enrichment
21. DPH Essential School Health Services
22. Early Intervention Partnerships Program
23. EMPOWER Program
24. Emerson House
25. Enable Early Intervention
26. Fallon Health Plan
27. Falmouth Hospital
28. Franklin County Perinatal Support Coalition
29. Gandara Center
30. Granada House
31. Habit OPCO (Fitchburg and Boston)
32. Harvard Pilgrim Health Plan
33. Health Care Resources Centers (FKA CSAC)
34. High Point OTP, Brockton
35. Holyoke Medical Center
36. Institute for Health and Recovery
37. Latinas Y Ninos for Families
38. Lawrence General Hospital
39. Learn to Cope Inc.
40. LHBS Gloucester Opioid Treatment Center
41. Lowell General Hospital
42. March of Dimes Foundation
43. Massachusetts General Hospital
44. Massachusetts Law Reform Institute
45. Massachusetts Organization for Addiction Recovery
46. May Center for Early Intervention
47. Melrose-Wakefield Hospital
48. Minutemen Health Plan
49. Morton Hospital
50. Neighborhood Health Plan
51. Neonatal Quality Improvement Collaborative of Massachusetts
52. Newday
53. Optum
54. People Incorporated
55. ProgenyHealth Inc.
56. Providence Behavioral Health Hospital
57. Riverside Community Care
58. Serenity House
59. South Bay Community Services
60. South Shore Hospital
61. Stanley Street Treatment and Resources
62. Steppingstone Inc.
63. Sturdy Memorial Hospital
64. Thom Early Intervention (Pentucket, Marlboro, and Worcester area)
65. Tufts Health Plan (Non-Public Plans)
66. Tufts Health Plan (Public Plans)
67. Tufts Medical Center
68. Two Rivers Recovery Center for Women
69. UMass Memorial Medical Center
70. UMass Memorial HealthAlliance Hospital
71. United Healthcare
72. Women Views
73. Women's Addiction Treatment Center
74. Winchester Hospital
75. Youth Villages Community Based Program

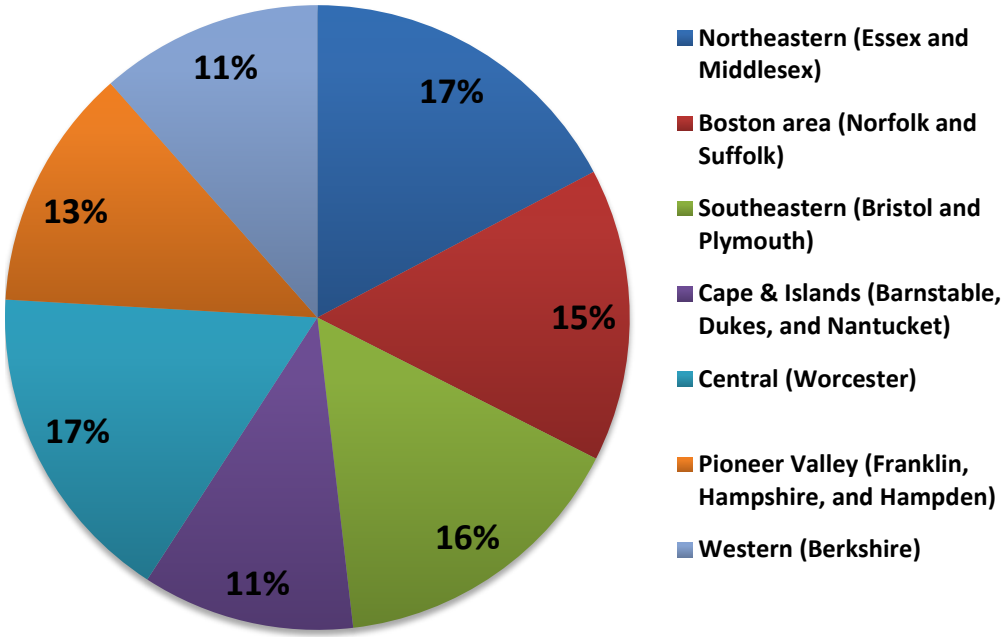
* *Summarized results from each organization can be found in Supplemental Materials*

Summary of Inventory Survey

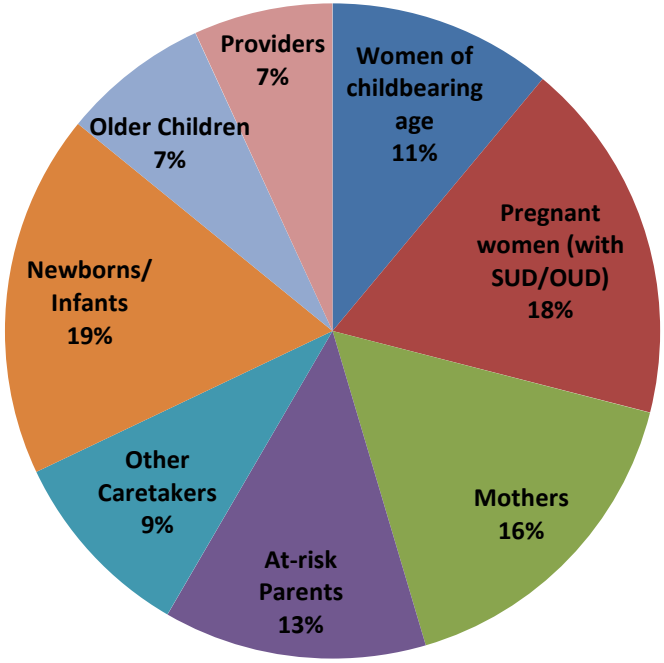
Survey Responses

- Survey distributed on 12/09/16
- 93 survey responses were submitted
- Of the 93 responses, **75 unique organizations were represented**

Geographic Region*



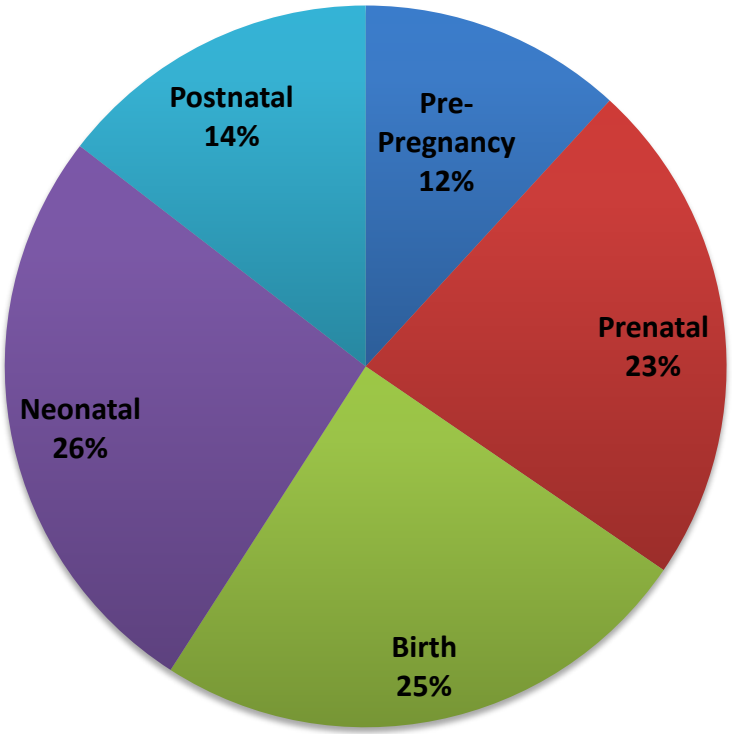
Target Population*



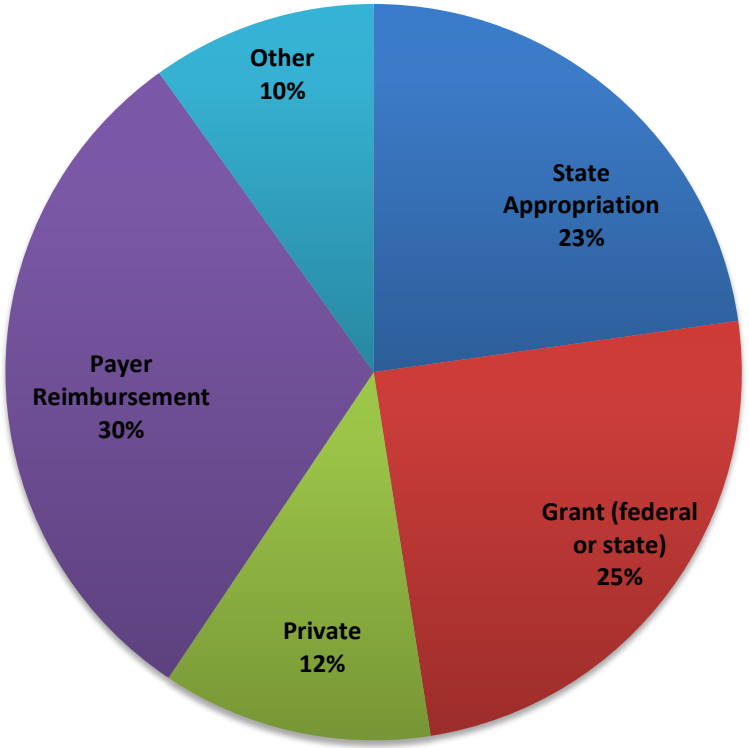
*Some survey submissions listed multiple geographic regions and target populations

Summary of Inventory Survey

Intervention Stage*



Funding Source*



*Some survey submissions listed multiple intervention stages and funding sources

Identification of Gaps

Component #2 of State Plan: *Identify gaps in available services and programs*

Determination of Gaps in Services and Programs

1. **Gaps Summary (based on 93 completed Inventory Surveys)**
   - Staff compiled the gaps by intervention stage and organized them by theme (e.g. education, training, etc.).

2. **Advisory Council Review**
   - At the third Task Force meeting, Advisory Council members reviewed the gaps at all intervention stages and provided additional suggestions.

3. **Revision**
   - Using the feedback from the Advisory Council, staff revised the gaps and developed a list of overarching gaps, as well as specific details related to them, for each intervention stage.

4. **Gaps → Recommendations**
   - Staff aligned the Advisory Council members' proposed recommendations with the revised list of gaps.

Overarching Gaps: Data Collection/QI

1. **Lack of centralized data collection across intervention stages**

   - *Lack of defined key metrics for tracking outcomes*
   - *Lack of mechanism for centralized data collection of key metrics*

2. **Inconsistent sharing of information for clinical care coordination**

   - *Lack of mechanism for centralized data collection of key metrics*
   - *Real and perceived barriers regarding patient privacy/confidentiality that impede information sharing*

Overarching Gaps: Pre-Pregnancy/ Prenatal Stage

3. **Inconsistent knowledge among providers**

   - *Lack of knowledge about substance use disorder (SUD) and NAS/SEN among OB/GYN providers*
   - *Lack of knowledge/training about pregnancy and NAS/SEN among SUD providers*

4. **Inconsistent protocols and practices for screening and referral**

   - *Inconsistency of screening*
   - *Lack of resources for responding to a positive screen*

5. **Lack of individualized Plans of Safe Care for NAS/SEN infants and families**

6. **Inconsistent access to effective treatment and services**

   - *Inconsistent provision of individualized, comprehensive, and coordinated approach to treatment*
   - *Lack of specialized support services for perinatal substance use*
   - *Inconsistent access to medication-assisted treatment (MAT) programs*

Overarching Gaps: Birth/ Neonatal Stage

7. Inconsistent education for patients and families

- *Lack of public education about the impact of SUD on pregnancy and infancy*
- *Inconsistent pre-pregnancy and prenatal education for patients suffering from SUD about what will happen during pregnancy, at birth, and beyond*

8. Inconsistent education about and access to birth control

- *Inconsistent education about birth control (pre-pregnancy, prenatally, at birth, and postnatally)*
- *Inconsistent access to effective birth control*

9. Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

- *No standardized protocol for testing infants*
- *No standardized shared definition of NAS/SEN or protocol for diagnosing NAS/SEN*
- *Inconsistent practices with regard to reporting to DCF*

10. Inconsistent treatment/support in the hospital

- *Inconsistent approach to mother-infant bonding*
- *Inconsistent in-hospital treatment, education, and support services specifically tailored to SUD and NAS/SEN*

Overarching Gaps: Postnatal Stage

11. Lack of specialized training/education for providers

- *Many postnatal practitioners are not NAS/SEN-specific, and therefore don't have the specialized training/education to care for NAS/SEN babies and families.*

12. Inconsistent intervention, treatment, and support

- *Inconsistent referrals to supports such as early intervention (EI), home visiting, treatment, etc.*
- *Lack of targeted treatment and support for NAS/SEN babies and families*
- *Lack of long-term treatment, sober housing, and support*
- *Inconsistent coordination between services for families with a NAS/SEN and DCF*
- *Lack of NAS/SEN-specific resources and training in foster care system including contracted foster care providers*

Interagency Plan for Collecting Data, Developing Outcome Goals, and Ensuring Quality Service

***Component #4 of State Plan**: Develop an interagency plan for collecting data, developing outcome goals and ensuring quality service is delivered*

Two Elements of Data Review

1. Prevalence of NAS/SEN in the Commonwealth

- What does the existing data tell us?
- What can we learn about gaps in needed services, access to existing services and quality of care?
- How can data direct the Commonwealth to those areas of greatest need?
- What does the existing data tell us about access to quality of services?

2. Statewide Plan on Data:

- What should a unified statewide plan on data look like?
- What appropriate data-sharing or provider-to-provider transitions across intervention stages are not occurring but should?
- What gaps in data collection and sharing of data are identified by the Inventory Survey?
- What are the recommendations to achieve a state plan on data?

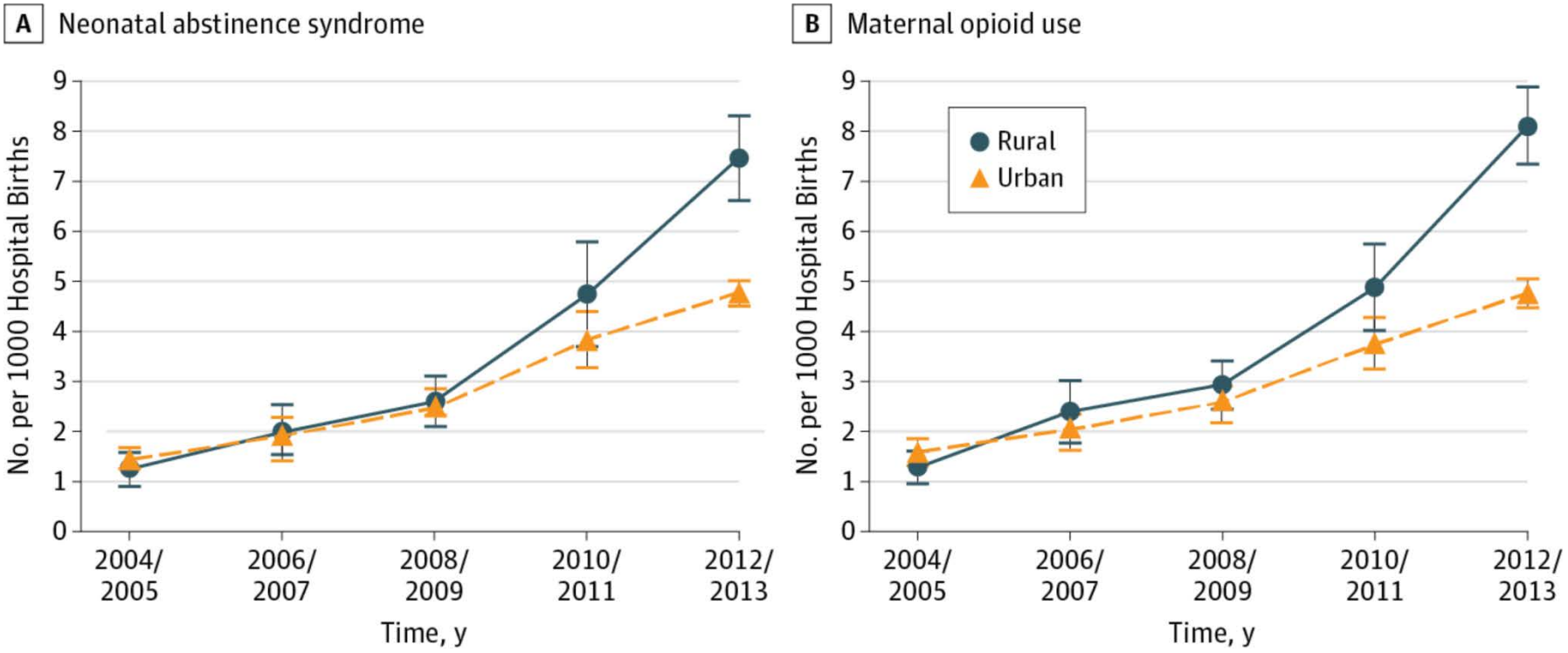
Prevalence of NAS/SEN in the Commonwealth

- The rate of reported prenatal opiate exposure in Massachusetts rose from **2.6 per 1,000 hospital births in 2004 to 14.7 in 2013, an increase of more than 500%**
- However, based on hospitalization figures, researchers estimated a higher rate: that **more than 1,300 Massachusetts babies or about 17.5 per 1,000 hospital births** were born with heroin and other opioids in their system in 2013.
- Nationally, the figure is **five babies out of every 1,000 births**
- The New England region (of which Massachusetts is the most populous) has the **second highest rate of prenatal exposure in the nation** (13.7 per 1,000), after the East/South Central region
- The average length of stay in Massachusetts for an infant requiring treatment for NAS is **19 days, with an average cost (2013) of $30,000**

Franca UL, Mustafa S, McManus ML. The growing burden of neonatal opiate exposure on children and family services in Massachusetts. Child Maltreatment. 2016 Feb;21(1):80-4.
Boston Globe, Drug addicted babies in Massachusetts are triple national rate. June 19, 2014, https://www.bostonglobe.com/news/nation/2014/06/18/massachusetts-infants-born-with-opiates-system-three-times-national-rate-analysis-finds/wmfYrNDnWl8nposyOi9mCK/story.html.
Patrick SW, Davis MM, Lehmann CU, Cooper WO. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology. 2015 Aug;35(8):667.
Franca et al. 2016, ibid.

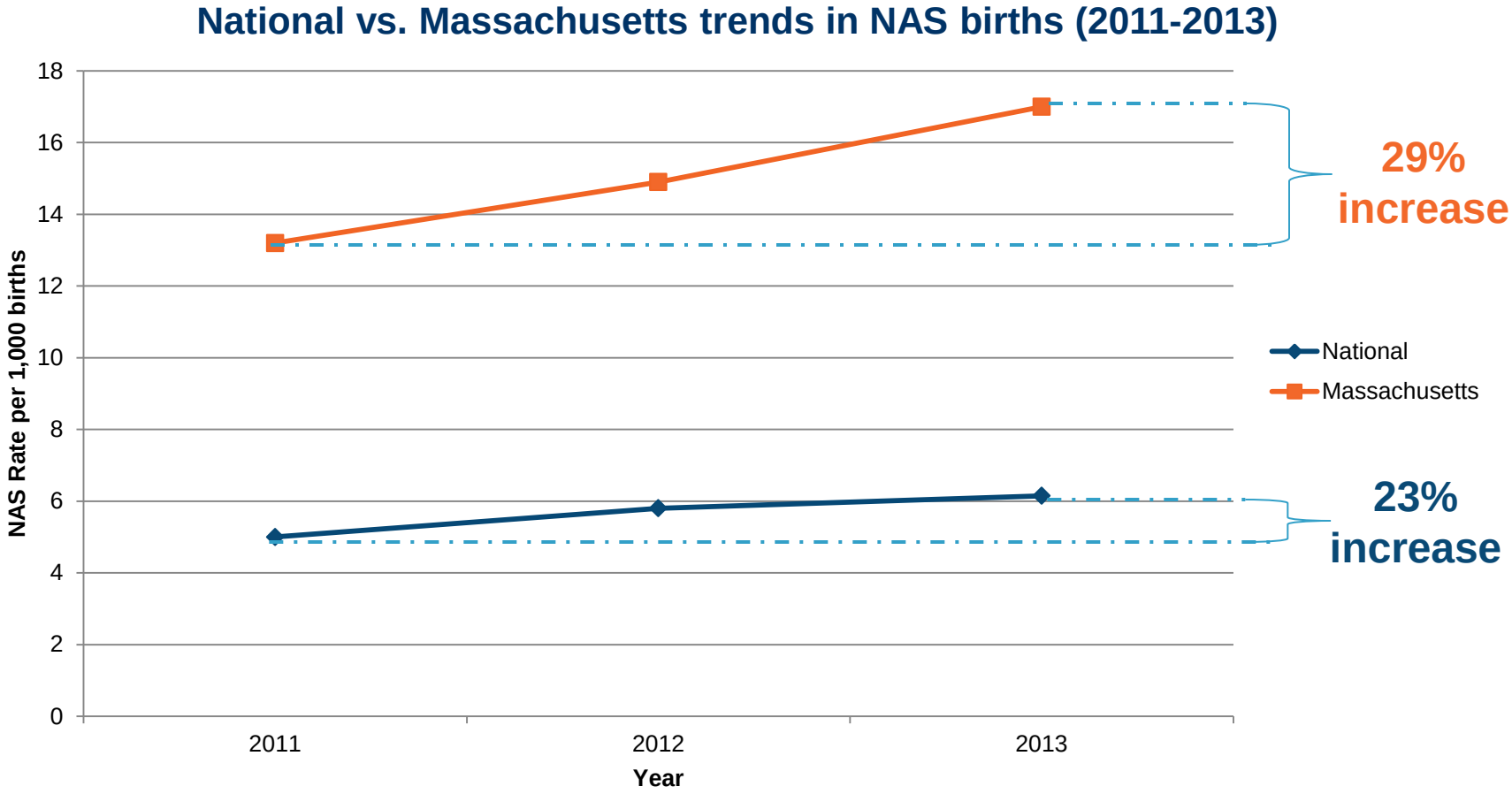
Prevalence of NAS/SEN in the Commonwealth

Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013



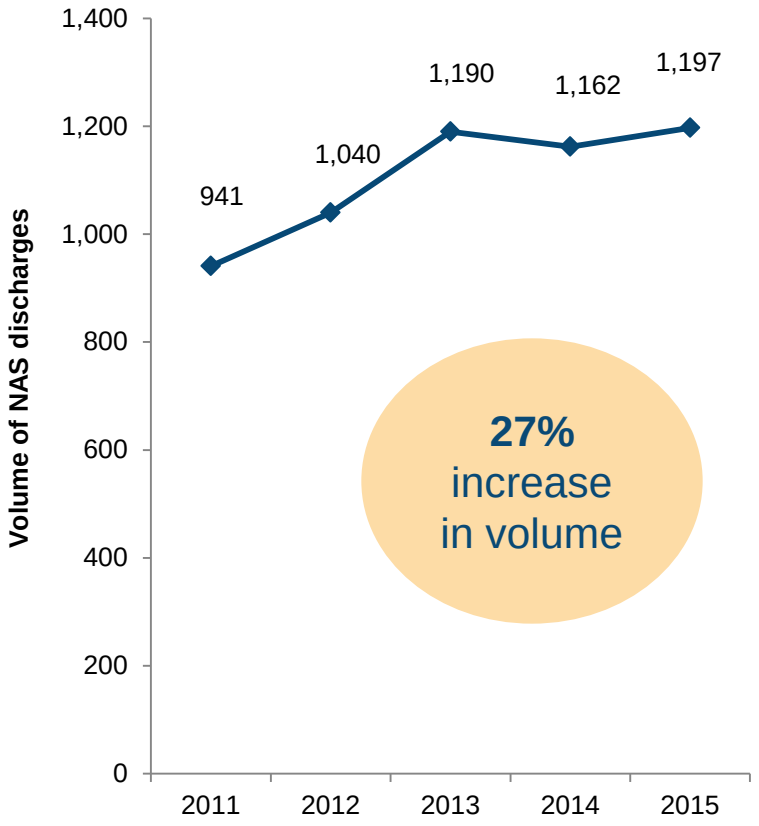
JAMA Pediatr. Published online December 12, 2016. doi:10.1001/jamapediatrics.2016.3750

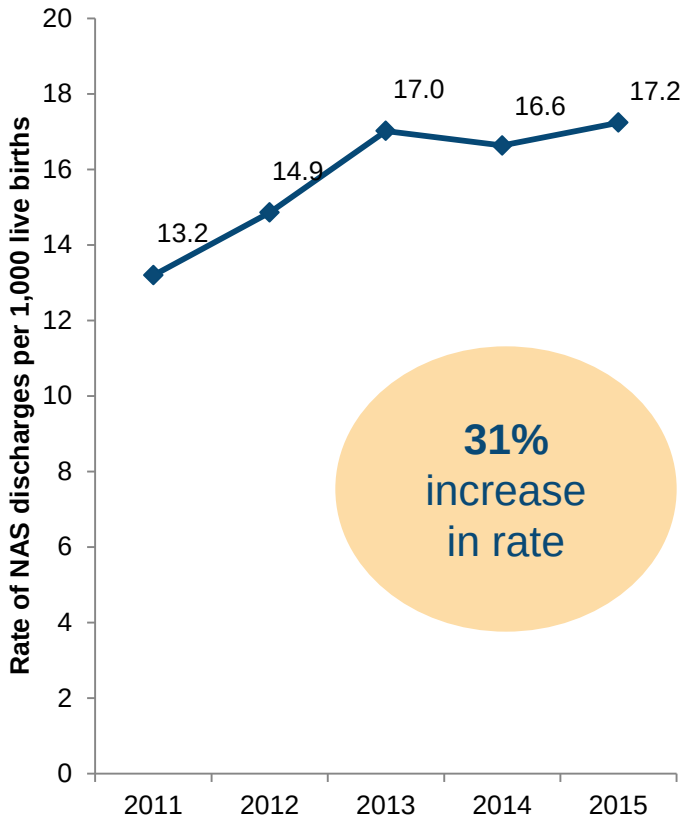
NAS is increasing more rapidly in Massachusetts than nationally



Notes: Generated using HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database 2011-2015 and Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. MMWR Morb Mortal Wkly Rep 2016;65:799–802. DOI: http://dx.doi.org/10.15585/mmwr.mm6531a2
NAS discharges were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn).

NAS increased significantly in Massachusetts between 2011 and 2015

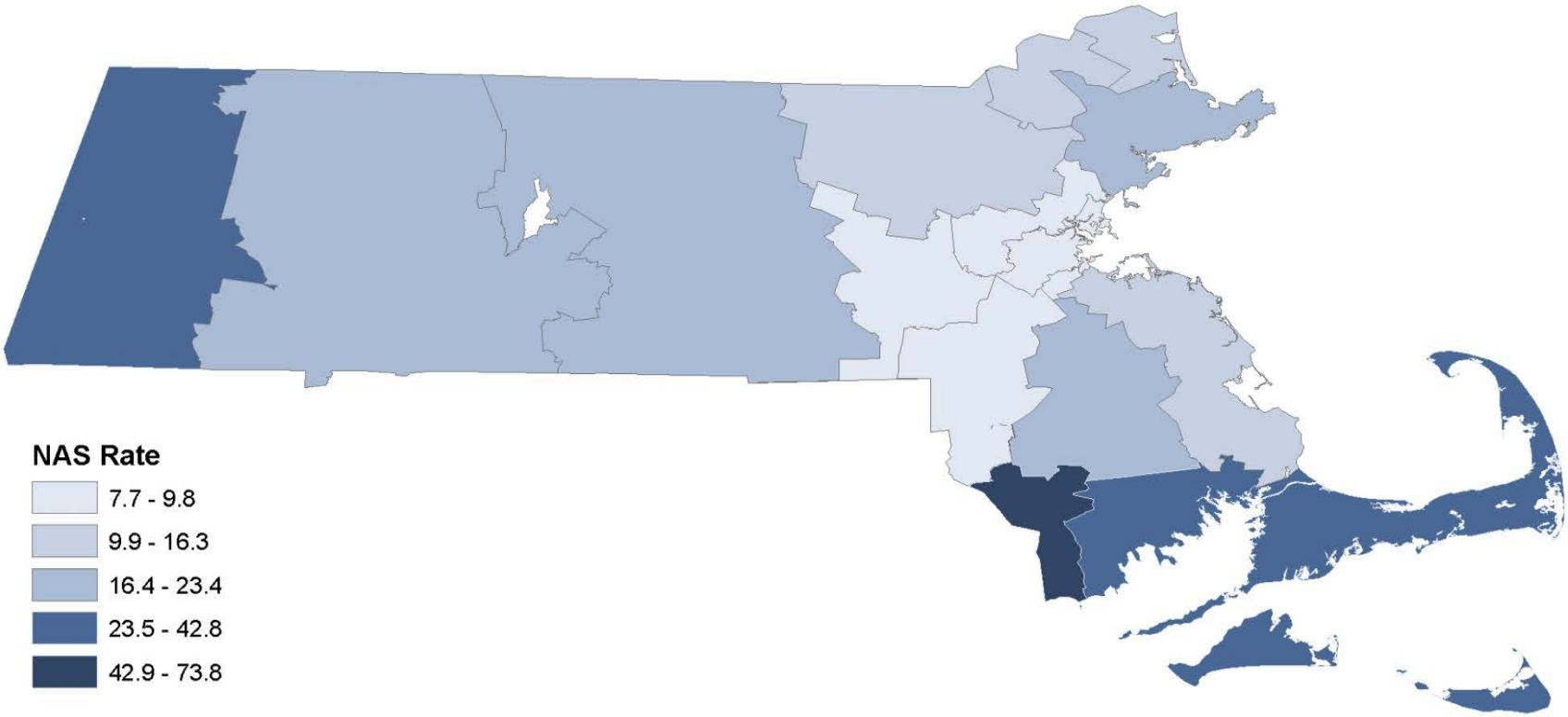




Source: HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database 2011-2015

Notes: NAS discharges were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn).

Rate of NAS discharges per 1,000 live births, by HPC region, in 2015



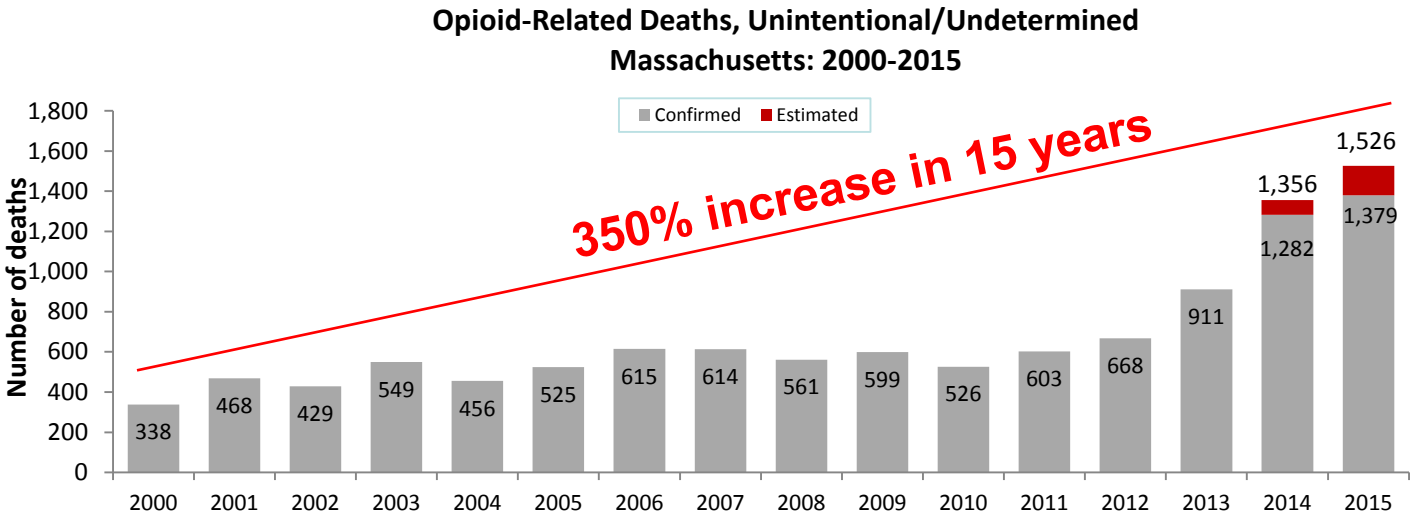
Source: HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database 2015

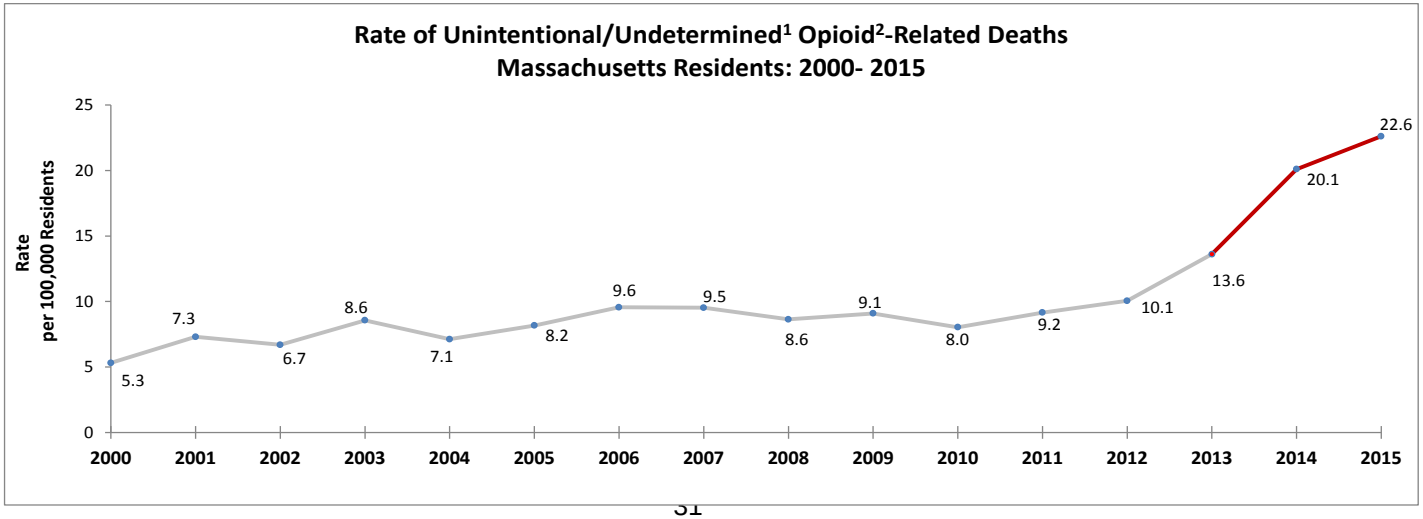
Notes: NAS discharges were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn).

Key Department of Public Health Data Reporting Related to NAS/SEN

Former Way of Looking at Impact of Opioid Epidemic (Prior to 2015)

Opioid-related deaths in MA increased more than 350% from 2000 to 2015





Chapter 55 Opened the Door to New Data Analytics

- Massachusetts Chapter 55 Legislation, signed into law in August 2015, provided a number of benefits for researchers, including:
  - Providing a legal basis for cross-agency collaboration
  - Requiring a comprehensive report to the state Legislature
  - Fostering cross-agency collaboration for the first time
  - Requiring the examination of trends in opioid-related deaths and the addressing of seven specific questions
  - Eliminating legal barriers for use of some data for the first time
- One goal of the new analytics was to develop reliable estimates of the burden of the opioid crisis (including NAS) for all 351 communities in Massachusetts.
- A primary assumption of the analysis is that multiple data sources capturing different aspect of the opioid crisis, when combined, will produce a more reliable estimate.

Chapter 55 Data Mapping

All Doors Opening

- Significant coordination within DPH
- Financial and technical support from MassIT's Data Office
- Center for Health Information and Analysis (CHIA) takes on role as linking agent
- Coordination across agencies (legal and evaluation)
- Volunteer analytic support from academia and industry

Type of Data Sources (2013-2014)

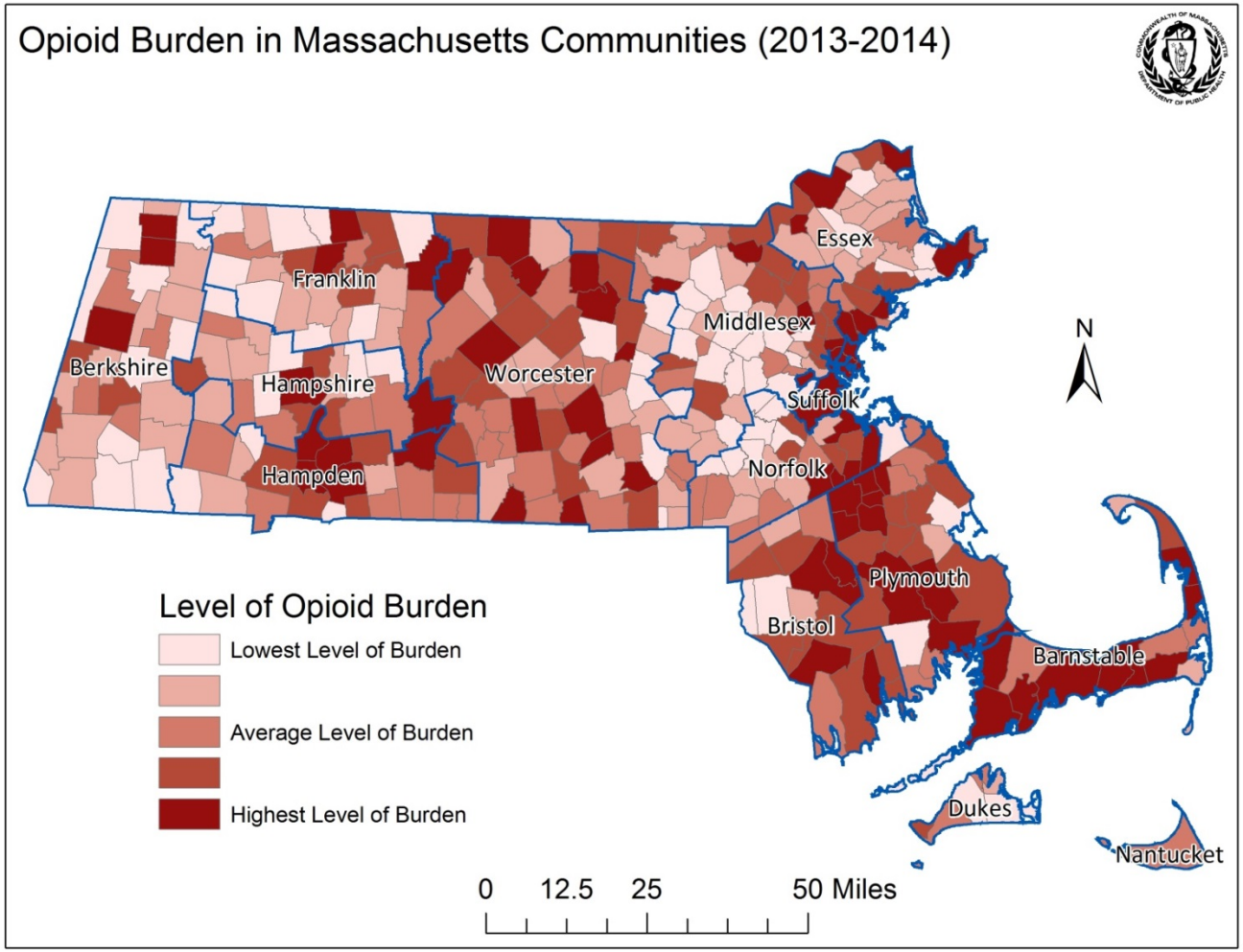
- Fatal opioid overdoses
- In hospital non-fatal opioid overdoses
- Narcan enrollments (layperson request for training) by community
- Infants born with Neonatal Abstinence Syndrome

System Attributes

- Data **encrypted** in transit & at rest
- Limited data sets **unlinked** at rest
- Simplified structure using **summarized** data
- Linking and analytics "on the fly"
- No residual files after query completed
- Analysts can't see data
- Automatic cell suppression
- Possible resolution to issues related to 42 CFR part 2

New Way of Looking at Impact of Opioid Epidemic (Chapter 55)

This type of analysis is important as it will help the state target resources to those communities of greatest need.



Interagency Plan on Data

***Component #4 of State Plan**: Develop an interagency plan for collecting data, developing outcome goals and ensuring quality service is delivered*

Overarching Gaps: Data Collection/ Quality Improvement

1. Lack of centralized data collection across intervention stages

2. Inconsistent sharing of information for clinical care coordination

Data Collection/ Quality Improvement

Gap #1: Lack of centralized data collection across intervention stages

Details	Recommendations
Lack of defined key metrics for tracking outcomes	Develop key metrics across intervention stages
Lack of mechanism for centralized data collection of key metrics	1. Create a statewide "dashboard" of key metrics to monitor progress on aspects of care for families impacted by perinatal substance use 2. Develop protocols for data reporting across the NAS/SEN care continuum

Current State-Level Initiatives*: Neonatal Quality Improvement Collaborative (NeoQIC) NAS project; Health Policy Commission's Mother and Infant Focused NAS Interventions; Chapter 55 Initiative

*Full list of "Current State-Level Initiatives" can be found in Supplemental Report Materials

Data Collection/ Quality Improvement

Gap #2: Inconsistent sharing of information for clinical care coordination

Details	Recommendations
Lack of reimbursement and accountability for care coordination	✔ 1. Encourage insurance reimbursement for care coordination 2. Build upon the care coordination approach to support information sharing across a patient's entire care team ✔ 3. Create provider accountability for the transition from one level of care to the next, ensuring efficient and effective care coordination

Current State-Level Initiatives: MassHealth 1115 Waiver

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Data Collection/ Quality Improvement

Gap #2: Inconsistent sharing of information for clinical care coordination

Details	Recommendations
Real and perceived barriers regarding patient privacy/confidentiality that impede information sharing	1. Identify and address barriers (in regulations/statutes or in practice) that impede appropriate, necessary, and timely information sharing for care coordination 2. Create a unified EOHHS privacy policy and implement a process for sharing confidential data with guidance to providers about best practices for information sharing for purposes of care coordination

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Example of Possible Statewide Plan for Data Sharing and Quality Improvement

1) Create a statewide "dashboard" of key metrics to monitor progress on aspects of care for families impacted by perinatal substance use

Pre-pregnancy/Prenatal

- Perinatal substance use incidence
- Maternal use of MAT
- Timeliness of Prenatal Visits
- Frequency of ongoing prenatal care

Birth/Inpatient/Neonatal

- NAS incidence
- Average LOS for infants with NAS
- Inpatient therapy for NAS
- Breastfeeding in infants with NAS

Postnatal/Post-Discharge

- Readmissions for infants with NAS
- Enrollment in EI for infants with NAS
- Timeliness of Postpartum Visits
- Childcare visits in first 15 months

2) Create provider accountability for the transition from one level of care to the next, ensuring efficient and effective care coordination

- Outpatient clinics
- PCP Offices
- Community Health Centers

- Birthing hospitals
- Acute hospitals
- Other birthing centers

- Outpatient clinics
- PCP Offices
- Community Health Centers

3) Create a unified EOHHS privacy policy for sharing confidential data with guidance to providers about best practices for care coordination

1. Review all existing state and federal patient confidentiality and data-sharing protections (HIPPA, 42 CFR Part 2, Chapter 224, 105 CMR.140 and others) to understand what information can be shared among treating clinicians across the care continuum
2. Identify barriers and challenges (existing in regulations/statutes or in practice) that limit appropriate, necessary and timely care coordination
3. Develop a list of recommendations for needed regulatory or statutory changes as well as state-directed guidance clarifying what information (under what circumstances) is currently permissible to be shared

State Plan for the Coordination of Care and Services for NAS and SEN

Component #3 of State Plan: *Formulate a plan to address identified gaps*

Guiding Principles for State Plan

Across all intervention stages, the Commonwealth should look for ways to encourage:

1. *Plans of Safe Care* for all newborns with neonatal abstinence syndrome and substance-exposed newborns (NAS/SEN) and their families

2. Shared responsibility for patient well-being that results in coordinated, multi-disciplinary care

3. Referrals and warm hand-offs, as appropriate, across the entire care continuum for pregnant women, new moms, and infants

4. Treatment and care as early as possible for both pregnant and postpartum women as well as substance-exposed infants

Guiding Principles for State Plan

5. Models of support that bridge intervention stages (e.g. recovery coaches, case management)

6. Reducing stigma regarding NAS/SEN and SUD and/or its treatment during pregnancy and post-partum

7. Trauma-informed and strength-based practices

8. Services that address the whole family, not just the infant

9. Initiatives to publish and disseminate best practices, resources, and services for evidence-based prevention, intervention, and care

10. Ways to address social determinants of health (e.g. access to transportation, affordable housing, food security, child care) to ensure the long-term well-being of families who are at risk or in recovery

Pre-Pregnancy/Prenatal Stage

Overarching Gaps: Pre-Pregnancy/Prenatal Stage

3. Inconsistent knowledge among providers

4. Inconsistent protocols and practices for screening and referral

5. Lack of individualized Plans of Safe Care for NAS/SEN infants and families

6. Inconsistent access to effective treatment and services

7. Inconsistent education for patients and families

8. Inconsistent education about and access to birth control

Pre-Pregnancy/Prenatal Stage

Gap #3: Inconsistent knowledge among providers

Details	Recommendations
Lack of knowledge about SUD and NAS/SEN among OB/GYN providers	1. Support comprehensive statewide training on SUD and addiction (and how to treat them during pregnancy) to all providers and frontline staff who care for pregnant women 2. Raise awareness among prenatal providers and staff to increase training about: screening, intervention, and care for women with a substance use disorder

Current State-Level Initiatives: BSAS Webinar Series for Prenatal Providers; MA Maternal Mortality and Morbidity Review Committee (BSAS); Moms Do Care Initiatives; BFHN Title V work on Substance Use Among Women of Reproductive Age; MA Fetal Alcohol Spectrum Disorders (FASD) Task Force

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #3: Inconsistent knowledge among providers

Details	Recommendations
Lack of knowledge/training about pregnancy and NAS/SEN among SUD providers	Publish and train MAT and other SUD providers on best practices regarding perinatal substance use including: • Referring women of child-bearing age to family planning and/or primary care providers, and furnishing them with information about options for contraception • Providing information to pre-pregnant and pregnant women about the impact of SUD on pregnancy and the importance of prenatal care

Current State-Level Initiatives : BSAS Webinar Series for Prenatal Providers; BSAS Website; BSAS Pregnant Women's Working Group

Pre-Pregnancy/Prenatal Stage

Gap #4: Inconsistent protocols and practices for prenatal screening and referral

Details	Recommendations
Inconsistency of screening	1. Promote statewide, universal prenatal screening using a verified screening tool (including Emotional Health, SUD and Intimate Partner Violence) 2. Identify and train providers on best practices for prenatal screening 3. Consider ways to encourage and/or require insurance reimbursement for prenatal screening

Current State-Level Initiatives: DPH Guidelines for Community Standard for Maternal and Newborn Screening For Alcohol/Substance Use (released May 2013)

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #4: Inconsistent protocols and practices for screening and referral

Details	Recommendations
Lack of resources for responding to a positive screen	1. Develop materials and train OB/GYN providers and frontline staff on best practices for responding to a positive screen, including: • Education for screened patient • Protocols for drug testing • How to make appropriate referrals • How to follow up on referrals/coordinate care 2. Support a centralized database of appropriate referrals/community resources and mechanism for making referrals quickly and easily

Current State-Level Initiatives: MA Child Psychiatry Access Project (MCPAP) for Moms; Moms Do Care initiatives; MA Substance Use Helpline Call Center and Website

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #5: Lack of individualized Plans of Safe Care for NAS/SEN infants and families

Details	Recommendations
Lack of individualized Plans of Safe Care for NAS/SEN infants and families	1. Develop a template and standard protocols for *Plans of Safe Care.* Key questions these protocols shall address include: • *What must be incorporated into a Plan of Safe Care?* • *When is the Plan of Safe Care implemented and by whom?* • *Who must be involved in a Plan of Safe Care and what is the follow up?* • *What data must be collected on a Plan of Safe Care?* 2. Ensure all appropriate members of the care team are included to offer individualized, multi-disciplinary support and care coordination consistent with *Plans of Safe Care* across all intervention stages

Current State-Level Initiatives: Policy Academy to Improve Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders, and Their Infants, Families and Caregivers

Pre-Pregnancy/Prenatal Stage

Gap #6: Inconsistent access to effective treatment and services

Details	Recommendations
Inconsistent provision of individualized, comprehensive, and coordinated approach to treatment	✔ 1. Leverage and increase community-based perinatal support coalitions where local organizations coordinate the care of pregnant women with SUD 2. Encourage care coordination that empowers women to build a team of support for pregnancy and beyond 3. Encourage and support reimbursement for patient navigation and care coordination (by social workers, peers, community health workers, etc.) ✔ 4. Incentivize and support providers to develop and test innovative prenatal SUD treatment approaches ✔

Current State-Level Initiatives: Peer Mothers in Recovery Learning Collaborative; MassHealth 1115 Waiver; MA Opioid Abuse Prevention Collaborative (MOAPC); Substance Abuse Prevention Collaborative (SAPC)

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #6: Inconsistent access to effective treatment and services

Details	Recommendations
Lack of specialized support services for perinatal substance use	✔ Leverage and increase resources for support including recovery coaching, group prenatal care, telemedicine, support groups, home visiting services, parenting classes, etc.

Current State-Level Initiatives: MassHealth 1115 Waiver; Moms Do Care Initiatives

Inconsistent access to MAT programs	✔ 1. Increase awareness of and access to MAT programs among patients and providers across all intervention stages 2. Increase certification of MAT providers to include obstetricians, certified nurse midwives, primary care physicians, nurse practitioners, and physician's assistants

Current State-Level Initiatives: Moms Do Care Initiatives; Health Policy Commission's Mother & Infant Focused NAS Interventions; MA Perinatal Quality Collaborative

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #7: Inconsistent education for patients and families

Details	Recommendations
Lack of public education about the impact of SUD on pregnancy and infancy	✔ Create a public awareness campaign specific to NAS/SEN to educate, reduce stigma, and encourage prevention and early care, similar to the “State Without StigMA” campaign

✔ ***Aligned with the Recommendations of the Governor’s Opioid Working Group***

Pre-Pregnancy/Prenatal Stage

Gap #7: Inconsistent education for patients and families

Details	Recommendations
Inconsistent pre-pregnancy and prenatal education for patients suffering from SUD about what will happen during pregnancy, at birth, and beyond	1. Develop/identify and distribute patient-centered and culturally-sensitive educational materials specific to perinatal SUD and NAS/SEN 2. Train and encourage OB/GYN providers and staff to educate pregnant SUD patients about treatment options and what to expect 3. Consider ways to educate patients about DCF involvement after birth 4. Consider whether/how EI might offer consultation to patients prenatally 5. Support prenatal hospital visits for patients with SUD to discuss what to expect at birth

Current State-Level Initiatives: Journey Project; Early Intervention/NAS Workgroup; Early Intervention/NAS Pilot Group; Early Intervention Partnerships Program; DCF Family Recovery Project; Moms Do Care Initiatives

Pre-Pregnancy/Prenatal Stage

Gap #8: Inconsistent education about and access to birth control

Details	Recommendations
Inconsistent education about birth control (pre-pregnancy, prenatally, at birth, and postnatally)	1. Train SUD providers to educate pre-pregnant and pregnant women about birth control 2. Encourage patient education about contraception at preconception and postpartum periods (as well as prenatally as part of birth plan)
Inconsistent access to effective birth control	1. Preserve access to effective birth control without a co-pay 2. Ensure long-acting birth control is available and fully reimbursable both immediately post-partum in the hospital and in the outpatient office setting

Birth/Neonatal Stage

Overarching Gaps: Birth/Neonatal Stage

9. Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

10. Inconsistent treatment/support in the hospital

Birth/Neonatal Stage

Gap #9: Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

Details	Recommendations
No standardized protocol for testing infants	1. Require or encourage universal maternal screening 2. Require or encourage universal testing of infants of mothers with positive screen and/or positive testing 3. Identify and promote best practices for testing infants
No standardized shared definition of NAS/SEN or protocol for diagnosing NAS/SEN	Publish and provide training on best practices for how to assess symptoms and properly diagnose NAS/SEN

Current State-Level Initiatives: Health Policy Commission Mother and Infant-Focused NAS Interventions

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Birth/Neonatal Stage

Gap #9: Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN

Details	Recommendations
Inconsistent practices with regard to reporting to DCF	1. Consider whether legislative and/or regulatory changes are needed to clarify NAS/SEN reporting to DCF 2. ✔ Work with health care providers to establish protocols and guidance for communication including additional training for reporting to DCF, when reporting is appropriate and what information should be provided from the outset

Current State-Level Initiatives: DCF Intake Policy, DCF Guidance on 51A Reports Regarding Substance-Exposed Newborns

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Birth/Neonatal Stage

Gap #10: Inconsistent treatment/support in the hospital

Details	Recommendations
Inconsistent approach to mother-infant bonding	1. Identify and disseminate best practices for mother-infant bonding, including rooming-in, when possible 2. Support in-hospital services for mothers (meals, MAT therapy, counseling, etc.) so they can stay at the hospital with the baby 3. Identify and disseminate best practices and provide training for lactation support for NAS/SEN, when not contraindicated

Current State-Level Initiatives: Health Policy Commission Mother and Infant-Focused NAS Interventions

Birth/Neonatal Stage

Gap #10: Inconsistent treatment/support in the hospital

Details	Recommendations
Inconsistent in-hospital treatment, education, and support services specifically tailored to SUD and NAS/SEN	1. Promote comprehensive training for neonatal providers about the recognition and treatment of NAS/SEN at birth (e.g. establish a CME program and consider integration into the credentialing requirement for nursery privileges) 2. Encourage the availability of in-hospital parenting classes, support groups, counseling, and other supports 3. Promote in-hospital referrals to SUD treatment options, EI, home visiting, and other postpartum treatment/supports

Current State-Level Initiatives: Health Policy Commission Mother and Infant-Focused NAS Interventions; MA Perinatal Quality Collaborative

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Postnatal Stage

Overarching Gaps: Postnatal Stage

11. Lack of specialized training/education for providers

12. Inconsistent intervention, treatment, and support

Postnatal Stage

Gap #11: Lack of specialized training/education for providers

Details

Many postnatal practitioners are not NAS/SEN-specific, and therefore don't have the specialized training/education to care for NAS/SEN babies and families.

Recommendations

1. Provide specialized training for postnatal practitioners including EI, home visiting, DCF, Early Head Start, and child care
2. Identify and disseminate best practices for postnatal practitioners working with NAS/SEN babies and families
3. Develop resource of available training and education opportunities for postnatal practitioners
4. Support targeted referrals to specially trained practitioners for NAS/SEN

Current State-Level Initiatives: Moms Do Care Initiatives; Early Intervention/NAS Workgroup; Early Intervention/NAS Pilot Group; Early Intervention Partnership Program; Bureau of Family Health and Nutrition Postpartum Depression Trainings; MA Fetal Alcohol Spectrum Disorders (FASD) Task Force; Maternal Child Home Visiting Program (DPH with Children's Trust)

Postnatal Stage

Gap #12: Inconsistent intervention, treatment, and support

Details	Recommendations
Inconsistent referrals to supports such as EI, home visiting, treatment, etc.	✔ 1. Develop and disseminate guidelines for postnatal referrals and support better referral mechanisms ✔ 2. Work with health care providers to strengthen the EI referral system among providers and encourage consistent practice of referring to EI

Current State-Level Initiatives: Health Policy Commission Mother and Infant-Focused NAS Interventions

✔ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Postnatal Stage

Gap #12: Inconsistent intervention, treatment, and support

Details	Recommendations
Lack of targeted treatment and support for NAS/SEN babies and families	1. Extend automatic EI eligibility to three years (not just one year) for all SENs 2. Support priority access for treatment to new moms with SUD 3. Support specialized, intensive, outpatient or day treatment options for new moms with SUD, with wrap-around services to support parenting while in recovery 4. Support increase in in-patient mother-child treatment beds 5. Support specialized home visiting services for parents with SUDs that focus on parenting capacity, substance use recovery, and care coordination

Current State-Level Initiatives: Early Intervention/NAS Workgroup; Early Intervention/NAS Pilot Group; Early Intervention Partnership Program; DCF Family Recovery Project; Maternal Child Home Visiting Program (DPH with Children's Trust)

Postnatal Stage

Gap #12: Inconsistent intervention, treatment, and support

Details	Recommendations
Lack of long-term treatment, sober housing, and support	✓ 1. Increase access to and availability of long-term family-focused services that reflect addiction as a chronic disease 2. Increase capacity and access to safe, stable, long-term sober housing for families, especially programs that include a case management component 3. Develop long-term pregnancy/postpartum recovery coach track with specialized training and supervision, available through treatment programs, recovery centers, and community-based organizations ✓ 4. Incentivize and support providers to develop and test innovative postnatal treatment approaches for infants and mothers

Current State-Level Initiatives: Peer Mothers in Recovery Learning Collaborative; MassHealth 1115 Waiver

✓ ***Aligned with the Recommendations of the Governor's Opioid Working Group***

Postnatal Stage

Gap #12: Inconsistent intervention, treatment, and support

Details	Recommendations
Inconsistent coordination between services for families affected by NAS/SEN and DCF	1. Encourage communication between DCF and treatment and community-based providers to facilitate/coordinate follow-up services for newborns and their families. 2. Increase access to community-based services, such as Recovery Coaching for DCF families.

Current State-Level Initiatives: DFC Intake Policy, DCF Guidance on 51A Reports Regarding Substance-Exposed Newborns

Postnatal Stage

Gap #12: Inconsistent intervention, treatment, and support

Details	Recommendations
Lack of NAS/SEN-specific resources and training in foster care system including contracted foster care providers	1. Undertake a Continuous Quality Improvement (CQI) process to review current resources and training in the foster care system, including contracted foster care providers. 2. Develop NAS/SEN-specific resources and trainings for foster care and support specialized foster homes equipped to care for NAS/SEN infants

Summary of 12 Overarching Gaps

Data Collection and Quality Improvement

1. Lack of centralized data collection across intervention stages
2. Inconsistent sharing of information for clinical care coordination

Pre-pregnancy/Prenatal Stage

3. Inconsistent knowledge among providers
4. Inconsistent protocols and practices for screening and referral
5. Lack of individualized Plans of Safe Care for NAS/SEN infants and families
6. Inconsistent access to effective treatment and services
7. Inconsistent education for patients and families
8. Inconsistent education about and access to birth control

Birth/Neonatal Stage

9. Inconsistent practices for screening, assessing and reporting newborns with NAS/SEN
10. Inconsistent treatment/support in the hospital

Postnatal Stage

11. Lack of specialized training/education for providers
12. Inconsistent intervention, treatment, and support

Overview of Task Force

Task Force Members

- Secretary of Health and Human Services or a designee (**Co-Chair**)
  - Secretary Marylou Sudders
- Attorney General or a designee (**Co-Chair**)
  - Judge Gail Garinger, designated by Attorney General Maura Healey
- Commissioner of Children and Families or a designee
  - Kim Bishop-Stevens, designated by Commissioner Linda Spears
- Commissioner of Mental Health or a designee
  - Beverly Presson, designated by Commissioner Joan Mikula
- Commissioner of Public Health or a designee
  - Ron Benham, designated by Commissioner Monica Bharel
- Executive Director of the Health Policy Commission or a designee
  - Executive Director David Seltz

Task Force Meeting Schedule*

Task Force meeting #1 – November 7, 2016

Task Force meeting #2 – December 19, 2016

Task Force meeting #3 – January 18, 2017

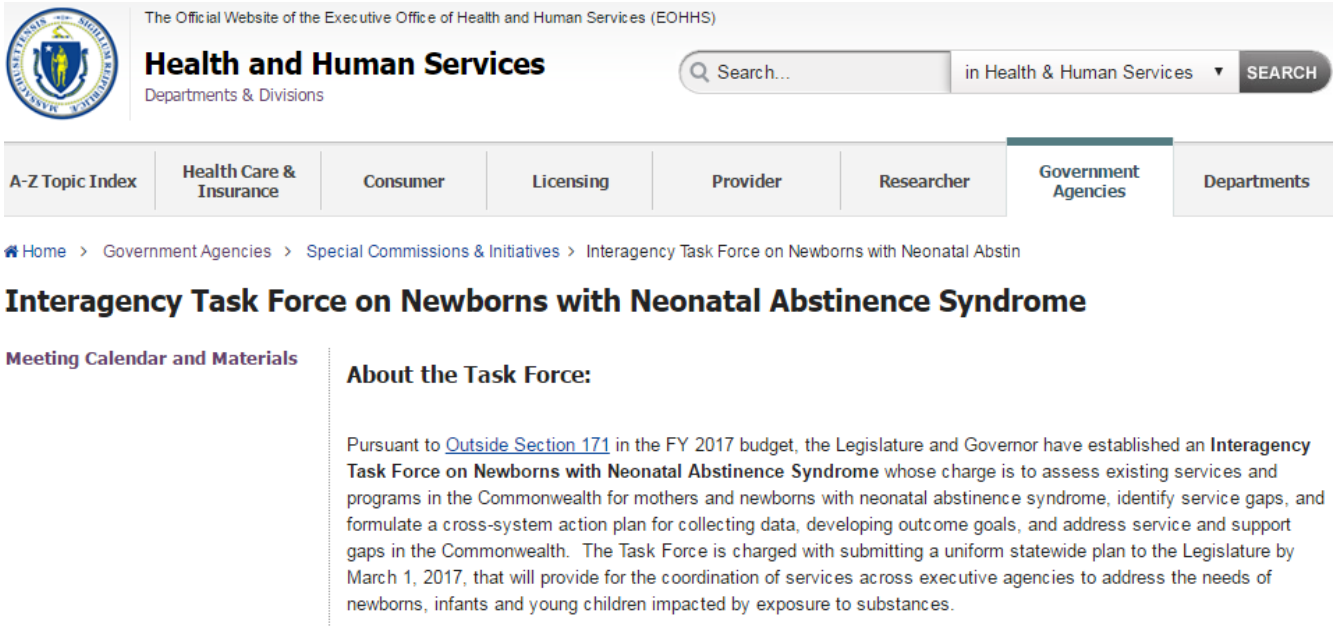
Task Force meeting #4 – February 15, 2017

Report of Task Force findings due to General Court - March 2017

**Task Force Meeting Agendas can be found in the Appendix*

Task Force Public Awareness and Transparency

- All Task Force meetings complied with the Open Meeting Law
- A dedicated webpage was created to support awareness of the Task Force deliberations to the community
- All agendas, materials and approved minutes for the meetings are posted to the Task Force website



NAS Task Force Advisory Council

Role of Advisory Council By Statute

- The co-chairs shall establish an advisory council to assist in developing a unified statewide plan.

- By statute, the advisory council may include hospitals, non-profit entities and community-based organizations with demonstrated expertise in the health, care and treatment of mothers with substance use disorders, newborns with neonatal abstinence syndrome or substance-exposed newborns, infants and children.

- The Task Force shall seek input from other experts in the field to develop a unified statewide plan.

Role of Advisory Council

- **The Advisory Council shall:**
  - Provide direct input from the field
  - Contribute subject matter expertise
  - Review identified gaps and potential recommendations
  - Draft content as necessary for the final report

- **Subgroups will be created to review results of inventory exercise and make specific recommendations for:**
  - Filling gaps in available services
  - Improving the coordination of services
  - Collecting data and developing outcome goals

Advisory Council Recommendation Process

Recruitment and Application Process

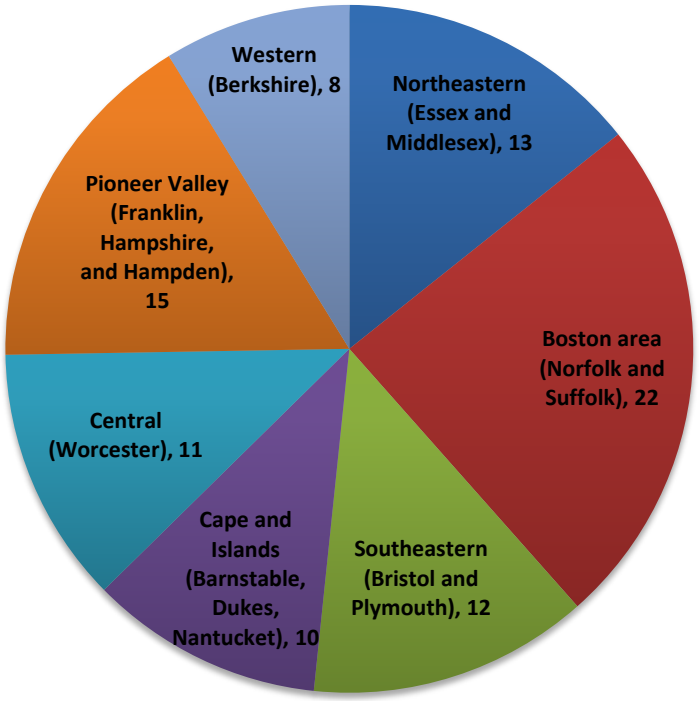
- Task Force developed *Notice of Opportunity* and *Advisory Council Application Form*
- Application materials posted on CommBuys
- Task Force members and other stakeholders distributed the application materials to contact lists via email
- Request for Response (RFR) posted on 11/15/16
- Original deadline of 11/28/16 was extended to 12/02/16

Evaluation and Recommendation Process

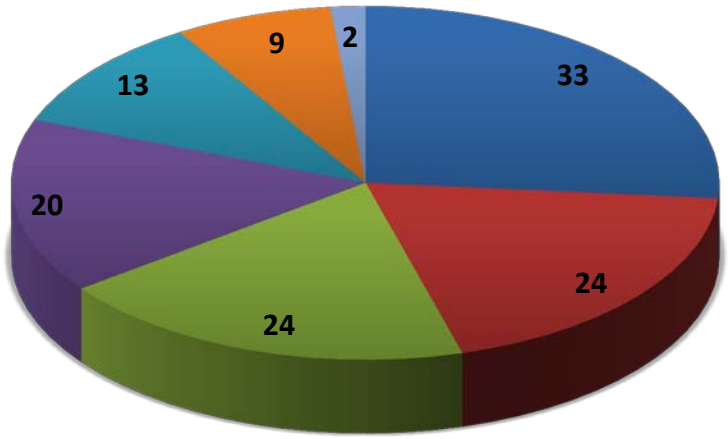
- The Evaluation Committee, composed of Judge Gail Garinger, Abigail Taylor, Michael Kelleher and Vivian Pham, reviewed all applications on 12/05/16.
- The Evaluation Committee recommended all 41 applicants for Advisory Council membership to the Task Force.

Advisory Council Members: Full Geographic Representation and Broad Expertise

Geographic Region*



Area of Expertise*



- Best Practices in prevention, screening and treatment
- Screening and intervention protocols
- Referral and support services
- Provider training and staff development
- Data collection and reporting
- Quality and outcome reporting
- Alternative payment models/Provider

*Some applicants listed multiple geographic regions and areas of expertise

Advisory Council Members Represent Numerous Stakeholders Across the Care Continuum

Perspective*	#
NICU provider	10
Public health advocate or expert	9
OBGYN / other maternal health provider	8
Pediatrician/ other pediatric provider	8
Child welfare advocate or expert	7
Social services provider for parents/caregivers	6
Substance use disorder treatment provider	5
Consumer advocacy organizations	5
Social services provider for children	3
Consumers directly impacted by NAS/SEN	3
Administrator of acute hospital w/ birthing/NICU	1
Legal system	1

Intervention Stage Focus*	#
Neonatal	11
Postnatal (Throughout Childhood and Adolescence)	11
Pre-pregnancy	8
Birth	6
Prenatal	5

*Some applicants indicated more than one perspective and intervention stage focus

Advisory Council Members - Listing

First Name	Last Name	Organization	Title
Nichole	**Aguiar**	March of Dimes	Director of Advocacy & Government Affairs
Marilyn	**Augustyn**	Boston Medical Center	Division Director, Developmental and Behavioral Practices
Debra	**Bercuvitz**	Department of Public Health, Bureau of Family Health and Nutrition	Coordinator, Perinatal Substance Use Initiative
Marjorie	**Bloom**	Baystate Medical Center	Medical Social Worker, Labor and Delivery
Annery	**Brown**	Baystate Medical Center	Medical Social Worker
Kathleen	**Charette**	Hudson Public Schools	Central Regional School Nurse Consultant
Jennifer	**Childs-Roshak**	Planned Parenthood League of Mass.	President & CEO
Sharyl	**Costa**	Department of Children and Families	Social Worker
Mara	**Coyle**	Women & Infants Hospital	Neonatologist; Professor of Pediatrics
Jonathan	**Davis**	The Floating Hospital for Children at Tufts Medical Center	Vice-Chair of Pediatrics and Chief of Newborn Medicine

Advisory Council Members - Listing

First Name	Last Name	Organization	Title
Susan	**Elsen**	Massachusetts Law Reform Institute	Child Welfare Advocate; lawyer
Norma	**Finkelstein**	Institute for Health and Recovery	Executive Director
Maryanne	**Frangules**	Massachusetts Organization for Addiction Recovery	Executive Director
Mark	**Friedman**	Community Catalyst	Volunteer; retired pediatrician
Munish	**Gupta**	Beth Israel Deaconess Medical Center; Neonatal Quality Improvement Collaborative (NeoQIC)	Chair, Neonatal Quality Improvement Collaborative, Neonatologist
Cynthia	**Horgan**	Cape Cod Children's Place	Executive Director; Family Support Coordinator
Ronald	**Iverson**	Boston Medical Center	Physician
Linda	**Jablonski**	Baystate Franklin Medical Center	Assistant Nurse Manager of the Birthplace; Co-Chair of Franklin County Perinatal Support Coalition
Leslie	**Kerzner**	Mass. General Hospital	Associate Medical Director Special Care Nursery; Director of Newborn Developmental Follow-up Clinic; Director of NAS Program

Advisory Council Members – Listing

First Name	Last Name	Organization	Title
Georganna	**Koppermann**	AdCare	Vice President, Community Services & Marketing
Claudette	**Laffan**	Steward Morton Hospital	Registered Nurse
Jennifer	**Lee**	Beverly/ Boston Children's Hospital	Associate Medical Director; Neonatologist
Erin	**MacIntosh**	Beth Israel Deaconess Medical Center	Pediatric Occupational Therapist, Newborn Intensive Care/Newborn Nurseries
Mary	**McGeown**	Massachusetts Society for the Prevention of Cruelty to Children	Executive Director
Amy	**Miner-Fletcher**	South Bay Community Services	Division Director, Early Childhood
Kristy	**Pereira**	UMass Amherst, College of Nursing	Clinical Assistant Professor
Joanne	**Peterson**	Learn to Cope, Inc.	Executive Director
Fabiola	**Powell**	South Middlesex Opportunity Council	Clinical Coordinator for Pregnant and Postpartum Women
Karen	**Pressman**	Department of Public Health, Bureau of Substance Abuse Services	Director, Planning and Development
Julian	**Robinson**	Brigham & Women's Hospital	Chief, Obstetrics

Advisory Council Members - Listing

First Name	Last Name	Organization	Title
Christina	**Russell**	Cape Cod Children's Place	Family Support Specialist
Davida	**Schiff**	Boston Medical Center	Pediatrician
Nicole	**Sczekan**	Lahey Beverly Hospital; Essex County OB/GYN Association	Certified Nurse Midwife; Co-Director of Maternal Behavioral Health Integrative Program
Robert	**Sege**	Health Resources in Action	Chief Medical Officer
Jeffrey	**Shenberger**	Baystate Children's Hospital	Chief of Newborn Medicine; Professor of Pediatrics
Rachana	**Singh**	Baystate Children's Hospital	Medical Director, NICU; Associate Professor of Pediatrics
Shannon	**Snyder**	Department of Children and Families	Supervisor
Julie	**Thompson**	Baystate Franklin Medical Center; Pioneer Women's Health	OB/GYN; Chair of Obstetrics
Deborah	**Sweet**	Department of Children and Families	Foster Parent; Foster Parent Ambassador
Marianne	**Valle**	St. Luke's Hospital	RN (Maternal Child Health Nurse)
Elisha	**Wachman**	Boston Medical Center	Assistant Professor of Pediatrics; Neonatologist

Four Subgroups

- Staff divided the selected Advisory Council members into four subgroups based on self-selected area of expertise (as indicated on each application) as well as geographic representation and/or perspective.

- The Four Subgroups (building off the *Five-Point Intervention Framework* described on p. 22-23) are as follows:
  - Pre-pregnancy/ Prenatal
  - Birth/ Neonatal
  - Postnatal
  - Data Collection/ Quality Improvement

Key Federal Legislation Related to NAS/SEN and 2017 Policy Academy

Child Abuse Prevention and Treatment Act (CAPTA)

- **Child Abuse Prevention and Treatment Act (CAPTA)** was enacted in 1974
  - Provides federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect
  - Provides for minimum definition of child abuse and neglect, child abuse and neglect response and overall confidentiality of these cases
- In 2003, CAPTA was amended by the Keeping Children and Families Safe Act. To receive CAPTA funds, states must have policies and procedures to address the needs of "substance-exposed infants born and identified as being affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure":
  - Health care providers must notify child welfare
  - Make appropriate referrals to services to address the needs of infant, including Early Intervention
  - Develop a Plan of Safe Care for affected infants
- In 2010, the CAPTA Reauthorization Act updated the definition to include Fetal Alcohol Spectrum Disorder and added state data reporting requirements.

Comprehensive Addiction and Recovery Act (CARA)

- In 2016, Congress passed the **Comprehensive Addiction and Recovery Act (CARA)** which established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

- Specifically, CARA:
  - Clarified the population requiring a *Plan of Safe Care* – "Born with and affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorder" removing the word "illegal"
  - Required the *Plan of Safe Care* to include the needs of both the infant and family/caregiver
  - Specified data to be reported by States through the National Child Abuse and Neglect Data System (NCANDS)
  - Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

- **The Task Force considered the federal requirements of both CAPTA and CARA in its deliberations and development of the State Plan.**

2017 Policy Academy

In November 2016, the Commonwealth applied to the 2017 Policy Academy, sponsored by the Substance Abuse and Mental Health Service Administration and led by the National Center on Substance Abuse and Child Welfare (NCSACW) to support its ongoing work with families affected by NAS/SEN.

In December 2016, the Commonwealth was selected as one of ten states to participate in the 2017 Policy Academy and receive technical assistance.

By participating in the Policy Academy, the Commonwealth team benefitted from:

- Presentations by national experts
- Dialogue with and coaching from sites that have previously received Technical Assistance
- Hearing about the strategies employed by the Mentor Sites, the barriers they faced, and how they resolved them
- Dedicated team time to develop an action plan, governance structure and goals
- Access to a package of technical assistance tools and resources that teams can use in the planning and implementation process
- Six months of follow-up technical assistance from NCSACW to meet each team's needs

2017 Policy Academy

State teams will:

- Develop a state-specific action plan that describes current practices, gaps and barriers.
- Identify potential changes in practices, policies and legislation needed to improve outcomes. Build upon collaborative structure and processes.
- Use the Five-Point Framework (Pre-Pregnancy, Prenatal, Birth, Neonatal, Postnatal) for developing action plans.
- Receive up to six months of follow-up technical assistance towards implementing the state-specific action plan (through August 2017).

Policy Academy Timeline

January 10: Policy Academy webinar

February 7-8: Policy Academy

March-August: Technical assistance

Massachusetts Policy Academy Team Roster

- Co-leader: **Kim Bishop-Stevens**, DCF
- Co-leader: **Karen Pressman**, DPH
- **Ron Benham**, DPH
- **Judge Gail Garinger**, AGO
- **Munish Gupta, MD**, Beth Israel Deaconess Medical Center
- **Michael Kelleher**, EOHHS
- **Katherine Record**, HPC
- **Kevin Wicker**, OBH

Connecting the Task Force to the Policy Academy

1. **The Task Force recommends:**

   - The Commonwealth's Policy Academy Team, utilizing the Task Force and Advisory Council as needed, work to make each recommendation a reality.
   - The Task Force Report, submitted in March 2017, to become the blueprint for the Policy Academy team, which will develop the operational details

2. **It is the Task Force's expectation that the Policy Academy team will:**

   - Use the report as the starting point for each recommendation
   - Assemble ad-hoc working groups, as needed, to operationalize each recommendation
   - Engage all necessary stakeholders
   - Create an action plan for each recommendation (i.e. 3-, 6- and 9-month goals)
   - Define clear measures to monitor progress for each recommendation

Supplemental Report Materials

Supplemental Report Materials

The following documents shall be considered as part of this Task Force Report for the coordination of care and services for newborns with neonatal abstinence syndrome and substance-exposed newborns:

1. *Health Policy Commission Investments in NAS*

2. *NAS Task Force Inventory Survey Summary Report*

3. *Current State-Level Initiatives*

Appendix

Task Force Meeting #1 – November 7, 2016
2-4pm Meeting Agenda

- Establishment of Interagency Task Force
- Task Force Members
- Schedule of Task Force
- Five Components of Final Report
- Role of Advisory Council
- What Are Neonatal Abstinence Syndrome (NAS)/ Substance-Exposed Newborns (SEN)?
- Prevalence of NAS/SEN in the Commonwealth
- Benefits of Early Identification and Treatment
- Challenges of NAS/SEN Services and Support
- Inventory of NAS/SEN Services, Initiatives and Programs
- Key Components of Inventory Exercise
- Entities/Organizations/Initiatives to be Reviewed
- 2017 Policy Academy Application
- Next Steps & Action Items

Task Force Meeting #2 – December 19, 2016
10-12pm Meeting Agenda

- 2017 Policy Academy Update
- Advisory Council Recommendation
- Inventory of Existing NAS/SEN Services, Programs, & Initiatives
- Health Policy Commission Investments in NAS (separate PPT)
- Three Pillars of Data Review
    - Picture of NAS/SEN: What does it tell us?
    - Data Mechanics: What is currently collected?
    - What could a Statewide Plan on data look like?
- Action Items & Next Steps

Task Force Meeting #3 – January 18, 2017
1-3pm Meeting Agenda (included Advisory Council Members)

- Welcome of Task Force
- Welcome of Advisory Council and Composition
- Overview of Task Force
- 2017 Policy Academy
- Prevalence of NAS/SEN in the Commonwealth
- Advisory Council Role and Subgroups
- Review of Inventory Exercise
- Breakout Sessions
- Action Items & Next Steps

Task Force Meeting #4 – February 15, 2017
1-2:30pm (included Advisory Council Representatives)

- Welcome & Review of Third Meeting Minutes
- Policy Academy Update
- Advisory Council Subgroup Presentations to Task Force and Q&A
- Subgroup 1: Pre-pregnancy/ Prenatal
- Subgroup 2: Birth/ Neonatal
- Subgroup 3: Postnatal
- Subgroup 4: Data Collection/ Quality Improvement
- Review Action Items and Next Steps

NAS & SEN Inventory Survey

NAS & SEN Services, Programs and Initiatives Inventory

In order to have a full inventory and identify gaps in available services and programs, the Task Force is collecting information on the services, programs and initiatives available in the Commonwealth to serve newborns with neonatal abstinence syndrome and substance exposed newborns along with their mothers and caregivers.

1. Contact Information
Name of person completing survey:
Email:
Phone:
Relationship to organization:

2. Organization (and if applicable, **name of service/program/initiative**)

3. Organization/Program Description as It Relates to NAS/SEN

4. Geographic Region Served (please select all that apply).

- ☐ Northeastern (Essex and Middlesex)
- ☐ Boston area (Norfolk and Suffolk)
- ☐ Southeastern (Bristol and Plymouth)
- ☐ Cape and Islands (Barnstable, Dukes, and Nantucket)
- ☐ Central (Worcester)
- ☐ Pioneer Valley (Franklin, Hampshire, and Hampden)
- ☐ Western (Berkshire)

Please indicate whether the entire region(s) selected is served, or whether you operate within a smaller geographical area within the region(s).

5. Intervention Stage (please select all that apply)

- ☐ Pre-pregnancy
- ☐ Prenatal
- ☐ Birth
- ☐ Neonatal
- ☐ Postnatal (Throughout Childhood and Adolescence)

6. Type of Intervention (please provide a description for all that apply)

- ☐ **Prevention/Education/Outreach**
  If applicable, please describe in detail. For example: educational materials and programming, media campaigns
- ☐ **Screening/Testing/Assessment**
  If applicable, please specify the type of screening/testing/assessment provided and indicate the instrument/tool that is used. For example: prenatal self-report, interviews, or clinical observations screenings; name of scoring systems; type of assessment to determine need and match to services
- ☐ **Treatment**
  If applicable, please describe the type of treatment and care provided, length of treatment, how patient costs are covered, and other relevant information. For example: pharmacological, non-pharmacological, inpatient, outpatient, services available in languages other than English, ASAM (American Society of Addiction Medicine) level of care, etc.
- ☐ **Social Services**
  If applicable, please describe what social services are provided and if applicable, what the eligibility criteria is. For example: early intervention, home visiting, housing, childcare, income assistance, etc.
- ☐ **Training**
  If applicable, please describe: who receives/provides the training, type of training, length of training, and other relevant information
- ☐ **Data Collection**
  If applicable, please describe in more detail collection methodology and data type. For example: The federal Treatment Episode Data Set (TEDS) track trends on the percentage of women who are pregnant at treatment admission, drug of choice, number of substances used, prior treatment admissions, primary source of referral, etc.
- ☐ **Quality Improvement**
  If applicable, please describe what measures are in place for monitoring and improving quality of care. For example: The Health Policy Commission's "delivery to discharge" QI initiative addresses scoring reliability, pharmacologic and non-pharmacologic intervention protocols, multidisciplinary rounds, NICU transition protocols, staff training, and follow-up care coordination protocols.
- ☐ **Other**
  Please describe other relevant interventions that were not listed above

NAS & SEN Inventory Survey

7. Target Population (please select all that apply)

- ☐ Women of childbearing age
- ☐ Pregnant women (with SUD/OUD)
- ☐ Mothers
- ☐ At-risk parents
- ☐ Other caretakers
- ☐ Newborns/infants
- ☐ Older children
- ☐ Providers

8. Capacity

Please describe how many individuals or patients this initiative serves annually (I.e. the # of patients treated, screening, counseling or other interventions provided). Additionally, please provide a number for those who are not served due to lack of resources and the program utilization rate against the supply of services (we understand this % to be an estimate).

9. Funding Source and Duration (please select all that apply)

- ☐ State appropriation
- ☐ Grant (federal or state)
- ☐ Private
- ☐ Payer reimbursement
- ☐ Other

Please also provide information about the amount of annual funding and duration of funding. For example: $250,000 state grant for 1 year, with possibility of renewal in 2017.

10. Gaps in Services and Programs

If you are aware of particular gaps in needed services and programs for NAS/SEN-affected families, please identify those gaps here. Please be as specific as possible (i.e. identify the specific types of services and programs that are needed, who those programs/services should be serving, and whether the gap(s) is/are specific to particular regions or state-wide).