

## SUMMARY STATEMENT

In Massachusetts (MA), opioid-related deaths have increased 450% since 2000, with all communities in the state affected. In 2015 Governor Baker signed into law Chapter 55 of the Acts of 2015 to permit linkage and analysis of state data to guide decision making. Analysis of linked data underscored high rates of opioid use disorder (OUD) in pregnant and postpartum women, with the greatest risk of fatal overdose occurring 7–12 months after delivery. The incidence of Neonatal Abstinence Syndrome (NAS) has also been increasing, five times higher than the national average in 2015. Using the Pregnancy to Early Life Longitudinal Data System (PELL), MA has created a statewide NAS dashboard which includes data that address a variety of different measures across three key time periods: pregnancy (prenatal), birth (neonatal), and infancy (post-discharge). This fosters a unique collaboration that combines clinical care, quality improvement, public health, and community support. Examples of key initiatives to address perinatal opioid use are described below.

## ACTIVITIES AND RESULTS

MA implemented the Pregnancy Risk Assessment Monitoring System (PRAMS) opioid call-back survey (OCBS) from October 2019 to April 2020 to evaluate women several months after they completed the initial PRAMS survey, and at a time when women with substance use disorders are at greatest risk of having an opioid overdose. The addition of a targeted set of questions to the PRAMS survey will allow Massachusetts Department of Public Health (MDPH) to assess maternal behaviors and experiences related to the use of prescription pain relievers and other opioids, and to help understand the effects of opioid use and misuse on the health of mothers and infants in MA. OCBS data will support and enhance state surveillance systems to better identify community needs and policy gaps.

The MA Perinatal Neonatal Quality Improvement Network (PNQIN) is an umbrella collaborative that unites the efforts of the MDPH, the Neonatal Quality Improvement Collaborative (NeoQIC), the MA Perinatal Quality Collaborative (MPQC) and the MA chapter of March of Dimes. PNQIN has been working for the past four years on addressing perinatal opioid use by targeting outcomes during pregnancy, at delivery, and during the first year of life. Examples of PNQIN's current goals include increasing provider training in stigma, bias, and trauma-informed care; increasing the number of birth hospitals with referral plans to improve the follow-up of infants with NAS after discharge; and increasing the percent of infants at risk for NAS who are referred to Early Intervention (EI) and Early Head Start by hospital discharge (leading to an increase in the percent of infants with NAS receiving EI services from 36.7% in 2015 to 70.3% in 2017).

MDPH and MassHealth (the state Medicaid program) participated in technical assistance supported by the Centers for Medicare and Medicaid Services as part of the Medicaid Innovation Accelerator Program (IAP) to improve severe maternal morbidity (SMM). The goal of the IAP was to strengthen partnerships while developing data analytic capacity to support reduction of maternal mortality and SMM in the Medicaid population, and support implementation of the Alliance for Innovation on Maternal Health patient safety bundle focused on obstetric care of women with OUD. MDPH and MassHealth had three objectives: 1) perform data linkage between claims data and vital statistics, 2) build capacity for data analysis that can contribute to eventual elimination of inequities in health outcomes, and 3) identify risk factors among Medicaid enrollees (including gaps in accessing care).

In 2019, with funding from the Substance Abuse and Mental Health Services Administration, MA began implementing a new home visiting initiative called FIRST (Families in Recovery Support) Steps Together for opioid affected families. This program aims to provide parenting and recovery support by peer family recovery support specialists. Services are provided by peers who are themselves in recovery from addiction and who often also had experience with the child welfare and criminal justice systems. Program services include: integrated home-based peer recovery support, individual and group parenting interventions, care coordination, Plans of Safe Care, mental health services, dyadic therapy and systems advocacy. An implementation study and implementation toolkit will be completed in FY21.

With supplemental funding from the CDC to develop strategies to reduce child abuse and neglect for families affected by OUD, the Essentials for Childhood initiative is coordinating with communities implementing FIRST Steps Together

to develop a community perinatal opioid action plan for families with OUD. This includes engaging with families with OUD and in recovery in a Network Mapping exercise to examine the community continuum of care from the family perspective; engaging with community leaders and providers to define the community response to opioid and substance use; and convening a community Perinatal Opioid Coalition to develop an action plan that includes multiple perspectives and could serve as a community Plan of Safe Care. In the coming year, this work will be completed and documented as a model for other communities.

## COVID RELATED WORK

Massachusetts is responding to the impact of COVID-19 on pregnant women and infants in a variety of ways, such as: supporting data collection and surveillance activities (e.g. establishing a surveillance system to monitor outcomes for pregnant women with lab-confirmed COVID-19 and their neonates and adding COVID-19-related questions to the PRAMS survey); facilitating access to concrete supports (e.g. unemployment benefits, diapers); allowing flexibility in use of state and federal funding to respond to the pandemic, when possible; and ensuring policy and decision making consider MCH needs and interests.