The Opioid Epidemic: Implications for MCH Populations

The AMCHP Role

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to promote women’s health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.

Introduction

Overview

State Title V professionals are front-line witnesses to the national opioid epidemic and its effect on women of reproductive age, infants, children and families. This issue brief provides an overview of the scope of the epidemic, national policy efforts to address it, and state and local strategies for opioid abuse prevention and treatment among MCH populations through the Maternal and Child Health (MCH) Services Block Grant under Title V of the Social Security Act.

Background

Opioid use accounted for 63 percent of the more than 52,000 accidental drug overdose deaths in the United States in 2015. The Centers for Disease Control and Prevention (CDC) estimates that in 2017, 91 Americans will die every day from opioid overdose. Limited access to health and behavioral health care services, inaccessible drug treatment and inappropriate prescribing practices, as well as social factors such as unemployment and poverty, are contributing factors to the country’s worsening opioid crisis.

Opioid use among adolescents and women of reproductive age is on the rise and is adversely affecting the health and well-being of these populations. Adolescents, many of whom are unaware of the risks associated with nonmedical opioid use, often become addicted through casual sharing of prescription pain relievers. For women, the rate of deaths from prescription overdoses increased nearly 400 percent between 1999 and 2010, and the rate of deaths from heroin overdose tripled between 2010 and 2013. Moreover, opioid addiction often leads to other medical issues that have societal impacts, including life-threatening infections, tuberculosis, and sexually transmitted diseases such as syphilis, chlamydia, hepatitis and HIV/AIDS.

The financial consequences of the opioid epidemic are staggering. According to the U.S. Department of Health and Human Services (HHS), the cost related to opioid use is approximately $55 billion, $20 billion of which is spent on emergency room and inpatient care for opioid overdoses.
Neonatal Abstinence Syndrome

Of special concern for MCH advocates is the growing prevalence of opioid use during pregnancy. Although it is not uncommon for prescription opioids to be used during pregnancy to manage pain, inappropriate use can lead to adverse outcomes for infants. Neonatal abstinence syndrome (NAS) is a postpartum drug withdrawal condition that is most commonly associated with maternal use of illicit or prescription opioids. A cluster of NAS health symptoms occurs when newborns withdraw from opioids, such as excessive crying, difficulty sleeping and eating, irritability, and convulsing. According to the National Institute on Drug Abuse (NIDA), between 2000 and 2012, the number of infants born with NAS increased fivefold. A child is born every 25 minutes in the U.S. suffering from opioid withdrawal. Use or misuse of prescription or illicit opioids during pregnancy can also lead to other adverse birth outcomes, such as low birth weight, prematurity, small head circumference, sudden infant death syndrome (SIDS), and developmental and behavioral issues.

Child welfare implications

The epidemic’s impact on families is also reflected in the rising number of custodial changes for children with parents struggling with opioid addiction. In these situations, federal law requires children to be placed in the custody of relatives to minimize trauma. In 2015, nearly three million children in the U.S. were placed in the custody of grandparents, many due to their parents’ opioid addiction. The demands of raising grandchildren can be overwhelming, and custodial grandparents thus face many stressors. It is commonly reported that grandparents are no longer eligible for senior housing programs because they are taking care of grandchildren, and in some situations children are even placed in out-of-family foster care because of the grandparents’ health or financial limitations. In many states, grandparents are ineligible for support services and financial assistance, although these supports are available to non-family licensed foster care parents.

Federal and State Response

The rising rate of opioid overdoses and deaths is viewed as a national public health emergency, and resources have been galvanized at the federal and state levels to respond to this crisis.

National Policy Levers

21st Century Cures Act

Signed into law in December 2016, the 21st Century Cures Act appropriated $1 billion in opioid grant program funding to states to address the opioid epidemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) will distribute the funding for state programs that can include public health-related activities, such as substance misuse and abuse prevention programs; evaluation efforts to identify effective strategies; state prescription drug monitoring programs; training for health care practitioners on opioid prescribing guidelines and on treatment referral; and expanded access to addiction treatment.

Comprehensive Addiction and Recovery Act of 2016

The Comprehensive Addiction and Recovery Act (CARA), signed into law in July 2016, creates, modifies, or reauthorizes several federal programs to address primary prevention, addiction treatment services, and criminal justice and law enforcement provisions. Examples of authorized provisions include state demonstration grants for comprehensive opioid response, improving access to drug treatment, evidence-based prescribing practices, prescription opioid and heroin treatment, and intervention demonstrations. In addition, Title V of CARA – entitled Addiction and Recovery Services for Women, Families, and Veterans – includes the following specific sections focused on pregnant women, infants, and family-based care:

Sec. 501 – Improving Treatment for Pregnant and Postpartum Women: This section authorizes the creation of grants to expand states’ services for pregnant and postpartum women suffering from a substance use disorder.
Sec. 503 – Infant Plan of Safe Care: Amends portions of the Child Abuse Prevention and Treatment Act relating to the development of best practices of plans of safe care for infants born substance exposed or with withdrawal symptoms. This section also requires that a state plan ensure the safety and well-being of infants released from care by addressing the health and substance use disorder treatment needs of the infant and family/caregiver.

State Targeted Responses to the Opioid Crisis Grants
In December 2016, the SAMHSA Center for Substance Abuse Treatment and Center for Substance Abuse Prevention released a funding opportunity announcement for states to address the opioid crisis. The purpose of the funding is to: 1) increase access to treatment, reduce overdose-related deaths through prevention, reduce unmet treatment needs, and support treatment and recovery activities; 2) supplement current opioid activities in state agencies and territories; and 3) support comprehensive responses to the opioid epidemic using strategic planning and needs/strengths assessments.

The grants will be awarded to states and territories through a formula that is based on unmet treatment needs for opioid abuse or dependence and on the number of drug poisoning deaths. The awards of these grants in 2017 will provide an important opportunity for Title V MCH Services Block Grant programs to partner with state substance abuse programs to combat the opioid epidemic. Title V MCH Services Block Grant programs are especially well-positioned to bring expertise regarding the impact of opioids on the MCH population and to advocate for broader use of effective prevention and intervention programs currently undertaken by MCH agencies.

Affordable Care Act
Several provisions within the Affordable Care Act (ACA) as it now stands can be used as opportunities to address the opioid epidemic. They are as follows:

- Access to coverage. Through the creation of the health insurance marketplace and the expansion of Medicaid, millions of individuals have gained access to health insurance and thus have gained access to options for treatment and prevention. Additional information on Medicaid levers that can be used at a state level can be found through a Robert Wood Johnson Foundation report, *Medicaid: States’ Most Powerful Tool to Combat the Opioid Crisis*

- Essential Health Benefits (EHBs). The ACA requires that all plans sold on the health insurance marketplace and all new Medicaid expansion plans provide a comprehensive set of EHBs. As a result, EHB-compliant plans must provide mental health and substance use disorder services, including behavioral health treatment that features counseling and psychotherapy.\textsuperscript{xx}

- Home visiting programs. The ACA provided funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Home visiting programs are increasingly utilized by Title V MCH Services Block Grant programs to address the opioid epidemic by connecting clients to services, treatment, and prevention education.

SAMHSA Policy Resource Guide
SAMHSA recently published *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. This report provides guidance to states and communities for developing collaborative, interagency policies and practices that can support the health, safety, and recovery of pregnant women with opioid use disorders and their infants.\textsuperscript{xxi} This resource highlights strategies and tips on building a collaborative team and includes several facilitator guides.
State-Level Efforts

States are responding to the opioid crisis with innovative approaches that involve stakeholders at all levels, including governors, state legislators and health care providers, as well as public health, mental health and substance abuse agencies. Several of these activities are undertaken through the support of federal grants.

State Substance Abuse Agencies

Each state and jurisdiction has a lead agency that manages the federally-sponsored Substance Abuse Prevention and Treatment Block Grant, which funds drug abuse prevention, treatment and recovery programs, and is charged with upholding standards of care and data reporting. Title V MCH Block Grant Services programs can serve as essential partners with state substance abuse agencies, as they expand programs to address the opioid crisis with the recent infusion of additional federal dollars (as described above). A directory of Single State Agencies and other state-level contacts for substance abuse is available here.

Prescription Drug Monitoring Programs

Prescription drug monitoring programs (PDMPs) are state-run databases that monitor and track prescribing patterns for controlled prescription drugs, including prescription pain medication, to help identify suspected abuse or misuse (including illegal use). This information helps clinicians and pharmacists identify and protect high-risk patients, provide early intervention, and inform and improve opioid prescribing practices. Through partnerships and coalitions, several Title V MCH Block Grant Services programs are engaging with PDMPs in their states. A list of contacts for state PDMPs can be found at the PDMP Training and Technical Assistance Center.

State Legislation

Increasingly, states are passing legislation to combat the growing opioid crisis. For example in 2016 alone, several states in the northeast, including Massachusetts, Vermont, Rhode Island, Connecticut, Maine and New York, have passed laws related to prescription drug abuse prevention. The various state laws are designed to mandate a range of provisions that engage clinicians, hospitals, insurers, and other stakeholders to address the multi-faceted opioid problem. Examples of legal provisions include mandating providers to consult with PDMPs, requiring provider training in prescription drug abuse prevention, reimbursing telemedicine providers for treatment services, mandating health insurance companies to cover medication-assisted treatment, developing public education materials, and requiring hospitals to develop policies/procedures and discharge planning. Several other states have either passed related legislation prior to 2016 and/or are enacting legislation in the calendar year 2017.

Opioid Antagonist Access Laws

Forty-seven states and the District of Columbia have laws providing immunity to medical professionals and individuals who provide naloxone in cases of opioid overdose. Naloxone is a drug, approved by the Food and Drug Administration (FDA), which can prevent the life-threatening consequences of an opioid overdose. Legislation has also allowed for increased access to naloxone for first responders and law enforcement personnel.\textsuperscript{xvii}
Good Samaritan Laws
Good Samaritan laws vary significantly across states. However, 37 states and the District of Columbia have passed some form of legislation that provides immunity for individuals either observing a drug-related overdose or suffering from one who call 911. The immunity laws generally prevent arrest and prosecution for possession and use of certain controlled substances.xviii

Title V MCH Block Grant Services Program Strategies
Because opioid addiction so intimately affects women, infants, youth and families, state Title V MCH Block Grant Services programs have made this epidemic a top priority. At least 16 states indicated opioids as a priority in the emerging issues section of the Block Grant application. Title V programs are well-positioned to address the opioid epidemic through partnerships and their work across sectors, and they offer a unique MCH lens that focuses on prevention and intervention. The strategies outlined below provide a snapshot of the diverse ways in which Title V MCH Block Grant Services programs are engaging other stakeholders to address this complex issue. After an initial keyword search in the Title V Information System (TVIS), the following states were reached out to for strategies:

Workforce and Partnerships (8 states)

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<tr>
<th>State</th>
<th>Strategies for Title V MCH Block Grant Services involvement</th>
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<tr>
<td>Arizona</td>
<td>Arizona Title V has convened a stakeholder group that consists of health care associations and providers, administrators of health plans, public health leaders, federal health care providers and mental health providers to develop consensus guidelines to promote responsible and appropriate prescribing practices.</td>
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<tr>
<td>Kentucky</td>
<td>Kentucky Title V participates in a workgroup to develop model hospital guidelines for treatment and services for infants with NAS and their mothers. Activities include distributing a checklist for hospital discharge planning to assure a smooth transition to community services, identifying case managers for mothers and infants, and coordinating services.</td>
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<td>Massachusetts</td>
<td>Massachusetts Title V collaborates with the Bureau of Substance Abuse Services and the Perinatal Neonatal Quality Improvement Network of Massachusetts on a number of initiatives, including the development of web-based resources for pregnant women with substance use concerns and for obstetricians serving women with opioid use disorders. Quality improvement partnerships are focused on improving care for newborns with NAS and for families with maternal opioid use.</td>
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<tr>
<td>New Hampshire</td>
<td>Since the passage of the federal CARA of 2016, the New Hampshire MCH program</td>
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is working diligently with partners, including the Governor’s Commission on Alcohol & Drug Abuse Prevention, Treatment & Recovery; the state DHHS Bureau of Drug and Alcohol Services; the state DHHS Division of Children, Youth and Families; and hospitals and birth attendants to develop a Safe Plan of Care for any infant affected by illicit drug use or NAS, as required by the CARA legislation.

New Hampshire Title V works closely with public health entities, community-based agencies and child welfare representatives to ensure supportive and integrated services are available in the community to meet the needs of NAS infants and mothers who are in treatment for their addictions.

**New York**

State Title V participates in an interagency workgroup, led by the Office of Alcohol and Substance Abuse Services (OASAS), to address the unique treatment needs of pregnant women and parents with opioid use disorders.

State Title V represents the New York State Department of Health on an interagency opioid surveillance workgroup, an outgrowth of the Governor’s Heroin Task Force. The workgroup monitors opioid overdose deaths in the state and regularly reports these deaths to counties. Furthermore, the workgroup has developed a comprehensive website for [Opioid-Related Data in New York State](#). This database provides recent data and trends on opioid prevalence, healthcare utilization (emergency department visits and hospitalizations), NAS and opioid use, and mortality rates at the state, regional and county levels.

**Tennessee**

Tennessee Title V participates in a NAS subcabinet working group composed of the Tennessee Department of Public Health, Children’s Services, Human Services, Mental Health and Substance Abuse Services, Medicaid and the Children’s Cabinet. The working group convenes every two months to discuss state-level policy and programmatic strategies to reduce the burden of NAS. The working group jointly developed a letter to the commissioner of the U.S. Food and Drug Administration encouraging the agency to adopt a warning label for narcotic analgesics that could result in NAS.

**Vermont**

Vermont Title V serves on the [Care Alliance for Opioid Addiction](#), a statewide partnership of clinicians and treatment centers. The alliance has implemented the Children and Recovering Mothers Team (CHARM) initiative. This SAMHSA model program uses a regional approach involving a multidisciplinary group of agencies serving women with opioid use disorders, and their families, from pregnancy through the first year of infancy. The team provides women and families with coordinated comprehensive care from the child welfare, medical (including obstetrics and pediatrics) and substance use treatment communities. CHARM is based on a model of early and ongoing intervention that includes identification of substance use during pregnancy, engagement in prenatal care, medication-assisted treatment, counseling, and education for families on caring for infants with prenatal exposure to opioids.

Vermont Title V participates in the Vermont Child Health Improvement Program’s [Improving Care for Opioid-Exposed Newborns](#) project, a partnership of the University of Vermont, the Vermont Children’s Hospital and the state health department. The collaborative program seeks to improve health outcomes for opioid-exposed newborns through improved availability of, and access to, prenatal and postnatal care for opioid-dependent pregnant women and infants; coordination of services for women to connect them with substance abuse treatment providers;
and housing, newborn care, and resources to support mothers and families.

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<td>West Virginia</td>
<td>West Virginia Title V is a founding member of the West Virginia Perinatal Partnership, a multiagency, state collaboration that seeks to improve the health of mothers and babies. The Partnership’s Substance Use During Pregnancy Committee has developed an NAS toolkit, guidelines for substance screening and testing of pregnant patients at outpatient visits (antepartum and postpartum), and policy recommendations related to drug and alcohol use in pregnancy.</td>
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<td>Massachusetts</td>
<td>In 2015, Massachusetts passed a law permitting the linkage and analysis of different government datasets to better understand the opioid epidemic, guide policy development, and help make programmatic decisions. This new model of cooperative data analysis brings together government, academia, and private industry. A number of analyses, which are led by Title V staff, are focused on the MCH population.</td>
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<td>New York</td>
<td>New York Title V collaborated with other State Department of Health offices on a study to assess the burden of maternal opioid use and NAS by geography, and identify areas that require intervention. New York Title V participates on the Metrics and Data Subcommittee of the Interagency Opioid Overdose Prevention Steering Committee. This subcommittee aims to share data and provide a platform for interagency communication to address the prevention of opioid overdoses in New York.</td>
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<td>Rhode Island</td>
<td>Rhode Island Title V and other stakeholders track opioid overdose occurrences (prescription and nonprescription) through emergency room visits.</td>
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<td>Tennessee</td>
<td>In 2013, the Tennessee Title V program worked with the State Health Officer to add NAS to the state’s reportable diseases and events list. Elements of reporting include case information, diagnostic information, and source of maternal exposure. This reporting has led to a weekly surveillance summary of NAS throughout Tennessee.</td>
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<td>Wisconsin</td>
<td>Wisconsin Title V has developed intra-agency data agreements to better understand the scope and impact of the opioid epidemic in the state.</td>
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<tr>
<td>Kentucky</td>
<td>Kentucky Title V has collaborated with partners to implement legislation aimed at expanding and improving treatment services and recovery supports.</td>
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<td>Kentucky Title V participated in the development of the Center for the Prevention of NAS, in partnership with universities and hospitals in Kentucky.</td>
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<td>Kentucky Title V is collaborating with other state agencies and community partners to implement two pilot projects to expand treatment services and increase capacity for medication-assisted treatment and other recovery support services to pregnant women and parents with opioid use disorder.</td>
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<tr>
<td>Massachusetts</td>
<td>Massachusetts Title V participates in a legislative interagency task force on NAS and substance-exposed newborns and a SAMHSA-funded substance-exposed newborns policy academy to identify state resources, determine needs, and develop a comprehensive plan to serve substance-exposed newborns and families affected by NAS and maternal opioid use.</td>
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<td>Massachusetts Title V participates in the implementation of a federal and state partnership to expand medication-assisted recovery services to pregnant women, paired with care coordination and peer recovery support.</td>
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<td>Massachusetts Title V works with its partners to improve birth hospital referrals to Early Intervention Part C (EI) for all newborns exposed to substances. The pilot project seeks to increase family acceptance of EI referrals by providing an engagement visit to families of babies with NAS early in their hospital stay, participating discharge planning, and following up with families post-discharge to ensure that an EI assessment has been completed. Additional supports for families with maternal opioid use disorders are provided through MA Maternal Infant Early Childhood Home Visiting programs that partner with treatment programs, the Department of Children and Families and birth hospitals to identify and serve families in need.</td>
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<tr>
<td>New Hampshire</td>
<td>Using funding from the federal Cures Act of 2016, New Hampshire Title V works closely with the state DHHS Bureau of Drug and Alcohol Services to bolster home visiting programs in the state. Home visiting services provide an opportunity to keep families in treatment programs and engage families in education to prevent the use of illicit substances. Intervening early in childhood can alter the life course trajectory of children in a positive direction. Social supports with a focus on family relationships among families with young children can lead to healthy social-emotional development and self-regulation, which can be protective factors against drug use and other behavioral concerns.</td>
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<td>New Hampshire Title V has worked closely with the state DHHS Bureau of Drug and Alcohol Services to require all community health centers in New Hampshire – including federally qualified health centers that provide adult and pediatric primary care and perinatal care – to incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for all patients. The state DHHS Bureau of Drug and</td>
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Alcohol Services provided additional resources for workforce training and infrastructure developments to improve electronic health records systems to better support data collection and referrals.

**New York**

New York Title V is actively engaged in the state’s multifaceted response to stemming the tide of the opioid addiction and overdose problem, with a focus on prevention, harm reduction, treatment, recovery, and law enforcement. Under the Governor’s Heroin and Opioid Task Force, statewide initiatives include training first responders to administer life-saving naloxone, limiting opioid prescriptions to seven days, administering a statewide prescription monitoring program, and providing mandated education for prescribers.

**Rhode Island**

Rhode Island Title V has worked with other stakeholders to establish a health home program for Medicaid enrollees with opioid use disorders.

**Tennessee**

Tennessee Title V is actively involved in a department-wide initiative, the Primary Prevention Initiative (PPI), which focuses its efforts on upstream primary prevention strategies. In the East Tennessee region, one of the areas hardest hit by the opioid epidemic, a major focus has been prevention of NAS. The East Tennessee PPI Project provides health education classes and partners with local jails to refer inmates to health departments for access to acceptable and effective family planning services.

**Vermont**

Vermont Title V supports the Medicaid Obstetrical and Maternal Support (MOMS) program, which provides intensive, holistic, and comprehensive case management services, including substance use treatment coordination, to pregnant Medicaid beneficiaries.

**Conclusion**

With the growing use of opioids among women of reproductive age, particularly among pregnant and parenting women, a related rise in NAS, and far-reaching implications for youth and families, Title V programs see the direct impact of the crisis on the populations they serve. Although there is no single strategy to address this very complex, multifaceted issue, MCH/Title V programs are well-positioned to serve as key partners in efforts to protect the most vulnerable members of our society, and share their knowledge and expertise to stem the tide of this nationwide epidemic.

**Resources**

- Association of Maternal & Child Health Programs (AMCHP): AMCHP 2017 Annual Conference Workshop Recording: [The Opioid Epidemic: Title V Strategies to Address the Growing Crisis](#)
- Association of State and Territorial Health Officials (ASTHO): [Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care](#)
- Centers for Disease Control and Prevention (CDC): [Prescription Drug Monitoring Programs](#)
- National Center on Substance Abuse and Child Welfare: [Substance-Exposed Infants: State Responses to the Problem](#)
- National Academy for State Health Policy (NASHP): [Intervention, Treatment, and Prevention Strategies to Address Opioid Use Disorders in Rural Areas: A Primer on Opportunities for Medicaid-Safety Net Collaboration](#)
- National Conference of State Legislatures (NCSL): [Walking a Tightrope](#)
- National Governors Association (NGA): [Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States](#)
- U.S. Department of Health and Human Services: [The Prescription Drug & Heroin Overdose Epidemic](#)
Acknowledgments

AMCHP greatly appreciates and thanks the staff from state departments of health featured in this issue brief for their valuable input. AMCHP thanks Debra Bercuvitz from the Division of Pregnancy, Infancy, and Early Childhood, Bureau of Family Health and Nutrition, at the Massachusetts Department of Public Health, for review of the content.

This issue brief was made possible with funding support provided by the W.K. Kellogg Foundation. Its contents are the sole responsibility of the authors and do not necessarily represent the official view of the W.K. Kellogg Foundation.

About AMCHP

The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. AMCHP’s members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs and other public health leaders who work with and support state maternal and child health programs.

AMCHP builds successful programs by disseminating best practices; advocating on our member’s behalf in Washington; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families and healthy communities.

End Notes

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Ibid

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