



HRSA'S HOME VISITING PROGRAM: SUPPORTING FAMILIES IMPACTED BY OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

A Resource for MIECHV Awardees

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ABOUT HRSA'S MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

The Maternal, Infant, and Early Childhood Home Visiting ([MIECHV](#)) Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The program builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improve the lives of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness. States, territories, and tribal communities receive funding through the MIECHV program and have the flexibility to select home visiting service delivery models that best meet state and local needs. The MIECHV program is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) in partnership with the Administration for Children and Families (ACF).

This resource for MIECHV awardees provides essential information about the opioid epidemic, opioid use disorder (OUD), and neonatal abstinence syndrome (NAS). It includes relevant research; offers strategies for MIECHV awardees and their state partners in early childhood, public health, and substance misuse and mental health treatment; and highlights promising efforts underway in Maine, Colorado, West Virginia, and Massachusetts.



INTRODUCING THE ISSUE

As a result of the continued opioid crisis affecting our nation, on January 24, 2018, Eric D. Hargan, Acting Secretary of the U.S. Department of Health and Human Services (HHS), renewed the October 26, 2017, determination that a public health emergency exists. Addressing the nation's opioid epidemic is a top priority of HHS. In addition, the Pain Management Best Practices Inter-Agency Task Force was established to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain. HHS is overseeing this effort with the U.S. Department of Veterans Affairs and U.S. Department of Defense. The Task Force, which was authorized by the [Comprehensive Addiction and Recovery Act \(CARA\)](#), will also provide the public with an opportunity to comment on any proposed updates and recommendations and develop a strategy for disseminating information about best practices. The Centers for Disease Control and Prevention has labeled the crisis an "[Opioid Epidemic](#)." Opioids are threatening the health of pregnant women and their babies in both rural and urban communities across America.

For many who misuse opioids, the path to misuse is through prescription medications. There are four populations of pregnant women who may use opioids: (1) those taking medication for pain who are being monitored by a physician and are not addicted, (2) those on medication-assisted treatment (MAT) who are in recovery from a substance use disorder and are managed by a physician, (3) those misusing opioid pain medications with or without a prescription and who are addicted, and (4) those using illicit opioids (e.g., heroin) and who are addicted.²

The U.S. Surgeon General's 2016 report, *Facing Addiction in America*, reminds us that addiction is a chronic neurological disorder and should be treated like other chronic diseases.¹ Fortunately, there are effective approaches to supporting women with opioid use disorder (OUD) during pregnancy and parenting, including evidence-based MAT and comprehensive services that address the needs of mothers, infants, caregivers, and families.² Additionally, there are effective treatments (both non-pharmacological and

pharmacological) for babies who are born exposed to opioids and who may experience withdrawal following delivery.³ This withdrawal, called neonatal abstinence syndrome (NAS), comprises a cluster of symptoms related to physiological withdrawal from substances present in the mother's system at the time of delivery.

Note: Neonatal abstinence syndrome (NAS) is also referred to in the literature as neonatal opioid withdrawal syndrome (NOWS). For the purposes of this paper, we use the term NAS.

The National Institutes of Health suggests that interventions in early childhood can help prevent future drug use.⁴ It is therefore important to respond to this epidemic with a continuum of supports, which begins with prevention and promotion in the early childhood years to build resilience and to bolster parenting skills, and includes evidence-based treatment approaches for those struggling with addiction.

The early childhood foundations of life-long health are well documented—and the early childhood pathways to substance use disorder are also clear.⁵ Physical, social, cultural, economic, and past experiences can all contribute to challenges with parenting, which, in turn, may lead to early behavior problems and social and emotional difficulties in children, and adolescent initiation of substance use. However, research suggests that intervening early, as home visiting does, can increase protective factors, reduce risk factors, support children's biological functioning and behavior,⁴ and, in sum, help to prevent substance use disorder.

Substance use can contribute to parenting challenges and has the risk of impeding development of the nurturing parent-child relationships that are essential for children to thrive. Substance-using mothers may have self-regulatory challenges, leading to maladaptive maternal responses that interfere with healthy mother-child relationships.⁶ Women with OUD may experience negative outcomes such as struggles with depression and other psychiatric disorders.¹ Home visitation can be one support to address these issues and may include individualized education, one-on-one skill building, and referrals to community partners, to mention a few. Treatment for substance-using mothers and fathers

provides a sustainable path that can break cycles of intergenerational toxic stress and welcome babies into relationships, families, and communities that help them to flourish.

HRSA's Home Visiting Program plays an important role in the continuum of supports, from prevention to treatment. Home visitors provide consistent, caring relationships, parenting guidance, and connections to the services that many pregnant women and families with newborns need. They also may help educate women about the effects of substance use during pregnancy, support pregnant women and caregivers with OUD in entering MAT programs, help to prevent opioid misuse among other household members, and support mothers in caring for babies who may be experiencing NAS. Home visitors trained in [trauma-informed approaches](#) and supported through reflective supervision can be key members of the team to help provide pregnant women and caregivers with the support needed to address their disease and safely care for their babies.

THE OPIOID EPIDEMIC BY THE NUMBERS

Opioid overdoses accounted for more than 42,000 deaths in 2016, more than any previous year on record.

In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids such as heroin and illicitly manufactured fentanyl) was five times higher than in 1999. In 2016, on average, 116 Americans died every day from an opioid overdose.¹⁰ In 2009, for the first time in the United States, drug overdose deaths outnumbered deaths due to motor vehicle crashes.¹¹

According to the Surgeon General's 2016 report:

Over-prescription of powerful opioid pain relievers beginning in the 1990s led to a rapid escalation of use and misuse of these substances by a broad demographic of men and women across the country. This led to a resurgence of heroin use, as some users transitioned to using this cheaper street cousin of expensive prescription opioids. As a result, the number of people dying from opioid overdoses soared—increasing nearly four-fold between 1999 and 2014 (p. 1–14).¹

About one-third of women of reproductive age filled an opioid prescription in 2016.¹² Between 1992 and 2010, the percentage of pregnant women entering treatment who reported any prescription opioid misuse jumped from 2 percent to 28 percent.² According to the Centers for Disease Control (CDC), between 2004 and 2014,

TRAUMA-INFORMED APPROACHES

Adopting a trauma-informed approach is one way that home visiting organizations are teaching their staff to recognize the effects of trauma and to work with families in a thoughtful way. Trauma-informed care is a perspective through which an organization realizes the impact of trauma on its families, recognizes the signs of trauma, and uses that understanding to improve client engagement, outcomes, and organizational services.^{7, 8} According to Stephanie Kennedy, Assistant Professor of Social Work at the University of Connecticut, "In its simplest form, trauma-informed care is a way of thinking about and responding to families' struggles."⁹

REFLECTIVE SUPERVISION

Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work.

Adapted from [Minnesota Association for Children's Mental Health](#).

the incidence of NAS increased 433 percent from 1.5 to 8.0 per 1000 hospital births, which translates into one neonate born with NAS every 15 minutes.¹³

THE EFFECTS OF OPIOIDS ON MOTHERS AND BABIES

Opioids are highly addictive. They bind to receptors in the brain and create a pleasurable sensation that can lead to complex brain disease.¹⁴ Individuals with OUD are characterized by having a mild, moderate, or severe dependence on a certain illicit opioid drug and/or prescription medication. OUD occurs when the ongoing use of the drug causes a clinical inability to fulfill and experience normal activities and responsibilities, including at work, during school, and in the home.²

Too often, pregnant women with OUD do not receive prenatal care or only seek it late in their pregnancy. They may be unable to keep health care appointments, and they may not have access to nourishing foods that promote healthy weight gain.¹⁵ More than 35 percent screen positive for additional drugs, such as marijuana, cocaine, and benzodiazepines.^{16, 17} They are at high risk of having co-occurring mental health challenges, including depression, anxiety, mood disorders, bipolar disorder, personality disorders, post-traumatic stress disorder, and eating disorders.^{3, 15, 17} A history of victimization related to physical and sexual violence is often present as well.¹⁵ The use of opioids, compounded with the lack of prenatal care and lack of treatment for these other challenges, can result in a host of health complications for the pregnant woman, including spontaneous abortion, premature labor and delivery, premature rupture of membranes, preeclampsia, and abruption placentae.^{18, 19}

According to a 2016 article in the *New England Journal of Medicine*, between 55 to 94 percent of babies born to mothers addicted to or treated with opioids while pregnant may develop NAS.²⁰ NAS symptoms usually appear within three or four days after birth, but may begin any time in the first two weeks of life, and may last from several days to several weeks.³ Babies who are experiencing withdrawal present with a host of challenges, for example:^{1, 3, 5, 18}

- Lower birth weight than unexposed babies
- Central nervous system excitability that may look like hyperactivity, irritability, or sleep disturbance
- Gastrointestinal dysfunction, which may manifest as excessive or uncoordinated sucking reflexes and swallowing that may lead to poor feeding, vomiting, and diarrhea
- Increased respiratory rate

Other symptoms of withdrawal include fever, sweating, nasal stuffiness, and a high-pitched cry.

While NAS has been documented since at least the nineteenth century, statistics on opioid misuse and NAS during the last few years elevate it to a public health epidemic. Babies with NAS represent a subset of the larger issue of infants with prenatal exposure to substances. Symptoms of NAS may vary depending on the type of substance used, the last time it was used, and whether the baby is full-term or premature.

The knowledge and skills that home visitors need—a basic understanding of OUD and NAS and how each presents in mothers and babies, relationship-based practice, trauma-informed care, ongoing recovery support, and competence in Screening, Brief Intervention, and Referral to Treatment (with follow-through) to resources in the community—are important, whether babies are identified with NAS, Fetal Alcohol Spectrum Disorder, or other challenges connected to substance use disorder.

Home visitors are uniquely poised to facilitate timely, quality care-coordination in both the prenatal and postnatal periods, identify substance use and risk for substance use, and ensure that pregnant and parenting caregivers and their infants are connected to quality services and interventions to meet their needs.

Home visitors play a meaningful role in assessing and promoting healthy parent-child interactions. In addition to the support home visiting can offer, [clinical guidelines](#) were released by SAMSHA and have valuable information about the clinical management of OUD.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. Home visitors are uniquely poised to support these referral efforts.

Adapted from About Screening, Brief Intervention, and Referral to Treatment at <https://www.samhsa.gov/sbirt>.

RESPONDING TO THE OPIOID EPIDEMIC REQUIRES A COMPREHENSIVE APPROACH

The opioid epidemic requires recognition that addiction is a disease that demands a comprehensive and compassionate approach to support, treatment, and recovery.¹ While addiction medicine may at times play the most prominent role, it is equally important that a full panoply of providers—obstetrics, pediatrics, behavioral health, social services, child welfare, housing—effectively coordinate services and supports for the mother, her baby, and her family.² The case management role of home visitors to link families to these services, and their orientation to relationship-based practice and trauma-informed care, is critically important.

The strategies HRSA outlines in this section are not implementation activities per se, but they represent the continuum of treatment and support of which home visiting and other early childhood-serving programs should be aware.

COMPREHENSIVE SUBSTANCE USE TREATMENT MODEL FOR WOMEN AND CHILDREN

Developed in the 1990s by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, the Comprehensive Substance Use Treatment Model for Women and Children recognizes that treatment must

address the full range of women's needs. When this is the case, there is improvement in recovery, parenting skills, and overall emotional health. According to SAMHSA, "Treatment that addresses alcohol and other drug abuse alone may well fail and contribute to a higher potential for relapse" (p. 273).¹⁹

As such, approaches need to include both clinical treatment and community supports to offer a comprehensive continuum of recovery.¹⁹ Clinical treatment includes nonjudgmental screening and assessment, MAT, treatment planning, mental health services, case management, and continuing care. Community supports include recovery support, housing, family strengthening, child care, transportation, education, employer support, and faith-based support.¹⁹

Approaches also need to recognize that factors contributing to substance use and misuse may look different for women than for men:¹⁵

- Women with substance use disorder often have a history of sexual abuse and/or interpersonal violence.² Substance use also tends to co-occur with mental health challenges for women.²
- A positive therapeutic relationship is an important gateway to treatment for women.¹
- Women are more likely to stay in treatment longer if they are able to maintain their caregiving role while in treatment, especially when they are allowed to stay with their children, such as in residential care.¹⁵

Further, family-centered treatment helps not only the woman, but the family as well.

The American College of Obstetricians and Gynecologists issued a Committee Opinion in 2012 (and reaffirmed it in 2016) that abrupt discontinuation of opioid use in opioid-dependent pregnant women—even medically supervised withdrawal—is not recommended, as it may result in preterm labor, fetal distress, or miscarriage.¹⁶ Because NAS is treatable, MAT is recommended and has been the standard treatment for opioid addiction during pregnancy since the 1970s.¹⁶

MEDICATION-ASSISTED TREATMENT (MAT)

MAT is the use of medications in combination with counseling and behavioral therapies provided within a therapeutic setting for the treatment of substance use disorders. This combination has been proven effective and can help people sustain their recovery.²¹ MAT can also be effective in moving pregnant women from opioid use to opioid maintenance therapy. MAT helps to prevent unstable maternal opioid levels; it protects the fetus from repeated episodes of withdrawal, reduces or eliminates drug cravings, blocks the euphoric effects of narcotics from repeated episodes of withdrawal, and reduces or eliminates drug cravings.^{22, 19}

Another benefit is that MAT links opioid-dependent pregnant women to prenatal care and other needed services and supports. Focusing on stability during pregnancy is preferred, since there is a very high rate of relapse among women experiencing opioid dependency.² Pregnancy provides an important opportunity to identify and treat women with substance use disorders.²³

Effective treatments and interventions do exist to address the needs of pregnant and parenting women and their infants. Clinical guidelines continue to evolve. As mentioned earlier in this brief, SAMHSA developed [clinical guidance](#) to meet an urgent need among professionals who care for women with OUD and substance-exposed infants for reliable, useful, and accurate information that can be applied in clinical practice to optimize the outcome for both mother and infant. There are also ongoing efforts and opportunities around a [public health response to the opioid epidemic](#).

Family-centered care coordination as well as co-management by the obstetrician and an addiction medicine specialist is helpful in determining the most effective medication for each woman. Individuals seeking treatment and programs looking to make referrals for this type of care can connect through the family's insurance provider or the family's medical provider, contact a community resources and wellness center, or look online for local providers who offer these services.²⁶ SAMSHA provides a [Behavioral Health Treatment Services Locator](#), which is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance misuse/addiction and/or mental health problems.

As previously mentioned, medically-supervised withdrawal among pregnant women is not recommended, due to the risks of fetal withdrawal and maternal relapse.²⁷ As with any treatment plan, the pregnant woman, in partnership with her provider, should discuss the risks and benefits of each medication approved by the U.S. Food and Drug Administration (FDA), and make informed decisions about necessary care.

CARE OF THE NEWBORN

When medical providers are aware of the mother's substance use, they are able to look for signs of withdrawal and to better anticipate appropriate treatment for the infant. Hospitals use a scoring system—such as the Finnegan Neonatal Abstinence Scoring System or the Lipsitz Neonatal Drug-Withdrawal Scoring System—as well as an assessment of other factors to determine the infant's course of treatment.² Babies with NAS are often admitted to the neonatal intensive care unit (NICU) and stay in the hospital longer than babies who are not exposed to opioids. The Surgeon General's 2016 report indicates that in 2012, newborns with NAS stayed in the hospital an average of 16.9 days, which is more than eight times the number of days that other newborns stay. In addition, care for these newborns costs hospitals an estimated \$1.5 billion, and state Medicaid programs paid 81 percent of these costs.¹

There are both nonpharmacological and pharmacological treatments for newborns:

- Pharmacological intervention for NAS includes the use of morphine or methadone as part of a goal to stabilize the infant; the dose is then slowly reduced over several days or weeks, with close medical supervision.
- Nonpharmacological treatments include the following:^{18, 2}
 - » **Breastfeeding.** Mothers on opioid maintenance can breastfeed unless they are HIV-positive, are using illicit drugs, or have a disease or infection for which breastfeeding is not advised. Compared to formula-fed infants, infants fed breast milk are less likely to need pharmacologic treatment for NAS. If treatment is required, breast-fed infants often require lower doses of morphine and have shorter hospital stays.¹⁷
 - » **Skin-to-skin contact** between the mother and baby can help to reduce the severity and duration of NAS symptoms and promote bonding.
 - » **Swaddling, swaying, or rocking** may reduce NAS symptoms and help to calm the baby.
 - » **Rooming-in.** Rather than transferring infants to the NICU, where the noise, bright lights, and constant activity may be overstimulating and may exacerbate withdrawal symptoms, placing the infant to sleep in the same room as the mother can promote faster recovery, facilitate breastfeeding, and advance mother-infant bonding.
 - » **Eat, Sleep, Console** is a comprehensive care strategy for infants with NAS that incorporates a standardized stepwise nonpharmacologic and pharmacologic approach to NAS treatment.

ADDITIONAL EFFORTS THAT ARE KEY TO A COMPREHENSIVE APPROACH

A comprehensive approach to the opioid epidemic includes the following:

- **Integration of protective factors into community programs.** Just as we know the predictable trajectories to poor outcomes, we also know the protective factors that can serve to build healthy development, healthy choices, and healthy futures. These protective factors—parental resilience,

children's social and emotional competence, social connections, concrete support in times of need, and knowledge of parenting and child development—can lay the foundation for healthy development and diminish risks of substance use and child abuse. The 2016 National Academy of Sciences report *Parenting Matters*²⁸ outlined a number of parenting practices that are associated with positive child outcomes: responding to a child's behavior (such as a parent smiling back at a child); showing warmth or sensitivity; establishing routines and reducing household chaos; sharing books and talking with children; promoting children's health and safety through regular health care, breastfeeding, and vaccines; and using appropriate discipline. Community family support programs provide valuable opportunities to promote these positive parenting practices early and intensively, and to identify, address, and mitigate both risk factors and the effects of existing substance misuse.

- **Improved prescribing practices.** Health care professionals can benefit from improved [pain education and prescribing practices](#), including prescribing the lowest effective dose possible, establishing goals for treatment, and reassessing risks and benefits of pain medication usage throughout treatment.
- **Expansion of programs and enhanced linkages to treatment.** In rural areas where opioid use is prevalent, there is often a lack of services to support impacted families (e.g., substance use treatment, recovery programs, housing support programs). In these communities, telehealth or teleconsultation can be helpful. For example, the Substance Use Warmline, funded by HRSA, provides free and confidential peer-to-peer consultation and decision support for clinicians from the Clinician Consultation Center at San Francisco General Hospital. The consultation focuses on such topics as the treatment of complex patients (e.g., those with addiction, chronic pain, and/or behavioral health issues), decreasing the risk of overdose, and caring for patients who are living with or at risk of HIV.
- **Efforts to reduce stigma.** Public awareness campaigns can educate communities on the fact that

EVIDENCE-BASED INTERVENTIONS

The Surgeon General's 2016 report¹ highlights clinical practices that research has shown to be effective in reducing substance use and improving health and functioning, including MAT, behavioral therapies, and recovery support services. When implemented simultaneously, these practices lead to optimal outcomes.

- Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery. SAMSHA maintains a website with updated information about MAT: <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>.
- Behavioral therapies, delivered by qualified and trained therapists who implement evidence-based behavioral interventions with fidelity, can help motivate those challenged by substance use disorders to change their behaviors. Behavioral therapies that have been studied and found effective include cognitive behavioral therapy, contingency management, community reinforcement approach, motivational enhancement therapy, the matrix model, and 12-step facilitation therapy.
- Recovery support services show promise for supporting healthy lifestyle changes to increase resilience, reduce risk of relapse, and help those affected by substance use disorders to achieve and maintain recovery.

addiction is a disease with a range of treatment and recovery supports, and can encourage individuals with substance use disorders to seek help. Pregnant women and mothers are specifically impacted by stigma, as they are viewed by the public as directly affecting the health of their unborn or newborn child. Incorporating recovery coaches or peer mentors with lived experience will lessen shame/stigma and improve the sense of connectedness and support.

STRATEGIES FOR THE HOME VISITING COMMUNITY

"Healthy Communities, Healthy People" is the vision of HRSA. The home visiting community can play an essential role in supporting the continuum of opportunities that are needed to ensure a comprehensive approach to the opioid epidemic—one that begins with prevention and promotion and that includes evidence-based treatment for pregnant women and caregivers who may be struggling with substance use disorders. It is important to stress the intense scrutiny and at times harsh circumstances surrounding the self-identification of pregnant women with substance use disorders. Often, self-reporting is limited due to the fear of involving child welfare agencies that may determine that the home is not the best place for an unborn or young child.²⁹ HRSA offers strategies in this section that may help MIECHV awardees and other home visiting programs be agents of

change, or partner with others in the state for systems-level changes. Work at the state level will eventually open more pathways to recovery for families.

STATE-LEVEL STRATEGIES

- **Build and leverage relationships with leaders across state agencies to develop a coordinated response to opioid use and NAS.** No one agency can "solve" the opioid epidemic. A coordinated and cohesive approach at the state level can bring together health, substance use, child welfare, Part C, mental health, judicial, early learning, social services, housing, and other agencies committed to developing a family-centered, gender-responsive, and trauma-informed approach to substance use during pregnancy.

By engaging in systems work through partnering, aligning, and coordinating towards a collective aim, home visiting can amplify its impact and also serve as a driver of a coordinated approach to address intergenerational substance use. Examples of systems opportunities include identifying and engaging with key stakeholders; building upon collaborative infrastructure, governance, funding and policy levers that can support partnerships and comprehensive care coordination; engaging at-risk families; supporting longitudinal integrated data systems; expanding evidence-based home

visiting services; and supporting home visiting enhancements and innovations. Opportunities exist for a more comprehensive statewide response to opioids by bringing the voice of MIECHV to state efforts to address the opioid problem, and by inviting representatives from agencies focused on substance use and mental health to the efforts of early childhood systems.

STEPS TO TAKE:

- » Identify state and local colleagues and partners (e.g., state, city, and county health officers) who also share responsibility for or work with populations (infants, children, youth, young parents, etc.) who may be affected by the opioid epidemic.
 - » Reach out to state or local professional associations that represent health care providers, as they may come into contact with pregnant or parenting women who use opioids.
 - » Share with state-level colleagues your approach to addressing the opioid epidemic, important resources, and unique knowledge you may have that can help others.
 - » Convene local entities involved in this work to learn from one another about strategies for working with families impacted by opioid use.
- **Make data-informed decisions to support recovering families.** After collecting data from families, be sure to use this information to adjust practices, make improvements in service delivery, and reach and impact the most families.

STEPS TO TAKE:

- » Families are often asked by multiple agencies to provide the same data and information. Make a sincere effort to reduce this redundancy in data collection, thus lessening the burden on families.
- » Develop a map of efforts underway. Identify where there are overlaps and gaps. Where there are overlaps, make a plan for how efforts can be coordinated to maximize impact and minimize duplication. Where there are gaps, make a plan for what is needed and how the work to ameliorate the gap will unfold.



- » Implement screening practices, such as SBIRT, a comprehensive, integrated public health approach to early identification and intervention for those at risk of developing substance use disorders, and referrals for those who have a substance use disorder.
- » Share data across programs and systems so that you have a more complete assessment of the challenge and are able to track changes over time.
- » Work with the developers of your evidence-based model(s) to identify strategies for families impacted by opioids and NAS that are consistent with your model(s). Collect data on the impact of the strategies, and share your data broadly so others can benefit from your findings.

- **Know the reporting laws in your state.** Mandated reporting laws exist for the safety of the child. Be sure to align those efforts with plans to help the family recover, repair, and reconnect.

STEPS TO TAKE:

- » Become familiar with, and educate others on, the state's mandated reporting laws to help understand your responsibilities, as well as why families may be hesitant to seek help.
- » Help recovering mothers and babies to be kept in close proximity to each other or permitted

to interact regularly through supervised visits to allow bonding and to promote the mother's desire to recover.

- » **Identify state-level colleagues who also share responsibility for or have a vested interest in addressing the opioid epidemic.** Participate in your state's opioid task force, and/or build upon existing collaborations or committees focused on opioids. If such structures do not exist in your state, or you are unclear about how to connect, explore further with partners to determine where there is momentum and/or if gaps exist and new partnerships need to be created. The National Governors Association offers guidance in its 2016 report *Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States*.³⁰ Another resource, *Prescription for Action: Local Leadership in Ending the Opioid Crisis*, from the National League of Cities and National Association of Counties, also includes recommendations for local leaders.³¹

Examples of state opioid task forces:

- Alaska: [Opioid Policy Task Force Final Recommendations](#)
- Indiana: [Report on the Toll of Opioid Use in Indiana and Marion County](#)
- Maryland: [Heroin and Opioid Emergency Task Force—Final Report](#)
- Michigan: [Prescription Drug and Opioid Abuse Task Force](#)
- New York: [Prescription Opioid Abuse and Heroin Addiction in New York State](#)
- Wisconsin: [Combating Opioid Use](#)

COMMUNITY-LEVEL STRATEGIES FOR LOCAL IMPLEMENTING AGENCIES

- » **Develop parallel relationships with local providers, parents, and family members.** Just as MIECHV awardees build relationships with colleagues across state government, local implementing agencies (LIAs) must develop relationships within their communities.

STEPS TO TAKE:

- » Become familiar with the resources available for families in the community, and identify ways to work collaboratively to provide wraparound services and supports for women struggling with substance use disorders.
- » Establish a memorandum of agreement to explicitly define how community agencies will work together to support families across the continuum of services.
- » Build cross-referral networks and centralized intake systems to ensure that families are directed to the services that best fit their circumstances. Develop referral guides so that those in the field—including home visitors, public health nurses, and early interventionists—know where they can direct a family to receive the support they need.
- » Organize joint training for staff on substance use screening and treatment. One widely used screening, intervention, and treatment tool (noted earlier in this paper) is SBIRT—a quick and easy way to identify and intervene with patients who are at risk for, or who already have, substance-related health problems.
- » Join forces with a local MAT program; or, if one is not present in the community, investigate the steps needed to begin the conversation around creating one.
- » Include parents in conversations about the resources available and services needed in the community. Parents in recovery may be interviewed and found to be a good fit to hire as home visitors themselves—a peer model that has shown success in home visiting programs.³²
- » Include grandparents and extended family in your planning. Currently, 2.5 million children live with grandparents and extended family as a result of parental substance use disorders, so it is important to have these caregivers at the planning table as well.³³

- **Connect with community partners to meet the diverse needs of families.** Identify barriers that stand in the way of full participation in home visiting programs, and collaborate with other community partners to help alleviate those barriers.

STEPS TO TAKE:

- » Use tools to assess community “readiness” that help identify the gaps in service delivery.
- » Identify barriers that prevent families from accessing services (e.g., transportation to appointments, emergency funds, respite care), and determine which can be addressed by the home visiting program and which can be addressed by other public, private, and nonprofit partners.
- » Use continuous quality improvement (CQI) methods to determine if barriers are eliminated when new supports are in place to meet family needs.
- » Continually assess the engagement of families in home visiting, and identify and test needed enhancements.

Valuable Resources for LIAs

- SAMHSA Behavioral Health Treatment Locator: <https://findtreatment.samhsa.gov>
- Opioid Treatment Program Directory: <http://dpt2.samhsa.gov/treatment/directory.aspx>
- Buprenorphine Treatment Practitioner Locator: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

PROGRAM STRATEGIES FOR LIAs

- **Provide consistent support to mothers and their families over time.** Consistent home visits help to

build a trusting relationship between the home visitor and the family, which is often the most effective gateway to substance use disorder treatment programs for women.

STEPS TO TAKE:

- » Review your data on family engagement and retention.
- » Identify any patterns in the data that may inform challenges around engagement and retention, especially for families who are at risk of developing substance use disorders.
- » Develop a CQI plan to identify and test approaches to boosting engagement and retention.

- **Provide robust opportunities for home visitors to engage in trauma-informed care, family-centered treatment, gender-responsive treatment, and recovery support.** Given the connection between substance use and trauma, it is important that home visitors be cognizant of the trauma that may be at play in the households they are visiting.

STEPS TO TAKE:

- » Provide training in trauma-informed care and programs such as [Mental Health First Aid](#) for all home visiting staff and supervisors.
- » Integrate recovery coaches/peer mentors for new mothers in recovery or struggling with abstinence.
- » Identify and make sure that staff use validated and reliable behavioral health risk assessments for such areas as substance, alcohol, and tobacco use.
- » Incorporate motivational interviewing as a strategy to engage families.

COMMUNITY READINESS

“Community readiness” describes the degree to which a community is willing and prepared to address prevention needs. [Tools to Assess Community Readiness to Prevent Substance Misuse](#), offered by SAMHSA’s Center for the Application of Prevention Technologies, lists a number of tools that practitioners working to prevent substance use disorders can use to assess their community’s readiness to address identified needs, and then prioritize those needs accordingly.

- » Integrate mental health consultation into home visiting programs so that staff and supervisors can turn to mental health professionals to guide their practice and recognize when formal mental health services are needed to support a family.
- » Design interventions that are responsive to gender³⁴ (e.g., recognize that triggers for substance use are often different for women than for men) and that include family-centered treatment.

➤ **Ensure that training for home visiting supervisors builds their capacity for reflective supervision.**

Just as home visitors need training on trauma-informed care, their supervisors need parallel training on reflective supervision in the context of

direct service providers serving individuals with a substance use and/or mental health disorder. Reflective supervision enables supervisors to help their front-line staff process feelings and experiences related to their work. Home visitors may feel conflicted, angry, or resentful when working with a parent who is addicted, and they may need to work through these emotions to be able to best support the family.

STEPS TO TAKE:

- » Consider prior training and experience on trauma-informed care and reflective supervision when hiring home visiting supervisors.
- » Provide training and professional development to

BEHAVIORAL RISK ASSESSMENTS

Examples of validated, reliable behavioral risk assessments and screening tools include [Patient Health Questionnaire-9](#) and [Edinburgh Postnatal Depression Scale](#) for maternal depression; [CAGE AID](#), [Alcohol Use Disorders Identification Test \(AUDIT\)](#), and [Drug Abuse Screening Test](#) for drug and alcohol use; and [Abuse Assessment Screen](#), [Hurt, Insult, Threaten, and Scream \(HITS\)](#), and [Partner Violence Screen](#) for intimate partner violence.

MIECHV Form 2 Performance Indicators and Systems Outcomes Data Collection & Reporting Manual and Grantee Plan includes [Appendix B: Examples of Validated Tools by Measure](#).

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) involves asking open-ended questions in a nonjudgmental way. This evidence-based approach can be used to help individuals make meaningful behavior changes to support their overall health. MI also provides a framework that can help mothers and family members identify and openly express their ambivalence about and resistance to changing their behavior, and help them clarify their motivation to make a healthy choice.

Below are some of the many resources on MI that are available:

- The [HRSA-SAMHSA Center for Integrated Health Solutions](#) includes links to multiple resources on MI.
- The National Center on Early Childhood Health and Wellness has developed a [Motivational Interviewing Suite](#) that includes videos, debriefs, and an accompanying video guide, one of which features a home visitor talking to a parent about a positive depression screening. Although the materials were developed for an Early Head Start/Head Start audience, they provide examples of how to use MI strategies in everyday conversations with families.
- The [Motivational Interviewing Network of Trainers \(MINT\)](#) website provides information about the latest MI research and upcoming trainings and events in the United States and abroad.
- The Center for Evidence-Based Practices at Case Western Reserve University offers information about MI consulting and training to support organizations that want to implement an MI program. The center also provides free resources that can be downloaded:
 - » The [MI Reminder Card \(Am I Doing This Right?\)](#) is a helpful visual aid, with questions to support practitioners' awareness of their attitudes, thoughts, and communication styles.
 - » The [Readiness Ruler](#) is a tool to help people evaluate their desire to change their behavior and their confidence in making this happen.

supervisors to strengthen their practices related to reflective supervision.

- » Join forces with other state and community-level programs that may also offer training on trauma-informed care and reflective supervision to align and maximize training opportunities.

EXAMPLES FROM STATES

Across the nation, MIECHV awardees and other home visiting programs play critical roles in efforts to address the opioid epidemic and NAS, as well as the broader challenge of substance misuse. State and local efforts draw on the research on substance use disorders and evidence-based interventions, and tailor approaches that hold promise for meeting the needs of women, children, and families.

Maternal and child health leaders from four states—Maine, Colorado, Massachusetts, and West Virginia—were interviewed for this brief and shared many efforts underway in their states to address the challenges presented by the opioid epidemic and NAS. While these efforts are informed by research and represent the best thinking of state leaders, the speed of the opioid



epidemic is outpacing the time needed to conduct gold-standard research.

IMPLEMENTATION OF EVIDENCE-BASED HOME VISITING MODELS WITH FAMILIES IMPACTED BY OPIOID USE

MAINE IS TAILORING THE INTENSITY AND FREQUENCY OF AN EVIDENCE-BASED HOME VISITING MODEL

The Maine Families Home Visiting Program tailors the Parents as Teachers (PAT) model to families with high needs, including substance use. Through skilled conversations with families during the initial assessment process, home visitors (referred to as “family visitors” in Maine) are able to learn about the goals of each family and to identify additional support the family may need. Home visitors have the flexibility to increase the intensity and frequency of services when needed to help families get through challenges, such as an extended stay in the NICU for a baby with NAS. Once the family situation is stable, the intensity and frequency of visits are adjusted. Services are individualized to meet families’ needs on an ongoing basis. Home visitors have weekly reflective supervision and regular clinical consultation to support them in this work.

COLORADO IS EMBEDDING MENTAL HEALTH CONSULTATION INTO EVIDENCE-BASED HOME VISITING

The Colorado MIECHV program is committed to incorporating mental health consultation into the home visiting effort. LIAs are funded to hire mental health consultants to support home visitors around challenging experiences with families and to join home visitors, as needed, for home visits. Funding from Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), a SAMHSA-funded child wellness promotion grant program, enabled the mental health consultants to receive necessary training on substance use and related topics. The state also supports home visitors in attaining the infant mental health endorsement, which verifies that the practitioner has attained a level of education, participated in specialized training, and worked with the guidance of mentors and supervisors to promote the delivery of high-quality, culturally sensitive, and relationship-focused services to infants, toddlers, parents, and caregivers.

Note: The Colorado Association for Infant Mental Health issues the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health, which recognizes achievement of knowledge and training in the area of infant and early childhood mental health.

MASSACHUSETTS IS ENHANCING HOME VISITING TO SERVE FAMILIES OF OPIOID-EXPOSED BABIES

In a MIECHV PAT program in rural Berkshire County, Massachusetts, 25 percent of the families are directly affected by opioid misuse. The program is offering a 17-session [Nurturing Parenting™ Program for Families in Substance Abuse Treatment and Recovery](#) group at a local methadone clinic. Each group-based session lasts 90 minutes. The sessions are built on the principles of relational development, including three essential factors: *mutuality* (characterized by dynamic, interactive sensitivity and responsiveness), *authenticity* (the freedom and ability to live within the relationship at a high level of exposure and vulnerability), and *empathy* (a process by which the disclosure and sharing of oneself leads to a heightened sense of self and of understanding another). Participants are either parenting or in the process of re-unifying with their children. The home visiting program coordinates with the recovery group in order to facilitate cross-referrals. The program also collaborates with a sober home for parents in recovery. The support offered through these partnerships creates an entry point into home visiting services, helps to build a recovery community for mothers, and addresses the gap of parenting-focused activities within the substance use disorder treatment community.

In addition, a new MIECHV Early Head Start home-based program, located in New Bedford, Massachusetts, will provide home visiting services to families, with a primary focus on families of infants born with NAS and families affected by child abuse and neglect. Home visiting program staff will work with the local birthing hospital to meet families of infants born with NAS in the immediate postpartum period and prioritize their entry into the program. Upon enrollment, home visitors will provide weekly 90-minute individualized support sessions with families in their home. A mental health clinician will also be available to home visitors through consultation to support families and connect them to appropriate referrals and other community resources. Home visitors will partner with local treatment centers, mental health providers, and domestic violence programs to provide wraparound support to enrolled families. To

support home visiting staff, the Massachusetts Home Visiting Initiative provides training on substance use, NAS, substance use screening, and trauma-informed practice.

ADVANCING RESEARCH-INFORMED PRACTICES

MAINE IS EXTENDING THE BRIDGING PROGRAM STATEWIDE

The Maine Department of Health and Human Services' Office of Children and Family Services, the Maine Center for Disease Control & Prevention, and the Maine Families Home Visiting Program joined forces to extend the Bridging Program statewide. In addition to increasing family engagement in services, the goal of the statewide Bridging Program is to increase communication between the three state partners in order to break down silos and provide connections to all services available to families as early as possible. As a result, all home visitors throughout the state—along with staff from child protective services and maternal and child health nursing—are being trained in the program.

Bridging was first developed in Washington County, Maine, more than 10 years ago. It focuses on collaboration and communication among providers to be trauma-informed, poverty-informed, and substance-aware. The program supports families who have infants or young children with multiple needs, including but not limited to NAS. All families identified with substance-exposed newborns are invited to participate in the Bridging Program. Bridging staff (1) are trained to offer families support, education and advocacy; (2) provide family-driven, strengths-based wraparound planning; (3) work with families to create individualized plans to meet the goals of the child and family; (4) connect families to early intervention programs; and (5) help families identify their natural supports. The state partnership hopes to engage pregnant mothers with substance use disorders to empower and link them to the [Maine Community Caring Collaborative's resources and support](#) that will improve health outcomes and reduce the need for child protective services involvement.



MAINE IS IMPLEMENTING GUIDELINES TO HELP PRACTITIONERS CARE FOR DRUG-AFFECTED BABIES

Initially developed by a local perinatal nurse manager and a doctor at Eastern Maine Medical Center, and informed by strong research, the [Snuggle ME](#) guidelines have since been supported by the Maine Center for Disease Control & Prevention and the Maine chapter of the American Academy of Pediatrics. Snuggle ME is designed to improve medical care and outcomes for infants with prenatal substance exposure and their families. It includes screening for substance use in pregnancy; a provider checklist for care; information on antepartum care by trimester, intrapartum care, postpartum care, and newborn care; family educational materials; and a resource list for providers. Training and webinars on Snuggle ME help to build a more uniform practice in care for women and babies affected by substance use during pregnancy.

COLORADO IS SUPPORTING MENTAL HEALTH FIRST AID TRAINING

Colorado's local Early Childhood Councils are providing *Mental Health First Aid* training and certification to home visitors, who also receive guidelines on how to raise the topic of substance use in a nonthreatening way. Illuminate, a nonprofit state partner, provides locking mesh bags that home visitors can share with families for safe storage of medications.

WEST VIRGINIA IS SUPPORTING AN ADDICTION HELPLINE

In September 2015, West Virginia launched the 24-hour Behavioral Health Referral and Outreach Call Center, 1-844-HELP4WV, a centralized point of entry for accessing behavioral health resources. Anyone who contacts the call center is offered education on behavioral health, information on service options in their region, and a facilitated referral to an appropriate level of care, based on the individual's need. Since the launch, the call center has received more than 7,500 calls.

A unique partnership was developed with the call center to support home visitors with secondary traumatic stress. Home visitors can call the helpline for an initial 20-minute discussion; resources or referrals are provided as needed for future support. In addition, call center staff provide training on substance misuse and secondary traumatic stress at home visiting staff meetings.

MASSACHUSETTS IS FINALIZING A WEB-BASED RESOURCE FOR WOMEN WITH SUBSTANCE USE HISTORY

The Massachusetts Department of Public Health's Bureau of Substance Abuse Services, in collaboration with the Center for Social Innovation and the Institute for Health and Recovery, is finalizing the development of an interactive web-based resource, the JOURNEY Project, for pregnant and parenting women who have a history of substance use (and particularly opioid use). Women in recovery will share their journeys through pregnancy and the postpartum period, addressing such issues as stigma, challenges, and beneficial supports. With videos, informational slideshows, resource links, and helpful worksheets, the JOURNEY Project will empower and inform women about opioid and other substance use in pregnancy and the impact on infant development, safe sleep, and parenting. The JOURNEY Project will offer women guidance on having conversations with providers about opioids and other medications, the safety and benefits of MAT, NAS symptoms, the need for a support team, and how to work with providers in caring for an infant born substance-exposed. This resource, developed with contributions from the Massachusetts Home Visiting Initiative, will be widely promoted for use in the state's MIECHV programs.

OPIOID RESOURCES

FEDERAL WEBSITES

The [Department of Health and Human Service \(HHS\)](#) website on the opioid crisis includes data about the epidemic and information on prevention, treatment, and recovery.

The [CDC Resource Center](#) includes links to resources developed by agencies within HHS that are engaged in addressing opioid misuse, dependence, and overdose. Also within HHS, SAMHSA's [National Center on Substance Abuse and Child Welfare](#) provides information, expert consultation, training, and technical assistance to child welfare, dependency court, and substance use treatment professionals to improve the safety, permanency, well-being, and recovery outcomes for children, parents, and families. The center's webpage describes resources on best practices in the treatment of opioid use disorders and NAS. The webpage offers additional resources such as webinars, videos, and publications.

Another useful website is HRSA-SAMHSA's [Center for Integrated Health Solutions](#).

BACKGROUND INFORMATION ABOUT THE OPIOID CRISIS

[Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities](#).

Developed by HHS's Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee in 2013, this report reviews initiatives and identifies

opportunities to ensure the safe use of prescription drugs with the potential for misuse and to treat prescription drug dependence.

[Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#).

This 2016 SAMHSA report provides guidance about the unique needs of pregnant women and mothers with substance use disorder and their infants.

[The Emerging Crisis of Opioid Addiction](#). This September 2016 webinar from the Maternal and Child Health Bureau's MIECHV program provides updated information on the opioid epidemic, with an emphasis on how state and territory home visiting programs can help.

[Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#). Supplementary materials stemming from this seminal report from November 2016 provide a public health perspective on drug and alcohol misuse in the United States. Addressed to policymakers, health care professionals, and the general public, these materials examine the scientific findings related to substance use and recommend actions steps for preventing substance use disorder and reducing its consequences.

[Opioid Abuse, Dependence, and Addiction in Pregnancy](#).

This committee opinion from the American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and the American Society of Addiction Medicine provides guidance on the pharmacology and physiology of opioid addiction; effects on pregnancy and pregnancy outcomes; screening for opioid misuse and addiction; treatment, intrapartum, and postpartum management; NAS; and long-term infant outcomes.

[The Opioid Epidemic In Numbers](#). This June 2016 update describes the progress made one year after HHS launched its opioid initiative, and suggests next steps.

[Opioid Overdose. Understanding the Epidemic](#). The CDC website includes important background information about the opioid epidemic.



[Opioid Use, Misuse, and Overdose in Women](#). This HHS Office on Women's Health December 2016 white paper examines prevention, treatment, and recovery issues for women who misuse opioids, have opioid use disorders, and/or overdose on opioids.

RESEARCH, EVALUATION, DATA, AND POLICY

[Childhood Poisoning: Safeguarding Young Children from Addictive Substances](#). This report summarizes the available research on the nature, extent, and consequences of young children's exposure to a range of addictive substances based on data collected by the American Association of Poison Control Centers (AAPCC), as well as other research reports and data sources. It explains why and how such exposures occur, and what the barriers are to preventing them. Finally, it provides a comprehensive approach to addressing the problem of childhood exposures and poisonings.

[Pain in the Nation](#). This brief focuses on the importance of a "whole health" systemic approach to drug and alcohol misuse. It describes how to support this approach by focusing on prevention, collaborations and partnerships that will result in enhanced behavioral health services. It calls for the creation of a national resilience strategy that takes a comprehensive approach by focusing on prevention, early identification of issues, and effective treatment. The report highlights more than 60 research-based policies, practices, and programs.

[Seeing the Whole Elephant: The Critical Role of Collaboration in Addressing the Opioid Crisis](#). This video describes how agencies across the state of Illinois are coming together to address different aspects of the opioid crisis in a coordinated and comprehensive way.

[A Public Health Response to Opioid Use in Pregnancy](#). This 2017 Policy Statement from the American Academy of Pediatrics advocates a public health response to the opioid crisis that focuses on prevention rather than punishment.

[Pregnant Women and Substance Use: Overview of Research & Policy in the United States](#). This February 2017 paper from the Jacob Institute of Women's Health, George Washington University, examines

policy implications of substance use and substance use disorders among pregnant and parenting women. The paper includes research on the health effects of substance misuse; policies and programs that help ensure that pregnant women who use substances have access to the highest quality healthcare; barriers to accessing treatment for substance use disorder for pregnant women; and the impact of laws and policies regarding substance use on pregnant women and families.

[The Opioid Epidemic: Implications for MCH Population](#). This 2017 issue brief from the Association of Maternal & Child Health providers provides a broad overview of the epidemic, highlights national and state-level policy efforts, and features several strategies from Title V Maternal and Child Health programs.

PREVENTION AND TREATMENT OF SUBSTANCE USE DISORDERS

[Family-Focused Approaches to Opioid Addiction Improve the Effectiveness of Treatment](#). This Child Evidence Brief from the Society for Research in Child Development discusses the importance and beneficial effects of family-focused treatment for substance use disorders. Building on the premise that opioid addiction affects whole families and has important implications for children, it advocates for family-focused treatment models that support positive outcomes for both children and families.

[Finding Quality Treatment for Substance Use Disorders](#). This SAMHSA fact sheet serves as a guide for individuals seeking behavioral health treatment. It provides three necessary steps to complete prior to utilizing a treatment center and the five signs of a quality treatment center, which include a review of the accreditation, medication, evidence-based practices, position on the role of families, and support networks.

[Opioid Overdose Prevention Toolkit](#). This toolkit from SAMHSA offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. This toolkit makes available reports for community members, prescribers, patients and families, and those recovering from opioid overdose.

[Stopping the Opioid Crisis Begins at Home](#). In this brief, the Council for a Strong America describes how Illinois uses home visiting as a strategy to counteract the opioid crisis in the state.

[Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol \(TIP\) Series, No. 51](#). This 2009 SAMHSA publication focuses on effective treatments for adult women with substance use disorders.

[Medications for Opioid Use Disorder](#). This 2018 SAMHSA publication provides opioid medication guidance for healthcare and addiction professionals, policymakers, patients, and families.

[Caring for Opioid-Dependent Pregnant Women: Prenatal and Postpartum Care Considerations](#). This June 2015 article in *Clinical Obstetrics and Gynecology* describes pregnancy as well as the postpartum care period as ideal times to identify and treat opioid use in the context of strong patient-provider relationships.

[Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment](#). This 2016 review of opioid use disorder in pregnancy can assist health care providers in caring for pregnant and postpartum women, with the goal of expanding evidence-based treatment practices.

[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](#). This 2016 SAMHSA publication guides states, territories, Tribes, and local communities on best practices for collaborative treatment approaches for women suffering from substance use disorder. It also highlights data on the effects of opioids on pregnant women and the risks and benefits of a variety of treatment options.

[Focus on Prevention—Strategies and Programs to Prevent Substance Use](#). Developed by SAMHSA and revised in 2017, this guide outlines SAMHSA's Strategic Prevention Framework, a resource for states, territories, and communities to use in their efforts to prevent substance use disorders.

[Improving Cultural Competence: Quick Guide for Clinicians](#). This 2016 SAMHSA publication highlights the role that culture plays in the delivery of substance use and mental health services for professional care providers and discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.

[Treatment for Stimulant Use Disorders: Treatment Improvement Protocol Series No. 33](#). This 1999 SAMHSA publication outlines scientifically validated treatment strategies that have been found effective in treating people with stimulant use disorders.

[Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals](#). This 2007 online course, developed by the National Center on Substance Abuse and Child Welfare, addresses addiction, substance use treatment and recovery, treatment readiness and treatment effectiveness, and cross-system communication and collaboration, and provides contact information for other national resources.

RESOURCES FOR LIAs

[Trauma-Informed Practice and the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers](#). Research has shown that the vast majority of individuals who experience problems with opioid misuse and addiction have current or past experiences of trauma and violence. Trauma-informed practice is an approach to care that integrates an understanding of trauma into all levels of care, system engagement, workforce development, organizational policy, and cross-sectoral collaboration. This discussion guide is intended to stimulate conversation on “becoming trauma-informed” and assist health care and social service providers in considering additional ways of addressing the opioid crisis in their particular context. The discussion questions are practical and help to take small, concrete steps towards overall organizational change.

[Opioid Overdose Prevention Toolkit](#). This 2016 SAMHSA toolkit equips health care providers, communities, and local governments with materials to develop practices and policies to help prevent opioid-related overdoses and deaths. It provides important

information for health care providers, first responders, treatment providers, and those recovering from opioid overdose.

[Rx Awareness Campaign Resources \(for When the Prescription Becomes the Problem\)](#). This website of CDC campaign materials includes videos; Facebook, Twitter, and Instagram images; graphics; and sample tweets.

[Medications for Opioid Use Disorder – Resources Related to Medications for Opioid Use Disorder \(Part 5 of 5\)](#). This tip sheet published by SAMHSA in 2018 offers the latest data and guidance around use of MAT.

[Prescription Pain Medications, Know the Options, Get the Facts: What Are the Risks of Opioid Pain Medication?](#) This publication is a series of 13 fact sheets designed to increase awareness of the risks associated with opioid misuse, educate patients who are prescribed opioids for pain about the risks, and provide resources on methods for alternative pain management.

HELPLINE AND TREATMENT LOCATORS

The [Behavioral Health Treatment Services Locator](#) allows users to access a confidential locator for treatment facilities.

The [Buprenorphine Treatment Practitioner Locator](#) locates physicians who are certified to provide buprenorphine treatment.

The [Opioid Treatment Program Directory](#) searches for opioid addiction treatment programs by state.

Callers to the National Helpline (1-800-662-HELP [4357] or 1-800-487-4889 [TDD, for those with hearing impairments]) receive free and confidential information in English or Spanish regarding substance use and mental health issues. The Helpline is available 24 hours a day, 7 days a week.

PRACTICAL RESOURCES FOR HOME VISITORS TO SHARE WITH WOMEN AND FAMILIES

[Pregnancy and Opioid Pain Medications](#). This fact sheet from the CDC alerts pregnant women about the possible risks of taking opioid pain medication during pregnancy.

[Alcohol and Drug Addiction Happens in the Best of Families](#). SAMHSA's 2012 resource describes how alcohol and drug addiction affects the whole family, how substance use disorder treatment works, how family interventions can be a first step to recovery, and how to help children in families affected by alcohol and drug misuse.

[MotherToBaby Fact Sheets](#). These fact sheets from [MotherToBaby.org](#) provide answers to frequently asked questions about opioid use during pregnancy and after the birth of the baby. MotherToBaby provides up-to-date, evidence-based information to mothers, health care professionals, and the general public regarding the effects of medication and other exposures on pregnancy and breastfeeding.

[What Is Substance Abuse Treatment? A Booklet for Families](#). Created by SAMHSA for family members of people with alcohol or drug misuse problems, this 2014 booklet answers questions about substance use, its symptoms, different types of treatment, and recovery; and addresses the concerns of children whose parents have a substance use disorder.

NEONATAL ABSTINENCE SYNDROME

[Centers for Medicare and Medicaid Services \(CMMS\) Informational Bulletin: Neonatal Abstinence Syndrome: A Critical Role for Medicaid in the Care of Infants](#). This Informational Bulletin provides states with considerations when designing approaches to treatment of infants with NAS, including Medicaid coverage options and limitations. It contains a summary of some current studies on such treatment, which suggest possible strategies states may want to consider in building effective coverage programs. It further discusses ways in which Medicaid can support the mothers, fathers, and caregivers of the infants in providing care that can improve health outcomes for their infants with NAS.

[How State Health Departments Can Use the Spectrum of Prevention to Address Neonatal Abstinence Syndrome: Companion Report](#). This Association of State and Territorial Health Officials (ASTHO) 2015 report outlines a three-stage approach that state agencies, health care providers, and community organizations can collaborate on to address NAS.

[Incidence of Neonatal Abstinence Syndrome—28 States, 1999–2013](#). This CDC report provides comprehensive data on NAS.

[Neonatal Abstinence Syndrome](#). This June 2015 fact sheet from the National Association of State Alcohol and Drug Abuse Directors, Inc., includes information on recent trends; promising practices; treatment options for mothers and infants; the Substance Abuse Prevention and Treatment Block Grant; the role of substance use disorder agencies in prevention, treatment, and recovery; and the role of federal programs and agencies.

[Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care](#). Published in 2014, this ASTHO report provides an overview of NAS and describes how states address knowledge gaps through interdepartmental efforts, perinatal learning collaboratives, and quality improvement initiatives.

OPIOID USE IN RURAL COMMUNITIES

[Families in Crisis: The Human Service Implications of Rural Opioid Misuse](#). This policy brief outlines the unique challenges of providing human services to families struggling with opioid use disorder in rural settings, and presents recommendations from HRSA's National Advisory Committee on Rural Health and Human Services.

[Rural Communities in Crisis: Strategies to Address the Opioid Crisis](#). This 2016 policy brief from the National Rural Health Association outlines the impact of the opioid crisis in rural communities, the special challenges faced by these communities, and recommendations for addressing the crisis.

[Understanding the Rural-Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States](#). This 2014 study, reported in the *American Journal of Public Health*, examines four factors that may be the drivers behind the greater extent of opioid use in some rural areas.

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EMBEDDED HYPERLINKS FOUND WITHIN THIS RESOURCE

Page 3:

MIECHV Program: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Page 4:

Comprehensive Addiction and Recovery Act (CARA): <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>

Centers for Disease Control "Opioid Epidemic": <https://www.cdc.gov/drugoverdose/index.html>

Page 5:

Trauma-informed Approaches: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating_a_Trauma_Informed_Home_Visiting_Program_Issue_Brief_January_2017.pdf

Minnesota Association for Children's Mental Health: <http://www.macmh.org/iec/macmh-iec-professional-endorsement/guidelines-reflective-supervision/>

Page 6 and Page 8:

Clinical guidelines for health professionals on OUD and NAS: <https://store.samhsa.gov/shin/content/SMA18-5054/SMA18-5054.pdf>

Page 8:

Public health response to the opioid epidemic: <http://www.astho.org/addictions/Primary-Prevention/>

SAMSHA's Behavioral Health Treatment Services Locator: <https://findtreatment.samhsa.gov/>

Page 9:

Eat, Sleep, Console: <https://www.ncbi.nlm.nih.gov/pubmed/29263121>

Pain education and prescribing practices: <https://www.drugabuse.gov/publications/improving-opioid-prescribing/improving-opioid-prescribing>

Page 12:

Alaska: Opioid Policy Task Force Final Recommendation: <http://dhss.alaska.gov/AKOpioidTaskForce/Documents/AOPTF-Recommendations-1-19-17.pdf>

Indiana: Report on the Toll of Opioid Use in Indiana and Marion County: <https://www.inphilanthropy.org/sites/default/files/Richard%20M.%20Fairbanks%20Opioid%20Report%20September%202016.pdf>

Maryland: Heroin and Opioid Emergency Task Force—Final Report: <https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2015/12/Heroin-Opioid-Emergency-Task-Force-Final-Report.pdf>

Michigan: Prescription Drug and Opioid Abuse Task Force: https://www.michigan.gov/documents/snyder/Prescription_Drug_and_Opioid_Task_Force_Report_504140_7.pdf

New York: Prescription Opioid Abuse and Heroin Addiction in New York State: https://www.osc.state.ny.us/press/releases/june16/heroin_and_opioids.pdf

Wisconsin: Combating Opioid Use: <https://hope.wi.gov/Documents/ReportOnCombatingOpioidAbuse.pdf>

Page 13:

Mental Health First Aid: <https://www.mentalhealthfirstaid.org/>

Tools to Assess Community Readiness to Prevent Substance Misuse: <https://www.samhsa.gov/capt/sites/default/files/resources/community-readiness-tools.pdf>

Page 14:

Patient Health Questionnaire-9: http://www.cqaimh.org/pdf/tool_phq9.pdf

Edinburgh Postnatal Depression Scale: <https://pesnc.org/wp-content/uploads/EPDS.pdf>

CAGE AID: <https://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

Alcohol Use Disorders Identification Test (AUDIT): <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

Drug Abuse Screening Test: http://www.emcdda.europa.eu/attachements.cfm/att_61480_EN_DAST%202008.pdf

Abuse Assessment Screen: http://www.navaa.org/members/states/IA_Reorg/Handouts/1-3abuseassessmentscreen-120208134205-phapp02.pdf

Hurt, Insult, Threaten, and Scream (HITS): http://www.baylorhealth.com/PhysiciansLocations/Dallas/SpecialtiesServices/EmergencyCare/Documents/BUMCD-262_2010_HITS%20survey.pdf

Partner Violence Screen: https://www.michigan.gov/documents/mdch/Partner_Violence_Screen_435069_7.pdf

Appendix B: Examples of Validated Tools by Measure: <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/performancemeasurementtoolkit.pdf>

HRSA-SAMHSA Center for Integrated Health Solutions links to multiple resources on MI: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

Motivational Interviewing Suite: <https://eclkc.ohs.acf.hhs.gov/mental-health/article/motivational-interviewing-suite>

Motivational Interviewing Network of Trainers (MINT): <http://www.motivationalinterviewing.org/>

MI Reminder Card: <https://www.centerforebp.case.edu/resources/tools/mi-reminder-card>

Readiness Ruler: <https://www.centerforebp.case.edu/resources/tools/readiness-ruler>

Page 16:

Nurturing Parenting™ Program for Families in Substance Abuse Treatment and Recovery: <http://nurturingparenting.com/ecommerce/category/1:3:5/>

Page 17:

Maine Community Caring Collaborative's resources and support: <http://www.cccmaine.org/resources/addiction/>

Snuggle ME: <https://www1.maine.gov/dhhs/mecdc/documents/SnuggleME-Project.pdf>

Page 18:

Department of Health and Human Service (HHS): <https://www.hhs.gov/opioids/>

CDC Resource Center: <https://www.cdc.gov/drugoverdose/>

National Center of Substance Abuse and Child Welfare: <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>

Center for Integrated Health Solutions: https://www.integration.samhsa.gov/clinical-practice/substance_use/trainings

Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities: https://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf

Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: <https://store.samhsa.gov/shin/content/SMA18-5054/SMA18-5054.pdf>

The Emerging Crisis of Opioid Addiction: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/The%20Emerging%20Crisis%20of%20Opioid%20Addiction_2_0%20Webinar%20Recording.mp4

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health: Supplementary Materials: <https://addiction.surgeongeneral.gov/supplementary-materials>

Opioid Abuse, Dependence, and Addiction in Pregnancy: https://journals.lww.com/greenjournal/Fulltext/2012/05000/Committee_Opinion_No_524_Opioid_Abuse,.37.aspx

The Opioid Epidemic in Numbers: <https://www.hhs.gov/opioids/>

Page 19:

Childhood Poisoning: Safeguarding Young Children from Addictive Substances: <https://bit.ly/2HOkVRu>

Pain in the Nation: <http://wellbeingtrust.org/-/media/files/well-being-trust/tfah2017painnationrpt12.pdf?la=en>

Seeing the Whole Elephant: The Critical Role of Collaboration in Addressing the Opioid Crisis: <https://www.samhsa.gov/capt/tools-learning-resources/seeing-elephant-role-collaboration-in-addressing-opioid-crisis>

Opioid Overdose. Understanding the Epidemic: <https://www.cdc.gov/drugoverdose/epidemic/>

Opioid Use, Misuse, and Overdose in Women: <https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf>

A Public Health Response to Opioid Use in Pregnancy: <http://pediatrics.aappublications.org/content/early/2017/02/16/peds.2016-4070>

Pregnant Women and Substance Use: Overview of Research & Policy in the United States: [https://publichealth.gwu.edu/sites/default/files/downloads/JIWH/Pregnant Women and Substance Use updated.pdf](https://publichealth.gwu.edu/sites/default/files/downloads/JIWH/Pregnant_Women_and_Substance_Use_updated.pdf)

The Opioid Epidemic: Implications for MCH Population: [http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/The%20Opioid%20Epidemic Implications%20for%20MCH%20Populations.pdf](http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/The%20Opioid%20Epidemic%20Implications%20for%20MCH%20Populations.pdf)

Family-Focused Approaches to Opioid Addiction Improve the Effectiveness of Treatment: <https://www.srcd.org/policy-media/child-evidence-briefs/opioid-addiction>

Finding Quality Treatment for Substance Use Disorders: <https://store.samhsa.gov/shin/content//PEP18-TREATMENT-LOC/PEP18-TREATMENT-LOC.pdf>

Opioid Overdose Prevention Toolkit: <https://store.samhsa.gov/product/SMA18-4742>

Page 20

Stopping the Opioid Crisis Begins at Home: https://strongnation.s3.amazonaws.com/documents/409/8693f478-d803-4ce6-97d3-7a8cb7541b3a.pdf?1523649696&inline;%20filename=%222018-001FC_IL%20Opioid%20Report.pdf%22

Substance Abuse Treatment: Addressing the Specific Needs of Women, Treatment Improvement Protocol (TIP) Series, No. 51: <https://www.ncbi.nlm.nih.gov/books/NBK83252/>

Medications for Opioid Use Disorder: For Healthcare and Addiction Professionals, Policymakers, Patients and Families: <https://store.samhsa.gov/shin/content/SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf>

Caring for Opioid-Dependent Pregnant Women: Prenatal Postpartum Care Considerations: <https://www.ncbi.nlm.nih.gov/pubmed/25775440>

Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment: <https://link.springer.com/article/10.1007/s13669-016-0168-9>

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: [https://ncsacw.samhsa.gov/files/Collaborative Approach 508.pdf](https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf)

Focus on Prevention—Strategies and Programs to Prevent Substance Use: https://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf?utm_source=rtcUpdates%3A+Pathways+RTC+News&utm_campaign=1a1482c298-2017_May_rtcUpdates5_18_2017&utm_medium=email&utm_term=0_b18385e68b-1a1482c298-244739773

Improving Cultural Competence: Quick Guide for Clinicians: <https://store.samhsa.gov/shin/content/SMA16-4931/SMA16-4931.pdf>

Treatment for Stimulant Use Disorders: Treatment Improvement Protocol Series No. 33: <https://www.ncbi.nlm.nih.gov/books/NBK64333/>

Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals: <https://ncsacw.samhsa.gov/tutorials/tutorialDesc.aspx?id=27>

Trauma Informed Practice and the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers: http://bccewh.bc.ca/wp-content/uploads/2018/06/Opioid-TIP-Guide_May-2018.pdf

Opioid Overdose Prevention Toolkit: <http://store.samhsa.gov/product/SAMHSA-Opioid-Overdose-Prevention-Toolkit/SMA16-4742>

Medications for Opioid Use Disorder: <https://store.samhsa.gov/shin/content/SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf>

Prescription Pain Medications, Know the Options, Get the Facts: What Are the Risks of Opioid Pain Medication?: <https://store.samhsa.gov/shin/content/SMA17-5053-7/SMA17-5053-7.pdf>

Rx Awareness Campaign Resources (for When the Prescription Becomes the Problem): <https://www.cdc.gov/rxawareness/resources/index.html>

SAMHSA's Behavioral Health Treatment Services Locator: <https://findtreatment.samhsa.gov/>

Buprenorphine Treatment Practitioner Locator: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Opioid Treatment Program Directory: <http://dpt2.samhsa.gov/treatment/directory.aspx>

Pregnancy and Opioid Pain Medications: https://www.cdc.gov/drugoverdose/pdf/pregnancy_opioid_pain_factsheet-a.pdf

Alcohol and Drug Addiction Happens in the Best of Families: <http://store.samhsa.gov/product/Alcohol-and-Drug-Addiction-Happens-in-the-Best-of-Families/SMA12-4159>

Mother to Baby Fact Sheets: <https://mothertobaby.org/fact-sheets-parent/>

What Is Substance Abuse Treatment? A Booklet for Families: <http://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA13-4126>

CMMS Informational Bulletin: Neonatal Abstinence Syndrome: A Critical Role for Medicaid in the Care of Infants: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib060818.pdf>

How State Health Departments Can Use the Spectrum of Prevention to Address Neonatal Abstinence Syndrome: Companion Report: <http://www.astho.org/Prevention/Rx/NAS-Framework/>

Page 22

Incidence of Neonatal Abstinence Syndrome—28 States, 1999–2013: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>

Neonatal Abstinence Syndrome: <http://nasadad.wpengine.com/wp-content/uploads/2015/06/NAS-Fact-Sheet-Final.pdf>

Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care: <http://www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report/>

Rural Communities in Crisis: Strategies to Address the Opioid Crisis: <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/RuralCommunitiesinCrisisStrategiestoAddresstheOpioidCrisisPolicyPaperApril2016.pdf.aspx>

Understanding the Rural-Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>

