

Office of the Assistant Secretary for Planning and Evaluation

Status Report on Protecting Our Infants Act Implementation Plan

September 2021



TABLE OF CONTENTS

ACRONYMS	ii
BACKGROUND	1
NEONATAL ABSTINENCE SYNDROME OVERVIEW	2
IMPLEMENTATION OF THE POIA STRATEGY RECOMMENDATIONS: HIGHLIGHTS	3
Data and Surveillance Efforts in HHS Programs	3
Clinical Interventions Research	3
Understanding of the Long-Term Impacts of NAS.....	4
Services for Pregnant and Parenting Women with SUD	5
Parenting Supports and Early Intervention	5
Training of Public Health Professionals and Health Care Providers.....	6
Public Awareness of SUD and SUD Treatment and Family Education	7
CONCLUSION	8
APPENDICES	
APPENDIX A. Implementation Status Table	9
APPENDIX B. POIA Strategy Recommendations	35
REFERENCES	38

ACRONYMS

The following acronyms are used in this report and/or appendices.

6BN	6β-naltrexol
AAP	American Academy of Pediatrics
ACF	HHS Administration for Children and Families
ACL	HHS Administration for Community Living
ACOG	American College of Obstetrics and Gynecology
ACT NOW	Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome
ACYF	HHS Administration on Children, Youth and Families
AHRQ	HHS Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
AIM	Alliance for Innovation on Maternal Health
ASPE	HHS Office of the Assistant Secretary for Planning and Evaluation
ASTHO	Association of State and Territorial Health Officials
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CDC	HHS Centers for Disease Control and Prevention
CEU	Continuing Education Unit
CHIP	Children’s Health Insurance Program
CME	Continuing Medical Education
CMMI	Center for Medicare and Medicaid Innovation
CMS	HHS Centers for Medicare & Medicaid Services
CONACH	Committee on Native American Child Health
CRAFFT	Car, Relax, Alone, Forget, Friends, Trouble
CSTE	Council of State and Territorial Epidemiologists
DAST	Drug Abuse Screening Test
EBP	Evidence-Based Practice
ECHO	Extension for Community Healthcare Outcomes
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESC	Eat, Sleep, Console
FDA	HHS Food and Drug Administration
FTCB	Family Treatment Drug Court
GPRA	Government Performance and Results Act
HBCD	HEALTHy Brain and Child Development
HCUP-US	Healthcare Cost and Utilization Project-United States
HEAL	Helping to End Addiction Long-term
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services

HRSA	HHS Health Resources and Services Administration
IAP	Innovation Accelerator Program
IBHS	Integrated Behavioral Health Services
ICD	International Statistical Classification of Diseases and Related Health Problems
IDTA	In-Depth Technical Assistance
IECMH	Infant and Early Childhood Mental Health
IHS	HHS Indian Health Service
IMD	Institution for Mental Diseases
InCK	Integrated Care for Kids
IPSE	Infants with Prenatal Substance Exposure
IRB	Institutional Review Board
LARC	Long-Acting Reversible Contraceptive
MAT	Medication-Assisted Treatment
MAT-LINK	MATernal and Infant Network
MAT-PDOA	Medication-Assisted Treatment Prescription Drug and Opioid Addiction
MCH	Maternal and Child Health
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
MML	Medical Marijuana Laws
MMRC	Maternal Mortality Review Committee
MOM	Maternal Opioid Misuse
MOMs	Maternal Opiate Medicate Support
mPINC	Maternity Practices in Infant Nutrition and Care
N-SSATS	National Survey on Substance Abuse Treatment Services
NAS	Neonatal Abstinence Syndrome
NCSACW	National Center on Substance Abuse and Child Welfare
NICHD	NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development
NICU	Neonatal Intensive Care Unit
NIDA	NIH National Institute on Drug Abuse
NIH	HHS National Institutes of Health
NOWS	Neonatal Opioid Withdrawal Syndrome
NSDUH	National Survey on Drug Use and Health
OASH	HHS Office of the Assistant Secretary Health
OB/GYN	Obstetrics and Gynaecology
OMB	U.S. Office of Management and Budget
ORO	HRSA Office of Regional Operations
OTC	Over-The-Counter
ODU	Opioid Use Disorder
OWH	Office on Women's Health
OWHPA	Office on Women's Health Prevention Award
OY	Optional Year

PK/PD	obstetric Pharmacokinetics/Pharmacodynamics
POIA	Protecting Our Infants Act
PPW	Residential Treatment for Pregnant and Postpartum Women grant program
PQC	Perinatal Quality Collaborative
PRAMS	Pregnancy Risk Assessment Monitoring System
Project LAUNCH	Linking Actions for Unmet Needs in Children's Health Grant Program
PSA	Public Service Announcement
RCORP	Rural Communities Opioid Response Program
RD	Regional Director
RFA	Request For Application
RPGP	Regional Partnership Grant Program
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	HHS Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SUD	Substance Use Disorder
SUPPORT Act	Substance Use-Disorder Prevention that Promotes Opioid Recovery Act
TA	Technical Assistance
TBD	To Be Determined
TEDS	Treatment Episode Data Set

BACKGROUND

The Protecting Our Infants Act (POIA; P.L. 114-91) was enacted on November 25, 2015. Pursuant to POIA, the U.S. Department of Health and Human Services (HHS) published *Protecting Our Infants Act: Report to Congress*,¹ which included a review of HHS activities, a set of recommendations, and a strategy related to prenatal opioid exposure and neonatal abstinence syndrome (NAS). Upon transmission of the report to Congress, HHS solicited public comment^a and subsequently published *Protecting Our Infants Act: Final Strategy*² with revised recommendations based on public comment. The POIA strategy informs NAS-related planning and policy across HHS.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act; P.L. 115-271) was enacted on October 24, 2018. SUPPORT Act Section 7062(a) requires the HHS Secretary to publish and periodically update “a report regarding the implementation of the recommendations in the [POIA] strategy.” In 2019, HHS published *Status Report on Protecting Our Infants Act Implementation Plan*,³ which included activities through August 2018.

This update, which includes activities from September 1, 2018, through December 31, 2019, has been prepared by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) in collaboration with the following HHS agencies and offices: Administration for Children and Families (ACF), Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), Office of the Assistant Secretary for Health (OASH), Office of the National Coordinator for Health Information Technology, and Substance Abuse and Mental Health Services Administration (SAMHSA).

This update begins with a brief overview of NAS, followed by selected HHS programs and activities implementing the POIA strategy recommendations. Appendix A presents a detailed update with new and ongoing HHS activities related to NAS and opioid use disorder (OUD) among pregnant and postpartum women. For each activity, the table presents a lead agency, a brief description of the activity, the funding status, milestones, and the relevant POIA strategy recommendation(s). The implementation plan addresses all 39 recommendations in the POIA strategy (Appendix B).

^a *Protecting Our Infants Report to Congress: Summary of Public Comments and Final Strategy*, 82 Fed. Reg. 24137, (May 25, 2017). Accessed June 15, 2020. <https://www.federalregister.gov/documents/2017/05/25/2017-10735/protecting-our-infants-act-report-to-congress-summary-of-public-comment-and-final-strategy>.

NEONATAL ABSTINENCE SYNDROME (NAS) OVERVIEW

NAS is a nonspecific clinical diagnosis of physiologic withdrawal from tobacco, alcohol, prescription medications, and illicit substances used by a mother during pregnancy.^{4,5} Although NAS is not specific to a particular substance, it is commonly used in the literature and clinically to discuss infants experiencing opioid withdrawal. In such cases, NAS encompasses a constellation of symptoms that primarily affect an infant's central and autonomic nervous systems, respiratory system, and gastrointestinal tract.^{5,6} NAS includes neonatal opioid withdrawal syndrome (NOWS), which is a more specific term for withdrawal symptoms in opioid-exposed newborns.⁴

NAS incidence has been increasing in the United States. From 2004 to 2014, the rate of United States infants diagnosed with opioid withdrawal symptoms increased 433%, from 1.5 to 8.0 per 1,000 hospital births.⁷ Data from the AHRQ shows that the annual number of NAS diagnoses nationwide continued to rise through 2016.⁸ The rise in the incidence of NAS in the United States has correlated with increase in OUD diagnosis among pregnant women. The CDC found that between 1999 and 2014, the national prevalence of OUD among pregnant women increased 333%, from 1.5 cases per 1,000 delivery hospitalizations to 6.5 cases per 1,000 ($p < 0.05$).⁹

Recommended first-line treatment varies by the severity of NAS symptoms. For newborns with mild NAS symptoms, first-line treatment is nonpharmacological care. For infants with moderate to severe NAS symptoms, nonpharmacological care is supplemented with liquid oral methadone or morphine.⁴ Best practice is to pair care for the newborn with NAS and care for the mother (i.e., treat the mother-child dyad) in close collaboration between pediatricians and OB/GYN providers.^{4,10,11} Clinical guidance recommends that discharge plans for infants with NAS and their mothers pair supportive services such as home visitation and early intervention along with parenting support.⁴ Developmental assessments are also recommended as part of routine pediatric care for infants with NAS diagnosis.⁴

Polysubstance use is common among pregnant and parenting women who misuse opioids. Up to 56% of pregnant women who misuse opioids and 87% of parenting women who misuse prescription opioids also use tobacco, alcohol, or marijuana.^{12,13} Guidelines and experts recommend that pregnant women with polysubstance exposure receive comprehensive set of services including "evidence-based behavioral, pharmacological, and social services to support the discontinuation of these substances."⁴ In addition to clinical care, family-centered programs in particular include a range of supportive and community-based services such as child care, transportation, housing, employment training, parenting education, and linkages to financial aid along with care coordination and trauma-informed care.¹⁴

IMPLEMENTATION OF THE POIA STRATEGY

RECOMMENDATIONS: HIGHLIGHTS

The HHS programs highlighted below are organized by themes that cut across recommendations in the POIA strategy. For a full list of all HHS programs relevant to the POIA strategy, see Appendix B.

Data and Surveillance Efforts in HHS Programs

HHS has incorporated NAS and prenatal substance exposure in current programs to support state and local data collection and surveillance efforts. As an example, HRSA supports NAS surveillance and data collection through its Title V Maternal and Child Health Services Block Grant Program.¹⁵ Specifically, states have used Title V grant funds to collect NAS data and implement screening for substance use.

SAMHSA has supported state and local programs to improve screening and assessment through its Residential Treatment for Pregnant and Postpartum Women (PPW) program for mothers with substance use disorders (SUDs), their children and families. The PPW program has funded grants in six states (Georgia, Massachusetts, New York, North Carolina, Tennessee, and Virginia) to collect data on prenatal substance use and access to services. One of the primary goals of the PPW program is to develop state infrastructure and system improvements for family-centered services and continuum of care, and that includes data collection and screening.

CDC has dedicated several resources to the identification and data collection of NAS at the state level through its Perinatal Quality Collaboratives (PQCs). PQCs are single-state or multi-state networks of “perinatal care providers including hospitals, clinicians, and public health professionals working to improve pregnancy outcomes for women and newborns through continuous quality improvement.”¹⁶ CDC has provided technical assistance (TA) to several state PQCs on data collection of NAS, including validating diagnostic-specific codes with hospital record data. CDC is also collaborating with the Council of State and Territorial Epidemiologists (CSTE), a national organization that represents state epidemiologists and provides technical assistance. Through this partnership, CDC will support up to eight states to develop processes for NAS and prenatal substance exposure surveillance in state health departments and to capture and link data on infants with NAS or in-utero substance exposure for the uptake of early intervention services.

Clinical Interventions Research

HHS is investing in studying clinical interventions for pregnant, postpartum, and parenting women who use substances. NIH has supported investigator-initiated studies on optimal buprenorphine dosing to treat OUD and the effectiveness of extended-release naltrexone and medically-supervised withdrawal versus opioid agonist therapy in the prenatal and postpartum periods. Together with researching clinical care for mothers, HHS has been looking into new approaches to treating infants exposed to opioids in-utero. The NIH National Institute of Child Health and Human Development (NICHD) Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW) seeks to inform the clinical care of infants who were exposed to opioids in-utero. Specifically, the ACT NOW Eat, Sleep, Console (ESC) clinical trial

will compare usual care of infants with Nows with a novel approach that does not use opioids. In addition, the ACT NOW Weaning Trial is evaluating how quickly infants with Nows who need opioid agonist therapy can be weaned from opioids.

Understanding of the Long-Term Impacts of NAS

While short-term neonatal outcomes of substance exposure such as low birthweight, small head circumference and decreased brain volume are known, the longer-term impact of NAS on neurocognitive functioning and mental health as children reach preschool and school age is less clear.¹⁷ Some of the early evidence of long-term outcomes of prenatal opioid exposure from observational studies highlights the myriad of mental health and psychiatric conditions children with NAS experience later in life.¹⁸ The HEALTHy Brain and Child Development (HBCD) study, part of NIH's Helping to End Addiction Long-term (HEAL) Initiative,¹⁹ will examine normative brain, cognitive, behavioral, social, and emotional development following exposure to a variety of substances including alcohol and opioids, beginning prenatally through childhood and long-term. The study findings will help learn about, and prevent, negative effects of prenatal and postnatal exposure to certain drugs and risk for future substance use, mental disorders, and other behavioral and developmental problems. In 2019, NIH awarded funding for Phase 1 of the HBCD study, an 18-month planning process during which awardees will test the experimental design and feasibility of approaches.

In order to improve understanding of the long-term neurodevelopmental outcomes potentially associated with NAS, CDC collaborated with the March of Dimes on a pilot project in Tennessee linking Medicaid claims data to U.S. Department of Education data. This study found that children diagnosed with NAS are more likely to be diagnosed with a developmental disability or speech and language delay, and more likely to have a learning disability at school age.²⁰ The study results underscore how important early intervention can be for children diagnosed with NAS so they can receive the services they need to succeed and overcome adversity.

In the Fall of 2018, OASH convened experts to discuss the long-term needs of infants diagnosed with NAS. Since then, OASH has collaborated with experts to develop a comprehensive set of data elements aimed to promote understanding of long-term needs of opioid-exposed infants and mothers. OASH is working with private partners to explore opportunities to develop clinical resources and tools based on these data elements. In addition, CDC and OASH published a review of six states' laws mandating NAS surveillance demonstrated differences in case definition and specificity of required data elements that might affect the data available for monitoring of long-term outcomes and public health response to NAS.²¹

Finally, CDC is leading an effort to standardize NAS case definitions used by state epidemiologists, which will aid the process of unifying NAS surveillance efforts for both short-term and long-term outcomes. CDC has collaborated with established state PQC and CSTE on a position statement to standardize the definition of NAS used across United States jurisdictions. The statement was released in 2019 and is currently being disseminated to all states and territories.²²

Services for Pregnant and Parenting Women with SUD

HHS is focused on integrating care and providing a full continuum of services for mothers and children affected by the opioid epidemic. In particular, there is a considerable investment in building the capacity of state and local communities to implement interventions, as they are the frontline in responding to emerging needs of families. Among federal service programs, SAMHSA's PPW program is a flagship federal program dedicated to residential treatment of mothers with SUDs and their children. The PPW program provides linkages to support services and family-centered care in addition to residential treatment.

Through the Center for Medicare and Medicaid Innovation (CMMI) and its technical assistance support, CMS has aided state Medicaid programs in developing accessible treatment and recovery support services and specialized SUD care. For example, CMS selected ten states to receive five years of funding to implement the Maternal Opioid Misuse (MOM) Model. The MOM model seeks to improve quality of care and reduce costs for mothers with OUD and infants with NAS by supporting the coordination of clinical care and the integration with other services critical for health, well-being, and recovery.

CMS issued guidance in 2019 on how services provided to pregnant and postpartum Medicaid beneficiaries with SUD residing in certain behavioral health institutions can be covered.²³ This guidance was issued per Section 1012 of the SUPPORT Act and is an important step in ensuring that women in residential treatment can receive a continuum of services while residing in institutions. Women with OUD are more likely to be insured by Medicaid,²⁴ which covers 75% of hospital visits related to maternal substance use and 80% of NAS-related hospital charges.^{25,26}

CMS is actively working on two additional guidance documents pursuant to the SUPPORT Act on the provision of family-centered services in residential and outpatient settings. The first guidance document addresses family-focused residential programs for pregnant and postpartum women with SUD and their children (SUPPORT Act, Section 8081). It will aid states in coordinating funding between Medicaid and child welfare systems to provide a full continuum of support services including parent education, transition services and nonemergency transportation. CMS is also in the process of completing a guidance document to improve care for infants and their families through innovative payment mechanisms (SUPPORT Act, Section 1005).

Finally, HRSA, OASH and SAMHSA have partnered to plan a project that will integrate respective agency programs and systems of care at the state level to increase access to services for women, including mental health, SUD treatment, primary care, and social services. These efforts will help state policy officials towards improving access to coordinated, integrated care for SUD for the entire family. Family-centered treatment approaches which combine medication-assisted treatment (MAT) with a range of supportive and community-based services are considered to be most promising in promoting long-term recovery for pregnant and postpartum women.¹⁴

Parenting Supports and Early Intervention

The deficiencies in motor and cognitive development, executive functioning, poor educational performance and developmental delays that children exposed in-utero to opioids experience highlight the importance of early intervention and other services beyond the perinatal period.¹⁷ SAMHSA's

Linking Actions for Unmet Needs in Children’s Health Grant Program (Project LAUNCH) addresses the physical, social, emotional, cognitive, and behavioral needs of children ages birth to eight. Project LAUNCH creates and improves linkages to early intervention services in order to mitigate the impact of prenatal substance exposure on families. Project LAUNCH grantees conduct developmental and behavioral screenings across a wide array of early childhood settings to promote early identification of developmental concerns, and to link families with services.

In 2019, CMS issued cooperative agreements for the Integrated Care for Kids (InCK) Model, a seven-year payment and delivery model for children which includes behavioral and physical health care with support services including early intervention. The model can also serve children impacted by the opioid epidemic, depending on the eligibility criteria for that each state will define in the planning process. Through InCK, eight states will design interventions for their local communities that align health care delivery with child welfare support, educational systems, housing and nutrition services, mobile crisis response services, maternal and child health (MCH) systems, and other relevant service systems. The InCK Model will aid providers to conduct early identification and treatment of children through interventions designed to increase behavioral health access.

Another effort that builds capacity for early intervention through cross-system collaboration is ACF’s Regional Partnership Grant Program (RPGP). The RPGP is designed to improve the well-being of children affected by parental substance abuse through the support of state interagency collaborations and the integration of programs, services, and activities designed for children who are in, or at risk of, out-of-home placements as result of a parent or caregiver’s substance abuse.

Training of Public Health Professionals and Health Care Providers

HHS has been working to increase the knowledge of community and health care providers on SUD as a disease and the evidence-based treatment approaches to SUD treatment. IHS has developed a range of resources and provided trainings to support providers in addressing opioid misuse among women of reproductive age in American Indian/Alaska Native (AI/AN) communities, including pregnant and postpartum women. Since 2017, IHS has partnered with the Office of Women’s Health to develop written recommendations on the screening, diagnosis, and management of OUD among AI/AN women of reproductive age and AI/AN newborns, with the final guidelines published in 2019.

In addition, IHS collaborated with the American Academy of Pediatrics (AAP) Committee on Native American Child Health (CONACH) to develop standardized screening guidelines for NOWS. These resources seek to educate providers to deliver evidence-based prevention and treatment in some of the nation’s most vulnerable minorities, tribes and tribal health organizations in rural and urban AI/AN communities.

HHS has also supported programs to improve the capacity of a range of professionals who serve children impacted by the opioid epidemic. Under Project LAUNCH, SAMHSA has funded trainings for medical, early intervention, and child welfare professionals on best practices and research related to treatment of lactating women with OUD and infants with NAS both in inpatient and post-discharge settings.

ACL is funding a virtual interdisciplinary training initiative aimed at providing supports to professionals who serve young children with developmental disabilities as a result of NAS. Through this grant, ACL aims to train 16 interdisciplinary state teams on emerging knowledge and evidence-based practices

(EBPs) in screening, monitoring, and coordinated care for children with NAS. ACL will provide technical assistance for ongoing implementation of this initiative over a three-year period.

Public Awareness of SUD and SUD treatment and Family Education

Raising public awareness of SUD as a disease can help dispel many of the myths associated with addiction and can reduce stigma, one of the major barriers to both health providers participating in SUD treatment programs and patient engagement and retention in treatment. As part of the National Recovery Month, SAMHSA created a Substance Use in Pregnancy initiative to develop educational resource materials and web content that will be launched on SAMHSA's website.

CDC has partnered with the March of Dimes to create "Beyond Labels," a toolkit designed to increase public awareness about the impact of stigma on women with SUD, infectious diseases, mental disorders, or other health conditions. An anti-stigma training plan and curriculum which aim to improve understanding of SUD and SUD treatment are currently under development. On September 18, 2018, CDC hosted a Public Health Grand Round on "Emerging Threats to Pregnant Women and Infants" that included a presentation on surveillance to better understand the impact of the opioid crisis on infants.

HRSA seeks to educate families about SUD, SUD treatment, and caring for babies with NAS diagnosis through home visitation. HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provides home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. Home visiting are evidence-based and voluntary. These services include training and technical assistance to help state programs improve home visitors' capacity to support families experiencing opioid use.

While this is just a snapshot of HHS efforts to educate families about SUD and SUD treatment, these activities show the Department's commitment to inform the public and raise awareness about NAS/NOWS and prenatal opioid exposure.

CONCLUSION

HHS's programs in surveillance, research, service delivery, and education represent a comprehensive public health response to the impact of the opioid epidemic on mothers and families. The programs and activities in this status report address prevention, treatment and recovery for infants with NAS and mothers with SUD either through research, technical guidance or provision of direct services. Included are not only activities during the prenatal and the postpartum period, but also efforts to evaluate the long-term impact of NAS both on children and families and the systems that serve them.

The themes presented above do not capture all HHS programs and activities implementing the recommendations of the POIA strategy. For a complete list of NAS-related programs across HHS, please see Appendix A.

APPENDIX A. IMPLEMENTATION STATUS TABLE

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
SAMHSA	Article published in <i>Pediatrics</i> in August 2019 regarding cognitive and behavioral impacts experienced by children who were exposed to opioids during pregnancy. The report found evidence that in-utero exposure to opioids has long-term behavioral, developmental, and cognitive effects.	Funded	Completed	RE-C5
SAMHSA	In June 2019, hosted a technical expert panel on providing resources to SUD treatment programs on how to support individuals in treatment as parents, including guidance to SUD providers on how to view clients as parents.	Funded	Completed	PS-C1, PS-C3
SAMHSA	Promotes awareness of early intervention services for families to mitigate impacts of prenatal exposure. The Center of Excellence for Infant and Early Childhood Mental Health Consultation will develop web materials and webinars in 2018 that prepare mental health consultants working in home visiting programs, childcare programs, and preschools to offer children, families, and caregivers strategies for effectively dealing with the consequences of prenatal exposure. These include behavioral strategies that promote healthy attachment, stable and nurturing caregiving, emotion regulation, and others.	Funded	Ongoing	E-M7
SAMHSA	Create and improve linkages to early intervention services for families to mitigate impacts of prenatal exposure: Project LAUNCH grantees continued developmental and behavioral screenings across a wide array of early childhood settings to promote early identification of developmental concerns, and to link families with services. Grantee's in SAMHSA's new IECMH Grant Program are engaged in these same activities, including with NICU and developmental clinic populations. Indigenous LAUNCH cohort and IECMH grants funded in FY18; new LAUNCH grants funded in FY19.	Funded	Ongoing	PS-C3, DS-C3
SAMHSA	Project LAUNCH grantees continue to implement a variety of evidence-based parenting supports, many of which focus on parenting, trauma, and attachment. New Indigenous LAUNCH and IECMH grantees do the same, with an increased focus on dyadic interventions for parents and young children. Some grantees work closely with early intervention systems to support effective referrals and build capacity for identifying and addressing behavioral health issues. Indigenous LAUNCH cohort and IECMH grants funded in FY18; new LAUNCH grants funded in FY19.	Funded	Ongoing	PS-C1
SAMHSA	Supports Center of Excellence for Infant and Early Childhood Mental Health Consultation. IECMH grantees are engaged in assessment, referral and mental health treatment of children experiencing prenatal substance exposure as well as those living with environmental exposure. FY19 LAUNCH grantees (funded in September 2019) will do the same. IECMH grants funded in FY18; new LAUNCH grants funded in FY19.	Funded	Ongoing	PS-C3
SAMHSA	Some LAUNCH grantees continue to train on and/or implement SBIRT in child and family-serving settings. IECMH grants funded in FY18; new LAUNCH grants funded in FY19	Funded	Ongoing	PS-M5
SAMHSA	Project LAUNCH grantees continue to provide community-wide education and messaging related to early childhood mental health, including with regard to best practices for pregnant and postpartum women and the impacts of SUD on early childhood development and family functioning.	Funded	Ongoing	PS-C3, E-M5, E-C3

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
SAMHSA	<p>Under the Project LAUNCH Grant: Education and trainings for medical professions and other child serving professionals (such as early intervention and child welfare agencies) related to best practices and research related to treatment of lactating women with OUD: Project LAUNCH grantees have the opportunity to educate all of these providers about best practices related to breastfeeding and OUD, NAS, etc. both in the hospital and post-discharge. SAMHSA Clinical Guidelines has been disseminated.</p> <p>Indigenous LAUNCH grants funded in FY18; new LAUNCH grants funded in FY19</p>	Funded	Ongoing	E-M3, E-C1, E-C3
SAMHSA	<p>The following State Opioid Response grantees provide targeted treatment and recovery services for pregnant and postpartum women: Massachusetts, Vermont, Illinois, New Hampshire, Arizona, California, Louisiana, Ohio, West Virginia, Pennsylvania, Nevada, Minnesota, and Kentucky. These services range from specialized treatment services, including MAT, to recovery housing for women. Many states fund programs that prioritize pregnant women.</p> <p>State Treatment Opioid Response grants are funded May 2017 through 4/30/2019. The State Opioid Response Grants were funded 9/30/2018 to 9/29/2020.</p>	Funded	Ongoing	PS-M2, PS-M3, PS-M7
SAMHSA	<p>The MAT-PDOA program addresses treatment needs of individuals who have an OUD by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services. MAT-PDOA grants are not exclusively targeted to pregnant and postpartum women with OUD, but pregnant and postpartum women receive services through the grants.</p> <p>In FY18, SAMHSA expanded its funding (TI-18-009) to state, political subdivisions in states, nonprofit organizations within states and tribes by funding 128 new MAT-PDOA grants, 20 of which were tribes, to support program implementation and provided supplemental funding for direct TA to the new FY18 grantees. SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence-based and that are appropriate for the population(s) of focus. In selecting an EBP, the grantee must be mindful of how the choice of an EBP or practice may impact disparities in service access, use, and outcomes for the population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations. In 2018, the data collection points for new grantees changed to reflect intake, 3 month follow-up, 6 month follow-up and discharge. In FY19, the MAT-PDOA program served 1016 individuals which is 57.4% of established targets. SAMHSA funded an additional 31 "off-the-shelf" grants from the FY18 funding opportunity announcement.</p> <p>Funding Announcement TI-18-009, MAT-PDOA 3 year grants, are authorized under the Public Health Services Act, Section 509; 42 U.S.C.290bb-2 and addresses Healthy People 2020 Substance Abuse Topic Area HP-2020-SA.</p> <p>Pending funding availability, 8 off-the-shelf TI-18-009 MAT-PDOA 3-year grants may be awarded.</p>	Funded	Ongoing	PS-M2
SAMHSA	<p>Beginning in FY18, FTDC program has been enhanced to allow grant funds to support recovery housing. In 2020, the FTDC program expects to award 25 grants, 5 years each. Awarded 13 FTDC grants in 2018 and 12 FTDC grants in May 2019. Funding opportunity announcement for 2020 for Treatment Drug Courts, including FTDCs. 25 grant awards are expected in FY20.</p>	Funded	Ongoing	PS-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
SAMHSA	Office of the Assistant Secretary, through the National Recovery Month Task Order, created a Substance Use in Pregnancy initiative in both OY1 (June 2018-June 2019). The work includes educational resource materials and web content to launch on SAMHSA.gov in May 2020--currently pending approval. In OY2, (June 2019-June 2020) is currently developing TV and radio PSAs in English and Spanish.	Funded	Ongoing	E-M1, E-M2, E-M5
SAMHSA	The National Recovery Month (Recovery Month) observance/campaign, celebrating its 30th anniversary in 2019, supports the message that treatment is effective and supports all pathways to recovery. Recovery Month celebrates individuals living their lives in recovery and encourages them to share their personal recovery stories in order to give hope to those who are still in need of services. In addition the messaging and educational outreach address the issue of reducing stigma and discriminatory practices toward those seeking SUD services, or who are living in recovery. Both the 2019 Recovery Month materials, currently online, and the 2020 Recovery Month Tools (previously the Toolkit), PSAs, and website are under development. The 2020 Recovery Month website will launch in January 2020. As part of the 2019 observance of the National Recovery Month, 30th Anniversary of Recovery Month, the "r" is for Recovery symbol was launched for communities, organizations, and individuals to show their support of recovery, as well for people living in recovery to show their pride. In addition the Recovery Month logo was updated and includes the "r" in support of recovery. Both the symbol and logo can be found at https://www.recoverymonth.gov/promote/logos https://www.recoverymonth.gov/promote/logos .	Funded	Ongoing	E-M1, E-M2, E-M5
SAMHSA	Through funding agreements with the respective chief executive officers, the SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat SUD in all 50 states, DC, Puerto Rico, the U.S. Virgin Islands and 6 Pacific jurisdictions. This is an annual appropriation currently funded at \$1.8B, through the mechanism of a formula grant to each awardee. Pregnant and postpartum women are a priority for the use of SABG funds.	Funded	Ongoing	PS-C2
SAMHSA	Compliance and program monitoring is ongoing, using site visits, review of applications, and data and report submissions. The State and Territory Liaison and Technical Assistance Contract developed a fact sheet on the SABG requirements for pregnant and postpartum women and women with dependent children was developed and disseminated to all states. Additionally routine training on the SABG set-aside for pregnant and postpartum women, and collaboration with other HHS operating divisions to raise awareness of how the set-aside requirement benefit service delivery for the target population.	Funded	Ongoing	PS-C2
SAMHSA	Determines and hosts in 1 repository a CME courses on topics organized by content area (e.g., treating pain in pregnancy and special populations; treating OUD in pregnancy; treating substance-exposed infants).	Funded	Ongoing	E-M5
SAMHSA	SAMHSA and ACYF jointly support NCSACW to identify appropriate training materials available through the NCSAW that can be used by state welfare and substance abuse treatment systems to improve outcomes for families with SUD. This contract is ongoing. The contract creates and publishes training materials for groups involved with drug treatment for children, and families, through family drug courts, and other venues.	Funded	Ongoing	PS-M3, E-M5, E-C3
SAMHSA	SBIRT continues to be integrated as an EBP in many of the PPW residential and pilot outpatient programs, particularly to increase access and retention in care.	Funded	Ongoing	PS-M5
SAMHSA	The SABG continues to include a set-aside for PPW women's services.	Funded	Ongoing	PS-M9

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
SAMHSA	SAMHSA funded 22 PPW residential treatment projects since FY18. These grants focused on improving birth outcomes, increasing safe and healthy pregnancies, and improving the mental and physical health of the women and children as 3 of its 9 goals. In addition, 3 state pilot outpatient projects were funded (NC, GA, and TN) with a focus on increasing engagement in treatment services, retention in care, and increasing access to use of medications. Currently, there are 41 active residential grants and 6 active pilot grants.	Funded	Ongoing	PS-M3, PS-M4, PS-M6, PS-M7, PS-M9, PS-C1, PS-C2
SAMHSA	Two cohorts have received funding for PPW Pilot Program service implementation. <ul style="list-style-type: none"> - Cohort 1 - 2017: MA--1 service site, urban; NY--3 service sites, urban; VA--9 service sites, urban and rural. - Cohort 2 - 2018: GA--1 service site, rural; NC--2 service sites, rural; TN--8 service sites, urban and rural. - Between these 2 cohorts 3,863 women, 2,997 children, and 1,536 other family members have been served through the PPW state pilot program. - States reported the PPW Pilot Program was beneficial and enabled them to bridge gaps in women's continuum of care. - The PPW Pilot Program implemented promising practices such as expanding the role of peer recovery coaches, incorporating a mobile health and SUD clinic, and integrating the ECHO model to improve workforce capacity. 	Funded	Ongoing	DS-M3, DS-M4
SAMHSA	Required existing PPW Program activities to include relapse prevention and recovery support services for parents and other family members in recovery. Each project must demonstrate its capacity to carry out these services as part of the project design. The requirement continues with all newly funded PPW grants.	Funded	Ongoing	PS-M3
SAMHSA	Two cohorts have received funding for PPW Pilot Program service implementation. <ul style="list-style-type: none"> - Cohort 1 - 2017: MA--1 service site, urban; NY--3 service sites, urban; VA--9 service sites, urban and rural. - Cohort 2 - 2018: GA--1 service site, rural; NC--2 service sites, rural; TN--8 service sites, urban and rural. 	Funded	Ongoing	DS-M3, DS-M4
SAMHSA	SAMHSA funded 14 states (AR, AZ, DE, FL, IN, KY, MA, ME, MS, MN, OH, TX, WV, and MT) through the Opioid State Targeted Response strategy to target pregnant women and their newborns. Grant program ended on 4/30/19.	Funded	Completed	PS-M3, PS-M4
SAMHSA	NSDUH is an ongoing cross-sectional, nationally representative survey of the noninstitutionalized U.S. population. NSDUH collects data on pregnancy status in women 15-44 on alcohol, tobacco, prescription and illicit drugs. Additionally, trimester of pregnancy is also collected.	Funded	Ongoing	DS-M3, DS-M4
SAMHSA	TEDS is an ongoing survey that collects data from treatment admissions for substance abuse. TEDS comprises data that are routinely collected by states in monitoring their individual substance abuse treatment systems. In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including federal block grant funds) for the provision of substance abuse treatment. However, differences in state systems of licensure, certification, accreditation, and disbursement of public funds affect the scope of facilities included in TEDS.	Funded	Ongoing	DS-M3, DS-M4
SAMHSA	N-SSATS collects information from all facilities in the U.S., both public and private, that provide substance abuse treatment. The N-SSATS is designed to collect data on the location, characteristics, services offered, and number of clients in treatment at alcohol and drug abuse facilities (both public and private) throughout the 50 states, the District of Columbia, and other U.S. jurisdictions. N-SSATS asks a list of services, including child care, and for residential facilities, beds for clients' children.	Funded	Ongoing	DS-M3, DS-M4
SAMHSA	Collaborating with ACOG, AAP and other HHS partners and is working with CDC as lead using Providers Clinical Support System-MAT.	Funding TBD	Ongoing	E-M5, E-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
SAMHSA	The SBIRT team has quarterly calls with CDC and HRSA to collaborate, share program successes and identify areas to expand the use of SBIRT.	Funded	Ongoing	PS-M5
OASH	In 2017, awarded 20 cooperative agreements on primary and/or secondary prevention of prescription and illegal opioid misuse by women across the lifespan to public and private nonprofit entities in 20 cities in 15 states (OWHPA grants). In 2019, continued to work with the 20 OWHPA grantees to ensure success of their projects, which are now in the final year of the 3-year funding cycle. Grantee projects include activities around risk-benefit assessment and counseling pregnant women on pain management (in Regions 1, 2, 3, 4, 5 and 6), counseling pregnant women on OUD and prevention and treatment of NAS (in Regions 2 and 4), and training health professionals using SBIRT (in Regions 1, 2, 4, 5, and 7).	Funded	Ongoing	PS-M2, E-M1, DS-M1, RE-M1, PS-C1, PS-C2
OASH	Beginning on 2017, partnered with IHS to support work to address the problem of opioid misuse among women of reproductive age in the AI/AN communities, including PPW. Specifically, OWH supported the development of written recommendations on the screening, diagnosis, and management of opioid dependence among AI/AN women of reproductive age and AI/AN newborns. These documents were developed in consultation with ACOG and were released on March 28, 2019; available online at https://www.ihs.gov/opioids/includes/themes/responsive2017/display_objects/documents/acogguidelines2018.pdf .	Funded	Completed	PS-M2, E-M2, E-M3, E-C1, E-C2, DS-M1, RE-C2
OASH	In March 2017, OASH/OWH initiated a 1-year partnership with IHS to support work to address the problem of opioid misuse among women of reproductive age in the AI/AN communities, including PPW. This IAA supported the development of a structured, comprehensive approach to prenatal care and SUD treatment in Billings, MT, an area of particularly high need. This process has included extensive process mapping, and data collection has been conducted at 2 clinical sites (Lame Deer and Crow) clinics.	Funded	Completed	PS-M2, E-M2, DS-M1
OASH	In FY18-FY19, partnered with the HRSA Office of Women's Health to produce a care coordination model for women impacted by opioids who receive health care services via HRSA-administered programs--including pregnant and parenting women. OWH and HRSA hosted 3 regional consultations in year 1, with additional meetings to follow-up in year 2. Development of the conceptual model was completed in year 1. Year 1 will focus on development and dissemination of an implementation toolkit, which will include resources that address a number of the recommendations in this report.	Funded	Ongoing	PS-M2, PS-M9, DS-M1, PS-M5, PS-M7, DS-M3, DS-M2
OASH	Developed comprehensive set of infant-maternal data elements aimed to promote understanding of long-term needs of opioid-exposed infants and mothers. OASH is working with private partners to explore potential opportunities to develop clinical resource/tool based on these data elements.	Funding TBD	Completed	DS-C1, RE-C5, E-M1
OASH	Fall 2018, hosted a national convening of federal and private partners focusing on NAS long-term care discussions and priority data elements for understanding long-term outcomes.	Funded	Completed	DS-C2, RE-C5, E-M1
OASH	OASH is working with federal and private partners to explore opportunities for follow-up: (1) virtual meetings; and (2) national convening addressing issue areas raised in the first national convening.	Funding TBD	Planning Stage	DS-C2, RE-C5, E-M1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
NIH	Participants in the ACT NOW research consortium are harmonizing data among the initiative's multiple studies. Four grants funded under RFA HD-18-036, "Opioid Use Disorder in Pregnancy" will yield data that is expected better to inform risk and protective factor assessments. As appropriate for investigators' research questions, consideration is given to terminologies and approaches to data collection and reporting. Grants funded under RFA HD-18-036 focus on: (1) maternal, fetal, and neonatal outcomes of medically-supervised withdrawal vs. agonist maintenance in treatment of pregnant women with OUD (R01DA047867); (2) effects of OUD in pregnancy and long-term maternal and child outcomes (R01HD096800); (3) safety, pharmacokinetics, and efficacy of extended-release naltrexone in pregnant women with OUD; and (4) pharmacologically-based strategies for buprenorphine treatment during pregnancy (R01HD096796).	Funded	Ongoing	RE-C5, RE-M3
NIH	The ACT NOW research consortium was established and it completed ACT NOW clinical trials protocols, to be reviewed by a single IRB. Trial sites have been selected from the NICHD's Neonatal Research Network and IDeaStates Pediatric Clinical Trials Network. The ACT NOW Current Experience study of hospital records of more than 1,800 mother-infant dyads with opioid exposure was completed, and data are being analyzed for publication. The ACT NOW ESC clinical trial will compare usual care of infants with NOWs with a novel approach that does not use opioids. The ACT NOW Longitudinal Study will follow 150 opioid-exposed and 50 nonexposed infants from birth to 2 years of age, measuring a wide range of exposures and outcomes with brain imaging and other methodologies. This study (R01HD070975, NCT01965704) is 1 of multiple studies of the ACT NOW consortium.	Funded	Ongoing	PS-C2, RE-C2, RE-C3
NIH	Supports research to optimize buprenorphine dosing for pregnant women and reduce the risk of maternal relapse and NOWs. While this study does not specifically include naltrexone or naloxone, its dosing information is expected to inform future research on combination therapies. (U54HD047905; https://clinicaltrials.gov/ct2/show/NCT02863601). The study will define the pharmacokinetics of buprenorphine and determine if there is a better way to gauge dosing based on objective, physiological parameters of satiety. The study will define neonatal exposure to buprenorphine through breast milk.	Funded	Ongoing	RE-M3, RE-M1
NIH	NICHD continues to fund additional research on NOWs. Examples funded in 2019 include: (1) the HEAL Initiative: Antenatal Opioid Exposure Longitudinal Study Consortium, designed to identify modifiable risk factors for adverse outcomes and to optimize neurodevelopmental, behavioral, and family outcomes (PL1HD101059); and (2) a study to test whether perinatal exposure to prescription opioids is associated with reduced long-term neurodevelopment and educational status in children (R15HD097588).	Funded	Ongoing	RE-C4, RE-C3
NIH	NICHD's study on Prevention of Neonatal Abstinence Syndrome (R01HD070795) supports a controlled clinical trial, Can Ondrastatin Prevent Neonatal Abstinence Syndrome in Babies Born to Narcotic-dependent Women, that is currently recruiting trial participants (NCT01965704).	Funded	Ongoing	RE-M4
NIH	The grant, A Preventive Pharmacotherapy for Neonatal Abstinence Syndrome (R21HD092011) is builds on prior animal (mouse) studies of a promising agent 6 β -naltrexol (6BN) by now studying 6BN in an animal model (macaques more similar developmentally to humans, with an ultimate goal of testing the utility of 6BN to prevent NAS without affecting maternal pain/addiction management.	Funded	Ongoing	RE-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
NIH	Obstetric-Fetal Pharmacology Research Centers Network: PK/PD studies on buprenorphine (U54 GRANT NUMBER) to determine better way to dose based on objective and physiological parameters of satiety. This study is scheduled to be completed in September 2020.	Funded	Ongoing	RE-M4
NIH	Leads the proposal of a Prevention and Treatment of Opioid Use Disorders in Women of Reproductive Age Initiative using FY19 funds which would address research on nonpharmacologic/nonopioid therapies during pregnancy.	Funding TBD	Planning Stage	RE-C1
NIH	NICHHD and NIDA jointly issued NOT-DA-17-067, Notice of Interest in Advancing Research about the Effects of Opioids and Opioid Antagonists on the Fetal and Neonatal Brain Development, which studies antepartum and postpartum care and support for women with OUD. The notice called for investigator-initiated studies in multiple priority areas; investigators structuring their research proposals may include assessment of consequences of unrelieved pain on women and pregnancies.	Funding TBD	Ongoing	RE-M2
NIH	The NIDH/NICHHD notice (NOT-DA-067) called for investigator-initiated studies in multiple priority areas which may better inform risk-management assessments. Examples of shared areas of interest included studies of methods for screening, identifying and assessing NOWS and studies of treatment of NOWS. Examples of the latter include nonpharmacologic care, timing of initiation of medication and different environments for neonates, including foster care or multiple caregiving environments.	Funding TBD	Ongoing	RE-C1, RE-C2, DC-C4
NIH	Areas of programmatic interest to both NIDA and NICHHD include obstetric and pediatric clinical studies focused on the following research topics: <ul style="list-style-type: none"> - Clinical trials of MAT compared with alternative therapy, such as combination medications, opioid antagonists, or medically-supervised withdrawal. Outcomes of interest include: neonatal outcomes, loss to follow-up rates, maternal overdose, and relapse rates to illicit opioid use. - Studies in neonates of the additive effect of alcohol, cigarettes, cannabis, benzodiazepines, and other substances of abuse in women with OUD. - Studies of methods for screening, identifying and assessing NOWS. Examples include development of a biomarker that reflects physiologic state, "lab on a chip" for rapid screening, development of predictive assays for which babies will develop NOWS, require treatment and treatment response. - Studies of treatment of NOWS. Examples include nonpharmacologic care, timing of initiation of medication, optimal initial medication, indications for second medication and different environments for neonates, including foster care or multiple caregiving environments. 	Funding TBD	Ongoing	RE-C3, RE-M4, RE-C4
NIH	Encourages research applications that examine the effect of severity of NOWS on brain, cognition, and behavior in neonates, adolescents, and adults.	Ongoing	Ongoing	RE-C4
NIH	Participants in the ACT NOW consortium are harmonizing data among the initiative's multiple studies. Published a notice of interest (NOT-DA-17-067) in February 2018 informing researchers of high programmatic priority to fund research on studies of nonpharmacologic interventions of NOWS.	Funding TBD	Ongoing	RE-C2
NIH	Ongoing child welfare and maltreatment research yields data on, among other factors, effects of involvement in child welfare systems of substance-exposed children. Data may also emerge from research supported through the ACT NOW research consortium.	Funded	Ongoing	RE-C4
NIH	NIDA and NICHHD recently published a Notice of Interest for studies of methods for screening, identifying and assessing NOWS.	Funding TBD	Ongoing	RE-C4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
NIH	<p>NIDA and NICHD jointly issued NOT-DA-17-067, Notice of Interest in Advancing Research about the Effects of Opioids and Opioid Antagonists on the Fetal and Neonatal Brain Development. Areas of programmatic interest to both NIDA and NICHD include obstetric and pediatric clinical studies focused on the following research topics:</p> <ul style="list-style-type: none"> - Clinical trials of MAT compared with alternative therapy, such as combination medications, opioid antagonists, or medically-supervised withdrawal. Outcomes of interest include: neonatal outcomes, loss to follow-up rates, maternal overdose, and relapse rates to illicit opioid use. - Studies in neonates of the additive effect of alcohol, cigarettes, cannabis, benzodiazepines, and other substances of abuse in women with OUD. - Studies of methods for screening, identifying and assessing NOWS. Examples include development of a biomarker that reflects physiologic state, "lab on a chip" for rapid screening, development of predictive assays for which babies will develop NOWS, require treatment and treatment response. - Studies of treatment of NOWS. Examples include nonpharmacologic care, timing of initiation of medication, optimal initial medication, indications for second medication and different environments for neonates, including foster care or multiple caregiving environments. 	Funding TBD	Ongoing	RE-C3
NIH	Recently published a Notice of Interest for studies of postpartum care and support for women with OUD to optimize maternal and neonatal outcomes. Studies of safe and effective outpatient management strategies for NOWS including optimal follow-up are also of high priority.	Funding TBD	Ongoing	RE-C4
NIH	<p>Phase I of the HBCD Study has been funded and will be an 18-month planning phase during which awardees will test the experimental design and feasibility of approaches. Awardees will conduct multi-site pilot and feasibility studies addressing 4 key areas that are crucial for the Phase II study:</p> <ul style="list-style-type: none"> - Recruitment and retention strategies. - Ethical and legal considerations. - Imaging technologies. - Other assessment methodologies. <p>This planning phase will help ensure a robust study design for the Phase II HBCD Study, which is expected to launch in 2021. In Phase II, a fully integrated, collaborative infrastructure will support the collection of a large dataset that will enable researchers to analyze brain development in opioid-exposed and nondrug-exposed infants and children across a variety of regions and demographics.</p>	Funded	Ongoing	RE-C5, DS-C1
NIH	Funds research on effective treatments of any SUD, including smoking cessation in mothers during pregnancy. An example of recent efforts includes research on Cognitive-Affective Substrates of Smoking: Targets for Maternal Behavior Change.	Funded	Ongoing	PS-M2, RE-M4
NIH	Funded research new approaches to reducing pain, prescription opioid use, and misuse in pregnancy.	Funded	Ongoing	PS-M5
NIH	Informs the public that SUD is a disease through outreach work on many agency levels.	Funded	Ongoing	E-M2
NIH	Continues to present public talks and publish about the disease of drug addiction.	Funded	Ongoing	E-M2
NIH	Funded research in the development of screeners to assess prescription drug abuse and other illicit drug use among pregnant women and identifying risk factors for prenatal substance and polysubstance use.	Funded	Completed	DS-M1, DS-M2
NIH	Funded research on developing of a screening and brief intervention package to address substance use risk in pregnant and postpartum women in home visiting programs.	Funded	Ongoing	DS-M1
NIH	Funded research on improving access to treatment for women with OUD and risk assessment of NOWS.	Funded	Ongoing	PS-M9, RE-M4, RE-M6

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
NIH	Funded research to objectively determine which pregnant women should be administered buprenorphine.	Funded	Ongoing	DS-M3
NIH	Funded research related to longitudinal neurobehavioral effects of buprenorphine and naloxone exposure on the developing fetus and newborn.	Funded	Ongoing	RE-M4, RE-C5
NIH	Funded research in providing treatment entry and family planning in substance-using NICU mothers.	Funded	Ongoing	RE-M4
NIH	Evaluates current data of risk and protecting factors.	Funded	Ongoing	RE-M4
NIH	Funded research for treatment for mothers to minimize the effects of prenatal exposure on their infants.	Funded	Ongoing	RE-M4
NIH	Continuation of funding for this research to improve treatment strategies which are most effective and safe for both mother and infant.	Funded	Ongoing	RE-M4
NIH	Funded research in novel approaches to reduce pain, prescription opioid use and misuse in pregnancy.	Funded	Ongoing	RE-M6
IHS	Developing a Perinatal OUD Health Promotion Disease Prevention video to emphasize the importance of early prenatal care and recovery engagement. Story-board created; project placed in strategic communications planning. Pending discussion with project manager.	Funded	Ongoing	E-M1, E-M5
IHS	Held a webinar for providers on buprenorphine induction in September 2019 and released the IHS local Clinical Reporting System to track implementation of screening efforts as part of the implementation of the ACOG IHS Recommendations. Developing on-demand content for CME.	Funded	Ongoing	E-M5
IHS	Implementation of ACOG Recommendations and AIM bundle.	Funded	Ongoing	PS-M4, PS-M1, PS-M8
IHS	Captures screening and SBIRT initiatives in planned guidelines.	Funded	Ongoing	PS-M7
IHS	All IHS facilities are required to maintain a broad range of prescription methods of contraception per the IHS National Core Formulary. LARC methods and other contraceptives are widely available to IHS patients with a provider trained to prescribe LARC method.	Funded	Ongoing	PS-M1
IHS	Provides all IHS pharmacies with OTC emergency contraception.	Funded	Ongoing	PS-M1
IHS	All IHS pharmacies stock and dispense Emergency Contraception (OTC) upon patient request without a prescription.	Funded	Ongoing	PS-M1
IHS	Considers development of a survey to collect data, including on OUD, from IHS Labor and Delivery Hospitals to improve care provision in these OB units.	Funding TBD	Planning Stage	DS-C3, DS-C2
IHS	CME Essential Training on Pain and Addictions hosted in September 2019; https://www.ihs.gov/opioids/trainingopportunities/essentialtraining/ .	Funded	Completed	E-M5
IHS	GPRA released in August 2019. Includes 2 new performance measures, which are pending implementation: Number of screenings for SUD of pregnant women and women of childbearing age; number of women with positive screens referred to treatment. The GPRA performance measures include also total breastfeeding rates.	Funded	Ongoing	DS-M1, DS-M3, E-M3
IHS	Developed training on trauma-informed care and SUD in pregnancy.	Funded	Ongoing	E-M7
IHS	Collaborates with the AAP CONACH to develop standardized screening guidelines based on the IHS Best Practice Guidelines: NOWS.	Funded	Ongoing	E-M4, DS-M1
IHS	Plan to release NOWS guideline once approved and create resources and TA to assist documentation and uniformed approach to infant assessments.	Funded	Ongoing	PS-C2
IHS	Published a brochure on the management of NOWS on the IHS website. It has been used to educate child welfare workers on NOWS.	Funded	Ongoing	E-M5
IHS	Ensures all IHS delivery facilities are Baby-Friendly certified. Baby-Friendly status includes high-level support for rooming-in, mother-infant bonding, and breastfeeding, all of which have been found to aid in the management of mild to moderate NOWS.	Funded	Ongoing	PS-C2, E-M3

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
IHS	Evaluates/leverages the Baby-Friendly initiative to increase breastfeeding rates where appropriate; https://www.ihs.gov/babyfriendly/ .	Funded	Ongoing	PS-M9
IHS	Expand capacity for NOWS care at IHS Labor and Delivery hospitals to minimize the need for NICU transfer for cases of lower acuity.	Funding TBD	Ongoing	E-M6
IHS	Instituted formal training in opioid prescribing for all physician staff prescribing narcotic pain medications.	Funded	Ongoing	E-M5
IHS	IHS facilities promote comprehensive prenatal care that places an emphasis on screening, early detection, and referral to treatment for woman using opioid in pregnancy.	Funded	Ongoing	PS-M1, PS-M2
IHS	Provides counseling and support services for pregnant women in conjunction with tribal programs.	Funded	Ongoing	PS-M9, PS-M2, PS-M4
IHS	FY20 Pain Management and Opioid Use Disorder webinar series with CME created.	Funded	Ongoing	E-M4
IHS	Provides tobacco treatment services in outpatient clinics with expanded access to OTC and prescription treatments for nicotine dependence.	Funded	Ongoing	PS-M2, PS-M4, PS-M9
IHS	Mandates 5-hour, web-based course on safe opioid prescribing and addiction treatment training for controlled substance prescribers spending greater than 50% of time in the Federal Government. The training module started in 2015 with refresher training required every 3 years.	Funded	Ongoing	E-M5
IHS	Operates early childhood intervention programs in tribal programs.	Funded	Ongoing	DS-C1
IHS	Provides many alternative treatment options for pain control based on National Core Formulary and Patient Referred Services to external providers such as physical therapy. The Indian Health Manual Chronic Non-Cancer Pain Management Policy (Chapter 30) includes strategies to reduce chronic opioid exposure and encourages alternative treatments. The IHS National Core Formulary includes several nonopioid medications and patients have access to additional nonopioid treatment modalities via Purchased Referred Care.	Funded	Ongoing	PS-M5
IHS	Provides tobacco cessation training for various health care disciplines (e.g., pharmacists, nurses) on universal tobacco use screening (Ask-Advise-Refer).	Funded	Ongoing	PS-M2, PS-M9, PS-M4
IHS	Provides webinars on illicit substance use in pregnancy, opioid maintenance, and prevention strategies (to be revised to support new guideline implementation).	Funded	Ongoing	PS-M4, PS-M9
IHS	Publishes best practices guidelines and recommendations on the Pain Management and IHS Opioid Dependence Management/Maternal Child Health websites; distributes information updates and resources through internal listserv domains.	Funded	Ongoing	PS-M6
IHS	Developed and released an update to the Electronic Health Record to capture SUD screening data for 4Ps, DAST, NIDA Quick Screen, and CRAFFT screening tools.	Funded	Completed	DS-M1
IHS	The IHS is in the process of creating a community and layperson MAT overview to introduce the public to general concepts such as what an opioid is, MAT, and the risks of perinatal substance use to reduce stigma surrounding MAT in tribal communities.	Funding TBD	Ongoing	E-M1
IHS	Through the IHS National Committee on Heroin Opioids and Pain Efforts, continuously updates the Pain Management and Opioid Dependence Management websites and plans to expand access to SUD treatment and prevention. A Patient Information section for the general public is under development as are future updates to the websites.	Funding TBD	Ongoing	E-M2, E-M1
IHS	Released Clinical practice guideline surrounding acute pain management for dental conditions. Guideline includes key recommendations for treating special populations include pregnant women and patients with OUD. Developed and released website to share best practice information	Unfunded	Completed	PS-M9
IHS	IHS collaborated with AAP, CONACH, and ACOG review of guidelines for managing addiction and pain in pregnant women.	Funded	Completed	PS-M2, E-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
IHS	Released clinical guidance document Recommendations to IHS Service on AI/AN Pregnant Women and Women of Childbearing Age with Opioid Use Disorder. Developed and released a website to support implementation and to share relevant information.	Unfunded	Completed	PS-M2, PS-M10
HRSA	Funds the Health Center Program supporting nearly 1,400 health centers that operate approximately 12,000 service delivery sites in every state, DC, and U.S. territories. More than 28 million patients received accessible, affordable, high-quality primary health care services in 2018, including prenatal care for nearly 564,000 pregnant women and delivery of nearly 300,000 babies. Health centers provide care to patients with high prevalence of OUD or for those who are at risk for OUD, and health centers are required to provide OB/GYN and voluntary family planning services.	Funded	Ongoing	PS-M1
HRSA	The Rural Health Opioid Program provides approximately \$9 million for 36 rural health organizations to help community members struggling with OUD find local treatment options and recovery support services through partnerships with local health care providers and other community-based groups.	Funded	Ongoing	DS-M1, PS-M2, PS-M3, PS-M7, E-M1, E-M2, E-M4, E-M5
HRSA	Funded a total of 215 RCORP Planning grants to rural consortiums to develop strategic plans for SUD/OUD prevention, treatment and recovery in rural communities.	Funded	Ongoing	PS-M3, PS-M7, E-M1, E-M2,
HRSA	Provides TA to RCORP grantees on consortia building, provider and community member education, and strategic planning around SUD/OUD prevention, treatment and recovery services in rural communities.	Funded	Ongoing	E-M1, E-M2
HRSA	HRSA's funded the AIM Initiative convened dozens of partners and experts who developed a maternal safety bundle (best practices) for hospitals on the obstetric management of women with opioid dependence called the "Obstetric Care for Women with Opioid Use Disorder". As of October 2019, 6 states are implementing the opioid bundle: CA, IL, NY, TN, MD, and MA. Other states that will begin implementing the opioid bundle soon include OK, FL, UT, and TX.	Funded	Ongoing	PS-M5, E-M2, E-M7, DS-M1, DS-M5
HRSA	The AIMS, SUD-mental health and IBHS supplemental funding for health centers, which encourage screening and treatment for SUD prenatally and postpartum. The funds were used to support also community engagement and continuing education for providers on SUD and mental health topics.	Funded	Ongoing	E-M1, E-M2, PS-M9, E-M5, PS-M6, PS-M7, PS-M8, DS-M1
HRSA	Funds the Healthy Start grant program which supports women before, during, and after pregnancy through first 18 months after birth by providing care coordination, health education, screening with standardized tools for substance misuse and depression, linkage to comprehensive health and social services, and engagement with community partners to enhance systems of care. TA to grantees in FY19 included hosting 2 webinars (1 geared to specific needs of Native American women), and development of a Self-study Guide on State Legislation on Substance Use During Pregnancy, "to help promote a shift in public perceptions of SUD so that it is regarded as a disease rather than as a criminal or moral problem."	Funded	Ongoing	PS-M1, E-M1, E-M2, DS-M1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
HRSA	<p>HRSA and ACF jointly administer the MIECHV Program to support parents of young children in at-risk communities. The program helps parents tap the resources and hone the skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn. Supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry through the MIECHV Program.</p> <p>Activities include:</p> <ul style="list-style-type: none"> - The MIECHV program provides training, TA, and resources to grantees on NAS. - Training helps state programs use mental health consultation to improve home visitors' capacity to support families experiencing opioid use and caring for babies with NAS. - During regional calls, states discuss NAS activities and share successful strategies. - The program released an issue brief highlighting state examples of effective home visiting practices and early childhood systems activities for families impacted by OUD; https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV-Opioid-NAS-Resource.pdf. - Several states have enhanced home visiting activities to address opioid use among families with young children. 	Funded	Ongoing	E-M2, E-M3, E-M7, PS-C3, DS-M1
HRSA	<p>HRSA funds an evaluation project called, Evidence-Informed Practices in Home Visiting: Prevention, Identification and Treatment of Substance Abuse in Families. The goal is to develop a conceptual model for how MIECHV grantees can engage and support families at risk for, recovering from, or currently misusing substances, including opioids. If funded, a second phase will develop study design options to build out the model.</p>	Funded	Ongoing	RE-C4
HRSA	<p>HRSA provides funds for Developmental-Behavioral Pediatrics Training Programs that provide training in developmental behavioral pediatrics and may include follow-up clinics for NICU patients and high-risk infants, which may include those with prenatal exposure to opioids.</p>	Funded	Ongoing	DS-C1
HRSA	<p>HRSA's Title V Maternal and Child Health Services Block Grant Program, allows states the flexibility to support activities such as addressing NAS, data collection, implementing screening for substance use, and standardize care for infants with NAS.</p>	Funded	Ongoing	DS-C1, E-M7, DS-M1, DS-M3, DS-C4, DS-M3, DS-C3, DS-M1
HRSA	<p>HRSA funds the Fetal, Infant, and Child Death Review Program which provides data collection, training, and TA to the more than 1,300 Child Death Review teams and 175 Fetal, Infant Mortality Review programs in the U.S. Data provides descriptive information on child deaths including fetal and infant deaths and deaths related to suicide, serious mental illness and opioid use.</p>	Funded	Ongoing	DS-C2
HRSA	<p>HRSA annually compiles and makes available national and state-level data on the proportion of infants born with NAS in partnership with AHRQ and CDC.</p>	Funded	Ongoing	DS-M3, DS-M4, DS-C4
HRSA	<p>HRSA Region 2 has been working with the RD's office on sharing and implementing the Secretary's 5-point strategy to address substance abuse. ORO has visited neonatal units at local hospitals and is providing expertise to the RD and staff who are communicating with the neonatologists, OB/GYNs and directors of the substance abuse program at the St. Joseph's Regional Hospital. This collaboration resulted in the director of the program providing presentations in collaboration with SAMHSA and the New Brunswick Theological Seminary to Federal Bureau of Investigation, police, Department of Justice, Substance Abuse providers with the NJ Prosecutors.</p>	Unfunded	Completed	E-M1, E-M2, E-M3, E-M4, E-M5, E-C1, E-C2, E-C3

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
HRSA	<p>ORO chairs the NAS Workgroup, which is part of the Region 5 federal Prevention Collaborative's Opioid Taskforce Subcommittee. One of the NAS Workgroup activities included a 4/3/18, webinar, facilitated by Region 5 HRSA ORO, on the MOMs Project in Ohio. The MOMs is a program for pregnant women and moms that struggle with opioid use by coordinating partners needed to support recovery. Rick Massatti, State Opioid Treatment Authority at the Ohio Mental Health and Addiction Services, presented on the impact and lessons learned from the MOMs program. The MOMs Project is a program led by the Ohio Department of Mental Health and Addiction Services which provides wrap around services to pregnant women with OUD leading to increased MAT access, prenatal care, and behavioral health treatment retention. Cynthia S. Shellhaas, Medical Director of the Bureau of Maternal, Child, and Family Health, Ohio Department of Health presented on their participation in an American College of Gynecology NAS Prevention Project and participation in the national HRSA funded AIM Initiative led by the American Congress of Obstetricians and Gynecologists.</p>	Unfunded	Completed	E-M1, E-M2, E-M3, E-M4, E-M5
HRSA	<p>ORO Region 9 delivered a national webinar on 5/16/18, entitled, Consultation Services for Treating Pregnant Women with Opioid Use Disorder, which highlighted the new clinical guidance released by SAMHSA earlier in the year live or via the archived link.</p>	Unfunded	Completed	E-M1, E-M2, E-M3, E-M4, E-M5, E-C1, E-C2, E-C3
HRSA	<p>HRSA provides funds to Leadership Education in Neurodevelopmental and Related Disabilities programs. Some of these programs are including education on pain management, early intervention, and child and family support related to opioid exposure. Didactic education on these topics are provided for health professionals in training or practicing as well as for early childhood providers.</p>	Funded	ongoing	E-M7, PS-C3
HRSA	<p>In August 2019, HRSA awarded \$200 million to 1,208 health centers across the nation to increase access to high-quality, behavioral health services, including the prevention and treatment of mental health conditions and/or SUDs, including OUD, through the IBHS program.</p>	Funded	Ongoing	PS-M2, PS-M7
HRSA	<p>Awarded 80 RCORP Implementation grants to rural consortiums to implement SUD/OUD prevention, treatment and recovery activities in rural communities. Award recipients will receive up to \$1 million each over a 3-year period of performance to implement a set of evidence-based interventions and promising practices that align with HHS's 5-Point Strategy to Combat the Opioid Crisis. Award recipients will also develop plans to sustain their services beyond the period of performance.</p>	Funded	Ongoing	PS-M2, PS-C1, E-M1, E-M2, DS-M1, PS-M7, PS-M9, E-C1
HRSA	<p>Awarded 12 RCORP-MAT Expansion grants to support the establishment and/or expansion of MAT in eligible rural hospitals, clinics, and tribal organizations. Award recipients receive up to \$725,000 for a 3-year period of performance to provide MAT and other support services to patients with OUD. Award recipients will also develop plans to sustain their services beyond the period of performance.</p>	Funded	Ongoing	PS-M2, PS-C1, E-M1, E-M2, DS-M1, PS-M7, PS-M9, E-C1
HRSA	<p>Awarded 3 RCORP-Rural Centers of Excellence on Substance Use Disorders. The centers of excellence will support the identification, translation, dissemination, and implementation of evidence-based programs and best practices related to the treatment for and prevention of SUD within rural communities, with a focus on the current opioid crisis and developing methods to address future SUD epidemics.</p>	Funded	Ongoing	E-M1, E-M2
HRSA	<p>The Rural Maternity and Obstetrics Management Strategies Program awarded approximately \$1.8 million for 3 rural health networks to improve access to and continuity of maternal and OB care in rural communities.</p>	Funded	Ongoing	EM-1, PS-C1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
HRSA	Awarded 1 cooperative agreement to evaluate the impact of all the RCORP initiatives and develop evaluation tools and resources for use in rural communities and to inform future rural health initiatives.	Funded	Ongoing	E-M1, E-M2
HRSA	The HRSA OWH and the HHS OWH have collaborated on Regional Consultation Initiative: Family Centered Treatment and Care Coordination Models for Women Served by HRSA Programs. The final report of the first year of this project is pending clearance. The second year will include development of a toolkit for HRSA care settings to implement care coordination for women with OUD.	Funded	Ongoing	PS-M9
HRSA	Provides direct services programs such as Home Visiting and Healthy Start grant programs.	Funded	Ongoing	PS-C3
HRSA	Three HHS/HRSA Regional Consultations to develop a care coordination model for women impacted by OUD who receive care at HRSA programs. This is a co-funded partnership between HHS/OWH and HRSA/OWH.	Funded	Ongoing	PS-M2, PS-M4, PS-M9, PS-M5, PS-M10, PS-M7, PS-M10
HRSA	Partners with the federal Region 8 group (HRSA, OASH/Title X, and SAMHSA) to plan a project that will integrate respective agency programs and systems of care at the state level to increase access to services for women, including mental health, SUD treatment, primary care, and social service.	Funding TBD	Ongoing	PS-M1
HRSA	Region 5 HRSA and OASH staff collaborated to hold a virtual meeting with state agencies to discuss prevention strategies, challenges, and opportunities for the regional OASH Prevention Collaborative to assist in addressing NAS. This activity was 1 example of multiple convening events for stakeholders to share best practices and regional approaches.	Funded	Completed	PS-M1
FDA	Ensures labels of products indicated for OUD emphasize weighing benefit of treatment versus risk of untreated OUD.	Funded	Ongoing	PS-M3
FDA	Makes announcements of approval of products for substance use treatment that are based on substantial evidence of effectiveness.	Funded	Ongoing	E-M1
FDA	Participated in ongoing communications about abuse-deterrent formulations of opioids during all stages of the drug development process. There are currently 8 approved opioid analgesic products with abuse-deterrent properties described in the product labeling.	Funded	Funded	PS-M6
FDA	FDA has approved products for the treatment of opioid overdose with prescribing information for use in neonates.	Funded	Ongoing	E-M5
FDA	Labeling for MAT products notes the benefits of MAT treatment in pregnancy.	Funded	Ongoing	PS-M8
FDA	Led by the Division of Epidemiology, funded study of first trimester exposure to opioids and neural tube defects.	Funded	Ongoing	RE-M4
FDA	Interacting with pharmaceutical companies developing treatments for managing NAS and NOWS	Funding TBD	Ongoing	RE-C2
FDA	Presentations and participation in the 2019 Annual International Neonatal Scientific Workshop in May, such as developing a framework to address neonatal opioid issues encountered in NOWS and NAS.	Funded	Completed	RE-C2
FDA	Workgroup on defining NOWS and NAS led through the Office of Pediatric Therapeutics. The workgroup will be coordinated by the International Neonatal Consortium.	Funding TBD	Planning stage	DS-C2
FDA	FDA funded a proposal that plans to address the knowledge gap in the long-term neurodevelopmental outcome of infants with prenatal opioid exposure, and those with NOWS. The evidence generated in this study could support the treatment of pediatric patients with NOWS and mothers with OUD. IRB approval granted November 2019. Investigators met 12/11/2019 to review specific aims and further define inclusion criteria; as well as discussion of plans for 2020 milestones and abstract submissions.	Funded	Ongoing	RE-C5

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CMS	Through the Maternal and Infant Health Initiative, CMS provides TA to states on a variety of quality improvement topics, including prenatal, perinatal, and postnatal care for mothers to promote healthy maternal and infant health outcomes. Historically this included contraceptive care. This work supports all Medicaid and CHIP pregnant women, including women with SUD.	Funded	Ongoing	PS-M1
CMS	CMS continues to provide TA options for utilizing Medicaid benefits as appropriate in the areas identified.	Funded	Ongoing	PS-M3, PS-M4, PS-M5, DS-C1, RE-C4, PS-M1, PS-M7, PS-M8, PS-M9
CMS	Continuing to provide TA to states around SUD delivery reform.	Funded	Completed	E-M2
CMS	Through IAP, CMS is supporting selected, participating state Medicaid agencies with TA related to their SUD delivery systems reform.	Funded	Ongoing	PS-M2
CMS	Works with states on Section 1115 demonstrations to improve SUD treatment as well as use of the health homes authority to coordinate care for Medicaid beneficiaries with SUD, which often include improving access to treatment in outpatient settings that are generally more accessible and family friendly.	Funded	Ongoing	PS-M9
CMS	States are required to make available all medically necessary services found at Section 1905(a) of the Social Security Act for children under age 21 in accordance with the EPSDT benefit, whether or not the treatment services are included in the state plan.	Funded	Ongoing	PS-C1
CMS	Under the EPSDT benefit, Medicaid covers regular screening services for children under age 21 in order to identify health and developmental issues as early as possible. States must provide or arrange for screening services both at established times and on an as-needed basis. Covered screening services are medical, mental health, vision, hearing and dental. The medical screenings include, among other things, a comprehensive health and developmental history that assesses for both physical and mental health, as well as for SUDs.	Funded	Ongoing	DS-C3, PS-C3
CMS	The EPSDT benefit requires states to assess and determine and to have available all medically necessary services for children under age 21 that are covered under the benefits at Section 1905(a) of the Social Security Act. One of the covered benefits is case management under 1905(a)(19) of the Act. Under case management, a child would be assessed to determine the necessary services and would be able to receive those services to assist them in gaining access to needed medical, social, educational and other services.	Funded	Ongoing	RE-C4
CMS	Issued State Guidance for Implementation of the Treatment for Infants with Neonatal Abstinence Syndrome in Residential Pediatric Recovery Centers provisions per Section 1007 of Pub.L.115-271, the SUPPORT Act. Provides states with clarification around the use of the optional provider type of "Residential Pediatric Recovery Centers" for treatment of infants with NAS without any other significant medical risk factors; https://protect2.fireeye.com/url?k=1f612942-43342051-1f61187d-0cc47adb5650-6eb268c6d9c14feb&u=https://www.medicaid.gov/federal-policy-guidance/downloads/cib072619-1007.pdf .	Funded	Completed	PS-C2
CMS	Developing Guidance to Improve Care for Infants with Neonatal Abstinence Syndrome and Their Families, pursuant to Section 1005 of the SUPPORT Act.	Funded	Ongoing	E-M5, E-C2

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CMS	Released CMS Informational Bulletin: "Medicaid Strategies for Non-Opioid Pharmacologic and Non-Pharmacologic Chronic Pain Management". This Bulletin describes Medicaid authorities that states may use for coverage of nonopioid pharmacologic and nonpharmacologic pain management therapies, highlights some preliminary strategies used by several states, and includes useful resources to help states consider appropriate pain relief approaches within the context of the national opioid crisis; https://protect2.fireeye.com/url?k=e1a6f11a-bdf3f809-e1a6c025-0cc47adb5650-1920d0658c726f49&u=https://www.medicaid.gov/federal-policy-guidance/downloads/cib022219.pdf .	Funded	Completed	PS-M6, E-M4
CMS	Issued State Guidance for the New Limited Exception to the IMD Exclusion for Certain Pregnant and Postpartum Women included in Section 1012 of the SUPPORT Act (Pub.L.115-271), entitled Help for Moms and Babies. Specifically, Section 1012(a) states that for a woman who is eligible on the basis of being pregnant (and up to 60-days postpartum), who is a patient in an IMD for purposes of receiving treatment for an SUD, who is either enrolled under the state plan immediately before becoming a patient in the IMD, or who becomes eligible to enroll while a patient in an IMD, the IMD exclusion shall not be construed to prohibit federal financial participation for medical assistance for items and services provided outside of the IMD to such women; https://protect2.fireeye.com/url?k=549a340e-08cf3d1d-549a0531-0cc47adb5650-dd0424decb844f9e&u=https://www.medicaid.gov/federal-policy-guidance/downloads/cib072619-1012.pdf .	Funded	Completed	PS-M9
CMS	Issued Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools. SAMHSA and CMS issued this Joint Informational Bulletin (Bulletin) to provide the public, including states, schools, and school systems, with information about addressing mental health and substance use issues in schools. Specifically, this guidance includes examples of approaches for mental health and SUD related treatment services in schools and describes some of the Medicaid state plan benefits and other Medicaid authorities that states may use to cover mental health and SUD related treatment services. Additionally, the guidance summarizes best practice models to facilitate implementation of quality, evidence-based comprehensive mental health and SUD related services for students; https://protect2.fireeye.com/url?k=eddd465f-b1884f4c-eddd7760-0cc47adb5650-37ff73348a5a21e7&u=https://www.medicaid.gov/federal-policy-guidance/downloads/cib20190701.pdf .	Funded	Completed	PS-C3
CMS	Released guidance for state options to provide Medicaid Coverage for certain individuals with SUD who are patients in certain IMDs, pursuant to Section 5052 of the SUPPORT Act. Section 5052 of the SUPPORT Act amended the IMD exclusion and established a new Section 1915(l) of the Social Security Act (Act) to include a state plan option to provide services to Medicaid beneficiaries age 21-64 who have at least 1 SUD diagnosis and reside in an eligible IMD from 10/1/19 through 9/30/23. This guidance would include women of reproductive age, and can apply also to pregnant and postpartum women.	Funded	Completed	PS-M2, PS-M7
CMS	Developing a guidance on Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment, pursuant to Section 1006(b) of the SUPPORT Act.	Funded	Ongoing	PS-M7, PS-M2
CMS	Developing a guidance for Medicaid Substance Use Disorder Treatment Vis Telehealth, pursuant to Section 1009 of the SUPPORT Act.	Funded	Ongoing	PS-M7, PS-M2
CMS	Developing a guidance for states regarding family-focused residential treatment, pursuant to Section 8081 of the SUPPORT Act.	Funded	Ongoing	PS-M9, PS-C2

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CMS	Pursuant to Section 5032 of the SUPPORT Act, convening of a stakeholder meeting to develop best practices regarding health care transitions for inmates of public institutions to the community is under development.	Funded	Ongoing	E-M5, PS-M7
CMS	CMS awarded \$48.5 million to 15 state Medicaid agencies through the SUPPORT Act Section 1003 planning grants to implement and increase the capacity of Medicaid providers to deliver SUD treatment and/or recovery services through: <ul style="list-style-type: none"> - An ongoing assessment of the SUD treatment needs of the state. - Recruitment, training, and TA for providers that offer SUD treatment and/or recovery services. - Improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers. One of the 5 focused Medicaid subpopulations to be addressed in the assessment includes pregnant women, postpartum women, infants (including those with NAS). 	Funded	Ongoing	E-M5, E-C2
CMS	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) includes the quality measure Developmental Screening in the First Three Years of Life. Results publicly reported for the first time for FFY16 and 27 states reported on the measure for FFY17.	Funded	Ongoing	PS-C3
CMS	CMMI selected ten states to receive funding under the MOM Model. These selections are part of the multi-pronged strategy to combat the nation's opioid crisis and addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with OUD. <p>The MOM Model will have a 5-year period of performance beginning in January 2020 with 3 different types of funding, totaling approximately \$50,000,000. Specifically, awardees will use the funds to transition into the new model of care, and then fully implement their plan. The following 10 states have been awarded MOM Model funding: CO, IN, LA, ME, MD, MO, NH, TN, TX, and WV; https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/.</p>	Funded	Ongoing	PS-M2, PS-M3, PS-M4, PS-C1, PS-M6, PS-C2, E-C1, E-M3, E-M3, DS-M1, PS-M1, PS-M7, E-C3, DS-M3, DS-M4, RE-C4
CMS	CMMI issued 8 cooperative agreements for the InCK Model, which will begin in early 2020 in 7 states. Launching in January 2020, this 7-year model is another part of CMS's strategy to fight the opioid crisis and address its impact on vulnerable Medicaid and CHIP-covered children and their caregivers. <p>InCK funding will provide CT, IL (2 awards), NJ, NY, NC, OH, and OR with the flexibility to design interventions for their local communities that align health care delivery with child welfare support, educational systems, housing and nutrition services, mobile crisis response services, MCH systems, and other relevant service systems https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/.</p>	Funded	Ongoing	PC-C3, PC-C2
CDC	Develop an online training module specific to pregnancy from the CDC Guideline for Prescribing Opioids for Chronic Pain; https://www.cdc.gov/drugoverdose/training/pregnancy/index.html . This was released in Fall 2018.	Funded	Completed	RE-M1
CDC	Fund the ASTHO Increasing Access to Contraception Learning Community which provides technical support and opportunities for peer-to-peer learning among states. Several states have shared models of linkage to care to increase access to the broad range of contraceptive options for women at risk of experiencing a substance-exposed pregnancy, including barrier free access to LARC.	Funded	Completed	PS-M1
CDC	Implement a Learning Community focused on supporting states as they implement policies and programs targeting identification and treatment of pregnant and postpartum women with OUD and infants with prenatal opioid exposure.	Funded	Ongoing	PS-M2, PS-M3, PS-M4, PS-M5, PS-M7, PS-M9, PS-C1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CDC	On September 18, 2018, CDC hosted a Public Health Grand Round on "Emerging Threats to Pregnant Women and Infants" that included a presentation on surveillance to better understand the impact of the opioid crisis on infants; https://www.cdc.gov/grand-rounds/pp/2018/20180918-pregnancy-threats.html . A summary report was published in the Journal of Women's Health; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6711152/ .	Funded	Completed	E-M4
CDC	CDC-expert Medscape commentary on OUD during pregnancy. Target audience: clinicians; https://www.medscape.com/viewarticle/907407 .	Unfunded	Completed	E-M
CDC	CDC experts support AAP statement for management of the opioid-exposed infant, including clinical presentation, assessment, treatment and discharge.	Unfunded	Completed	E-M
CDC	CDC-expert Op-ed--Embracing the Needs of Women and Infants in our Nation's Response Against the Opioid Crisis (<i>Health Affairs</i> , https://www.healthaffairs.org/doi/10.1377/hblog20180921.10839/full/). Target audience: public health staff; health care providers; and policymakers.	Unfunded	Completed	E-M
CDC	Published State Strategies to Address Opioid Use Disorder Among Pregnant and Postpartum Women and Infants Prenatally Exposed to Substances, Including Infants with Neonatal Abstinence Syndrome. Kroelinger CD, Rice ME, Cox S, Hickner HR, Weber MK, Romero L, Ko JY, Addison D, Mueller T, Shapiro-Mendoza C, Fehrenbach SN, Honein MA, Barfield WD. <i>MMWR Morb Mortal Wkly Rep</i> , 2019 Sep 13; 68(36): 777-783. doi: 10.15585/mmwr.mm6836a1.	Unfunded	Completed	E-M
CDC	Funds AAP Improving Outcomes Related to Opioid Misuse through Strategies Addressing Clinical Care for Women and Infants. The purpose is to review best practices for implementing screening for OUD, including how to link to treatment, and sharing this information with primary care pediatricians to support efforts with the aim to identify and develop model approaches and processes for improving the quality of care and linkages to care for postpartum women who misuse opioids; and, develop and disseminate tools and resources for improving and innovating maternal and infant care associated with opioid misuse.	Funded	Ongoing	PS-M5, E-M2, E-M4, E-M5
CDC	Sudden Unexpected Infant Death Case Registry adding field on opioid exposure and NAS for case investigations.	Funded	Ongoing	DS-C3
CDC	Fund 2 grantees through CDC's Small Business Innovation Research project addressing the need for objective measurement of neonatal withdrawal signs and may help establish clinical guidelines for addressing neonatal withdrawal due to opioids.	Funded	Ongoing	RE-C2
CDC	Published Gastroschisis Trends and Ecological Link to Opioid Prescription Rates in the United States, 2006-2015. Short TD, Stallings EB, Isenburg J, O'Leary LA, Yazdy MM, Bohm MK, Ethen M, Chen X, Tran T, Fox DJ, Fornoff J. Gastroschisis trends and ecologic link to opioid prescription rates--United States, 2006-2015. <i>MMWR Morb Mortal Wkly Rep</i> , 2019 Jan 18; 68(2): 31. doi: 10.15585/mmwr.mm6802a2.	Unfunded	Completed	RE-M4
CDC	Published Evaluation of State-Mandated Reporting of Neonatal Abstinence Syndrome--Six States, 2013-2017. Jilani SM, Frey MT, Pepin D, et al. <i>MMWR Morb Mortal Wkly Rep</i> , 2019; 68: 6-10. doi: http://dx.doi.org/10.15585/mmwr.mm6801a2 .	Unfunded	Completed	DS-C2
CDC	Published Public Health Surveillance of Prenatal Opioid Exposure in Mothers and Infants. Publication describes planned surveillance of infants/children with prenatal NAS exposure (published March 2019, https://pediatrics.aappublications.org/content/143/3/e20183801.1 ong).	Unfunded	Completed	DS-C1
CDC	Published Leveraging Existing Birth Defects Surveillance Infrastructure to Build Neonatal Abstinence Syndrome Surveillance Systems--Illinois, New Mexico, and Vermont, 2015-2016. Lind JN, Ailes EC, Alter CC, et al. <i>MMWR Morb Mortal Wkly Rep</i> , 2019; 68: 177-180. doi: http://dx.doi.org/10.15585/mmwr.mm6807a3 .	Funded	Completed	DS-C1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CDC	Provided TA to the PA Department of Health to assess the quality of their NAS surveillance.	Unfunded	Ongoing	DS-C1
CDC	Work with AHRQ and HRSA on analysis of NAS identified with ICD-10 codes.	Funded	Ongoing	DS-C1, DS-C2
CDC	Provide TA through MCH epidemiologists assigned to state health departments evaluating sensitivity and specificity of ICD-9 and ICD-10 NAS codes and working with CSTE to standardize NAS definitions and surveillance.	Funded	Ongoing	DS-C1, DS-C2
CDC	Fund and provide TA to several state POCs that are standardizing identification and data collection of NAS and validating ICD-10 NAS codes with hospital record data.	Funded	Ongoing	DS-C1, DS-C2
CDC	Provide TA to the Massachusetts Department of Public Health to investigate the validity of reporting cases of NAS using ICD-10 codes through an opioid related Epi-Aid. The results will be used to identify opportunities to improve consistency of NAS reporting across hospitals and describe current clinical practices around screening, diagnosis, care and treatment for pregnant women with SUD and neonates born with NAS due to maternal exposure and identify opportunities for improving quality of care	Funded	Completed	DS-M4, DS-C2
CDC	CDC is working with funded POCs and CSTE to standardize NAS case definitions for state epidemiologists. The NAS/NOWS CSTE workgroup's position statement to standardize the definition of NAS used across U.S. jurisdictions was approved and is being disseminated.	Funded	Ongoing	DS-C1, RE-C2
CDC	Work to improve the assessment of opioid and other SUD as a contributing factor in maternal deaths. State and local MMRCs comprehensively assess maternal deaths and identify opportunities for prevention. To strengthen this work, CDC has partnered with the CDC Foundation and the Association of Maternal and Child Health Programs. MMRCs are in a unique position to identify and document the contribution of mental health conditions and SUDs (including OUD) to pregnancy-related mortality, because of their comprehensive and interdisciplinary approach. CDC is working with representatives of 25 MMRCs (AK, AZ, CO, DE, FL, GA, HI, IL, LA, MA, MS, MO, NH, NM, NY, NC, OH, SC, TN, UT, VA, WA, WV, WI), to strengthen the capture of data related to substance use, including screening, diagnosis, referral, treatment, adherence, and the committees' determination of whether SUD contributed to the death.	Funded	Ongoing	PS-M7
CDC	Fund ACOG to survey members about screening, referral, and treatment of maternal opioid use (including support of breastfeeding postpartum) and will produce a research report on survey results.	Funded	Completed	E-M2, E-M4, E-M5
CDC	Fund ACOG to increase in the number of providers trained on: Screening for OUD; Stigma, Bias and Trauma Informed Care; Treatment (MAT and/or behavioral health) for pregnant and postpartum women with OUD; Identification and management of newborns with NAS. Effort will also support POCs to increase the number of providers with waivers to prescribe or dispense buprenorphine that treat pregnant and postpartum women.	Funded	Ongoing	E-M2, E-M4, E-M5
CDC	Collect information on hospital practices related to NAS infant care (including breastfeeding) with the mPINC survey (currently under OMB review). CDC will analyze data.	Funded	Ongoing	E-M3, RE-C2
CDC	Provide funds for a PRAMS supplement that will allow selected states (32) to collect data on maternal substance use to improve the ability of states to document and address opioid use, reasons for use, and misuse during pregnancy.	Funded	Ongoing	DS-M3, RE-M4
CDC	Provide funds for opioid call-back survey to build on the existing methodology from CDC's PRAMS to implement rapid surveillance of maternal behaviors and experiences related to use of prescription pain relievers and other opioids with more intensive follow-up in states (7) with the highest burden of opioid-related hospitalizations and overdose deaths.	Funded	Ongoing	DS-M3

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CDC	Provided funds to use the existing methodology and MCH surveillance infrastructure within 2 states that are not currently funded for PRAMS to implement rapid surveillance of maternal behaviors and experiences related to use of prescription pain relievers and other opioids among women who deliver a live-born infant.	Funded	Ongoing	DS-M3
CDC	Work with CSTE to standardize NAS definitions and surveillance.	Unfunded	Ongoing	DS-C2
CDC	Proposes promoting the early adoption of a standardized surveillance case definition for NAS by state and territorial health departments, providing technical and operational support to state and territorial health departments, and developing processes for collection of mother-infant linked longitudinal surveillance data of pregnant women with SUD and substance-exposed infants and associated maternal and infant outcomes	Funding TBD	Planning stage	DS-C1
CDC	NAS Surveillance: Through the CSTE, CDC will support 4-8 states for NAS surveillance: The purpose of this program is to: (1) promote early adoption by state and territorial health departments of standardized surveillance of NAS; (2) provide technical and operational support to state health departments; (3) develop processes (adaptation of existing surveillance system, new and alternative approaches) for collection of mother-infant linked longitudinal surveillance data of pregnant women with SUD and substance-exposed infants and associated maternal and infant outcomes; and (4) link and capture data on infants with NAS or with substance exposure in pregnancy to uptake and use of early intervention services.	Funded	Ongoing	DS-C3
CDC	The MAT-LINK to Understand Outcomes Associated with Treatment for OUD during Pregnancy project aims to improve our understanding of the spectrum of maternal, infant, and child health outcomes following treatment for OUD during pregnancy. MAT-LINK will also examine the role of mediating and moderating factors on maternal and infant outcomes, including exposure to multiple substances, maternal comorbidities, and other psychosocial factors. Results from MAT-LINK can improve policies, clinical practice recommendations, and clinical decision-making. In addition, this project will also develop and pilot a data platform to collect and link maternal, infant, and child data across clinical sites, which can then be modified to collect linked data on other exposures during pregnancy. This project began in June 2019 and will go through 2022.	Funded	Ongoing	RE-C5
CDC	Propose leveraging the infrastructure of existing population-based birth defects surveillance programs to monitor the occurrence of NAS and any related birth defects.	Funding TBD	Planning stage	DS-C1
CDC	CDC and SAMHSA, in collaboration with the National Committee for Quality Assurance, are working to improve quality of care through alcohol screening and brief intervention and its reporting in electronic clinical data systems. This effort promotes a newly approved HEDIS performance measure, Unhealthy Alcohol Use Screening and Follow-Up. This work is done through a quality improvement learning collaborative that helps health plans use and report the HEDIS measure in order to improve quality of care and health outcomes of individuals with unhealthy alcohol use.	Funded	Ongoing	PS-M5
CDC	Collaborating with the AHRQ on an analysis of HCUP data examining the co-occurrence of NAS and major birth defects.	Unfunded	Ongoing	DS-C1
CDC	Help local health departments implement and/or improve surveillance of prenatal opioid exposure, CDC is adapting the Zika Local Health Department Initiative and has placed a locally-hired contractual field assignee in Allegheny County, PA, to build health department surge capacity where needed most. Learning from this model, we are extending the model via the OMNI Learning Community in up to 5 communities in 2019 and 2020.	Funded	Ongoing	DS-C1, DS-C2

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CDC	Fund the March of Dimes to create “Beyond Labels,” a toolkit designed to raise awareness about the impact of stigma on women with SUDs, infectious diseases, mental health, or other health conditions. An anti-stigma training plan and curriculum are currently under development.	Funded	Ongoing	E-M2, E-M1
CDC	Provided funds in collaboration with the March of Dimes to conduct a small pilot project in Tennessee to link a cohort of infants identified with NAS through Medicaid claims data to Department of Education data in order to better understand the long-term neurodevelopmental outcomes potentially associated with NAS. The cooperative agreement ended in 2018.	Funded	Completed	DS-C3, RE-C5
CDC	Provided funds in collaboration with the March of Dimes to IL, NM, and VT to leverage the infrastructure of existing birth defects surveillance programs to conduct active surveillance of infants with NAS over a 1-year period and link vital statistics and hospital discharge data to follow these infants with NAS through age 1. While the cooperative agreement ended in 2018, additional analyses are planned.	Funded	Ongoing	DS-M3, RE-M4, DS-C4
CDC	Fund 13 state PQCs, 9 of which are focused on improving care of women with OUD and infants with NAS including hospital practices related to management of NAS	Funded	Ongoing	RE-C2
CDC	Core funding for PQCs to support perinatal care providers and public health professionals work to improve pregnancy outcomes for women and newborns in states and nationally. Efforts include improving identification of and care for infants with NAS.	Funded	Ongoing	PS-C1-3, PS-M2, PS-M3, PS-M4, PS-M5, PS-M10
CDC	Continue efforts to provide ready access to parental support and early intervention services through the PQC.	Funded	Ongoing	DS-M1
CDC	Fund AAP to provide training to PQCs for pediatricians in the care of infants prenatally exposed to opioids.	Funded	Ongoing	PS-C2, PS-C3
CDC	CDC’s Learn the Signs. Act Early program aims to improve early identification of developmental delays and disabilities, so children and families can access early intervention and other support they need. The program offers free tools to help all parents and other caregivers learn the signs of healthy development, track their young child’s developmental milestones, and act early if there is ever a developmental concern.	Funded	Ongoing	PS-C3, PS-C1
CDC	CDC’s Treating for Two initiative works to identify the safest treatment options for the management of common conditions before and during pregnancy and to improve the availability and quality of data to help inform clinical management decisions for pregnant and reproductive-aged women and their health care providers. Treating for Two aims to address the use of medications commonly used to manage health conditions during pregnancy and associated adverse outcomes including structural birth defects.	Funded	Ongoing	PS-M6, DS-M3, E-M1, E-M2, RE-M1, DS-M3, RE-M5
CDC	CDC also has information and resources on the Treating for Two website that discuss the safety of medications used to treat pain during pregnancy and disseminates key findings on updated research through professional organizations for health care providers (e.g., ACOG, AAP).	Unfunded	Ongoing	E-M4
CDC	The Treating for Two initiative tracks trends in prescription opioid use among pregnant and reproductive-aged women to monitor the opioid epidemic and identify effective primary and secondary prevention strategies.	Unfunded	Ongoing	DS-C1, DS-C2
CDC	Lead the Treating for Two initiative to improve the availability and quality of data to help inform clinical management decisions for pregnant women and their health care providers.	Unfunded	Ongoing	RE-M4
CDC	Support Grand Rounds and collaborations through the Treating for Two initiative.	Unfunded	Ongoing	E-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
CDC	Through an interagency agreement, CDC is working with the ACF to improve the health and developmental outcomes of children with prenatal substance exposures in the child welfare system by promoting appropriate identification, referrals, interventions and education. Working towards this objective will also: (1) reduce the risk of repeated cycles of abuse/neglect; and (2) build an infrastructure for monitoring the magnitude and resource needs for this population. The current project phase began in 2019, and will go through 2024.	Funded	Ongoing	E-C3, DS-C1
ASPE	Identifying and profiling models of serving parents with SUD in rural communities who are involved with the child welfare systems. An issue brief on barriers to SUD treatment for child welfare clients in rural communities was published in January 2020; https://aspe.hhs.gov/pdf-report/challenges-providing-substance-use-disorder-treatment-child-welfare-clients-rural-communities . An additional issue brief on program models is expected Spring 2020.	Funded	Ongoing	E-C3
ASPE	Issued Medication-Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and Opportunities in November 2018, a report documenting barriers to the provision of MAT to parents involved with the child welfare system; https://aspe.hhs.gov/pdf-report/medication-assisted-treatment-opioid-use-disorder-child-welfare-context-challenges-and-opportunities .	Funded	Completed	E-C3
ASPE	Initiating work with states to link child welfare and substance use administrative data for research and programmatic purposes-- track service receipt across programs and case outcomes. The contract was awarded in September 2019.	Funded	Ongoing	E-C3, DS-C4
ASPE	A day-long forum was held on September 17, 2019, to explore the implications and intersections of SUDs for a range of human services programs including: Child welfare, Temporary Assistance for Needy Families, Child Support, Head Start and other early childhood programs, Home Visiting Programs.	Funded	Completed	E-C3, E-M5
ASPE	Issued a report and an issue brief on family-centered MAT in February 2019. This study constructed a framework for family-centered MAT treatment and reviewed state initiatives for PPW and infants with NAS that incorporate both family-centered care and MAT. The study includes case studies of state NAS programs in OH, NH, PA and TX. A final report and brief highlight a number of challenges and opportunities that states can use to improve access to family-centered MAT programs: - Report: State Policy Levers for Expanding Family-Centered Medication-Assisted Treatment, https://aspe.hhs.gov/basic-report/state-policy-levers-expanding-family-centered-medication-assisted-treatment . - Issue Brief: Expanding Access to Family-Centered Medication-Assisted Treatment Issue Brief, https://aspe.hhs.gov/basic-report/expanding-access-family-centered-medication-assisted-treatment-issue-brief .	Funded	Completed	PS-M2, PS-M3, PS-M4, PS-M7, PS-M9, PS-C1, PS-C2, E-M5
ASPE	Performed a study using an existing framework to investigate the integration of SUD and OB/GYN care. It reviewed models of care according to their level of integration. In July 2019 ASPE organized a technical expert panel to discuss policy challenges and opportunities to providing integrated SUD and OB/GYN care to pregnant and postpartum women, including funding, stigma and postpartum care. A report and issue brief to be published in 2020.	Funded	Ongoing	PS-M2, PS-M5, E-M1, M2
ASPE	Study using MarketScan Multi-state Medicaid and Commercial claims database to longitudinally follow infants diagnosed with NAS and explore the types of behavioral health services they receive and the types of provider they see.	Funded	Ongoing	RE-C5

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
ASPE	Study using MarketScan Multi-state Medicaid and Commercial claims data to explore opioid prescriptions among women during the postpartum period and the eventual development of OUD.	Funded	Ongoing	DS-M3, DS-M4, E-M4
ASPE	Partnered with AHRQ and Congressional Budget Office to conduct a study using a difference-in-differences estimation strategy to compare opioid-related outcomes among pregnant and parenting women in states with and without MML (before and after implementation). The findings indicate mixed evidence with respect to MML's association with opioid-related outcomes. These laws were, however, positively correlated with marijuana use and marijuana use disorder among all women and women with children. The resulting article has been submitted to a peer-reviewed journal for publication.	Funded	Ongoing	DS-M4
ASPE	Using the 2015-2016 NSDUH, the study estimates a multi-nomial logistic regression model to investigate the association between major depressive episode and opioid misuse as well as use disorder among reproductive-aged parenting women. Published in the <i>Journal Addictive Behaviors</i> , 2019; 98: 106057.	Funded	Completed	DS-M4
ASPE	Examine the prevalence and patterns of past month polysubstance use among U.S. reproductive-aged parenting women who misused prescription opioids in the past 30 days. Published in the <i>Journal of Addictive Diseases</i> , doi: 10.1080/10550887.2019.1630237.	Funded	Completed	DS-M4
ASPE	Examine the sources and motivations behind opioid misuse among reproductive-aged parenting women. Published in the <i>Journal Substance Use and Misuse</i> , 2019; 54(8): 1332-1336.	Funded	Completed	DS-M4
AHRQ	U.S. Preventive Services Task Force is undertaking an evidence review to update clinical recommendations on "Screening for Illicit Drug Use in Adults and Adolescents." This review includes pregnant women.	Funded	Ongoing	DS-M1
AHRQ	Findings-At-A Glance posted on HCUP-US: Neonatal Abstinence Syndrome Births: Trends in the United States, 2008-2018. From 2008 to 2014 (based on ICD-9-CM coded data), the number of newborn discharges with a NAS diagnosis increased each year. Recent data based on ICD-10 diagnosis coding suggest the number of newborn discharges with an NAS diagnosis remains relatively stable in 2016-2017 for 41 states and 2016-2018 for 12 states, but more data is needed to determine if this is a national trend. NAS trends are updated quarterly and posted on HCUP-US; https://hcup-us.ahrq.gov/reports/ataglance/HCUPtrendsNASbirthsUS.pdf .	Funded	Ongoing	DS-C2
AHRQ	Fast Stats path on provides state-specific and national estimates of NAS (with routine updates); https://hcup-us.ahrq.gov/faststats/NASMap .	Funded	Ongoing	DS-C2
AHRQ	Manuscript entitled "The Distribution and Correlates of Neonatal Abstinence Syndrome across Counties in the United States, 2016" is currently under review for journal publication. Findings were presented by Academy Health and to OASH. The study found that the average county level NAS rates were highest in Northeast and South census divisions. Higher in Appalachia and US-Mexico border areas. Counties with highest rates of NAS births had more mental health stays, fewer mental health professionals, more adults aged 45+ years, slower population growth from 2000 to 2010, and higher opioid prescribing rates. Adjusted regressions showed counties with high NAS rates associated with higher unemployment and poverty rates, higher ratio of Medicaid enrollees to number of persons living in poverty, and populations with larger percentage of Whites.	Funded	Ongoing	DS-C2, RE-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
AHRQ	Working with CDC and HRSA on analysis of NAS identified with ICD-10-CM codes. A data brief and the annual report will be posted on the HRSA website.	Funded	Ongoing	DS-C2
ACL	Funded a National Training Initiative grant to extend the reach of the ACL funded 2018 pilot training entitled Project SCOPE: Supporting Children of the Opioid Epidemic. This virtual interdisciplinary training initiative aims to provide supports to professionals providing services to young children with developmental disabilities as a result of NAS. This training grant aims to close gaps in access and delivery of quality treatment and services to infants, young children, and families impacted by NAS and build provider capacity and confidence in applying EBPs in serving this population. The purpose is to train 16 additional interdisciplinary state teams on emerging knowledge and EBPs in screening, monitoring, and interdisciplinary care for children with NAS. Participants will receive the skills needed to implement this virtual interdisciplinary training in their own community and will receive TA for ongoing implementation over the three year period.	Funded	Ongoing	E-M2, E-M5, E-C2, E-C3
ACF	NCSACW is an HHS initiative jointly funded by SAMHSA and ACF. The mission of NCSACW is to improve family recovery, safety, and stability by advancing practices and collaboration among agencies, organizations and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect.	Funded	Ongoing	PS-C2, E-M3, E-M5, DS-M1, DS-C3, PS-C3
ACF	NCSACW provides TA and resources to promote general public awareness of the effectiveness of SUD treatment to reduce barriers to seeking treatment prior to conception and in early pregnancy. These include: publications, tutorials and webinar recordings to promote awareness; presenting at a variety of conferences throughout the year to a multi-disciplinary group of professionals at both the national and state level; and actively engaging in the dissemination of the productions and publications they produce and have produced. In addition: The NCSACW is working with states to expand screening to identify women in need of brief intervention, and referral to treatment. Through NCSACW, ACF is providing ongoing TA to communities to promote and facilitate and strengthen collaboration between child welfare workers, facilitate linkages to treatment and promote recovery for mothers with SUD.	Funded	Ongoing	E-M1, E-M5,
ACF	NCSACW provides TA and 4 different levels to achieve the above goals, in addition to the development of online training (which offers CEUs), curricula, webinars and other products to support our work in this area. NCSACW offers a variety of online tutorials and curriculum designed to educate various different professionals across disciplines, including those from child welfare and the courts about SUD and SUD treatment as well as other publications including, 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 and the Executive Summary for Substance Exposed Infant IDTA. In addition, related recent webinars include: Partnering to Support Families Affected by Opioid and Other Substance Use Disorders; Supporting Families in Child Welfare Affected by Opioid and Other Substance Use Disorders; A Framework for Intervention for Infants with Prenatal Exposure and Their Families; Early Identification and Treatment of Prenatally Exposed Infants; and Collaborative Approaches to Treating Pregnant Women with Opioid Use Disorders. Recordings and slides from these webinars can be found at https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx .	Funded	Ongoing	E-C3, E-M1, E-M2, E-M5, PS-M4

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
ACF	Launched in September 2014, the IPSE IDTA provides TA to advance the capacity of tribes, states, and community agencies to improve the safety, health, permanency, and well-being of substance-exposed infants and the recovery of PPW and their families. The program is designed to strengthen collaboration among child welfare, SUD treatment, and the courts, as well as medical communities, early care and education systems, home visiting, and other key partners. Six states were selected to participate in Round I (2014-2016)--CT, KY MN, NJ, VA, and WV. Four of the states, CT, KY, NJ, and VA--receive time-limited TA to develop policy and protocol on the prenatal substance exposure provisions in CAPTA. Two states were selected to participate in Round II, including DE and NY and four additional states were selected to participate in Round III, including FL, MD, NC and WV. Currently MD, WV, and soon WA will be receiving IDTA. It is anticipated that an additional 3 states will be selected to participate in IPSE IDTA in FY20.	Funded	Ongoing	PS-C2, E-M3, E-M5, DS-M1, DS-C3, PS-C3
ACF	To support CAPTA and strengthen the implementation of Plans of Safe Care, ACF completed 8 site visits during the Summer/Fall of 2018 and 2019 to learn how communities were implementing the CARA 2016 changes to CAPTA, specifically related to Plans of Safe Care.	Funded	Completed	PS-M3, PS-M7
ACF	TA Support to assist in the implementation of CARA: The NCSACW is tasked with providing 2 kinds of TA to directly support state implementation of the CAPTA requirements as it relates to the passage of CARA. The first task is to provide TA on an ongoing basis to states and state organizations designated to implement the CAPTA requirements, including programmatic TA related to the development and implementation of Plans of Safe Care. TA will be tailored to specific state needs, as well as address the needs of all states when appropriate. TA may include responding to requests for information; disseminating written materials and resources, and conducting webinars/conference calls. The second task, to further assist in the successful implementation of CARA is CAPTA time-limited IDTA. This IDTA will be similar to other IDTA provided by the NCSACW, but on a time-limited basis. It will include the involvement of a Change Leader and may include a site visit. In addition, as necessary, TA tools may be developed and used to provide IDTA, as well as respond to other TA requests that come into NCSACW. These may include use of protocols, training plans, strategic plans, memorandums of understanding, etc.	Funded	Ongoing	PS-M4, PS-C3
ACF	Sponsors the National Child Abuse and Neglect Data System, which collects data on substance-exposed infants, and the Adoption and Foster Care Analysis and Reporting System, which plans to collect information on whether "prenatal exposure" to alcohol or drugs contributes to the child being removed from the home.	Funded	Ongoing	DS-C4
ACF	In FY18, for the first time states began reporting the required data related to the 2016 CARA amendments to CAPTA including the number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; the number of infants with safe care plans; the number of infants for whom service referrals were made, including services for the affected parent or caregiver. In January 2020, data reported by states in FY18 were released in Child Maltreatment 2018. The report includes both the data collected by states and discussion. The report can be found at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018 .	Funded	Ongoing	DS-C4
ACF	Early Head Start and Early Head Start-Child Care Partnerships, provide early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.	Funded	Ongoing	PS-M3, PS-C1

AGENCY	ACTIVITY	FUNDING	MILESTONES	RECOMMENDATIONS ¹
ACF	<p>Implements the RPGP. This program is designed to improve the well-being of children affected by parental substance abuse through the support of interagency collaborations and the integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as a result of a parent or caregiver's substance abuse. The programs are designed to meet the needs of the entire family by providing access to MAT, trauma-specific services, and continuing care and recovery support. ACF awarded 10 new RPGPs (in 8 states) in September 2018. Several of these grants are targeting pregnant moms or mothers parenting infants. Eight additional 5-year RPGP grantees were funded in September 2019 in 8 states, to create RPGP Round 6.</p>	Funded	Ongoing	PS-M3, PS-C1, PS-M9, E-C3
<p>1. The "Recommendations" column includes numbers that refer to individual POIA strategy recommendations. For a list of the recommendations and their assigned numbering please refer to Appendix B</p>				

APPENDIX B. POIA STRATEGY RECOMMENDATIONS^b

1. Data and Surveillance

1.1. Data and Surveillance -- Maternal (DS-M)

- DS-M1. Improve and expand screening to identify women in need of brief intervention, and referral to treatment.
- DS-M2. Develop easy to implement and valid screening instruments for SUD in pregnancy.
- DS-M3. Collect substance and diagnosis-specific data about prenatal substance use in order to develop adequate treatment capacity.
- DS-M4. Collect substance and diagnosis specific data about prenatal substance use in order to identify unmet service and care-coordination needs and any disparities in access.

1.2. Data and Surveillance -- Child (DS-C)

- DS-C1. Standardize terminology and promote a unified approach to data collection and reporting in order to accurately quantify prenatal substance exposure and identify risk and protective factors amenable to preventive efforts.
- DS-C2. Establish clear definitions of NAS vs. NOWS and standardize the use of ICD codes in order to collect more meaningful and actionable data on the impact of prenatal substance exposure on infants and children.
- DS-C3. Identify a history of prenatal substance exposure and NAS/NOWS when children receive developmental assessment, early intervention services or enter child welfare.
- DS-C4. Collect data on the welfare of substance-exposed children who are removed from their families versus those remaining with a mother receiving supportive interventions.

2. Research and Evaluation

2.1. Research and Evaluation -- Maternal (RE-M)

- RE-M1. Define and understand the elements of an effective risk-benefit assessment in order to counsel pregnant women with pain regarding their management.
- RE-M2. Research consequences of unrelieved pain on women and their pregnancies.
- RE-M3. Determine the safety and effectiveness of naltrexone and naloxone when combined with buprenorphine use during pregnancy and breastfeeding.
- RE-M4. Research the modifiable maternal risk and protective factors and most effective interventions to minimize the impact of prenatal substance exposure on the fetus and child.

^b The POIA strategy recommendations have been numbered to track federal activities and their relevance to the strategy. The strategy recommendations are identical in content to the published strategy available at https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf.

- RE-M5. Study prenatal opioid treatment for pain and develop an objective risk-benefit analysis for providers and patients to use in making pain management decisions.
- RE-M6. Research effective nonpharmacologic and nonopioid pharmacotherapies for pain management during pregnancy, labor and delivery, the postpartum care, and breastfeeding for women with chronic pain or OUD.

2.2. Research and Evaluation -- Child (RE-C)

- RE-C1. Conduct research to support effective and safe nonopioid pharmacotherapy and nonpharmacologic pain relief strategies during pregnancy and breastfeeding.
- RE-C2. Establish evidence-based protocols for identifying and managing NAS and NOWS.
- RE-C3. Determine optimal toxicology screening of the opioid-exposed infant to support effective management with or without NAS/NOWS.
- RE-C4. Assess and determine optimal family and development support services for the child who experienced prenatal substance exposure or NAS/NOWS.
- RE-C5. Research the long-term developmental effects of prenatal substance exposure so that services can be developed to mitigate any effects.

3. Programs and Services

3.1. Programs and Services -- Maternal (PS-M)

- PS-M1. Increase access to the full range of contraceptive options for women at risk of experiencing a substance-exposed pregnancy, including barrier free access to long-acting reversible contraception (LARC).
- PS-M2. Provide ready access to effective SUD treatment, including tobacco cessation counseling/treatment, prior to conception and during pregnancy.
- PS-M3. Make available family-friendly relapse prevention and recovery support for parents in recovery.
- PS-M4. Provide ready access to family-friendly SUD treatment for parents.
- PS-M5. Expand the use of SBIRT to identify hazardous and harmful substance use and intervene to change behavior prior to conception.
- PS-M6. Provide access to effective and alternative treatment options for pain prior to conception and during pregnancy and breastfeeding.
- PS-M7. Support continuation of treatment for SUD postpartum and tailor MAT according to parental need.
- PS-M8. Develop effective strategies to support informed decision-making around pain management or SUD treatment when these conditions are identified prenatally.
- PS-M9. Provide easily accessible, family-friendly, SUD treatment for pregnant and parenting women.

3.2. Programs and Services -- Child (PS-C)

- PS-C1. Provide ready access to parental support and early intervention services.
- PS-C2. Promote nonpharmacologic interventions, such as rooming-in, for managing mild to moderate NAS/NOWS.
- PS-C3. Provide developmental assessment and early intervention services for substance-exposed children with or without a history of NAS/NOWS.

4. Education

4.1. Education -- Maternal (E-M)

- E-M1. Promote general public awareness of the effectiveness of SUD treatment, to reduce barriers to seeking treatment prior to conception and in early pregnancy.
- E-M2. Promote shift in public perceptions of SUD so that it is regarded as a disease rather than as a criminal or moral problem, to reduce barriers to seeking treatment prior to conception and in early pregnancy.
- E-M3. Promote breastfeeding for women who receive opioids for pain or the treatment of OUD when not otherwise contraindicated and consistent with appropriate guidelines.
- E-M4. Provide continuing medical education (CME) to the provider for managing pain in the pregnant woman with OUD.
- E-M5. Promote public and health professional awareness of ongoing parental treatment engagement, recovery support, and early-intervention services in family function and mitigation of consequences of prenatal substance exposure and NAS/NOWS.

4.2. Education -- Child (E-C)

- E-C1. Promote breastfeeding of infants of women who receive opioids for pain or OUD when not otherwise contraindicated and consistent with appropriate guidelines.
- E-C2. Provide CME to the provider for managing the infant with NAS symptoms.
- E-C3. Promote training and resources for child welfare workers to effectively address SUD and prenatal substance exposure, facilitate linkages to treatment, and promote recovery for mothers with SUD.

REFERENCES

1. Behavioral Health Coordinating Council, Subcommittee on Prescription Drug Abuse. (2017). *Protecting Our Infants Act: Report to Congress*. Accessed December 11, 2019. https://www.samhsa.gov/sites/default/files/topics/specific_populations/protecting-our-infants-act-report-congress-2017.pdf.
2. Behavioral Health Coordinating Council, Subcommittee on Prescription Drug Abuse. (2017). *Protecting Our Infants Act: Final Strategy*. Accessed on December 11, 2019. https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf.
3. SAMHSA. (2019). *Status Report on Protecting Our Infants Act Implementation Plan*. Accessed on December 11, 2019. <https://aspe.hhs.gov/report/status-report-protecting-our-infants-act-implementation-plan>.
4. SAMHSA. (2018). *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*. Accessed on December 16, 2019. <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>.
5. Kocherlakota, P. (2014). Neonatal Abstinence Syndrome. *Pediatrics*, 134(2): e547-e561.
6. Hudak, M.L., and Tan, R.C. (2010). American Academy of Pediatrics Committee on Drugs and Committee on Fetus and Newborns. Neonatal Drug Withdrawal. *Pediatrics*, 129(2): e540-e560.
7. Winkelman, T.N.A., Villapiano, N., Kozhimannil, K.B., Davis, M.M., and Patrick, S.W. (2018). Incidence and Costs of Neonatal Abstinence Syndrome Among Infants With Medicaid: 2004-2014. *Pediatrics*, 141(4): e20173520.
8. AHRQ. (updated 2018). Healthcare Cost and Utilization Project. *Trends in Neonatal Abstinence Syndrome Births in the U.S.* https://www.hcup-us.ahrq.gov/reports/Trends_NeonatalAbstinenceSyndrome_Births_UnitedStates.pdf.
9. Haight, S.C., Ko, J.Y., Tong, V.T., Bohm, M.K., and Callaghan, W.M. (2018). Opioid Use Disorder Documented at Delivery Hospitalization--United States, 1999-2014. *Morbidity Mortality Weekly Report*, 67: 845-849.
10. Jansson, L.M., and Patrick, S.W. (2019). Neonatal Abstinence Syndrome. *Pediatric Clinic of North America Journal*, 66(2): 353-367.
11. ACOG. (2017). Opioid Use and Opioid Use Disorder in Pregnancy. *ACOG Committee Opinion*, Committee on Obstetric Practice, Number 711, (Reaffirmed 2019). Accessed March 3, 2020. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false>.

12. Jarlenski, M., Barry, C.L., Gollust, S., Graves, A.J., Kennedy-Hendricks, A., and Kozhimannil, K. (2017). Polysubstance Use Among US Women of Reproductive Age Who Use Opioids for Nonmedical Reasons. *Am J Public Health*, 107(8): 1308-1310.
13. Sanmartin, M.X., Ali, M.M., Novak, P., and Chen, J. (2018). Polysubstance Use Among Reproductive-Aged Parenting Women Who Misused Prescription Opioids in the United States. *J Addict Dis*, 37(3-4): 142-145.
14. Seibert, J., Stockdale, H., Feinberg, R., Dobbins, E., Theis, E., and Karon, S.L. (2019). State Policy Levers for Expanding Family-Centered Medication-Assisted Treatment. Accessed March 30, 2020. <https://aspe.hhs.gov/basic-report/state-policy-levers-expanding-family-centered-medication-assisted-treatment>.
15. For more information, visit <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.
16. Henderson, Z.T., Suchdev, D.B., Abe, K., Johnston, E.O., and Callaghan, W.M. (2014). Perinatal Quality Collaboratives: Improving Care for Mothers and Infants. *J Womens Health (Larchmt)*, 23(5): 368-72.
17. Larson, J.L., Graham, D.L., Singer, L.T., Beckwith, A.M., Terplan, M., Davis, J.M., Martinez, J., and Bada, H.S. (2019). Cognitive and Behavioral Impact on Children Exposed to Opioids during Pregnancy. *Pediatrics*; 144(2).
18. Sherman, L.J., Ali, M.M., Mutter, R., and Larson, J. (2019). Mental Disorders Among Children Born with Neonatal Abstinence Syndrome. *Psychiatric Services*, 70(2): 151-151.
19. For more information, visit <https://heal.nih.gov/>.
20. Fill, M.A., Miller, A.M., Wilkinson, R.H., Warren, M.D., Dunn, J.R., Schaffner, W., and Jones, T.F. (2018). Educational Disabilities Among Children Born with Neonatal Abstinence Syndrome. *Pediatrics*, 142(3).
21. Jilani, S.M., Frey, M.T., Pepin, D., Jewell, T., Jordan, M., Miller, A.M., and Reefhuis, J. (2019). Evaluation of State-Mandated Reporting of Neonatal Abstinence Syndrome--Six States, 2013-2017. *Morbidity Mortality Weekly Report*, 68(1): 6-10. doi:10.15585/mmwr.mm6801a2.
22. Council of State and Territorial Epidemiologists. (2019). *Neonatal Abstinence Syndrome Standardized Case Definition*. Maternal and Child Health Committee. https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-MCH-01_final_7.31.19.pdf.
23. For more information, visit <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib072619-1012.pdf>.
24. Clemans-Cope, L., Lynch, V., Howell, E., Hill, I., Holla, N., Morgan, J., Johnson, P., Cross-Barnet, C., and Thompson, J.A. (2019). Pregnant Women with Opioid Use Disorder and Their Infants in Three State Medicaid Programs in 2013-2016. *Drug and Alcohol Dependence*, 195: 156-163.

25. Fingar, K.R., Stocks, C., Weiss, A.J., and Owens, P.L. (2015). Neonatal and Maternal Hospital Stays Related to Substance Use, 2006-2012. Agency for Healthcare Research and Quality, Statistical brief #193.
26. Patrick, S.W., Davis, M.M., Lehmann, C.U., and Cooper, W.O. (2015). Increasing Incidence and Geographic Distribution of Neonatal Abstinence Syndrome: United States, 2009-2012. *Journal of Perinatology*, 35(8): 650-655.