

COST-EFFECTIVE, COORDINATED CARE FOR CAREGIVERS AND SUBSTANCE EXPOSED NEWBORNS (C4SEN) INVESTMENT PROGRAM

CARING FOR PARENT-INFANT DYADS AFFECTED BY SUBSTANCE USE DISORDER

JUNE 2026

“I would not be here today if it weren’t for [the C4SEN team]. I know ultimately it was my choice to turn my life around and show up for myself and my kids, but without [their] support and encouragement and having them in my life, I really don’t think I would be where I’m at today.”

– BERKSHIRE CONNECTIONS PARTICIPANT

The Massachusetts Health Policy Commission (HPC) launched the Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program, a program to support and care for families with substance-exposed newborns (SEN), in 2021. C4SEN leveraged the HPC’s past work in the areas of substance use disorder (SUD), particularly opioid use disorder (OUD), and neonatal abstinence syndrome (NAS, also referred to as neonatal opioid withdrawal syndrome or NOWS). The \$1.5 million program funded five awards across the Commonwealth, with the intention to provide both medical services and services that are traditionally non-reimbursed, including support provided in clinic settings or in-home for children and families enrolled. Programs served over 200 caregivers and their children during the 21-month implementation period, providing wraparound support for these families.

C4SEN PROGRAM REQUIREMENTS

- » Support substance-exposed newborns (SEN) and caregivers for a minimum of 12 months following birth
- » Coordinate with outpatient providers and/or directly provide access to pediatric services, adult primary care, and adult behavioral health, including evidence-based SUD treatment – particularly medication for opioid use disorder (MOUD) – for the caregiver
- » Collaborate with community-based and/or social service organizations to meet the non-medical needs (including health-related social needs) of caregivers and SEN
- » Ensure that SEN who are experiencing or at risk for developmental delays have access to supportive services, including [Early Intervention \(EI\)](#)
- » Provide culturally competent care that is free of stigma and bias
- » Address health equity considerations

BAYSTATE FRANKLIN MEDICAL CENTER

Engaging Mothers for Positive
Outcomes through Early
Referrals+ (EMPOWER+)

BERKSHIRE MEDICAL CENTER

Berkshire Connections

MERCY MEDICAL CENTER

Mothers and Newborns’
Treatment and Recovery
Alignment (MANTRA)*

SOUTHCOAST HEALTH

New Beginnings Community
Outreach Program

SOUTH SHORE HOSPITAL

Supporting: Hope,
Opportunity, Resilience,
Empowerment (SHORE)

* Mercy Medical Center had a shortened implementation period and data from this program is not reflected in this impact brief.

WHOLE FAMILY MEDICAL AND BEHAVIORAL HEALTH CARE

The C4SEN program focused on the dyad of birthing parent—often referred to as a caregiver—and their infant, who was substance-exposed. These pairs needed comprehensive care to ensure that their medical and behavioral health needs were met and that the caregiver had the resources they needed to successfully care for themselves and their infants. Programs provided connection to MOUD and psychotherapy to address any SUD-related needs and ensured infants received well child visits and timely connection to EI. Programs also worked with family members beyond the dyad when necessary (i.e., fathers/non-birthing parents, grandparents, aunts). This comprehensive care helped to foster high satisfaction and encourage deeper engagement by participants.

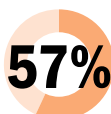
CLINICAL CARE FOR CAREGIVERS

MOUD:



of participants not already on MOUD started MOUD during the program

PSYCHOTHERAPY:



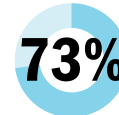
of participants were engaged in psychotherapy at enrollment; programs engaged 30% of remaining participants in psychotherapy

“They’ve helped me get into both of the programs I was in... They’ve helped me find doctors, they’ve helped me find mental health care, just everything. They help and support me with my son or when I’m feeling doubtful of myself or just really all the way around. And it’s funny because I feel like I can’t say enough good things and that never happens. I’ve never had that.”

– BERKSHIRE CONNECTIONS PARTICIPANT

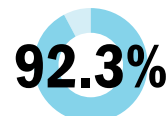
CLINICAL CARE FOR INFANTS

EARLY INTERVENTION:



of infants received a referral to EI, compared to 52% referred at hospitals without a C4SEN program¹

WELL CHILD VISITS:



of visits were completed within two weeks of target date

1. The comparison data is based on PNQIN data on birthing hospitals without a C4SEN program from October 2021-September 2023. Hospitals reported on whether opioid exposed newborns at their hospitals had been referred to EI.

ENGAGING FATHERS, NON-BIRTHING PARENTS, AND PARTNERS

To assist the birthing parents in maintaining their recovery and custody, as well as ensure a healthy environment for the infant, programs tried to provide connections to recovery support, education, or other services to partners/non-birthing parents. In a number of cases, programs found these individuals were also in recovery from – or experiencing – OUD, and those who were stable in recovery and engaged with supportive care were much more likely to be a positive factor in supporting the C4SEN participant in their recovery and parenting.



DESIGNING PROGRAM PARTNERSHIPS WITH PATIENTS IN MIND

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All C4SEN programs worked to engage and build trust with participants to help ensure that they received the full benefits of the program. In several instances, programs worked with outside organizations to enhance their services and offerings in ways that were specifically tailored to the needs of the target population.

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SAFE COMMUNITY AND SOCIAL SUPPORTS

C4SEN program teams noted the importance of having safe spaces and communities for their participants that were tailored to their specific needs as pregnant or parenting individuals who were also in recovery.

“Healthy Families has been able to provide extra in-home support and resources for our younger moms with limited support and help them to continue to plan for their future education or work ... The Family Resource Centers have been key for our patients who need parenting [classes], [support] groups, supplies, [and] whose children need greater support.”

- SHORE STAFF MEMBER



PARENTING AND BABY ITEMS

Many C4SEN participants had limited financial resources and social support, so partnerships between C4SEN programs and local organizations that could donate baby supplies to participants were pivotal.



“The second most popular service is our ‘Gifts to Give’ orders. Gifts to Give is a local non-profit working with agencies to provide resources to local families in need. The caregiver’s Family Advocate will place an order for clothes, books, toys and other essentials when needed and deliver these items to the caregiver’s home.”

- NEW BEGINNINGS STAFF MEMBER

LEGAL SUPPORTS

In some cases, providing wraparound care and services to participants meant that C4SEN program teams needed to engage with the justice system (such as family courts or jails) and legal supports, especially around issues like child custody and housing.

“[The program coordinator] was also able to share about a participant who was able to obtain stable housing through the Medical Legal Partnership and how much of a difference it made in the caregiver’s life and in keeping the SEN and mother together.”

- EMPOWER+ STAFF MEMBER



ADDRESSING STIGMA

Program teams observed that a barrier to patient engagement in treatment was self-imposed stigma. This internalized stigma – in some cases based in prior negative experiences with health care providers – could make patients reluctant to share about their substance use or seek care. Staff shared that receiving training on the topics of bias and SUD as a medical condition, and both learning from and working with individuals with lived experience helped them maintain a non-judgmental approach to care and engaging with patients. Patients noted that program teams including staff with lived experience and the willingness to meet them wherever they were in their recovery journey made them more comfortable engaging in care.

STAFF EDUCATION. Program teams took advantage of existing training opportunities at their institutions to drive evolving knowledge of SUD and attitudes toward patients in active use and recovery. Staff unaffiliated with the programs were included in trainings to ensure patients' experiences throughout the care setting were supportive and non-stigmatizing.

“An important theme in recent trainings has been ‘language matters.’ This is something we have put into practice, taking care and sensitivity in our word choice. Instead of using the word ‘relapse’ we now use the word ‘recurrence’ to emphasize that it is an anticipated part of recovery.”

– NEW BEGINNINGS STAFF MEMBER

PATIENT ENGAGEMENT. Program teams worked closely with patients ahead of their delivery to set appropriate expectations for their experience. Some teams provided tours of the labor and delivery (L&D) floor, proactively introduced them to providers, or solicited feedback about previous births and potentially negative or traumatic experiences to share with L&D and obstetric staff.

“We review what’s going to happen at the hospital. I start right from the beginning, from the labor room, expectations that the staff has of them, expectations they can have of the staff. I give them a chance to ask questions and leave them my phone number.”

– NEW BEGINNINGS STAFF MEMBER

NON-JUDGMENTAL APPROACH. Teams maintained a non-judgmental approach in their work, meeting patients wherever they were in their recovery journey, which increased patient comfort in seeking care and built trust.

“Providing a supportive environment free of judgment has allowed for open communication to be facilitated throughout their pregnancy and parenting journey [...] I am proud to be ‘their person’ who helps to advocate and answer any questions they may be hesitant to ask.”

– NEW BEGINNINGS STAFF MEMBER

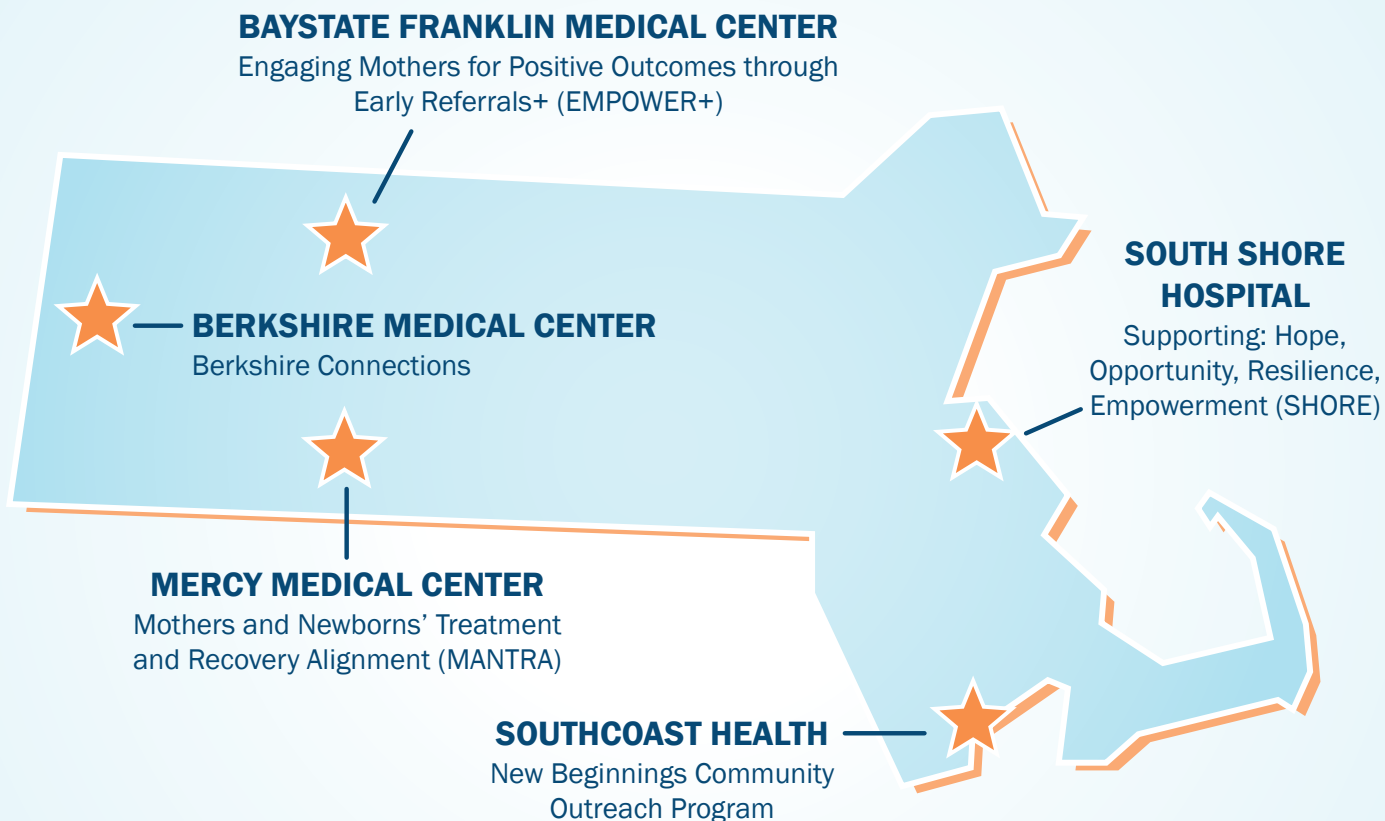
HIRING STAFF WITH LIVED EXPERIENCE. Teams provided patients with access to peer support and hired staff with lived experience of SUD. These team members were able to address stigma and bias with patients as well as other hospital staff; patients felt comfortable with them, and staff were able to ask them questions and learn from their experience to better serve patients.

“For staff serving this target population, having the perspective of a peer recovery coach or someone with lived experience as a support person – not only for the patient but also for the care team to have a better perspective – is incredibly important.”

– SHORE STAFF MEMBER



C4SEN INVESTMENT PROGRAM MAP



ABOUT THE MASSACHUSETTS HEALTH POLICY COMMISSION

The Massachusetts Health Policy Commission (HPC) is an independent state agency charged with monitoring health care cost trends and making policy recommendations to improve the affordability of health care for all residents of the Commonwealth. Through data-driven analysis, actionable policy insights, public accountability, and innovative investments, the HPC seeks to improve health care delivery, lower costs, and reduce health disparities.

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