

**HEALTH CARE INNOVATION SPOTLIGHT SERIES**

# SUBSTANCE EXPOSED NEWBORNS OF SOUTHEAST MASSACHUSETTS COLLABORATIVE

## Cross-sector Collaboration to Address Unmet Needs for Pregnant and Parenting Individuals with Substance Use Disorders and Their Infants in the Southcoast Region

**JULY 2023**

**THE OPIOID EPIDEMIC CONTINUES** to pose a threat to communities throughout the United States, with a growing number of opioid-related overdoses and deaths reported annually, and Massachusetts is no exception.<sup>1,2</sup> The impact of the crisis is especially significant among pregnant and parenting people with substance use disorders (SUD), posing potential consequences to their own health and wellbeing as well as that of their infants.<sup>3</sup> Data show that birth parents are at heightened risk of overdose between seven to 12 months postpartum.<sup>4</sup> In addition, opioid and substance use during pregnancy increases the risk that an infant may develop symptoms of neonatal abstinence syndrome (NAS)<sup>i</sup> – also known as neonatal opioid withdrawal syndrome (NOWS) – which can be associated with poor health outcomes for infants.<sup>5</sup>

For several years, the Southcoast region in Massachusetts has grappled with disproportionately high rates of NOWS compared to the rest of the Commonwealth.<sup>6</sup> These high rates are coupled with poor coordination between services for substance-exposed newborns (SEN)<sup>ii</sup> and services for pregnant and parenting individuals with SUD. The lack of coordination can put families at risk, as it creates barriers to timely referrals to services and logistical burdens as families navigate disparate appointments and resources.

To address these challenges, representatives from various organizations serving infants, children, and their families convened the Substance Exposed Newborns of Southeast Massachusetts (SENSE) Collaborative, an interprofessional network of medical care, behavioral care, and social service providers working to organize and increase access to supportive services and resources for this population. The SENSE Collaborative focuses both on ensuring better coordination of care for pregnant and postpartum caregivers and their infants and promoting referrals to services by increasing providers' awareness of those services and their eligibility requirements.

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*"You forget that there is this  
community that is happening  
outside of that treatment  
clinic setting ... [T]here is a  
place to have collaborative  
communication with other  
providers [who] are also working  
with your families."*

– MELANIE CROWLEY,  
PLAN OF SAFE CARE COORDINATOR,  
Massachusetts Department of  
Children and Families

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i This data uses the term "neonatal abstinence syndrome," or NAS. NAS is often used interchangeably with "neonatal opioid withdrawal syndrome," or NOWS, but as the New Beginnings program at Southcoast Health serves caregivers with untreated OUD or receiving pharmacotherapy for OUD or pain management, NOWS will be used in the text of this case study.

ii SEN is a commonly used term when referring to infants who were exposed in utero to illicit substances or certain prescribed medications, such as those used to treat opioid use disorder. However, to avoid potential stigmatization of caregivers and these infants, this case study will primarily use the word "infant" as a person-first alternative to refer to this population.

The SENSE Collaborative is chaired by Lauren Sousa, Team Leader of the *New Beginnings* program at Southcoast Hospital. *New Beginnings* is funded through the Health Policy Commission's (HPC) Cost-Effective Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program. The SENSE Collaborative first convened in 2015, paused during the COVID-19 pandemic, and was reconvened by *New Beginnings* staff in 2022 with the support of C4SEN investment funding. While they were not the original conveners of the group in 2015, Sousa and *New Beginnings* staff now organize and chair the SENSE Collaborative. More information on the *New Beginnings* program can be found in their HPC awardee [profile](#).

In an interview with Health Policy Commission staff, Lauren Sousa and Melanie Crowley – a Plan of Safe Care (POSC) Coordinator with the Massachusetts Department of Children and Families (DCF) and a founding member of the SENSE Collaborative – shared their reflections on fostering communication, connections, and learning among the clinical and social services providers serving families impacted by substance use in the Southcoast region.

### THE CHALLENGE: FILLING GAPS IN CARE

In a fragmented system, clinical and social services providers are often not aware of the different programs available to address the unique needs of patients and families affected by SUD. “The hardest thing is when you know someone needs something and you don’t know where to send them, you don’t have the solution. And there are often, from my experience with the [SENSE] Collaborative, services and resources out there that are so underutilized because there is a lack of awareness,” said Sousa. For example, when providers are not aware of the eligibility requirements of programs and resources, families may not receive important and beneficial services such as Early Intervention (EI), a publicly supported service that children diagnosed with NOWS are automatically qualified to receive until age three.

Both Sousa and Crowley identified silos among fields as another major barrier. Prior to the SENSE Collaborative, medical and SUD treatment providers in the Southcoast region had limited communication with each other. Crowley noted, **“I think for the most part, providers operate in silos because they are focusing on their lens of treatment. Substance use is focusing on substance. Medical is focusing on medical. Then we always forget that this person is still a person [who] has both the issues.”**

These silos extend beyond the medical and behavioral health care fields, with limited collaboration among DCF, community organizations, and care providers. The multidisciplinary makeup of the SENSE Collaborative has helped to break through these silos. In addition to Crowley, a number of other representatives from DCF participate in the SENSE Collaborative. Crowley noted their attendance and work with SENSE Collaborative members has helped to build better relationships between health care and treatment providers and non-clinical teams that work with families affected by SUD. The participation of DCF medical social workers, who coordinate with a broad range of service providers, has played an especially important role in easing communication between these parties.

### ABOUT THE SENSE COLLABORATIVE

The SENSE Collaborative, modeled after other successful coalitions, organized monthly meetings during which members discuss cases, present resources, review relevant data with a process-improvement focus, and share knowledge. Guest speakers are invited to meetings to educate members on insurance benefits and care models. The SENSE Collaborative has grown to include about 160 providers who touch each aspect of the care provided to infants, children, and their families, spanning Early Intervention (EI), Early Head Start, substance use treatment, obstetrics, nursing, counseling, and DCF. Bringing together this broad range of providers fosters connections between the organizations, creating opportunities for improved care coordination, improved continuity of care, and greater patient access to services.



The increased awareness and communication enabled by the SENSE Collaborative has addressed a major pain point for patients. “[**There are**] **increased needs for a mom who is in recovery, just to keep herself well. As a parent, you have increased demands for your child, so how are you going to navigate that so that you maintain your services, to maintain your wellness so you are able to care for your child?**” noted Sousa. “It shouldn’t be a ten-step process that takes forever to get your basic health and wellness needs met.”

## VALUE OF A NETWORK

Gathering in a monthly meeting enables providers to build personal relationships and see their colleagues’ perspectives and approaches to supporting their clients. Crowley explained, “[It allows people to say,] ‘This is the lens that I am sitting with. And this is the lens that you are sitting with. Let’s share it together because we are still working on that same person.’ I feel like the Collaborative has...a great a way to just allow folks to have that conversation and say, ‘We are both here in [our lenses] but it’s still the same person we are working with.’ I think that has helped in understanding the limitations that are in each provider’s scope.” This shared understanding is instrumental in breaking down the silos that were so common in the care provided to this population in the Southcoast region prior to the establishment of the SENSE Collaborative.

In addition to promoting collaboration and communication among specialties and services, the SENSE Collaborative has created a network that providers can tap into when serving patients. Providers reached out to each other to source clothing for families and identified resources during the baby formula shortage in 2022. Members of the SENSE Collaborative have also worked together to fill service gaps and ensure continuity of care for patients served by time-limited grant programs. Sousa explained, “We made a plan to identify what are [the program’s] patients getting out of [the grant-funded] services... How do we fulfill what these families are losing? And through the SENSE Collaborative, we were able to identify who can kind of pick up where [the grant program] left off.”



Additionally, through the monthly conversations, providers participating in the SENSE Collaborative learn the nuances of services offered to patients so they can better tailor referrals to the unique needs of each family. As Sousa noted, “I don’t want to refer a mom to an MAT program that doesn’t also offer transportation assistance if one of her big needs and barriers is transportation assistance. Or an MAT provider that only provides Suboxone, and she has been successful on methadone. [These are] things that you need to take into consideration. **Not one program is one-size fits all, even when they are in the same category.**”

## SYSTEMS AND PROCESS IMPROVEMENT

As they learn more about each other’s perspectives and services, the SENSE Collaborative members are creating more formal pathways for collaboration and care coordination to ensure smoother processes for families. Members are laying the groundwork for even stronger working relationships across silos by working to overcome data sharing challenges and improving referral pathways to different specialties and fields. The goal of these process improvement activities is to create a connected network of wraparound services for caregivers and families through pregnancy and postpartum.



The New Beginnings team is starting to formalize these connections by developing memoranda of understanding (MOUs) among SENSE Collaborative participants. The purpose of these agreements is to streamline information sharing across offices and specialties and facilitate rapid referrals between New Beginnings and community organizations. For example, one MOU with a treatment provider includes an agreement that the intake coordinator will give priority to New Beginnings patients and that a peer recovery coach will be available on standby. Sousa noted, “By developing those specific written agreements, we are able to say, ‘**Okay this is what we need, this is what we will give you, let’s make sure that this works to get [patients] what they need quicker.**’”



## SENSE COLLABORATIVE SUCCESS STORY: CRAFTING A PATIENT-CENTERED PLAN OF SAFE CARE

For Melanie Crowley, participating in the SENSE Collaborative and sharing insights based on her DCF experience has helped foster productive working relationships both with her DCF colleagues and with clinical and social service providers. SENSE Collaborative members observed that patients and providers struggled with the Plan of Safe Care (POSC) – a document that serves as a roadmap to support family wellness and catalogs birth parents’ plans for delivery, substance use treatment, and postpartum support. Families and providers found that the document was intimidating, unclear, and overwhelming, so Crowley and the New Beginnings team collaborated on a new, streamlined version. Combining Crowley’s knowledge of the specific details that DCF would evaluate when completing a family assessment and the New Beginning team’s deep understanding of clinical factors and the patient journey, this joint effort yielded a straightforward document that was more accessible to patients. The updated POSC template was shared with the SENSE Collaborative and is currently used not only by the New Beginnings team and other SENSE Collaborative members, but also by the members’ broader networks, maximizing the innovation’s impact.

### KEY TAKEAWAYS

Sousa and Crowley offered several insights from their experience in fostering an engaged and effective collaborative:

- » **A ROBUST COLLABORATIVE CAN GROW FROM A GROUP OF ANY SIZE.** Identify goals for the group at the outset and then use those goals to guide outreach and networking to grow membership, provider by provider.
- » **MEETINGS CAN BE OPPORTUNITIES** to provide updates on cases, questions, or barriers, to validate the work that is being done by the collective and demonstrate the value of shared educational tools.
- » **FORMALIZING CONNECTIONS** created between members of a collaborative, like in MOUs, can guide interactions, set norms for how providers work together, and streamline referrals, among other things.
- » **ADEQUATE STAFF SUPPORT IS IMPORTANT TO ENSURING SUCCESSFUL COLLABORATION.** It may be helpful for one person to be accountable for and manage the work.
- » **IN-PERSON MEETINGS MAY YIELD GREATER PARTICIPATION,** but email communication between meetings can help bridge the gap and yield meaningful engagement as well.

### ENDNOTES

- 1 U.S. Department of Health and Human Services. Overdose Prevention Strategy: Trends in U.S. Overdose Deaths (1999-2021). Available at: <https://www.hhs.gov/overdose-prevention/#:~:text=Trends%20in%20U.S.%20Drug%20Overdose%20Deaths>.
- 2 Commonwealth of Massachusetts. Fighting the Opioid Crisis. Available at: <https://www.mass.gov/fighting-the-opioid-crisis>.
- 3 The Centers for Disease Control and Prevention. May 2022. Substance Use During Pregnancy. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm#opioids>.
- 4 Schiff DM, et. al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol.* 2018; 132(2): 466-474.
- 5 Anbalagan S, Mendez MD. Neonatal Abstinence Syndrome. Jan 2023. In: StatPearls. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK551498/>.
- 6 Massachusetts Department of Public Health. 2022. Neonatal Abstinence Syndrome Dashboard – Number of infants diagnosed with NAS per 1,000 live births (grouped by EOHHS regions). Available at: [dphanalytics.hhs.mass.gov](https://dphanalytics.hhs.mass.gov).