

2019 Report to the General Assembly

Plan for Services for Substance-Exposed Infants

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Executive Summary

In 2017, the Governor and General Assembly directed the Secretary of Health and Human Resources to convene a workgroup to study barriers to the identification and treatment of substance-exposed infants in the Commonwealth. In December 2017, the workgroup made recommendations in a report submitted to the General Assembly. The recommendations included:

- Identify a state agency to develop and implement a comprehensive plan to address substance-exposed infants;
- Identify a state agency with a recovery/treatment model to lead coordination of the development of a standardized Plan of Safe Care process;
- Develop a coordinated system of information sharing between agencies; and
- Formalize processes and systems of care across agencies and organizations, including MOUs, screenings used, protocols, forms and referral processes.

Related to the workgroup's recommendations, the 2018 General Assembly amended the Code of Virginia (§ 32.1-73.12) identifying the Virginia Department of Health (VDH) as the lead agency to develop, coordinate, and implement a plan for services for substance-exposed infants. The plan must:

1. support a trauma-informed approach to the identification and treatment of substance-exposed infants and their caregivers and include options for improving screening and identification of substance-using pregnant women; and
2. include the use of multidisciplinary approaches to intervention and service delivery during the prenatal period and following the birth of the substance-exposed child and referral among providers serving substance-exposed infants and their families and caregivers.

The General Assembly directed VDH to work cooperatively with the following stakeholders in developing the plan:

- Virginia Department of Social Services,
- Department of Behavioral Health and Developmental Services,
- community services boards and behavioral health authorities,
- Local departments of health,
- Virginia Chapter of the American Academy of Pediatrics,
- American Congress of Obstetricians and Gynecologists--Virginia Section, and
- other stakeholders as may be appropriate.

VDH is required to report to the General Assembly annually regarding implementation of the plan.

Various state and local agencies, health systems, and community partners are involved in efforts to provide services and resources for substance-exposed infants and their families. However, VDH identified a lack of coordination and knowledge of these efforts and resources among partners and health systems. Many partner organizations know what is available within their respective communities but this does not transcend to resources and services external to the community. In FY18, VDH conducted an environmental scan survey to capture efforts and resources currently available to pregnant and post-partum women and substance-exposed infants across the Commonwealth. In FY19, VDH completed analysis of the survey results, which are included in Appendix E.

Background

The Code of Virginia directs the Virginia Department of Health (VDH) to serve as the lead agency for the development, coordination, and implementation of a plan for services for substance-exposed infants (SEI) in the Commonwealth (see Appendix A). The statute identifies the following stakeholder organizations to work cooperatively with VDH in developing and implementing the Commonwealth's SEI plan:

- Virginia Department of Social Services (VDSS),
- Department of Behavioral Health and Developmental Services (DBHDS),
- Community Services Boards (CSBs),
- Behavioral Health Authorities,
- Local departments of health,
- Virginia Chapter of the American Academy of Pediatrics, and
- American Congress of Obstetricians and Gynecologists, Virginia Section.

Participation is open to other stakeholders, as may be appropriate, such as the Virginia Neonatal Perinatal Collaborative, March of Dimes, Virginia Hospital and Healthcare Association, etc. The SEI plan must support a trauma-informed approach for the identification and treatment of SEI and their caregivers and include:

- options for improving screening and identification of substance-using pregnant women;
- use of multidisciplinary approaches to intervention and service delivery during the prenatal period and following the birth of the substance-exposed child; and
- referral among providers serving SEI and their families and caregivers.

The Appropriation Act includes support for one wage employee to execute the plan (see Appendix B).

Activities of the Stakeholder Workgroup

In June 2018, VDH conducted an environmental scan survey to identify current programs for women who are pregnant and have a substance use disorder and infants born substance-exposed. The survey was distributed to multiple healthcare providers, hospitals, local health districts, community service boards, community stakeholders, and professional organizations working

with pregnant and postpartum women and infants across Virginia (Appendix C). After taking the survey, the stakeholders were asked to forward the survey to additional healthcare providers and/or professional organizations. The main goals of the environmental scan were to provide the working group a baseline of current programs and resources, identify gaps in services and resources, and identify others who needed to participate in the survey. Survey results have been used to inform development of the plan of services for SEI and their families.

The survey was open for approximately two months. There were 137 individual respondents representing 85 organizations to include 22 local health districts, 21 community service boards, 19 hospitals and 23 other entities (see Appendix D for lists of survey respondents). The survey was presented at the first stakeholder meeting on May 3, 2019, and all attendees were asked to identify additional gaps in resources or services within their regions. The following emerged as recurring areas of needed focus during workgroup discussions: improving data, communication and coordination; education; and screening across health systems, community resources/programs, and state agencies. These identified needs became the pillars for establishing the infrastructure for smaller workgroups within the larger workgroup. The pillars are described in more detail later in this section of the report.

The stakeholder group selected Pathways to Coordinated Care (PCC) as the established name of the workgroup working on behalf of families and infants impacted by substance use. Currently, 124 individuals have expressed an interest in participating on this workgroup. Of the total, 82 individuals attended at least one of the three meetings held on May 3, June 3, and July 26, 2019. A representative from each of the required organizations attended all of the meetings, which were held in Richmond.

Plan of Safe Care

According to the Virginia Department of Social Services, the Child Abuse Prevention and Treatment Act (CAPTA) identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and establishes a national clearinghouse of information relating to child abuse and neglect. CAPTA also sets forth a federal definition of child abuse and neglect. Virginia's CAPTA Plan includes targeted efforts to assure the safety of children within their homes by improving local department staffs' ability to properly identify and assess safety and risk factors within family systems and provide protective and rehabilitative services by focusing on the development and improvement of worker training, supervision, and formal tools. Emphasis has been placed on working with children under the age of two, children in out-of-family settings, substance-exposed infants, and children diverted from foster care. Additionally, Virginia's CAPTA Plan focuses on the continued development of an accessible array of community-based services across the Commonwealth. The service array includes primary, secondary, and tertiary prevention efforts as well as treatment services. (Child Welfare Information Gateway, 2019)

While CAPTA does not specifically define a "plan of safe care," the Comprehensive Addiction and Recovery Act (CARA) of 2016 amended the CAPTA state plan requirement to require that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. This change means that a plan of safe care must now address not only the immediate safety needs of the affected infant but also the health and substance use

disorder treatment needs of the affected family or caregiver. (Administration for Children and Families, 2017)

In May 2019, the PCC workgroup developed a web-based Plan of Safe Care (PoSC) survey. Once finalized, the survey was shared among all workgroup members in June 2019. Members were asked to complete the survey and to share the survey web link with their respective contacts to increase the number of responses. The survey was open for one month and closed in July 2019, with 187 responses received from across the state. The main goal of the survey was to identify the understanding, perceptions and use of the PoSC among local health departments, clinics, hospitals, service providers, community service boards and support staff. The complete survey, along with results, is included in Appendix F. Survey results were shared with the PCC workgroup at the meeting held on July 26, 2019. The results identified tasks for the workgroup to include developing a plan template, creating procedures for review once the plan is in place, and establishing guidelines to ensure clear expectations and consistency for a PoSC, as required by CAPTA and CARA. This work will be completed throughout development of the plan in FY20.

The PPC workgroup developed the infrastructure for the plan of services for SEIs and their caregivers based on the information obtained from both the environmental scan and the PoSC surveys. In addition, members provided feedback for improving outcomes among infants impacted by substance use disorder during multiple workgroup breakout sessions. These sessions fostered engagement and discussions across professions and regions. The PCC workgroup identified five “pillars” that will be essential to ensure success of the plan of services (Appendix G):

1. Screening—how are women, infants and families identified?
2. Data—what are the data needs for this plan?
3. Coordination—how will services, needs, resources, etc. be coordinated across agencies, organizations, and localities?
4. Education—what are the needs for the public/communities, providers and patients/families?
5. Communication—how will this plan be disseminated and communicated?

The foundation for each of the five pillars will incorporate:

- A plan of safe care,
- Disparities, and
- Social determinants of health.

Finally, the “roof” of the infrastructure will be the completed final plan of services that the PCC workgroup will develop, coordinate and implement for all infants impacted by substance use and their families.

Next Steps

In early September 2019, approximately 12-15 individuals were selected to form smaller workgroups to begin developing the priorities, strategies and activities for each of the five pillars, ensuring that a PoSC and attention to disparities and social determinants of health are clearly incorporated in each workplan. Each workgroup is geographically, organizationally and professionally representative. Beginning in October 2019, each of the five pillar workgroups will meet monthly via teleconference to preclude travel as a barrier to participation.

Once workgroups have developed the workplans for each pillar, all five workplans will be combined into one draft comprehensive plan of services for infants and their families impacted by substance use. The full PCC workgroup will reconvene on April 17, 2020 to review the draft plan and provide edits and feedback. A coordination and dissemination outline will be developed, detailing how the plan will be implemented and communicated across state agencies, health systems and stakeholder partner organizations once the draft is in final form. The goal of this coordinated approach is to ensure interagency collaboration of a comprehensive system of care to address the medical, mental health, and social needs of families impacted by substance use disorder across the Commonwealth.

References

Administration for Children and Families. Child Abuse Prevention and Treatment Act Program Instructions. (January 2017). Retrieved August 2019, from <https://www.acf.hhs.gov/sites/default/files/cb/pi1702.pdf>

Child Welfare Information Gateway. (2019). About CAPTA: A legislative history. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Appendix A

CHAPTER 695

An Act to amend the Code of Virginia by adding in Chapter 2 of Title 32.1 an article numbered 17, consisting of a section numbered 32.1-73.12, relating to substance-exposed infants; plan for services.

[H 1157]

Approved March 30, 2018

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 2 of Title 32.1 an article numbered 17, consisting of a section numbered **32.1-73.12**, as follows:

Article 17.

Substance-Exposed Infants.

§ 32.1-73.12. Department to be lead agency for services for substance-exposed infants.

The Department shall serve as the lead agency with responsibility for the development, coordination, and implementation of a plan for services for substance-exposed infants in the Commonwealth. Such plan shall support a trauma-informed approach to identification and treatment of substance-exposed infants and their caregivers and shall include options for improving screening and identification of substance-using pregnant women; use of multidisciplinary approaches to intervention and service delivery during the prenatal period and following the birth of the substance-exposed child; and referral among providers serving substance-exposed infants and their families and caregivers. In carrying out its duties, the Department shall work cooperatively with the Department of Social Services, the Department of Behavioral Health and Developmental Services, community services boards and behavioral health authorities, local departments of health, the Virginia Chapter of the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, Virginia Section, and such other stakeholders as may be appropriate. The Department shall report annually on December 1 to the General Assembly regarding implementation of the plan.

Appendix B

2018 Budget Bill – HB 5002 Budget Amendment

Item 297 #2h

This amendment provides \$47,000 each year from the general fund for the fiscal impact of House Bill 1157, which requires the Department of Health to serve as the lead agency with responsibility for the development, coordination, and implementation of a plan for services for substance-exposed infants in the Commonwealth.

Appendix C

Environmental Scan Survey Questions

Thank you for agreeing to participate in this survey. The following questions will be used help us understand what efforts currently exists across the state related to Maternal Opioid Use Disorder (OUD) and substance-exposed infants. This survey will be used to gather baseline data in order to achieve the following goals:

- Identify and prioritize needs and gaps in services, and access for maternal and child health (MCH) populations
- Identify current capacity to address needs and gaps
- Identify and prioritize resources
- Develop implementation strategies for each MCH population and provider group
- Incorporate national standards into strategies

Please answer the following questions to the best of your ability.

1. Name
2. Title
3. Agency/Organization
4. Agency/Organization Type
5. In what city or county is your agency/organization located?
6. What localities do your agency/organization serve?
7. Does your organization/agency promote efforts for substance-exposed infants?
 - a. What current efforts exist at your organization for substance-exposed infants?
 - b. Is there certain criteria a mother/infant must meet to receive the services listed in the previous question? If so, please list them below.
 - c. Who are the partners that you work with for the efforts stated above?
 - d. Quarterly, how many substance-exposed infants does your organization serve related to the above mentioned efforts?
8. Does your organization/agency promote efforts for maternal opioid use disorder?
 - a. What current efforts exist at your organization for maternal opioid use disorder?
 - b. Is there certain criteria a mother/infant must meet to receive the services listed in the previous question? If so, please list them below.
 - c. Who are the partners that you work with for the efforts stated above?
 - d. Quarterly, how many pregnant/postpartum women (364 days after delivery) does your organization serve related to the above mentioned efforts?
9. Who else do you think should be included on this survey? Please provide names/emails below.
10. Would you be interested in being part of the working group task to develop the state-wide implementation plan in accordance with House Bill 1157?
 - a. Please include your email address.
11. If we may contact you with additional questions, please enter your contact information below.

Appendix D

Cities and Counties represented from Environmental Scan Respondents

Accomack County	Mecklenburg County
Albemarle County	Middlesex County
Alexandria City	Montgomery County
Alleghany County	Norfolk City
Arlington County	Norton City
Augusta County	Petersburg City
Charlottesville City	Pittsylvania County
Chesapeake City	Portsmouth City
Chesterfield County	Prince Edward County
Culpeper County	Prince William County
Fairfax County	Rappahannock County
Fauquier County	Richmond City
Fredericksburg City	Roanoke City
Goochland County	Smyth County
Hampton City	Spotsylvania County
Hanover County	Suffolk City
Harrisonburg City	Virginia Beach City
Henrico County	Washington County
Lexington City	Winchester City
Loudoun County	Wise County
Lynchburg City	Wythe County
Martinsville City	

Appendix E

Environmental Scan Results

These responses are directly taken from the survey results.

Q1 What is currently being done in relation to substance exposure in infants/NAS and maternal opioid use/substance abuse?

Substance-Exposed Infants/Infants with Neonatal Abstinence Syndrome

- Management protocols are designed to coordinate services and cater for the specific needs of each substance-exposed infant as early as intervention is needed, with follow-up instituted to ensure full recovery
- Specialized care by highly skilled personnel and in well-equipped special facilities is provided for substance-exposed infants via a multidisciplinary team. This includes care provided during the perinatal period and via telehealth options.
- Universal and targeted screening are offered during the prenatal period for early identification of substance-using pregnant women. Methods used include urine drug screening, prenatal behavioral risk screening, as well as screening for infections that are easily transmitted among injection-drug user. For infants, cord toxicology, observation for 3-5 days, and developmental screening are done.
- A variety of support services are offered, including rooming-in programs, lactation and nutrition support, community action groups, and family support. Multiple agencies and intervention programs are involved in supporting the substance-exposed infants and their families during the diagnosis, treatment and recovery process.
- Detoxification, monitoring, treatment, and other services are provided on an outpatient basis as needed to make services accessible to substance-exposed infants and their families in their homes and communities. These are often administered as home visits or weekly clinics.
- Healthcare workers and other service providers undergo rigorous training and re-training to ensure they can implement the best practices regarding the care of substance-exposed infants and their families.
- Good referral networks ensure that substance-exposed infants and their mothers get the best care when as soon as a need is identified. Most referrals are sent to early intervention programs and community resources that offer specialized care.
- Patients who qualify for MAT are referred to MAT providers if their current service provider does not offer that. Some providers offer MAT services on outpatient basis through a weekly clinic.

- Education on several topics related to substance use in pregnancy, its risks and its effects on the infant is given to women during the perinatal period and their families. Both verbal communication and printed material are used.
- Counseling on various topics is offered by skilled personnel during the perinatal period. In addition to inpatient counseling, outpatient and interim counseling are also offered to ensure behavioral support is provided for pregnant women and their families where they are and as much as is needed.
- Substance-exposed infants are assessed for eligibility to receive early intervention services; if eligible, they are offered such services through defined programs such as Infant Toddler Connection, or they are referred to other agencies/organizations that offer the services.
- Child Protective Services (CPS) are involved when necessary for child's wellbeing
- Case management through Baby Care program for women with high-risk pregnancies and substance-exposed babies up to age 2
- Training and case management through Plan of Safe Care
- Project LINK enhances case management for substance-exposed infants and their mothers
- Multiple assessments are done, including the substance-exposed infants eligibility for certain services, the family situation and need for support, as well as evaluation of the programs being used to serve substance-exposed infants
- Various forms of inter-agency and interdisciplinary collaboration are vital to the effective management of substance-exposed infants
- Linkage to any/all resources that provide a continuum of care for substance-exposed infants and their mothers

Maternal Opioid Use

- Multiple agencies/organizations offer specific case management services that are quick to access and are tailored to the priority needs of the client at that time
- Agencies/organizations offer specialized care through multiple modes of treatment and intervention programs, including Safe Circle RVA, Plan of Safe Care, Baby Care, and ECHO project
- Agencies collaborate as a network referring clients to and from one another to ensure that the clients receive the best services to meet their needs in the most efficient way. Self-referral by clients is also accepted by some agencies.
- Education is offered in multiple programs and by multiple providers to ensure that women are well-informed about the risks of substance use during the perinatal period, how to prevent substance exposure, as well as the resources and services available for them, their infants, and their families
- Implementation of regular training programs for service providers to ensure best practices in prevention and management of substance use among pregnant women

- Support is provided at multiple levels to ensure the clients receive all the care and treatment they need and remain enrolled in treatment/intervention programs for as long as is necessary
- Universal and targeted screenings are done during the perinatal period to identify all substance-using women and diagnose infections commonly found among substance abusers
- Outpatient services are offered to clients to ensure that they receive substance use care services in a familiar, relaxed and convenient environment
- Medication-assisted treatment is offered as a treatment option by multiple programs for clients who qualify, while naloxone/narcan is distributed directly
- Project LINK fosters community-based collaboration between agencies in a community to coordinate and enhance case management for substance-using women and their infants
- Counseling is offered during the perinatal period by specialized personnel and services are transferred where necessary
- Eligibility for substance-use treatment as well as the quality and effectiveness of the services provided are assessed/evaluated
- Early intervention is instituted from the prenatal period to reduce infant exposure and eliminate complications
- Partnership/collaboration is vital for effective service delivery to substance-using pregnant women, ensuring that all aspects of care, from identification of substance use to recovery from treatment are handled by the best service providers

Q2 What are the current efforts being undertaken per region?

Regions represented in survey

Region	Number of Respondents	Percent
Central	40	35.71%
Eastern	17	15.18%
Northern	16	14.29%
Northwestern	17	15.18%
Southwestern	22	19.64%
<i>Total</i>	112	100%

Current Efforts for Substance-Exposed Infants by Region

CENTRAL REGION

- **Case Management:** Case management and therapeutic services for infants are provided by multiple programs/agencies. Pregnant and postpartum substance-using women are considered a priority and efforts are geared toward commencing case management within 48 hours. Services include the Vermont Oxford Network NICQ program for infants and

children impacted by Neonatal Abstinence Syndrome, speech therapy, physical therapy, occupational therapy, social work services, and developmental services.

- **Specialized treatment/management:** Several specialized treatment/management programs exist in the region. These include the NEST program, which offers prenatal consults with a hospital nurse liaison to help prepare the family for what to expect when the baby is born and provide additional resources. Safe Circle RVA, a comprehensive supportive program for pregnant women who are using opiates or on medication-assisted treatment, is a perinatal substance-use disorder program which is offered by multiple agencies. Safe Circle RVA enrolls women during pregnancy and provides support and education through delivery and discharge. Other specialized treatment/management services include inpatient monitoring and treatment of substance-exposed infants, telehealth services while the mother is still in the hospital, and medical, OB/GYN, and NICU care.
- **Screening:** Prenatal consults with hospital nurse liaisons offered through the NEST program serve to screen women for opioid use and identify potential substance-exposed infants. Following birth, developmental screenings are offered. The PIEP early intervention program also includes screening for infants and toddlers.
- **Support:** A rooming-in program is offered, in which mothers and support person continue rooming-in with baby in the hospital for 5 days to help educate the family and provide the newborn with the necessary low-stimulation environment that helps to successfully discharge on DOL 5. One agency reported being under Part C of IDEA, which provides support for infants and toddlers with or at risk for developmental delays and disabilities, including effects of prenatal substance exposure. Multiple agencies provide joint support groups for substance-using pregnant women, including telehealth options for mothers of substance-exposed infants while they are still in the hospital. Other support services include the bimonthly “Handle with Care” meeting, which involves the Department of Social Services, Community Services Board, Families First, infant programs, and the health department.
- **Outpatient services:** Outpatients services are offered as part of perinatal substance-use disorder programs, such as Safe Circle RVA. Clinics offer outpatient monitoring and patients could be referred to community centers for outpatient services. Home visits and enhanced outpatient programming are also offered for pregnant women, substance-exposed infants, and women with dependent children.
- **Training for health care workers:** A special program, called the Policy Development Quality Improvement Addiction IMT response program, offers training for health care providers. One agency has an outreach program in conjunction with local hospitals and incorporates a yearly training for staff and community outreach workers. The Women’s Services Coordinator at the Department of Behavioral Health and Developmental Services (DBHDS) provides outreach and training services to Community Services Boards (CSBs), Opioid Treatment Programs (OTPs), and birthing hospitals on the Plan of Safe Care.

- **Referral:** Some agencies/organizations offer only referral services – whenever any substance-exposed infant is identified they are referred for treatment. Some other agencies/organizations take referrals from others, including hospitals and the Department of Social Services. One organization refers substance-using pregnant women to the Virginia Commonwealth University High Risk OB Clinic. Other services include referral of the substance-exposed infant to Early Intervention Services, referral of mother and infant to Home Visiting Services, referral for medical care, and community referrals for services as outpatient. Substance-exposed infants could also be referred for assessment, monitoring, and treatment while the mother is attending treatment.
- **Medication-assisted treatment:** Multiple programs incorporate medication-assisted treatment (MAT) as one of their strategies for treating and reducing opioid use. The Department of Behavioral Health and Developmental Services (DBHDS) manages State Targeted Response (STR) grant funding to provide access to MAT.
- **Maternal education:** Several organizations/agencies and programs include education as one of the services provided. Moms-to-be are educated on the dangers of using drugs during pregnancy. Information about resources for substance-use prevention and treatment are provided to parents.
- **Counseling:** Counseling is offered mostly as an outpatient service.
- **Early intervention:** The Parent-Infant Education Program provides interdisciplinary care that includes early intervention and screening of infants and toddlers (birth to age 3 years) for substance-exposure. These services, which are designed to be family-centered, educational, and therapeutic, are provided in the child’s natural environment. Children in the Central region are linked with PIEP and early intervention services as much as possible for assessment, monitoring, and service provision. Women who deliver substance-exposed babies and are enrolled in a Project LINK program offered by one agency are referred to their Infant Intervention program for evaluation and services. This intervention program also receives referrals from hospitals, the Department of Social Services, families, and other sources.
- **Project LINK:** Project LINK is a special program that provides intensive case management and home visiting services to pregnant and parenting women who are at risk of, or are currently abusing substances. The Department of Behavioral Health and Developmental Services (DBHDS) manages funding for Project LINK services within 9 sites across the state, not limited to the Central region. One agency has a Project LINK program which specializes in gender-specific services.
- **Assessment and Evaluation:** Agencies/organizations provide assessments of substance-exposed infants to determine what services they will need. Family assessments are also done to connect them with the appropriate resources and support services.
- **Partnership and collaboration:** To ensure that substance-exposed infants and their families receive holistic care and support, agencies/organizations partner with one another as well as with local hospitals and the Department of Social Services (DSS). The bi-monthly “Handle with Care” meeting organized by one agency is an example of such

collaboration; it involves the DSS, the Community Services Board, Families First, the agency's infant program, and the department of health.

- **Linkage to resources:** Agencies/organizations aim to link substance-exposed infants and their families to any/all resources that would be beneficial to them, including Parent-Infant Education Program/early intervention services.

EASTERN REGION

- **Case management and Project LINK:** Intensive case management and follow-up is done for substance-exposed infants. Project LINK case management services are offered by one agency to substance-exposed infants and their mothers.
- **Support:** One agency works in collaboration with local hospitals and the Department of Human Services to identify and support infants born substance-exposed in the local area and in the greater community. Another agency designed its program as a parent support program. The Community Services Board of one locality in the region pairs with substance abuse treatment programs to provide education and support.
- **Training for health care workers:** One agency provides education and outreach efforts to medical staff and service providers in the community regarding legislation and reporting requirements and services available through Project LINK.
- **Referral:** Expectant women who have a history of substance use or are actively using substances are connected to resources that can help them. Similarly, families with history of substance abuse are referred to local resources. One agency refers mothers to private physicians or the Western Tidewater Community Services Board.
- **Maternal education:** As part of efforts at educating mothers and the entire family, substance abuse-related written materials are offered at home visits. Education and support are also offered through a Community Services Board.
- **Early intervention and Partnership/collaboration:** The Early Intervention program of the Community Services Board in one locality pairs with substance abuse treatment programs to provide education and support to substance-exposed infants and toddlers, as well as their families. This Early Intervention program also participates in a home visiting alliance which includes hospital personnel to promote early intervention services for children with neonatal abstinence syndrome. In addition, this Early Intervention program participates in a NICU collaborative and encourages other programs to participate as well. Divisions of the Community Services Board in another locality of this region actively reach out to and collaborate with hospitals, physicians, the Department of Social Services, the Health Department, and parents.

NORTHERN REGION

- **Case management:** Local hospitals in this region have a protocol to deal with substance-exposed infants. One agency refers every mother and substance-exposed baby to the Baby Care or Field Case Management program. The Early Intervention program provides service coordination, which is similar to case management.

- **Screening:** Women who are screened and test prenatally for substance use are offered voluntary prevention services. Prenatal behavioral risk screening is done on all clients.
- **Support:** The New Generations program of the Community Services Board of one locality in this region offers support services for pregnant and post-partum women. Mothers of substance-exposed infants are offered support by participating in a work group for substance-exposed infants.
- **Outpatient services:** Outpatient services are offered by Perinatal Health Navigators who carry out home visiting.
- **Training for health care workers:** A day-long training for human service and child welfare workers is organized at regular intervals by one agency with the aim of destigmatizing substance abuse (particularly among and pregnant women and parents). A toolkit is being created for OB providers to use to help them implement universal SBIRT (Screening, Brief Intervention, and Referral to Treatment) of all pregnant women.
- **Referral:** Infants who are suspected to be substance-exposed are automatically referred for substance abuse screening to Field Home Visiting services, while brief interventions are offered by Clinic Perinatal Health Navigators at the time of screening. In one locality, health department liaisons review hospital records for women in the postpartum period from Inova, a partner hospital, and refer all substance-using mothers to Health Department Home Visiting programs. Home visiting Perinatal Health Navigators also refer to ITC. Referrals to Early Intervention can come from the parent, physician, or anyone who knows the child; then, the Early Intervention program contacts the parents to see if they would be interested in services if eligible.
- **Maternal education:** Education on effects of substance abuse is provided to clients who are pregnant or planning a pregnancy.
- **Early intervention:** Early Intervention services are delivered to babies who have been exposed to substances. Children with Neonatal Abstinence Syndrome (NAS) are automatically eligible for early intervention; while many other exposed infants who do not meet the diagnosis of NAS are often eligible under other criteria. All substance-exposed infants are referred to Infant and Toddler Connection services. The Infant and Toddler Connection program provides assessment and treatment services for children who are experiencing developmental delays from birth to three years. The Infant and Toddler Connection of one county, also known as Early Intervention (EI), operates through Community Services Boards and works with eligible children and their caregivers to help the family work with their child to reach their age-appropriate developmental goals. The infants and toddlers who come to EI come for many reasons, including infants who were exposed to toxic substances. Intervention services are delivered through licensed and Part C Certified providers of Physical Therapy, Occupational Therapy, Speech Language Therapy, Early Childhood Special Education – to include vision and hearing impaired services as appropriate.
- **Child Protective Services:** Family assessments are completed by Child Protective Services (CPS) as part of a CPS response to substance-exposed infants.

- **Partnership/collaboration:** Local hospitals are aware that they need to notify Community Services Boards if they suspect a baby with NAS. Agencies/organizations reach out to physicians and hospitals to have children referred to their programs. In one county, a multiagency, interdisciplinary workgroup collaborative exists. A major hospital partner, Inova, collaborates with agencies in multiple counties. In one of these counties, the local health department reviews Inova's hospital records of postpartum women to identify all substance-using women and refer them to appropriate home visiting programs managed by the health department.
- **Linkage to resources:** One agency compiled a list of community resources for pregnant women using substances to help them connect to services.

NORTHWESTERN REGION

- **Case management and Project LINK:** Services provided to substance-exposed infants include robust social work and case management. Early intervention services for substance-exposed infants include service coordination/case management. Project LINK case management services are also provided for substance-exposed infants and their mothers.
- **Specialized treatment/management:** Multiple agencies/organizations have policy/procedural guidelines for standardized management of substance-exposed infants, as ordered by service providers. There is a NAS treatment protocol for symptomatic substance-exposed infants. Treatment is tailored to the needs of each infant, with involvement of multiple specialties as needed. Occupational/physical/speech therapy are provided when and where necessary. Specifically, occupational therapy intervention is provided for management of feeding issues and tone disturbances. Developmental services, such as music therapy, applied behavioral analysis (ABA), and rational behavior therapy (RBT). In addition, telemedicine services are offered to outlying providers for psychiatric/OB referrals/care nursing education for NAS management.
- **Screening:** Suspected substance-exposed newborns receive cord toxicology screening to determine their true exposure status. After confirmation of substance-exposure, the substance-exposed newborns are placed under a five-day observation for signs of NAS.
- **Support:** Single private rooms are provided for mothers to stay with their babies and offer comfort measures as the first line of treatment for NAS. The support provided by cuddlers is also vital. There is a cuddling program funded by an ECHO grant. When needed, family meetings are organized by agency staff to update everyone on the treatment plan for the substance-exposed infant and get their support. There is also social work counseling referral to community support programs.
- **Referral:** There is an integrated case management referral system. Community support programs often receive referrals. Referrals are also given to Healthy Families, Infant Toddler Connection, and other early intervention programs. Furthermore, there are referrals to Parent Education – Infant Development (PE-ID) program for postpartum women who complete intake and have custody of their infants.

- **Maternal education:** Customized informational brochures are available for maternal education. Parent education is also given in an inpatient setting regarding infants at risk for withdrawal.
- **Early intervention:** Infant Toddler Connection and other early intervention services are provided by multiple agencies/organizations to substance-exposed infants. One agency provides early intervention services that cater to the needs of eligible infants and their families.
- **Child Protective Services:** Agencies collaborate with local Child Protective Services as appropriate to meet the needs of substance-exposed infants on a case-by-case basis.
- **Assessment and evaluation:** Active data collection occurs as part of a quality improvement project around management of NAS to decrease length of drug exposure and LOS.

SOUTHWESTERN REGION

- **Case management:** Case management services are available within 48 hours of request for substance-using pregnant women or women with dependent children. There is an intensive case management program that provides weekly community case management to pregnant and postpartum women struggling with mental health and substance abuse disorders. In addition, there are at-risk/early childhood case management services. Other services include the provision of case management through the Baby Care program to pregnant women or infants up to age 2, as well as provision of formula to enhance weight gain or for additional protein.
- **Specialized treatment/management:** Specialized medical and nursing care are available for children with NAS. Infants are treated in the newborn nursery or pediatric unit. One organization has a Level III NICU which provides medical treatment. Medication assisted treatment services are also available. There is a weekly clinic where pregnant women see a counselor or social worker for medication-assisted treatment.
- **Screening:** Universal screening of pregnant women occurs during prenatal appointments using the 5 P's. Drug screening often includes a urine drug test. Screening may also include testing for certain infectious diseases that are common among this substance abusers, such as TB and HIV. Infants confirmed to be substance-exposed are observed for 3-5 days for development of NAS. ASQ developmental screenings are done every 3 months by one agency.
- **Support:** Multiple agencies provide rooming-in services. The mother/family is able to stay with the infant and "room-in" during the period of infant observation. Perinatal navigators provide additional support. Maternal participation in Special Deliveries program is encouraged prenatally and after delivery through local community services. Community action groups and work groups with area stakeholders are available in the community to provide well-needed support. Lactation team members meet with mothers; where needed formula is provided to enhance weight gain or for additional protein. WIC and breastfeeding promotion services are also offered. Special formula is sometimes needed, particularly high calories due to low birth weight or other needs. There is a regional NAS workgroup. Furthermore, Smart Beginnings, a local coalition dedicated to

improving health and school readiness for children from birth to 5 years, is offered by one organization.

- **Outpatient services:** Residential detox and intensive outpatient services are available for priority populations. Services also include outpatient NAS clinics that let patients wean off medications at home with their families.
- **Referral:** Multiple agencies/organizations offer referral services for mothers and infants. Referrals may come from local health department programs such as WIC or Baby Care. If a developmental concern is noted, the family is referred to Early Intervention services. One organization makes referrals and also provides contracted services to the Infant and Toddler Connection of Virginia for those children who qualify. Referrals also go to perinatal navigators, medication-assisted treatment (MAT) providers, and Community Services Boards.
- **Maternal education:** Multiple agencies/organizations educate the mother throughout pregnancy. There is prenatal education for mothers about rooming in, breastfeeding, decreasing nicotine exposure, and how to score for NAS. One agency has a project to educate and prevent unwanted pregnancies at regional jail among female inmates, many of whom are battling drug addiction.
- **Counseling:** Behavioral support and counseling services are available for mothers and infants. In addition to regular counseling services, there are interim counseling services for priority populations.
- **Baby Care and Plan of Safe Care:** Multiple agencies/organizations offer case management through the Baby Care program to women with high-risk pregnancies and infants up to age 2 years. There is a Baby Care home visiting program offered by one agency. One other agency offers Baby Care or resources mothers through the local health department. The Plan of Safe Care (POSC) program is offered by multiple agencies. The Project LINK service of one agency develops a POSC with a pregnant woman when it is determined that they are the initial point of contact. The POSC is developed together with the mother, her personal support system, health care provider and other providers involved in her care, e.g., MAT provider.
- **Assessment and evaluation:** Assessment and evaluation services are offered for substance-using women and their dependent children.
- **Partnership/collaboration:** There is collaboration among the localities in this region to form a regional NAS workgroup. Local workgroups collaborate with stakeholders in the area.
- **Linkage to resources:** There are linkages to care through Care Connection for Children. One agency uses a post-delivery team approach to link mothers and substance-exposed infants to continuing services based on the family's needs.

Current Efforts for Maternal Opioid Use by Region

CENTRAL REGION

- **Case management and Project LINK:** Project LINK case management is offered at 9 sites across the state, some of which are in the Central region. The agency which manages the Project LINK services is located in this region. Treatment is prioritized for pregnant opioid users. Community Services Boards offer individual therapy, with case management tailored to each individual. Narcan is distributed as part of case management efforts.
- **Specialized treatment/management:** Substance-using women are given inpatient treatment as necessary. Women receive buprenorphine while on inpatient treatment if they are already on it. Telehealth options are also available while the mother is still in the hospital. In addition, specialized programming is available. A perinatal substance use disorder program, Safe Circle RVA, encourages behavioral techniques for mothers to utilize to help soothe NAS. This program offers both inpatient and outpatient services.
- **Referral:** In one agency, women who come for services and admit that they use opioids are usually referred. Referrals might simply be for assessment and treatment, or they might be referred specifically for inpatient management. One organization receives direct referrals from hospitals and the Department of Social Services, another agency offers only referral services, and yet another refers its pregnant clients. In addition to referrals to hospitals/clinics, referrals are made to MAT providers, residential providers, Community Services Boards, and other community agencies.
- **Maternal education:** Information about available resources are provided to parents. Specific education programs are organized to increase awareness and knowledge about MAT resources. Community educational events are organized in collaboration with partners. Safe Circle RVA enrolls women during pregnancy and provides support and education through delivery and discharge, including NAS education and discussion of community involvement. One agency provides education and training around Plans of Safe Care.
- **Training for health care workers/service providers:** Policy development training as well as quality improvement and incident management team (IMT) response trainings are offered. The Safe Circle RVA program promotes sensitivity training to staff for caring for infants with NAS and working with their families. Nurses attend meetings and panel discussions and receive updates from the statewide opioid task force that is shared with providers and the nursing staff. Education and training around Plans of Safe Care is available. In addition, there is continued education and training of Community Services Boards about laws and regulations around the 48-hour ruling and interim services.
- **Support:** Safe Circle RVA is a comprehensive supportive program for pregnant women who are using opiates or MAT. It enrolls women during pregnancy and provides support and education through delivery and discharge, including NAS education and discussion of community involvement. One agency provides joint support for pregnant substance-

abusing women. Other forms of support available in this region include assistance with Methadone stipend, Medicaid, transportation, employment, and ease of access to health providers.

- **Screening:** Pregnant women are screened for substance use disorder. Pregnant women enrolled in the maternity program of one agency are screened for substance use at intake and each trimester.
- **Outpatient services:** Residential treatment is available for substance-using women. Enhanced, intensive outpatient treatment programs are available for pregnant substance-using women and women with dependent children. Other outpatient services include outpatient counseling, Project LINK outpatient services, and the outpatient services of Safe Circle RVA.
- **Medication-assisted treatment:** One organization has a contract with MAT community providers, while another organization refers substance-using women to MAT providers and residential providers. Multiple organizations in this region offer MAT services for substance use disorder treatment. These services include dispensing Narcan directly and Naloxone dispensing, as well as the use of Methadone, Subutex/Suboxone. Safe Circle RVA offer comprehensive support for women using opiates or on MAT.
- **Counseling:** Medication treatment and counseling for opioid use disorder are offered. Outpatient counseling is available. After offering counseling, transfer of services is done if necessary.
- **Assessment and evaluation:** Substance-exposed infants are assessed to determine the most appropriate form of management. Similarly, women with substance use disorder are assessed for treatment modality.
- **Partnership/collaboration:** Collaboration of care is a significant feature of the services offered to women with substance use disorder in this region. Forms of collaboration include participating in community educational events with partners, partnering with prescribers to treat opioid-exposed mothers, providing referral cards to partners and spreading awareness of services as a resource center. Substance use disorder staff in one agency provide education/training in the area of substance use, including Lunch and Learn training segments, participation in multiple opioid task force, and collaborations with the local health department. Another agency collaborates with MOU and MAT providers, including FCCR, RPMC, and VCAM. In addition, one organization partners with Virginia Commonwealth University (VCU) to provide maternity services and refer active substance users to VCU High Risk OB Clinic.

EASTERN REGION

- **Case management and specialized treatment/management:** Case management services are available for women actively using opioids and diagnosed with opioid use disorder. The mental health, substance use, and case management programs of Community Services Boards do active outreach to find pregnant and parenting women and engage them in treatment. Specialized case management is offered by nurse practitioners. Treatment is offered in the form of individual and group therapy as well as

gender-specific groups. Medication-assisted treatment (MAT) services using Methadone and Suboxone are available.

- **Referral:** Multiple agencies/organizations offer referrals as needed. There are referrals for various services, including education, assessment, and treatment.
- **Maternal education:** Educational information is provided in various formats, including handouts. Maternal education is also offered as a referral service by some agencies.
- **Support:** A Community Services Board in one of the localities in this region offers support services. Drug courts, gender specific groups, and peer recovery support services are also available.
- **Screening:** Screening for substance abuse is done.
- **Outpatient services:** Intensive outpatient services are offered. There are residential substance use treatment services for pregnant and postpartum women. In addition, written information is provided for clients at home visits.
- **Early intervention and Partnership/collaboration:** Two early intervention programs (Part C and Healthy Families) refer women who are pregnant and seeking treatment and work collaboratively.

NORTHERN REGION

- **Case management:** Women receiving treatment are provided case management services to ensure the women and their children are able to access medical and other therapeutic services needed to be successful. Direct services are provided to persons who are impacted by substance use.
- **Specialized treatment/management:** There are specialized services for pregnant women and those with dependent children who are diagnosed with substance use disorder. Pregnant women with substance use disorders are prioritized for therapeutic treatment services as required by state and federal regulations to promote healthy outcomes for the women and their children. There are groups for individuals with co-occurring mental health and substance use disorders. Mixed-gender and gender-based substance abuse treatment groups are also available. Furthermore, the New Generations program and other treatment programs are offered. Access is provided to vendors providing MAT.
- **Referral:** In one organization, pregnant women with substance abuse problems are considered high risk and are transferred to Virginia Hospital Center Outpatient Clinic. Pregnant women with opioid substance use disorders are provided referrals for methadone treatment services if they prefer. Women are also referred to Behavioral Health for counseling and treatment as needed. Education and referral services are offered throughout the Community Services Boards.
- **Maternal education:** Prevention education is provided to mothers. Education and referral services are available throughout the Community Services Boards.
- **Support:** Services which emphasize family involvement, including treatment for children impacted by substance use in the family, are offered. Support groups for individuals with co-occurring mental health and substance use disorders, as well as mixed gender and gender-based substance abuse treatment groups are available. Wrap around services are

provided upon discharge from the hospital and the women are connected with Community Services Boards for additional support.

- **Screening:** One organization is creating a universal screening toolkit for OB providers to use to help identify mothers using opioids during pregnancy so they can be connected to services. Screening for substance abuse is done regularly.
- **Outpatient services:** Access to residential treatment vendors providing services for pregnant women and mothers with children.
- **Partnership/collaboration:** One agency develops and sustains community partnerships with Adult and Juvenile courts, Adult and Juvenile Probation offices, and the Department of Family Services, which are vital in identifying individuals in need of services and monitoring provision of these services. Pregnant women with substance use disorders or co-occurring mental health and substance use disorders are at the top of the priority list for substance abuse treatment services, and the timeframes and specifics of treatment interventions for this population are defined by Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Health and Human Services Substance Abuse Prevention and Treatment Block Grant (SAPT). There is also partnership with OB/GYN hospitals.

NORTHWESTERN REGION

- **Case management:** One organization provides substance use case management services as interim and/or wrap-around for additional support. There is substance use case management for substance-using women, especially those that are pregnant or have dependent children. Opioid-using females are seen within 14 days of requesting for services. Intensive case management, robust social work and case management support, as well as mental health screening, are offered.
- **Specialized treatment/management:** Substance-using women are able to assess and connect to recommended mental health and substance use treatment services within 48 hours of intake. There is a maternal-fetal medicine program with the ability to prescribe buprenorphine. Gender-specific weekly substance use disorder services are available. An organization provides mixed and women-specific groups including Women in Recovery and Seeking Safety. Other specialized programs include OBOT, OPT-R, group and individual therapy, trauma group therapy, an evidence-based parenting program, and the ECHO project (telemedicine services for psychiatric/OB referral/care). Multiple agencies/organizations have medication-assisted treatment programs. It is offered to women while hospitalized, if appropriate. There is a maternal-fetal medicine program with the ability to prescribe buprenorphine.
- **Referral:** Substance-using women are referred to care centers, maternal care providers, as well as substance abuse and mental health services. Clinicians employed at local/regional jail and probation office connect pregnant, postpartum, and parenting women to substance use disorder services.
- **Support:** Robust social work services and case management support are provided. One organization provides immediate access to their substance use disorder case management program to address appropriate treatment and social supports, legal assistance, housing,

accessing benefits, and employment. Trauma group therapy, as well as mixed and women-specific groups, including Women in Recovery and Seeking Safety, provide additional support. Support coordination is available.

- **Screening:** Pregnant and post-partum substance-using females are prioritized for screening. Universal screening of mothers on prenatal visits and on admission to Labor & Delivery.
- **Outpatient services:** There are residential and home visiting substance abuse management programs. Multiple organizations have intensive outpatient treatment programs, offering treatment 3 times per week for 3 hours per day.
- **Counseling:** Prenatal counseling with the perinatal substance abuse liaison is embedded in OB offices.
- **Partnership/collaboration:** Co-occurring services are offered so that the client/patient gains as much as possible from a single visit. Pregnant, parenting, and postpartum women at the local/regional jail and probation office are connected with substance use disorder services through a partnership reached with clinicians employed there.

SOUTHWESTERN REGION

- **Case management:** Substance-using pregnant women and women with dependent children get services available within 48 hours of request/same-day access. Case management services are offered by multiple agencies/organizations. There is a crisis services case management program offered by one agency. A Special Deliveries Case management program provides weekly case management to individuals who qualify for the program. Case management is offered through the Baby Care program to pregnant women or infants up to age 2. In addition, Project LINK case management services are available. Project LINK is an interagency community based model to coordinate and enhance existing services to meet the multiple needs of pregnant and postpartum women and their children whose lives are affected by substance use.
- **Specialized treatment/management:** Multiple agencies provide specialized care through special programs and services, such as Baby Care, Plan of Safe Care, and MAT. There is a Baby Care Comprehensive Harm Reduction and Syringe Services program. The Plan of Safe Care program is implemented for all women presenting with a history of substance abuse. SBIRT (Screening, Brief Intervention, and Referral to Treatment) is available in all clinics where women come only for pregnancy tests, as well as in family planning and STI clinics. MAT is offered by several organizations/agencies to as many as qualify. There is an OB physician who runs a buprenorphine MAT program out of the OB office. One agency operates a recovery house for MAT. Weekly MAT are offered to mothers by onsite physicians/psychiatrists in one agency. Substance-exposed infants are observed for 5 days and admitted for MAT and weaning if needed.
- **Referral:** Referral services are offered by multiple agencies/organizations in this region. Mothers are offered the option to self-refer and open the relationship to Child Protective Services during the pregnancy. Some agencies do not offer treatment services; hence they refer all substance-using women for assistance and treatment once use has been identified. Women are referred to Community Services Boards for

intake/evaluation/treatment. Some referrals are made to both MAT providers and Community Services Boards. One agency refers to Community Services Boards, Child Protective Services, and Baby Care nurses for home visits from the health department. Women are also referred to the Perinatal Navigator by one agency for services and support. The Perinatal Navigator works closely with each mother to ensure she has the services and support needed.

- **Maternal education and counseling:** Educational services are offered by multiple agencies/organizations. Mothers are educated throughout pregnancy on what to expect at delivery and postpartum regarding potential NAS. One agency has a project to educate and prevent unwanted pregnancies at the regional jail among female inmates, many of whom are battling drug addiction. A brochure was created for families to highlight “What to Expect” in NAS.
- **Training of health care workers:** Training programs include a harm reduction program, Narcan training, and training on dispensing of supplies.
- **Support:** At one agency, mothers receive weekly MAT by a physician/psychiatrist onsite in addition to assistance paying for the medication and treatment if uninsured. There are community prevention efforts, including community action groups that align services in the area and seek support of key community partners. Women, Infants and Children (WIC) programs and programs that promote breastfeeding offer additional support.
- **Screening:** Universal screening is offered for women at prenatal appointments using the 5 P’s. Screening includes drug screening, which often uses urine samples, as well as screening for certain infections that are common among substance abusers and injection drug users. These infections include TB, HBV, HCV, and HIV. If found positive, treatment is offered for HCV and HIV.
- **Outpatient services:** An agency hosts a weekly outpatient clinic where pregnant women see a counselor, social worker, or physician for medication assisted treatment services. Other services are present during clinic time as needed. Residential detox and intensive outpatient services are also available for priority populations.
- **Assessment and evaluation:** Assessment and evaluation services are offered to determine the severity of substance use and the types of services needed.
- **Early intervention:** Substance use is recognized early in prenatal care so that appropriate action is taken to limit fetal exposure to the substance being used.
- **Partnership/collaboration:** One organization partners with the community services in the locality. A community action group aligns services in another locality and seeks support of key community partners.

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Q3 Which service providers serve only mothers, or only infants? How many serve both mothers and infants?

Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
HCA Chippenham & Johnston-Willis	Hospital	Richmond City	Central	Yes	No	No
HCA	Hospital	Henrico County	Central	No	No	Yes
Riverside Shore Memorial Hospital	Hospital	Accomack County	Eastern	No	No	No
Central Shenandoah Health District	Local Health District	Augusta County	Northwestern	No	Yes	No
Chickahominy Health District	Local Health District	Hanover County	Central	No	Yes	No
Virginia Department of Health	State Agency	Richmond City	Central	No	No	Yes
Centra	Hospital	Lynchburg City	Southwestern	No	No	Yes
Norton Community Hospital	Hospital	Norton City	Southwestern	No	No	No
Johnson Memorial Hospital	Hospital	Washington County	Southwestern	No	No	Yes
Bon Secours Richmond Health System	Hospital	Henrico County	Central	No	No	Yes
OFC	Insurance	Virginia Beach City	Eastern	No	No	Yes
Western Tidewater Health District	Local Health District	Suffolk City	Eastern	No	No	Yes
Arlington County Public Health	Local Health District	Arlington County	Northern	No	No	Yes
Suffolk Health Department	Local Health District	Suffolk City	Eastern	No	No	Yes

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Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
Alexandria City DCHS/CPS	Local government	Alexandria City	Northern	Yes	No	No
Western Tidewater Health District	Local Health District	Suffolk City	Eastern	No	No	No
Richmond City Health Department	Local Health District	Richmond City	Central	No	Yes	No
Substance Abuse Free Environment, Inc.	Grassroots organization	Chesterfield County	Central	No	No	No
West Piedmont Health District	Local Health District	Martinsville City	Southwestern	No	No	No
Sentara Martha Jefferson Hospital	Hospital	Charlottesville City	Northwestern	No	No	Yes
Valley Health, Winchester Medical Center	Hospital	Winchester City	Northwestern	No	No	Yes
VDH	Local Health District	Alleghany County	Southwestern	No	No	Yes
Carilion Clinic	Hospital	Roanoke City	Southwestern	No	No	Yes
Alleghany Highlands Community Services	Community Services Board	Alleghany County	Southwestern	No	No	Yes
Valley Community Board Services	Community Services Board	Augusta County	Northwestern	No	Yes	No
Southside Health District	Local Health District	Mecklenburg County	Central	No	No	No
Rappahannock Rapidan Community Services	Community Services Board	Culpeper County	Northwestern	No	No	Yes

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New River Valley Community Services	Community Services Board	Montgomery County	Southwestern	No	No	Yes
Hanover Community Services Board	Community Services Board	Hanover County	Central	No	No	Yes
Hampton Newport News Community Services Board	Community Services Board	Hampton City	Eastern	No	No	Yes
Portsmouth Health Department	Local Health District	Portsmouth City	Eastern	No	No	No
Pittsylvania- Danville Health Department	Local Health District	Pittsylvania County	Southwestern	No	No	No
Middle Peninsula- Northern Neck Community Services Board	Community Services Board	Middlesex County	Eastern	No	No	Yes
Fairfax-Falls Church Community Services Board	Community Services Board	Fairfax County	Northern	No	No	Yes
Rappahannock Area Community Services Board	Community Services Board	Fredericksburg City	Northwestern	No	No	Yes
Prince William County Community Services	Community Services Board	Prince William County	Northern	No	No	Yes
Piedmont Community Services	Community Services Board	Martinsville City	Southwestern	No	No	Yes

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Prince William County Community Services	Community Services Board	Prince William County	Northern	No	No	Yes
Centra	Hospital	Lynchburg City	Southwestern	No	No	Yes
Children's Hospital of Richmond at VCU	Hospital	Richmond City	Central	No	No	Yes
Crossroads Community Services Board	Community Services Board	Prince Edward County	Central	No	No	No
VA Center for Addiction Medicine	OBOT	Henrico County	Central	No	Yes	No
Blue Ridge Behavioral Healthcare	Community Services Board	Roanoke City	Southwestern	No	No	Yes
Voter Registration	State Agency	Chesterfield County	Central	No	No	No
Hanover Community Services Board	Community Services Board	Hanover County	Central	No	No	Yes
Carilion New River Valley Medical Center	Hospital	Montgomery County	Southwestern	No	No	Yes
Loudon County MHSADS	Community Services Board	Loudon County	Northern	No	No	Yes
Chesterfield- Colonial Heights	Social Services	Chesterfield County	Central	No	No	Yes
Chesterfield- Colonial Heights	Social Services	Chesterfield County	Central	Yes	No	No
Rappahannock Area Health District	Local Health District	Rappahannock County	Northwestern	No	No	No

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Goochland-Powhatan Community Services Board	Community Services Board	Goochland County	Central	No	No	Yes
Goochland-Powhatan Community Services Board	Community Services Board	Goochland County	Central	No	No	Yes
Rockbridge Area Community Services Board	Community Services Board	Lexington City	Northwestern	No	No	Yes
Loudon County Health Department	Local Health District	Loudon County	Northern	No	No	Yes
D19	Community Services Board	Petersburg City	Central	No	No	Yes
Harrisonburg Community Service Board	Community Services Board	Harrisonburg City	Northwestern	No	No	Yes
Norfolk Community Services Board	Community Services Board	Norfolk City	Eastern	No	No	Yes
Mount Rogers	Community Services Board	Wythe County	Southwestern	No	No	Yes
RBHA	Community Services Board	Richmond City	Central	No	No	Yes
Henrico Area Mental Health & Developmental Services	Community Services Board	Henrico County	Central	No	No	Yes
NH UVA PWMC	Hospital	Prince William County	Northern	No	No	No

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Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
Chesterfield Community Services Board	Community Services Board	Chesterfield County	Central	No	No	Yes
Planning District One Behavioral Health Services	Community Services Board	Norton City	Southwestern	No	No	Yes
Virginia Department of Health	Local Health District	Wise County	Southwestern	No	No	Yes
Lord Fairfax	Local Health District	Winchester City	Northwestern	No	No	No
Piedmont Health District	Local Health District	Prince Edward County	Central	No	No	Yes
Virginia Department of Health	Local Health District	Henrico County	Central	No	No	Yes
Alexandria Health Department	Local Health District	Alexandria City	Northern	Yes	No	No
Fairfax County Health Department	Local Health District	Fairfax County	Northern	Yes	No	No
Virginia Department of Health	Local Health District	Prince William County	Northern	No	No	Yes
Virginia Department of Health	Local Health District	Middlesex County	Eastern	No	No	No
Virginia Department of Health	Local Health District	Wise County	Southwestern	No	No	Yes
Lenowisco Health District	Local Health District	Wise County	Southwestern	No	No	Yes
VBDPH	Local Health District	Virginia Beach City	Eastern	No	Yes	No

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Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
Virginia Department of Health	Local Health District	Chesapeake City	Eastern	Yes	No	No
Infant and Toddler Connection of Fairfax-Falls Church	Fairfax County Agency, Division of Family Services	Fairfax County	Northern	Yes	No	No
New River Health District	Local Health District	Montgomery County	Southwestern	No	No	Yes
Mount Rogers VDH	Local Health District	Smyth County	Southwestern	No	No	Yes
Portsmouth Health Department	Local Health District	Portsmouth City	Eastern	No	Yes	No
SCAN of Northern Virginia	Non-profit organization	Alexandria City	Northern	No	No	Yes
University of Virginia Children's Hospital	Hospital	Albemarle County	Northwestern	No	No	Yes
Arlington County Public Health	Local Health District	Arlington County	Northern	Yes	No response	No response
Virginia Department of Health	Local Health District	Fauquier County	Northwestern	No	No	No
American College of Obstetricians and Gynecologists	Healthcare provider	Richmond City	Central	No	No response	No response
Virginia Beach Health Department	Local Health District	Virginia Beach City	Eastern	No	Yes	No
DBHDS	State Agency	Richmond City	Central	No	No	Yes

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Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
DBHDS	State Agency	Richmond City	Central	No	No	Yes
Arlington County	Community Services Board	Arlington County	Northern	No	No	Yes
New River Valley Community Services	Community Services Board	Montgomery County	Southwestern	No	No	Yes
Hampton Newport News Community Services Board	Community Services Board	Hampton City	Eastern	Yes	No response	No response
DCHS/Adult SA Treatment	Community Services Board	Alexandria City	Northern	Yes	No response	No response
Accomack County Health Department	Local Health District	Accomack County	Eastern	No	No response	No response
The Women's Hospital at Henrico Doctors' Hospital Forest Campus	Healthcare provider	Henrico County	Central	No	No	Yes
Chesterfield Fire & EMS	Healthcare provider	Chesterfield County	Central	No	No	No
Henrico Area Mental Health & Developmental Services	Community Services Board	Henrico County	Central	No	No	Yes
RBHA	Community Services Board	Richmond City	Central	Yes	No response	No response
Richmond/Henrico Health Departments	Local Health District	Richmond City	Central	No	No	No
RCHD	Local Health District	Richmond City	Central	No	Yes	No

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Agency/ Organization	Agency type	City/ County	Region	Serve substance- exposed infants only	Serve only mothers with substance- use disorder	Serve both mothers and infants
Lenowisco Health District	Local Health District	Wise County	Southwestern	No	No response	No response

In summary, the distribution of service providers per region is as follows:

Region	Service providers in region	Providers serving <u>only</u> substance- exposed infants		Providers serving <u>only</u> mothers with substance use disorder		Providers serving <u>both</u> substance- exposed infants and mothers with substance use disorder		Providers serving <u>neither</u> substance- exposed infants nor mothers with substance use disorder	
		<i>n</i>	<i>% in region</i>	<i>n</i>	<i>% in region</i>	<i>n</i>	<i>% in region</i>	<i>n</i>	<i>% in region</i>
Central	33	3	9.09%	4	12.12%	19	57.58%	6	18.18%
Eastern	16	2	12.50%	3	18.75%	6	37.50%	4	25.00%
Northern	16	6	37.50%	0	0.00%	9	56.25%	1	6.25%
Northwestern	12	0	0.00%	2	16.67%	7	58.33%	3	25.00%
Southwestern	22	0	0.00%	0	0.00%	18	81.82%	3	13.64%
Total	99	11		9		59		17	

Q4 How many in-patient services admit pregnant women and children or women in the perinatal period?

Agency/ Organization	Service provided	Region	Admit pregnant women or women in the perinatal period	Admit children
HCA Chippenham & Johnston-Willis	Participated in the VON NICQ program for Infants & Children Impacted by Neonatal Abstinence Syndrome in 2015 and earned	Central	No response	Yes

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Agency/ Organization	Service provided	Region	Admit pregnant women or women in the perinatal period	Admit children
	Vermont Oxford Network Center of Excellence. Has a rooming-in program in which mothers and support person continue rooming-in with baby in the hospital for 5 days.			
HCA	Perinatal SUD program called Safe Circle RVA, with inpatient and outpatient services	Central	Yes	No response
Centra Health	Mothers compliant in a program room-in with their baby on the Mother Baby unit. If the baby exhibits the need for pharmacological intervention, they are moved to Intensive Care Nursery where mother is able to room-in with her baby. There is also a Perinatal Navigator MAT NICU Rooming-In program.	Southwestern	No response	Yes
Johnston Memorial Hospital	Implement a Plan of Safe Care for all women presenting with a history of substance use. This includes referral to CSB, CPS, and Baby Care nurses for home visits from the health department. They also receive buprenorphine while inpatient if they are on it, and their infants will be observed for 5 days and admitted for MAT and weaning if needed.	Southwestern	Yes	Yes
Bon Secours Richmond Health System	Provide medical, OB/GYN, NICU care to mother and infants	Central	No response	Yes
Valley Health, Winchester Medical Center	Universal screening of mothers on prenatal visits and on admission to Labor & Delivery. MAT while hospitalized, if appropriate. 5-day observation of known substance-exposed newborn for signs of NAS, NAS treatment protocol for symptomatic SEI, cuddlers, single private rooms that allow for mothers to stay with their babies and provide comfort measures as the first line of treatment for NAS	Northwestern	Yes	Yes

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Agency/ Organization	Service provided	Region	Admit pregnant women or women in the perinatal period	Admit children
Carilion Clinic	Have a level III NICU that provides medical treatment	Southwestern	No response	Yes
Hanover Community Services Board	Referral to MAT providers and residential providers, also referral to inpatient as necessary	Central	Yes	No response
Children's Hospital of Richmond at VCU	Inpatient monitoring and treatment for substance exposed infants	Central	No response	Yes
The Women's Hospital at Henrico Doctors' Hospital Forest Campus	Safe Circle RVA- a comprehensive supportive program for pregnant women who are using opiates or in MAT. Involves partial hospitalization.	Central	Yes	No response
Hanover Community Services Board	Linking to community resources such as inpatient detox	Central	Yes	Yes
Carilion New River Valley Medical Center	3-5 day observation period for substance exposed infants. Mother/family able to stay with infant and "room-in" during observation stay. Infants can be treated in newborn nursery or on pediatric unit	Southwestern	No response	Yes

In summary, nine agencies/organizations mentioned that they have services that admit substance-exposed infants/children as inpatients, while six programs mentioned that they admit women as inpatients during pregnancy or during the entire perinatal period. The distribution by region is as follows:

Region	Admit women only	Admit infants/children only	Admit both infants/children and women
Central	3	3	1
Eastern	0	0	0
Northern	0	0	0
Northwestern	0	0	1
Southwestern	0	3	1
Total	3	6	3

Appendix F

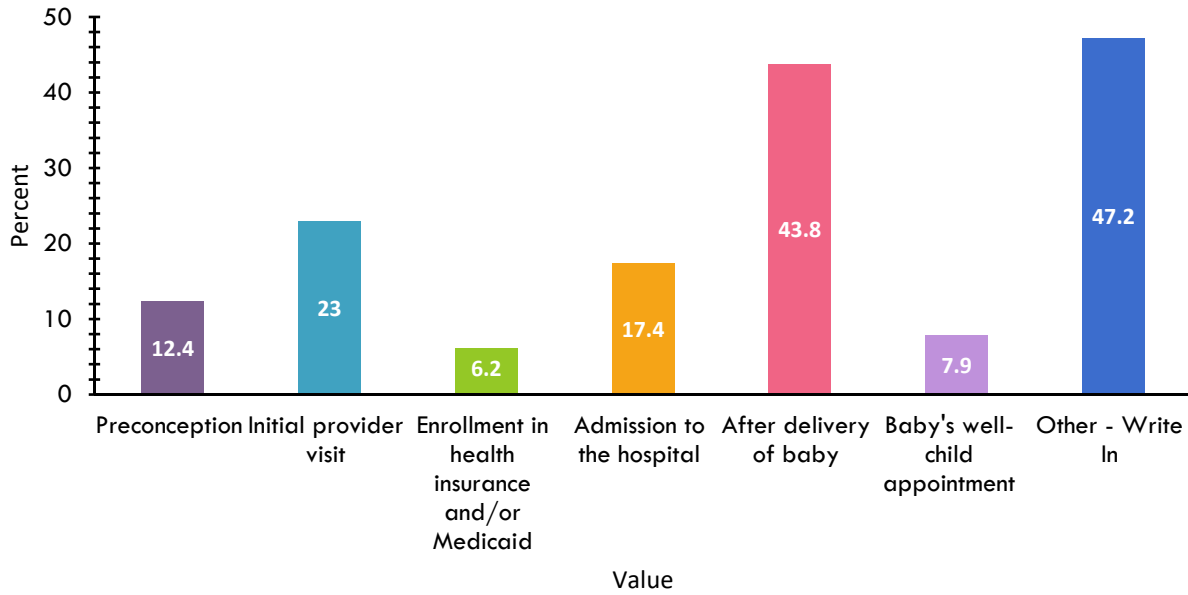
Plan of Safe Care Survey with Results

1. What is your understanding of the purpose of a Plan of Safe Care?



2. When is a Plan of Safe Care developed at your organization? (Please check all the apply)

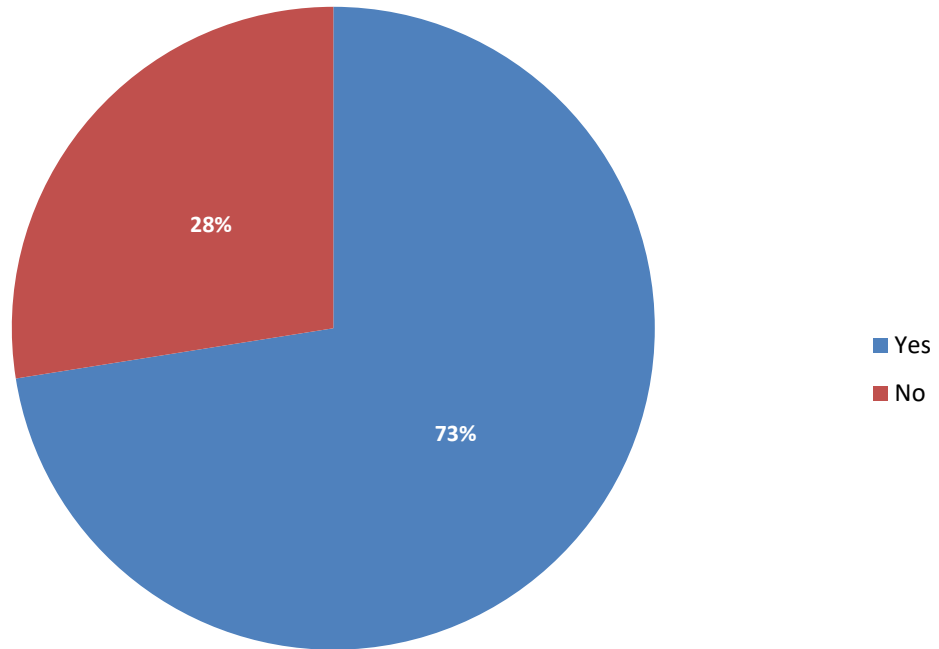
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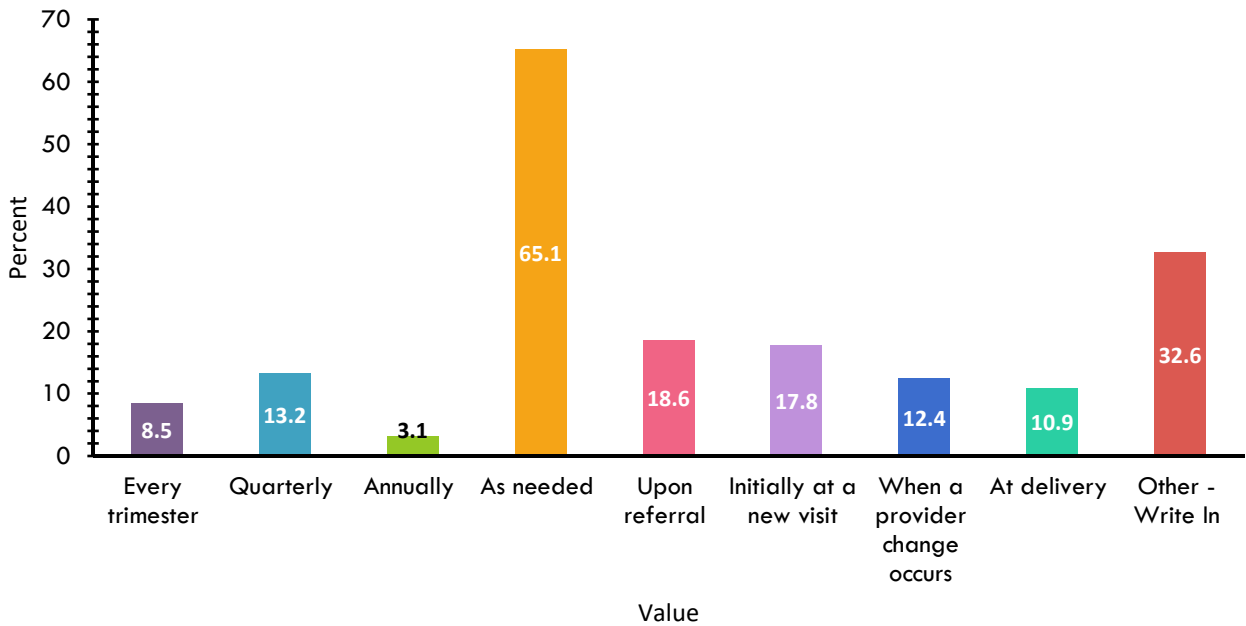
3. After a Plan of Safe Care is developed, what does your organization do with it?



4. Once the Plan of Safe Care is developed, is it reviewed?



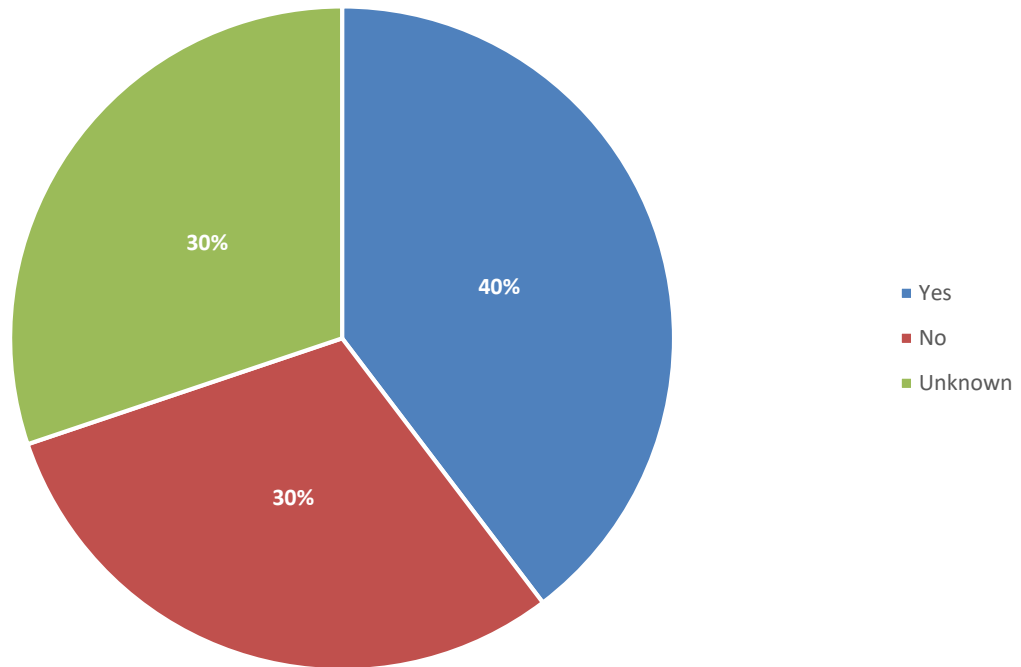
5. How frequently is the Plan of Safe Care reviewed?



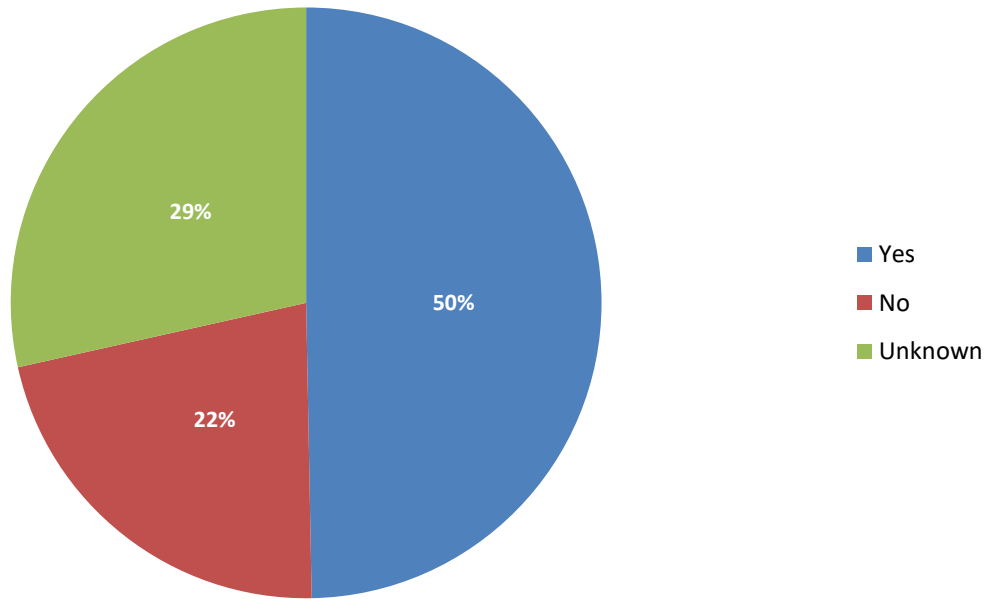
6. How are families identified at your organization as needing a Plan of Safe Care?



7. Do you have a policy/procedure at your organization for how a Plan of Safe Care is developed?

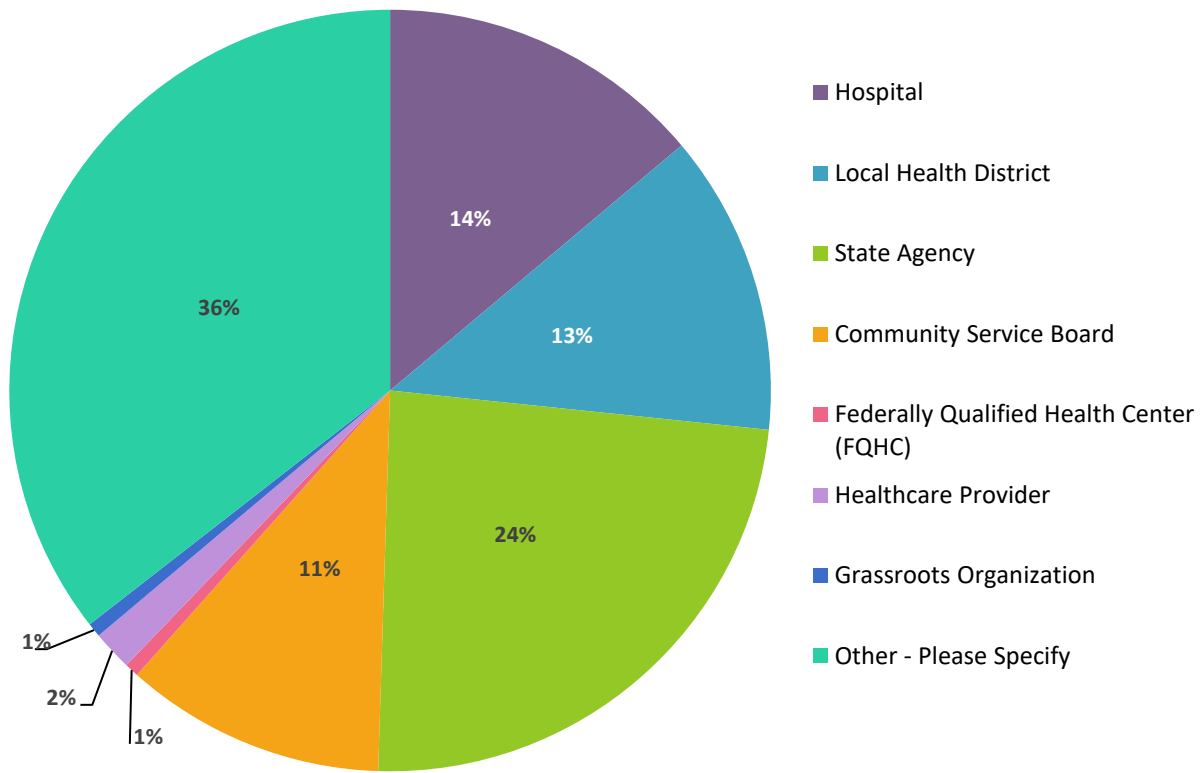


8. Is there a standard format of what should be included in a Plan of Safe Care for your organization?



9. What is your agency/organization type?

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Appendix G

Infrastructure of the Plan of Services for Infants and Families

