2020 Report to the General Assembly

Plan for Services for Substance-Exposed Infants

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Executive Summary

In November 2016, State Health Commissioner Dr. Marissa J. Levine declared the Virginia opioid addiction crisis a public health emergency. 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 Code of Virginia (§ 32.1-73.12) was amended during the 2018 General Assembly session to identify 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
2. include the use of multidisciplinary approaches in intervention and service delivery during the prenatal period and following the birth of the substance-exposed child, and in referrals among providers serving substance-exposed infants, 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 (DSS);
- Virginia Department of Behavioral Health and Developmental Services (DBHDS);
- community services boards (CSBs) and behavioral health authorities;
- local departments of health;
- Virginia Chapter of the American Academy of Pediatrics (AAP);
- American College of Obstetricians and Gynecologists (ACOG), Virginia Section; and
- other stakeholders as may be appropriate.

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, and in FY20, VDH convened four different "pillar" workgroups to develop a statewide strategic plan for family and infants impacted by substance exposure and maternal substance use. The plan is included in Appendix C.

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

Background

The Code of Virginia § 32.1-73.12 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 bill 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 (AAP)
- American College of Obstetricians and Gynecologists (ACOG), Virginia Section

Participation is open to other stakeholders, as may be appropriate, such as the Virginia Neonatal Perinatal Collaborative (VNPC), the Virginia Hospital and Healthcare Association (VHHA), and American Academy of Pediatrics, 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 Appropriations Act includes support for one wage employee to execute the plan (see Appendix B).

Activities of the Stakeholder Workgroup

Pathways to Coordinated Care (PCC) workgroup was selected as the established name of the stakeholders working on behalf of families and infants impacted by substance use. In June 2018, VDH conducted an environmental scan survey to identify current programs for women who are pregnant and have 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 (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 the plan of services for SEI and their families. Details regarding survey results were included in the 2019 Report to the General Assembly (https://rga.lis.virginia.gov/Published/2019/RD566/PDF).

As a result of the survey's findings and workgroup discussion, the following emerged as recurring areas of needed focus: improving data, communication and coordination; education; screening across health systems, and community resources/programs. These identified needs became the pillars for establishing additional infrastructure for smaller workgroups within the larger workgroup. The pillars are described in more detail later in this section of the report.

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 (PoSC)," the Comprehensive Addiction and Recovery Act (CARA) of 2016 amended the CAPTA state plan to require that a PoSC address the health and substance use disorder treatment needs of the infant and affected family or caregiver. This change means that a PoSC 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 2019, a PoSC survey was administered to stakeholders with the goal of understanding the perceptions and use of the PoSC among local health departments, clinics, hospital service

providers, community service boards and support staff. 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 was included in the development of the statewide strategic plan.

The PCC 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 C):

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:

- PoSC;
- disparity review; 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.

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. Between October 2019 and April 2020, each of the five pillar workgroups met monthly via teleconference to work on the strategic plan for their selected topic (screening, coordination, education and communication). The VDH Maternal and Infant Health Coordinator attended all meetings for each pillar workgroup to ensure the work was moving forward, establish deadlines, facilitate discussion and maintain communication with all members throughout the six month period.

Due to the COVID-19 pandemic, the full workgroup was invited to a series of three meetings in April 2020 and given an opportunity to review and provide feedback to the full draft strategic plan. In August 2020, a final draft was provided via email to over 300 stakeholders across the

Commonwealth to review a final time and provide suggested edits and feedback. The strategic plan is in Appendix C.

Next Steps

A coordination and dissemination outline will be developed, detailing how the strategic plan will be implemented and communicated across state agencies, health systems and stakeholder partner organizations. The goal of this coordinated approach is to ensure interagency collaboration and a comprehensive system of care to address the medical, mental health, and social needs of families impacted by substance use disorder across the Commonwealth. After dissemination of the strategic plan, a work plan will be developed to outline implementation of the plan. The future of this work is contingent upon determining the required resources needed to make this strategic plan come to fruition.

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.

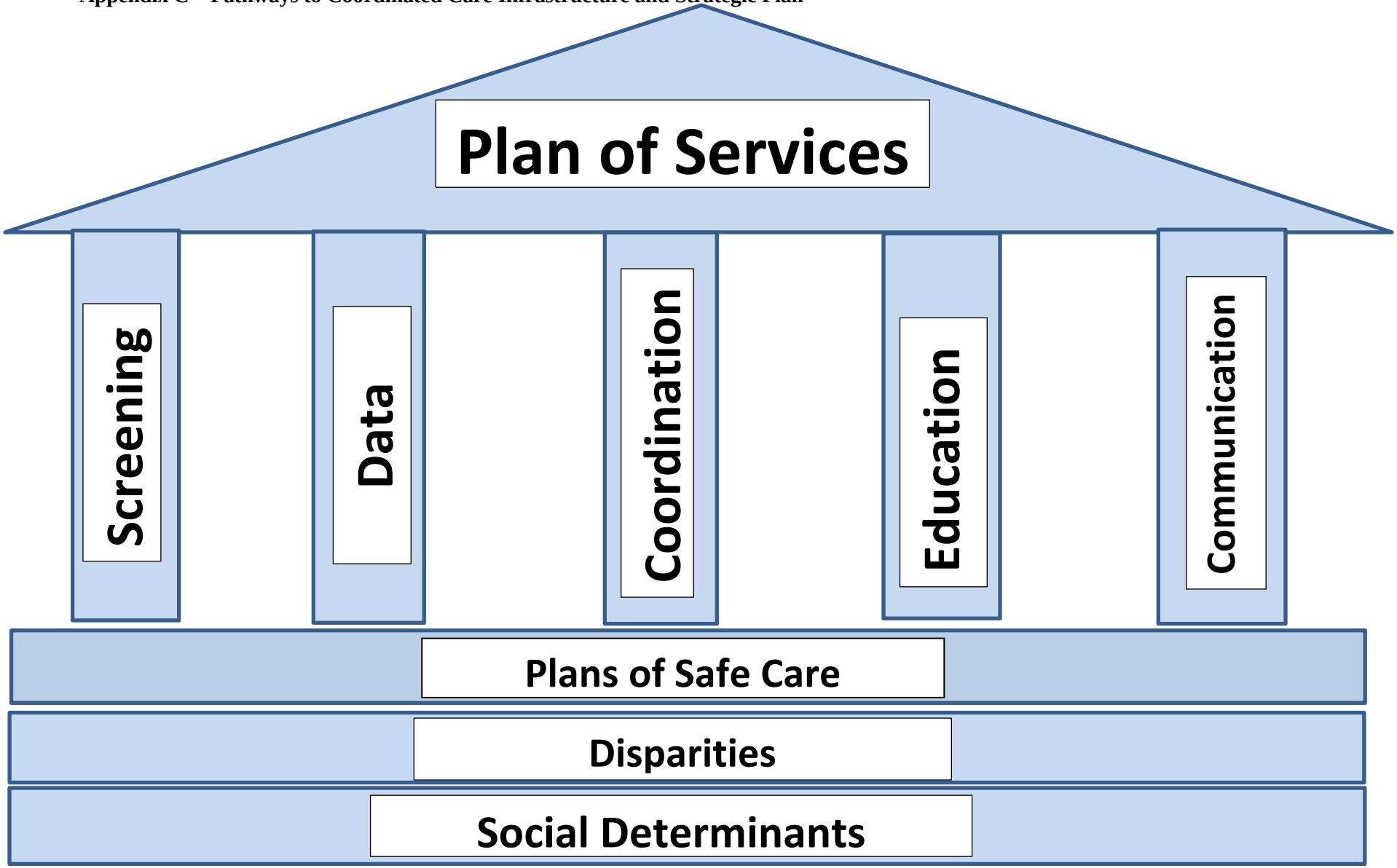
Appendix B

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 – Pathways to Coordinated Care Infrastructure and Strategic Plan



I. Screening Pillar

Objective #1: Identify a standard policy and protocol for screening for (1) all women of child-bearing age and (2) all pregnant and post-partum persons across the Commonwealth.

Objective #2: Establish a standard policy and protocol for Plans of Safe Care in accordance with (IAW) federal policy

II. Coordination Pillar

Objective #1: Providers in each locality will have a coordinated approach in assessing and serving families impacted by maternal substance use during pregnancy, and substance-exposed infants after birth.

Objective #2: Increase the number of qualified peer recovery specialist, perinatal/women's health community health workers, doula, and/or home-visitor to work with pregnant and/or postpartum women with a substance use disorder.

Objective #3: Educate providers, hospitals, and communities on the value of peer recovery specialist, doulas, home-visitors, and perinatal community health workers for pregnant and/or postpartum women through various educational methods. (Commissioner's letter, online presentation, continuing education presentations at the hospitals)

III. Education Pillar

Objective #1: Promote statewide provider awareness with identifying and treating substance use disorder in pregnant and post-partum women and infants prenatally exposed to substances including infants with neonatal abstinence syndrome Providers

Objective #2: Promote and provide awareness and education to pregnant and parenting women and their families on substance use resources, medication assisted treatment (medication assisted treatment) course of treatment, screenings, mental health services, and case management programs to assist with care and produce positive pregnancy and parenting outcomes and healthy babies.

Objective #3: Promote community awareness and education of substance use disorder and the effects on pregnant & parenting women and their children via education collaborated with the Department of Education Family Life and Health and Physical Education programs.

IV. Communication Pillar

Objective #1: Develop a toolkit for use by various partners that contains screening tools, reporting requirements, referral information, etc. to encourage them to be proactive when suspecting substance use disorder in pregnant women or new moms

Objective #2: Develop a toll-free hotline for a full range of neonatal abstinence syndrome questions and referrals and/or add this resource to 211 Virginia, 311-Baby, or research for other potential (similar to Text4baby)

Screening Pillar

Description of Objective and Activities to Achieve Objectives		Person/Agency Responsible	Length of Time to complete	Number Expected to be Served/Reached/ Educated	Description of Expected Outcomes/Impact
OBJECTIVE #1 **Identify a standard policy and protocol for screening for (1) All women of child-bearing age and (2) all pregnancy and post-partum persons across the Commonwealth.**					
Short Term	1. Develop a standard policy for screening of women of child-bearing age, pregnant and in the post-partum period. This will be different for different points of entry: • Define screening and testing, create an algorithm for when to use screening and testing, for example, universal drug screen/test, universal psycho-social screening, etc. • Prenatal care: Obstetrician office • No prenatal care: Emergency room/Walk in clinic • Labor & Delivery • Addiction treatment services • Well baby/child visit through 2nd birthday with pediatrician and/or family practice provider. 2. Work with payers to establish how will screening will be billed and paid • Whose insurance (mom or baby), • No insurance • Private	Pathways to Coordinated Care staff person in partnership with Virginia American College of Obstetrician and Gynecology, American Academy of Pediatrics, Virginia Neonatal Perinatal Collaborative, local health districts Virginia Department of Health/Virginia Department of Social Services/Pathways to Coordinated Care staff person in partnership with private providers of addiction treatment services Virginia Department of Health/Virginia Neonatal	3-6 months	Providers, educators, hospitals, agencies across the Commonwealth	Have one standard policy and protocol for screening in Virginia

	• Public 3. Establish a standard protocol for all screens and provide a referral for follow-up when warranted. 4. Create an algorithm based on the standard protocol established 5. Establish a standard protocol for documentation of screening and billing including these parts: a. Individual exposures documentation b. Documentation of substance exposure alone c. By infant symptoms? By infant treatment (pharmacological vs. nonpharmacological)? d. For purposes of quality monitoring? e. Does it change hospital/physician reimbursement? 6. Documentation into whose chart and if the screening being maintained and billed	Perinatal Collaborative/ /Early Intervention staff Early Intervention staff/ Home Visiting staff/Child Welfare Virginia Department of Health Pathways to Coordinated Care staff person in partnership with the Virginia Neonatal Perinatal Collaborative substance use disorder (SUD)/neonatal abstinence syndrome (NAS) workgroup to develop standard algorithm			
OBJECTIVE #2 Establish a standard policy and protocol for Plans of Safe Care in accordance with federal policy					
Short Term	1. Establish/decide on a Plan of Safe Care template 2. Establish protocol as to when and how a Plan of Safe Care should be completed	Virginia Department of Health Pathways to Coordinated Care staff person /Virginia Department of Social Services/	3 months	Agencies, providers and hospitals engaging with pregnant and postpartum women in the commonwealth	Have one universal Plan of Safe Care template
Moderate Term	1. Identify agencies responsible for completing the Plans of Safe Care 2. Provide training and education of Plans of Safe Care protocol.	Virginia Department of Health Pathways to Coordinated Care staff person/Virginia Department of Social Services	6 months	Agencies, providers and hospitals engaging with pregnant and postpartum women in the commonwealth	Have one universal Plan of Safe Care template

Long Term	1. Establish a portal with all Plans of Safe Care to be accessed by any provider involved in patient's care.	Pathways to Coordinated Care staff person	24 months	Agencies, providers and hospitals engaging with pregnant and postpartum women in the commonwealth	Have one universal Plan of Safe Care template

Coordination Pillar

Description of Objective and Activities to Achieve Objectives		Person/Agency Responsible	Start/End Dates	Number Expected to be Served/Reached/ Educated	Description of Expected Outcomes/Impact
OBJECTIVE #1: Providers in each locality will have a coordinated approach in assessing and serving families impacted by maternal substance use during pregnancy, and substance-exposed infants after birth.					
Short Term	1. Each locality will define their service area and identify the providers that will coordinate service provision. (Suggest this is initially led by the Community service board, local hospital who are mandated to coordinate services and OB/GYNs and family medicine providers.)	Community Service Board agencies, and area hospital9s). (Designated leaders) Obstetricians and Family Medicine providers	1 month	Providers who coordinated services	Defined service area to begin coordination of services.
	2. Identify a meeting frequency of key partners, stakeholders, and champions in each locality to understand current practices, gaps in treatment services, and shared efforts. Develop consensus and a shared vision on how each locality will work together and move coordinated services forward.	Community Service Board agencies, and area hospital(s), Child Welfare, local health district, Infant/Toddler Connection, Healthy Families Program. (Designated leaders)	1 month after defining service area. (Month 2)	Key stakeholder and champion by locality	Service area team with commitment to multidisciplinary work.
	3. Establish guidelines or expectations for the development of a Memorandum of	Child Welfare and Community Service	1 month after defining	Community leaders in each locality	Multidisciplinary service area team

	Understanding protocol for each locality and the leads within that community.	Board agencies, area hospital(s); local health district, Infant/Toddler Connection, Healthy Families Program. (Designated leaders)	service area. (Month 2)		members identified and committed to establishing service area Memorandum of Understanding.
Moderate Term	1. Each service area will produce a Memorandum of Understanding or similar agreement that outlines the coordinated approach to serving these families.	Child Welfare and Community Service Board agencies, area hospital(s); local health district, Infant/Toddler Connection, Healthy Families Program. (Designated leaders)	10 months after identifying service area team. (Month 12)	Community locality	Multidisciplinary Memorandum of Understanding approved by agency leaders.
	2. In-person training on the directives and protocols to be used in each locality (local health district, Community Service Board, Child Protective Services, Healthy Families Program, Infant/Toddler Connection, hospital staff)	Child Welfare and Community service board agencies, and area hospital; local health district, Infant/Toddler Connection, Healthy Families Program. (Designated leaders and all staff)	3 months after finalized Memorandum of Understanding (Month 15)	Partners within community to be trained	Cross-training of all staff involved in coordinated approach.
Long Term	1. Implementation of the coordinated approach and 6-month evaluation post implementation. Reports/status to Virginia Department of Health, Virginia Department of Social Services and Virginia Department of Behavioral Health and Development Services representative	Child Welfare, Community Service Board agencies, area hospital(s); local health district, Infant/Toddler Connection, Healthy Families Program. (Designated leaders and all staff)	6 months after training (Month 21) Report 3 months later (Month 24)	Key partners, stakeholders, organization within community Families reached due to the coordination of care services	Assessment of coordinated approach and recommendations for changes and future services.

OBJECTIVE #2: Increase the number of qualified peer recovery specialist, perinatal/women's health community health workers, doula, and/or home-visitor to work with pregnant and/or postpartum women with a substance use disorder.					
Short Term	1. Identify cost of peer recovery specialist training, in-person training, certification, reimbursement by payer (Medicaid/private), cost benefit/savings to recommend best approach forward with peer recovery specialist	Department of Behavioral Health and Development Services /Department of Medical Assistance Services/Virginia Department of Health/ private payers	12 months	Peer recovery specialist in Virginia, as well at families impacted by their services	Statewide cadre of certified Peer recovery specialist to work with pregnant and/or postpartum women with a substance use disorder.
	2. Conduct a survey of peer recovery specialists who work with prenatal and postpartum women with a substance use disorder and determine what type of training is needed for registration and certification.	Department of Behavioral Health and Development Services	2-4 months to create/conduct survey	Peer Recovery Specialist in Virginia	Training needs to increase the number of peer recovery specialist
	3. Identify locality, hospital, or region to conduct a pilot of a qualified peer recovery specialist with parenting experience to determine value of peer recovery specialist.	Department of Behavioral Health and Development Services	2-4 months to access readiness of potential pilot sites	Peer recovery specialist for pilot sites	Identify value of peer recovery specialist and replicate in other localities with registry and reimbursement
	4. Identify sustainable funding to support peer recovery specialist and community health workers.	Virginia Department of Health Pathways to Coordinated Care staff person	Ongoing	Peer recovery specialist and community health worker in Virginia, as well at families impacted by their services	Improved outcomes for maternal and infants impacted by substance use disorder and neonatal abstinence syndrome
Moderate Term	1. Work with Department of Behavioral Health and Development Services to create a specialty in their peer recovery specialist certification for peer recovery specialist that work with pregnant	Department of Behavioral Health and Development Services	24 months	Peer recovery specialist in Virginia, as well at families impacted by their services	Modification to the present peer recovery specialist training and certification of peer recovery specialist

	and/or postpartum women with a substance use disorder.				for this special population.
	2. Develop tool kit for peer recovery specialist on this specialty	Department of Behavioral Health and Development Services /Virginia Department of Health	24 months	Peer recovery specialist in Virginia, as well at families impacted by their services	Toolkit
Long Term	1. Create a reimbursement structure, which is sustainable and increases the workforce development, recognizing this process will look different for each paraprofessional; a. Peer Recovery Specialist, b. Perinatal/Women's community health workers, c. Doulas and /or d. Home-visiting staff.	Department of Medical Assistance Services to start the conversation, additional partners to be determined	24-36 months	N/A*	Peer recovery specialist that specialize in care for pregnant and/or postpartum women with a substance use disorder and their support systems.
OBJECTIVE #3 Educate providers, hospitals, and communities on the value of peer recovery specialist, doulas, home-visitors, and perinatal community health workers for pregnant and/or postpartum women through various educational methods. (Commissioner's letter, online presentation, Continuing education credit presentations at the hospitals)					
Short Term	1. Develop educational materials 2. Ensure accessibility to the educational materials, print, video, etc.	Department of Behavioral Health and Development Services /Virginia Department of Health/Pathways to Coordinated Care staff person	Ongoing	Individuals who received the educational materials	Commissioner's letter; online training; in person presentation at hospitals for Continuing education credit
Moderate Term	1. Develop a referral process for providers for peer recovery specialist	Department of Behavioral Health and Development Services /Pathways to	18 months	Individual who are referred and providers referring	Referral Process

		Coordinated Care staff person			
Long Term	1. Fine tune the referral process and personalize it to each communities' needs	Department of Behavioral Health and Development Services /Pathways to Coordinated Care staff	24 months	Individual who are referred and providers referring	Improved personalized referral process

Education Pillar

Description of Objective and Activities to Achieve Objectives		**Person/Agency Responsible**	**Start/End Dates**	**Number <u>Expected</u> to be Served/Reached/ Educated**	**Description of <u>Expected</u> Outcomes/Impact**
OBJECTIVE #1 Promote statewide provider awareness with identifying and treating SUBSTANCE USE DISORDER in pregnant and PP women and infants prenatally exposed to substances including infants with neonatal abstinence syndrome Providers					
Short Term	1. Identify and educate providers in the Healthcare community on care practice standards and protocols for universal screening and testing of prenatal and postpartum opioid use disorder 2. Identify and Educate Facility-based providers and the Healthcare community on screening for infants prenatally exposed to substances 3. Identify and Educate Facility-based providers and the Healthcare community on reporting requirements for neonatal abstinence syndrome 4. Identify and Educate Facility-based providers and the Healthcare community on importance of medication assisted treatment, and	Virginia Department of Health/Virginia Neonatal Perinatal Collaborative/Virginia Hospital and Healthcare Association/Maternal & Infant Sister Agency Workgroup/Virginia Department of Behavioral Health and Development Services	6 months	Community healthcare providers Facility based healthcare providers Healthcare providers who see moms and babies Medication assisted treatment community	Received education related to policies and protocols for universal screening of pregnant and post-partum women and infants for all healthcare providers whose population is pregnant, postpartum and infants to their second birthday and licensed mental health providers in Virginia

	availability of licensed medication assisted treatment providers in the community 5. Identify and Educate Facility-based providers and the Healthcare community on importance of counseling services and availability of Mental Health services in the community			Community service board and licensed mental health provider	
Moderate Term	1. Develop a framework for training and educate identified providers and Healthcare community on clinical protocols, reviewed and established through Virginia Neonatal Perinatal Collaborative, to include prescribing protocols, standardized services for the treatment and management of pregnant and PP women with opioid use disorder, treatment and management of infants prenatally exposed to substances, including infants with neonatal abstinence syndrome 2. Develop a framework for training and educate facility based and Healthcare community prenatal providers on the SBIRT practice for pregnant women and caregivers of infants prenatally exposed to substances	Virginia Department of Health/Virginia Neonatal Perinatal Collaborative	12-18 months 12-18 months	Healthcare providers who see pregnant, post-partum and infants	Received education related to policies and protocols clinical guidance, treatment and management of pregnant and post-partum women and infants for all healthcare providers whose population is pregnant, postpartum and infants to their second birthday and licensed mental health providers in Virginia
Long Term	1. Develop a framework and training for implementing Plans of Safe Care in all jurisdictions and communities 2. Educate providers and the Healthcare community on Plans of Safe Care requirements 3. Develop a framework and training focused on effective care coordination of pregnant and postpartum women with opioid use disorder and infants prenatally exposed to substances.	Virginia Department of Health/ Maternal and Infant Sister Agency Partners/	18-24 months	N/A*	Using the framework and training improve the use of the Plans of Safe Care, to better serve mom and baby

	4. Educate providers and the Healthcare community on effective coordination of pregnant and postpartum women with opioid use disorder and infants prenatally exposed to substances. 5. Implement provider training on clinical standards and treatment using the pharmacy waiver to increase the number of active, licensed medication assisted treatment providers				
OBJECTIVE #2 **Promote and provide awareness and education to pregnant and parenting women and their families on substance use resources, medication assisted treatment course of treatment, screenings, mental health services, and case management programs to assist with care and produce positive pregnancy and parenting outcomes and healthy babies.**					
Short Term	1. Identify and educate: a. pregnant and b. parenting women on the care of women and infants with substance exposure 2. Identify and screen: a. pregnant and b. parenting women for substance use throughout prenatal course and after delivery 3. Educate: a. pregnant and b. parenting women and their families on reporting requirements for neonatal abstinence syndrome/substance exposed infants and potential for prolonged hospital stays to monitor for withdrawal symptoms in infants after delivery 4. Identify and educate: a. pregnant and	American College of Obstetrician and Gynecology/ Virginia Neonatal Perinatal Collaborative/ American Academy of Pediatrics/ Substance Abuse and Mental Health Services Administration/ Virginia Department of Health & Pathways to Coordinated Care staff person/ Department of Behavioral Health and Development Services	3-6 months	All parents and families impacted by substance use disorder/neonatal abstinence syndrome and providers who provide treatment to them	To provide robust information and education to women and families who are in multiple stages of pregnancy on substance abuse and its effects on both mother and child. To provide resources and support for family, substance abuse, and mental health care for holistic treatment.

	b. parenting women on importance of medication assisted treatment and availability of providers in the community. 5. Identify and educate: a. pregnant and b. parenting women and their families on the availability of mental health services in the community 6. Identify and educate: a. pregnant and b. parenting women and their families on breastfeeding while on medication assisted treatment and delayed signs and symptoms of neonatal abstinence syndrome				
Moderate Term	1. Develop a framework for training and education of: a. pregnant and b. parenting women and their families on the course of medication assisted treatment, standard treatment, and management of women with opioid use disorder, and treatment and management of infants that have substance exposure and those diagnosed with neonatal abstinence syndrome.	Department of Behavioral Health and Development Services	12-24 months	N/A*	Provide medication assisted treatment education as it relates specifically to pregnant women as well as sites, centers, and resources. Provide mother with information and education on the benefits of medication assisted treatment services both while pregnant and continuation post-delivery.
Long Term	1. Develop framework and training to educate pregnant and parenting women and families on the Plan of Safe Care and benefits to self and providers.	Virginia Department of Health/Virginia Department of Social Services	24 months	N/A*	Provide Plans of Safe Care education and training as it relates specifically to pregnant women as

	2. Develop framework in education of pregnant and parenting women and their families to teach benefits of case management and encourage home visitation programs	Virginia Department of Health/Department of Behavioral Health and Development Services			well as sites, centers, and resources. Provide mother with information and education on the benefits of medication assisted treatment services both while pregnant and continuation post-delivery.
OBJECTIVE #3 **Promote community awareness and education of substance use disorder and the effects on pregnant & parenting women and their children via education collaborated with the Department of Education Family Life and Health and Physical Education programs.**					
Short Term	1. Develop media campaign to educate/inform parents of planned school initiative to address the effects of substance use disorder as it pertains to not only pregnant and parenting women but also to their children. 2. Use surveys pre and post education to middle/high school children to assess knowledge of substance use disorder	Department of Behavioral Health and Development Services/ Virginia Department of Health Pathways to Coordinated Care staff person/ Department of Education	6-12 months	N/A*	Provide a education through a media campaign to parents and pregnant women. Understand what knowledge middle and high school students have related to substance use disorder
Moderate Term	1. Develop education to be used in conjunction with family life and/or physical education/health class instruction in Virginia public schools	Virginia Department of Health Pathways to Coordinated Care staff person/ Department of Education	12-18 months	N/A*	Provide education to about substance use through family life and/or physical education/health class instruction across Virginia's public schools
Long Term	1. Assess use of surveys/education through cumulative data pre and post education and amend education as necessary to promote abstinence from Substance use.	Virginia Department of Health Pathways to Coordinated Care staff person/	18-24 months	N/A*	Understand what knowledge middle and high school students have related to

		Department of Education			substance use disorder and the benefits of abstinence

Communication Pillar

Description of Objective and Activities to Achieve Objectives		Person/Agency Responsible	Start/End Dates	Number Expected to be Served/Reached/ Educated	Description of Expected Outcomes/ Impact
OBJECTIVE #1 Develop a toolkit for use by various partners that contains screening tools, reporting requirements, referral information, etc. to encourage them to be proactive when suspecting substance use disorder in pregnant women or new moms.					
Short Term	1. Determine and gather resources to be included in toolkit 2. Develop toolkit 3. Pilot with a workgroup or providers who will be using the toolkit to ensure it adds value 4. Create the toolkit to be accessed virtually 5. Print and disseminate the toolkit 6. Promote the toolkit to professionals	Virginia Department of Health Pathways to Coordinated Care staff person/ Virginia Department of Social Services/ Virginia Department of Behavioral Health and Development Services/ Virginia Neonatal Perinatal Collaborative	3-12 months	Medical professionals, community providers, child welfare staff, general public	Broaden understanding of neonatal abstinence syndrome and substance use disorder among professionals and treatment/referral options that exist.
OBJECTIVE #2 Develop a toll-free hotline for a full range of neonatal abstinence syndrome questions and referrals and/or add this resource to 211 Virginia, 311-Baby, or research for other potential. (Similar to Text4baby)					
Short Term	1. Outline resources to be included 2. Decide who is hotline host 3. Train hotline workers	Virginia Department of Health Pathways to Coordinated Care staff person	6-12 months	Medical and community providers, mothers, family members, child welfare personnel	People will have a place to call for information and referral that is confidential and stigma free.
Moderate Term	1. Market and launch hotline	Virginia Department of Health Pathways to Coordinated Care staff person	12 months	Medical and community providers, mothers, family members, community members	The hotline will provide information and referral providing substance use disorder expectant mothers and

					new moms to get the assistance they need and help remove the stigma of users regarding substance use disorder during pregnancy.
Long Term	1. Evaluate hotline usefulness	Virginia Department of Health Pathways to Coordinated Care staff person	12-18 months	Number of Medical and community providers, mothers, family members, community members	Determine the usefulness of such a hotline and improve product as indicated in evaluation.

N/A*- As the expected outcome is not based on an individual basis, instead it is based on did the activity or object occur or not.