

**2021 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 (SEI) 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; and
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 SEI 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 SEI 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 strategic plan, also known as the Pathways to Coordinated Care (PCC) Strategic Plan, is included in Appendix C. In FY21, the Commissioner of Health and the Secretary of Health and Human Resources reviewed and approved the PCC Strategic Plan. The PCC Strategic Plan is now the official Plan for Services for SEIs, and it will work in tandem with [Virginia’s Maternal Health Strategic Plan](#), published in April 2021, which seeks to eliminate the maternal health disparities and includes recommendations regarding maternal mental health and addressing social determinants of health.

This document fulfills the requirement for VDH to report 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:

- DSS
- DBHDS
- CSBs
- Behavioral Health Authorities
- Local departments of health
- Virginia Chapter of the AAP
- 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), AAP, 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 is the established name of the stakeholders working on behalf of families and infants impacted by substance use. PCC workgroup activities and accomplishments during 2018-2020 are outlined in previously published reports to the General Assembly and can be accessed on the Virginia Legislative Information System: <https://rga.lis.virginia.gov/search/?query=substance-exposed+infants>. However, the COVID-19 pandemic delayed implementation of the PCC Strategic Plan in FY21. VDH and stakeholder resources were limited and redirected to support pandemic response activities. It is anticipated that workgroup activities will resume in FY22. Virginia's overdose epidemic has seen a substantial increase in substance abuse and overdose rates during the pandemic. With the approval of this strategic plan and VDH's FY22 agency strategic plan, which prioritizes decreasing deaths related to drug overdose, it is anticipated that there will be much momentum going forward in FY22 to address this issue.

### **Next Steps**

In FY22, a staff person will be hired to develop a work plan detailing how the strategic plan will be disseminated, implemented and communicated across state agencies, health systems and stakeholder partner organizations. The future of this work is contingent upon determining the resources needed to make the strategic plan come to fruition. The workgroup will be re-engaged to assist in all efforts and will work in tandem with ongoing initiatives across multiple state agencies and 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.

### 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.

Governor of Virginia. *Virginia Maternal Health Strategic Plan*. (April 2021). Retrieved September 17, 2021 from <https://www.governor.virginia.gov/media/governorvirginiagov/secretary-of-health-and-human-resources/pdf/Virginia's-Maternal-Health-Strategic-Plan.pdf>

**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.*

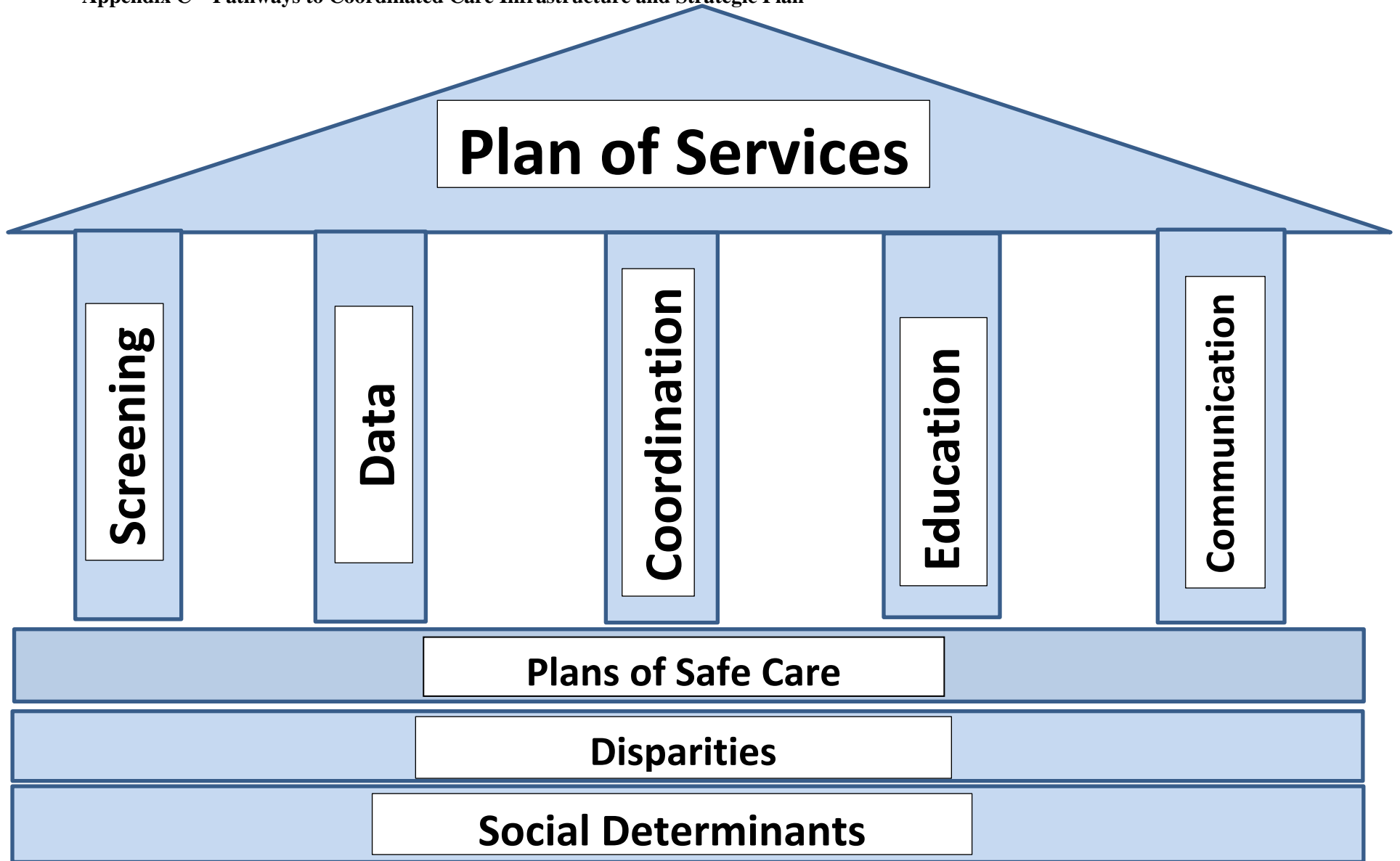
**Appendix B**

**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.





## **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 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 specialists, perinatal/women's health community health workers, doulas, and/or home visitors 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 specialists, 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 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 and parenting women and their children via education via collaboration 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 resources (similar to Text4baby).

# Screening Pillar

Description of Objective and Activities to Achieve Objectives	Person/Agency Responsible	Length of Time to complete	Number <u>Expected</u> to be Served/Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact	
<b>OBJECTIVE #1</b> <b>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.</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>• 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.</li> <li>• Prenatal care: Obstetrician office</li> <li>• No prenatal care: Emergency room/Walk in clinic</li> <li>• Labor &amp; Delivery</li> <li>• Addiction treatment services</li> <li>• Well baby/child visit through 2<sup>nd</sup> birthday with pediatrician and/or family practice provider.</li> </ul> </li> <li>2. Work with payers to establish how screening will be billed and paid <ul style="list-style-type: none"> <li>• Whose insurance (mom or baby)</li> <li>• No insurance</li> <li>• Private</li> <li>• Public</li> </ul> </li> </ol>	<p>Pathways to Coordinated Care staff person in partnership with Virginia American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Virginia Neonatal Perinatal Collaborative, local health districts</p> <p>Virginia Department of Health/Virginia Department of Social Services/Pathways to Coordinated Care staff person in partnership with private providers of addiction treatment services</p> <p>Virginia Department of Health/Virginia Neonatal Perinatal Collaborative/Early Intervention staff</p>	3-6 months	Providers, educators, hospitals, agencies across the Commonwealth	Have one standard policy and protocol for screening in Virginia.

	<ol style="list-style-type: none"> <li>3. Establish a standard protocol for all screens and provide a referral for follow-up when warranted.</li> <li>4. Create an algorithm based on the standard protocol established.</li> <li>5. Establish a standard protocol for documentation of screening and billing including: <ol style="list-style-type: none"> <li>a. Individual exposures documentation</li> <li>b. Documentation of substance exposure alone</li> <li>c. By infant symptoms? By infant treatment (pharmacological vs. nonpharmacological)?</li> <li>d. For purposes of quality monitoring?</li> <li>e. Does it change hospital/physician reimbursement?</li> </ol> </li> <li>6. Maintain chart documentation for screening and billing</li> </ol>	<p>Early Intervention staff/ Home Visiting staff/Child Welfare</p> <p>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</p>			
<b>OBJECTIVE #2 Establish a standard policy and protocol for Plans of Safe Care in accordance with federal policy.</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>1. Establish/decide on a Plan of Safe Care template.</li> <li>2. Establish protocol as to when and how a Plan of Safe Care should be completed.</li> </ol>	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.
<b>Moderate Term</b>	<ol style="list-style-type: none"> <li>1. Identify agencies responsible for completing the Plans of Safe Care.</li> <li>2. Provide training and education of Plans of Safe Care protocol.</li> </ol>	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.

<b>Long Term</b>	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.
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## Coordination Pillar

Description of Objective and Activities to Achieve Objectives	Person/Agency Responsible	Start/End Dates	Number <u>Expected</u> to be Served/Reached/ <u>Educated</u>	Description of <u>Expected</u> Outcomes/Impact	
<b>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.</b>					
<b>Short Term</b>	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 Services Boards, local hospital who are mandated to coordinate services and OB/GYNs and family medicine providers).	Community Services Board agencies and area hospitals. (Designated leaders)  Obstetricians and Family Medicine providers	1 month	Providers who coordinate 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 Services Board agencies, area hospitals) 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 Services	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.
<b>Moderate Term</b>	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 Services 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 Services Boards, Child Protective Services, Healthy Families Program, Infant/Toddler Connection, hospital staff).	Child Welfare and Community Services 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.
<b>Long Term</b>	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 Developmental Services representative.	Child Welfare, Community Services 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, organizations 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 specialists, perinatal/women’s health community health workers, doulas, and/or home visitors to work with pregnant and/or postpartum women with a substance use disorder.**

<b>Short Term</b>	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 Developmental Services /Department of Medical Assistance Services/Virginia Department of Health/private payers	12 months	Peer recovery specialists in Virginia, as well as families impacted by their services	Statewide cadre of certified peer recovery specialists 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 Developmental Services	2-4 months to create/conduct survey	Peer recovery specialists 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 specialists with parenting experience to determine value of peer recovery specialists.	Department of Behavioral Health and Developmental Services	2-4 months to access readiness of potential pilot sites	Peer recovery specialists for pilot sites	Identify value of peer recovery specialists and replicate in other localities with registry and reimbursement.
	4. Identify sustainable funding to support peer recovery specialists and community health workers.	Virginia Department of Health Pathways to Coordinated Care staff person	Ongoing	Peer recovery specialists and community health workers in Virginia, as well as families impacted by their services	Improved outcomes for maternal and infants impacted by substance use disorder and neonatal abstinence syndrome.
<b>Moderate Term</b>	1. Work with Department of Behavioral Health and Developmental Services to create a specialty in their peer recovery specialist certification for peer recovery specialist that work with pregnant and/or postpartum women with a substance use disorder.	Department of Behavioral Health and Developmental Services	24 months	Peer recovery specialists in Virginia, as well as families impacted by their services	Modification to the present peer recovery specialist training and certification of peer recovery specialist for this special population.

	2. Develop toolkit for peer recovery specialist on this specialty.	Department of Behavioral Health and Developmental Services /Virginia Department of Health	24 months	Peer recovery specialist in Virginia, as well at families impacted by their services	Toolkit
<b>Long Term</b>	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 specialists, 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.
<b>OBJECTIVE #3 Educate providers, hospitals, and communities on the value of peer recovery specialists, 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).</b>					
<b>Short Term</b>	1. Develop educational materials 2. Ensure accessibility to the educational materials, print, video, etc.	Department of Behavioral Health and Developmental Services /Virginia Departmental 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.
<b>Moderate Term</b>	1. Develop a referral process for providers for peer recovery specialists	Department of Behavioral Health and Developmental Services /Pathways to Coordinated Care staff person	18 months	Individual who are referred and providers referring	Referral process.
<b>Long Term</b>	1. Fine tune the referral process and personalize it to each community’s needs.	Department of Behavioral Health and Developmental Services	24 months	Individual who are referred and providers referring	Improved personalized referral process.



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## Education Pillar

Description of Objective and Activities to Achieve Objectives	Person/Agency Responsible	Start/End Dates	Number <u>Expected</u> to be Served/ <u>Reached</u> / <u>Educated</u>	Description of <u>Expected</u> Outcomes/ <u>Impact</u>	
<b>OBJECTIVE #1 Promote statewide provider awareness with identifying and treating substance use disorder in pregnant and postpartum women and infants prenatally exposed to substances including infants with neonatal abstinence syndrome.</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Identify and educate facility-based providers and the healthcare community on screening for infants prenatally exposed to substances.</li> <li>3. Identify and educate facility-based providers and the healthcare community on reporting requirements for neonatal abstinence syndrome.</li> <li>4. Identify and educate facility-based providers and the healthcare community on importance of medication assisted treatment, and availability of licensed medication assisted treatment providers in the community.</li> <li>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.</li> </ol>	Virginia Department of Health/Virginia Neonatal Perinatal Collaborative/Virginia Hospital and Healthcare Association/Maternal & Infant Sister Agency Workgroup/Virginia Department of Behavioral Health and Developmental Services	6 months	<p>Community healthcare providers</p> <p>Facility based healthcare providers</p> <p>Healthcare providers who see moms and babies</p> <p>Medication assisted treatment community</p> <p>Community Services Board and licensed mental health provider</p>	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.

<b>Moderate Term</b>	<ol style="list-style-type: none"> <li>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 postpartum women with opioid use disorder, treatment and management of infants prenatally exposed to substances, including infants with neonatal abstinence syndrome.</li> <li>2. Develop a framework for training and educate facility based and Healthcare community prenatal providers on the screening, brief intervention, and referral to treatment (SBIRT) practice for pregnant women and caregivers of infants prenatally exposed to substances.</li> </ol>	Virginia Department of Health/Virginia Neonatal Perinatal Collaborative	<p>12-18 months</p> <p>12-18 months</p>	Healthcare providers who see pregnant, postpartum and infants	Received education related to policies and protocols clinical guidance, treatment and management of pregnant and postpartum 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.
<b>Long Term</b>	<ol style="list-style-type: none"> <li>1. Develop a framework and training for implementing Plans of Safe Care in all jurisdictions and communities.</li> <li>2. Educate providers and the healthcare community on Plans of Safe Care requirements.</li> <li>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.</li> <li>4. Educate providers and the healthcare community on effective coordination of pregnant and postpartum women with opioid</li> </ol>	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 moms and babies.

	<p>use disorder and infants prenatally exposed to substances.</p> <p>5. Implement provider training on clinical standards and treatment using the pharmacy waiver to increase the number of active, licensed medication assisted treatment providers.</p>				
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**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 treatments, screenings, mental health services, and case management programs to assist with care and produce positive pregnancy and parenting outcomes and healthy babies.**

<b>Short Term</b>	<ol style="list-style-type: none"> <li>1. Identify and educate:             <ol style="list-style-type: none"> <li>a. pregnant women; and</li> <li>b. parenting women on the care of women and infants with substance exposure</li> </ol> </li> <li>2. Identify and screen:             <ol style="list-style-type: none"> <li>a. pregnant women; and</li> <li>b. parenting women for substance use throughout prenatal course and after delivery</li> </ol> </li> <li>3. Educate:             <ol style="list-style-type: none"> <li>a. pregnant women; and</li> <li>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</li> </ol> </li> <li>4. Identify and educate:             <ol style="list-style-type: none"> <li>a. pregnant women; and</li> <li>b. parenting women on importance of medication assisted treatment and availability of providers in the community.</li> </ol> </li> </ol>	<p>American College of Obstetricians and Gynecologists/          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 Developmental Services</p>	3-6 months	<p>All parents and families impacted by substance use disorder/neonatal abstinence syndrome and providers who provide treatment to them</p>	<p>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.</p>
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	<p>5. Identify and educate:</p> <ul style="list-style-type: none"> <li>a. pregnant women; and</li> <li>b. parenting women and their families on the availability of mental health services in the community</li> </ul> <p>6. Identify and educate:</p> <ul style="list-style-type: none"> <li>a. pregnant women; and</li> <li>b. parenting women and their families on breastfeeding while on medication assisted treatment and delayed signs and symptoms of neonatal abstinence syndrome</li> </ul>				
<b>Moderate Term</b>	<p>1. Develop a framework for training and education of:</p> <ul style="list-style-type: none"> <li>a. pregnant women; and</li> <li>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.</li> </ul>	Department of Behavioral Health and Developmental 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 mothers with information and education on the benefits of medication assisted treatment services, both while pregnant and continuation post-delivery.
<b>Long Term</b>	<p>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.</p> <p>2. Develop framework in education of pregnant and parenting women and their families to</p>	<p>Virginia Department of Health/Virginia Department of Social Services</p> <p>Virginia Department of Health/Department of</p>	24 months	N/A*	Provide Plans of Safe Care education and training as it relates specifically to pregnant women as well as sites, centers, and resources. Provide mothers with

	teach benefits of case management and encourage home visitation programs.	Behavioral Health and Developmental Services			information and education on the benefits of medication assisted treatment services, both while pregnant and continuation post-delivery.
<b>OBJECTIVE #3</b>					
<b>Promote community awareness and education of substance use disorder and the effects on pregnant and parenting women and their children via collaborative education with the Department of Education's Family Life and Health and Physical Education programs.</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Use surveys pre and post education to middle/high school children to assess knowledge of substance use disorder.</li> </ol>	Department of Behavioral Health and Developmental Services/ Virginia Department of Health Pathways to Coordinated Care staff person/ Department of Education	6-12 months	N/A*	Provide education through a media campaign to parents and pregnant women. Understand what knowledge middle and high school students have related to substance use disorder.
<b>Moderate Term</b>	<ol style="list-style-type: none"> <li>1. Develop education to be used in conjunction with family life and/or physical education/health class instruction in Virginia's public schools.</li> </ol>	Virginia Department of Health Pathways to Coordinated Care staff person/ Department of Education	12-18 months	N/A*	Provide education about substance use through family life and/or physical education/health class instruction across Virginia's public schools.
<b>Long Term</b>	<ol style="list-style-type: none"> <li>1. Assess use of surveys/education through cumulative data pre and post education and amend education as necessary to promote abstinence from substance use.</li> </ol>	Virginia Department of Health Pathways to Coordinated Care staff person/ Department of Education	18-24 months	N/A*	Understand what knowledge middle and high school students have related to 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 <u>Expected</u> to be Served/Reached/Educated	Description of <u>Expected</u> Outcomes/Impact
<b>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.</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>1. Determine and gather resources to be included in the toolkit.</li> <li>2. Develop toolkit.</li> <li>3. Pilot with a workgroup or providers who will be using the toolkit to ensure it adds value.</li> <li>4. Create the toolkit to be accessed virtually.</li> <li>5. Print and disseminate the toolkit.</li> <li>6. Promote the toolkit to professionals.</li> </ol>	Virginia Department of Health Pathways to Coordinated Care staff person/ Virginia Department of Social Services/ Virginia Department of Behavioral Health and Developmental 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.
<b>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 resources (similar to Text4baby).</b>					
<b>Short Term</b>	<ol style="list-style-type: none"> <li>1. Outline resources to be included.</li> <li>2. Decide who is hotline host.</li> <li>3. Train hotline workers.</li> </ol>	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.
<b>Moderate Term</b>	<ol style="list-style-type: none"> <li>1. Market and launch hotline.</li> </ol>	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 referrals, providing substance use disorder expectant mothers and new moms the

					assistance they need and help remove the stigma of users regarding substance use disorder during pregnancy.
<b>Long Term</b>	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.