COMMONWEALTH of VIRGINIA

Department of Health

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June 2025

**MEMORANDUM**

TO: The Honorable L. Louise Lucas
President Pro Tempore, Senate of Virginia

The Honorable Don Scott
Speaker of the House, Virginia House of Delegates

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2024 Report to the General Assembly on the Plan for Services for Substance-Exposed Infants

This report is submitted in compliance with the Virginia Acts of the Assembly – §32.1-73.12, which states:

> *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...The Department shall report annually on December 1 to the General Assembly regarding implementation of the plan.*

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

# PLAN FOR SERVICES FOR SUBSTANCE-EXPOSED INFANTS

REPORT TO THE GENERAL ASSEMBLY

2024




VIRGINIA DEPARTMENT OF HEALTH

## PREFACE

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. Aligned with the workgroup's recommendations, in 2018, the General Assembly amended the Code of Virginia §32.1-73.12 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 in collaboration with key stakeholders. The Code requires that VDH submit a report to the General Assembly by December 1 of each year regarding implementation of the plan.

## REPORT CONTRIBUTORS

### Virginia Department of Health

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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 (SEIs) in the Commonwealth of Virginia. In 2018, following the workgroup's recommendations, the General Assembly enacted Chapter 695 of the 2018 Acts of Assembly which amended the Code of Virginia §32.1-73.12 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. VDH is required to submit a report to the General Assembly regarding implementation of the plan by December 1 of each year.

The code also required VDH to work cooperatively with designated stakeholders to carry out its duties. VDH therefore convened a workgroup to develop and implement a plan for SEIs. The workgroup created a plan which they entitled the "Pathways to Coordinated Care (PCC) Strategic Plan" (PCC Strategic Plan). The PCC Strategic Plan is now the official plan for services for SEIs in the Commonwealth. The workgroup met from 2018 to 2021 and was on hiatus from 2022 to 2023 due to the COVID-19 pandemic and staff capacity. VDH has hired a coordinator, conducted informational interviews with people involved in the developing the initial plan, and reconvened partners across the Commonwealth in October 2024. Summary points from this report are listed below.

### 2024 REPORT SUMMARY

1. Over the past year, VDH expanded staff capacity to support the implementation of the PCC Strategic Plan by hiring a Substance-Exposed Infants (SEI) Plan Coordinator. This position will be responsible for coordinating activities related to the PCC Strategic Plan, including facilitating work group meetings, providing edits and updates as needed, planning regional listening sessions, and connecting with partners working on substance use in the perinatal population. The SEI Plan Coordinator has already been instrumental in working to re-connect those originally involved in the writing of the PCC Strategic Plan and developing a strategy for engaging stakeholders to move the plan forward.

2. VDH identified a need to reevaluate and update the PCC Strategic Plan in 2023 to reflect the post-COVID-19 pandemic landscape. In addition, since the plan assigned specific stakeholders a variety of responsibilities, it is necessary to confirm whether previously assigned stakeholders still have the capacity to carry out those responsibilities or if they need to be reassigned. To update the PCC Strategic Plan, VDH intends to reengage stakeholders in the field and develop workgroups of stakeholders who will iterate on the plan. VDH began this work in October 2024 by holding a webinar for more than 160 partners on the PCC Strategic Plan and its implementation and issuing a survey to stakeholders. The survey offered the opportunity for stakeholders to provide feedback on the plan and to volunteer to be part of a work group that will update the plan.

3. VDH has maintained routine meetings with sister state agencies integral to this work, as well as connections with partners providing both clinical and non-clinical services to affected women and their families over the past year. In addition, state maternal and infant health data has been routinely reviewed with consideration for how Virginia can

better assess substance use in the pregnant and postpartum period, as well as impacts on infants and developing children.

4. The current PCC Strategic Plan is included in this report as Appendix D. It includes objectives that fall under four main areas: screening, coordination, education, and communication. Each objective includes the groups responsible for carrying out the work; a suggested time frame; identifies who will be served; and describes expected outcomes.

# INTRODUCTION

## REPORT MANDATE

The Code of Virginia § 32.1-73.12, promulgated by Chapter 695 of the 2018 Acts of the General Assembly, 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 SEIs in the Commonwealth. The code mandates that the plan supports a trauma-informed approach for identifying and treating SEIs and their caregivers, and that VDH work cooperatively with designated stakeholder organizations to develop and implement the plan. Participation in this work is open to other non-mandated stakeholders as may be appropriate. VDH is also required per this code to report annual updates to the General Assembly on the implementation of the plan for services for SEIs (Appendix A).

## ACTIVITIES

Over the past year, VDH has engaged in a number of activities to inform implementation of the PCC Strategic Plan, including increasing staff capacity for this work, continuing to develop relationships with key implementation partners throughout the state, and gathering information on substance use among the pregnant and post-partum population.

Additionally, VDH staff developed and presented a webinar on the PCC Strategic Plan in October 2024. The goal of the webinar was to reengage previous partners and engage new partners in this work by reintroducing the PCC Strategic Plan, providing updated national and state data on substance use and the perinatal population, and offering opportunities for stakeholders to further participate in the work. More than 160 stakeholders attended this webinar.

Additional information on these activities is included in the “2024 Updates on Implementation” section of this report.

## REPORT OUTLINE

This report will discuss background information that details how the Commonwealth’s PCC Strategic Plan came to fruition in its current version. It will also highlight previous work group activities, provide a status update on the plan, and give next steps to move the plan forward.

## HISTORY OF THE PCC STRATEGIC PLAN AND WORKGROUP

In November 2016, then 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 memorandum of understandings (MOUs), screenings used, protocols, forms, and referral processes.

Following the workgroup's recommendations, the Virginia General Assembly amended the Code of Virginia § 32.1-73.12 in 2018 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 code specified that 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 to develop and implement 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;
- Other stakeholders as may be appropriate.

In FY18, VDH conducted an environmental scan to capture efforts and resources currently available to pregnant and post-partum women and SEI across the Commonwealth. They did so because, at the time, various state and local agencies, health systems, and community partners were involved in efforts to provide services and resources for SEI and their families. VDH identified a lack of coordination and knowledge of these efforts and resources among partners and health systems. Many partner organizations struggle to fully know what is available within their respective communities, may not be using the most updated resources, or may be located in a region that experiences challenges providing adequate supports for families.

In FY19, VDH analyzed the results of the scan and in FY20, VDH convened four different "pillar" workgroups to develop a statewide strategic plan for families and infants impacted by substance exposure and maternal substance use. The resulting Pathways to Coordinated Care (PCC) Strategic Plan is included in Appendix D. 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. The Maternal Health Strategic Plan seeks to eliminate maternal health disparities and includes recommendations regarding maternal mental health and social determinants of health. Treatment of the mother-infant pair as an interconnected dyad is viewed as a best practice within the maternal health field, as is addressing the often co-occurring issues of substance use and mental health in mothers. Virginia's Maternal Mortality Review Team has also reported that maternal deaths related to mental health and accidental overdose are contributors to the Commonwealth's mortality rates and that they are considered preventable deaths. Both plans include objectives related to maternal mental health needs, a key preventative measure for reducing exposure to substances among infants.

The COVID-19 pandemic delayed implementation of the PCC Strategic Plan and interrupted workgroup meetings, as VDH and stakeholder resources were limited and redirected to support pandemic response activities. In FY23, VDH staff reviewed the PCC Plan, identifying the need to update it due to the impact of the pandemic on the health care workforce, availability of resources involved in caring for the perinatal population with substance use disorders and affected infants, and to confirm whether partners previously assigned to specific deliverables still have capacity to carry out the designated responsibilities.

Additional details on the workgroup's activities and accomplishments 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.

## 2024 UPDATES ON IMPLEMENTATION

Over the past year, VDH staff began reengaging stakeholders and moving plan implementation forward. Details for this work are as follows:

***VDH increased staff capacity to carry the plan forward.***

VDH filled the position of and onboarded the new SEI Coordinator, who will provide the staffing support needed to reconvene stakeholders and continue plan implementation. The SEI Plan Coordinator has already been instrumental in reconnecting with those originally involved in authoring the PCC Strategic Plan and developing a strategy for engaging stakeholders to move the plan forward.

***VDH began to reengage partners to update the PCC Strategic Plan.***

In 2023, VDH identified a need to reevaluate and update the PCC Strategic Plan to reflect the post-COVID-19 pandemic landscape. In addition, since the plan assigned specific stakeholders a variety of responsibilities, it is necessary to confirm whether previously assigned stakeholders still have the capacity to carry out those responsibilities or if they need to be reassigned.

To update the PCC Strategic Plan, VDH intends to reengage stakeholders in the field and develop workgroups of stakeholders who will iterate on the plan. VDH began this work in October 2024 by holding a webinar for more than 160 people on the PCC Strategic Plan and its implementation. The purpose of the webinar was to present updated national and state data on perinatal substance use, reintroduce the PCC Strategic Plan, and offer opportunities for partners to provide feedback on the plan and engage in plan implementation.

VDH sent out a survey to webinar participants to sign-up to participate in re-evaluating particular pillars of the plan via smaller work groups. The survey will also provide a mechanism to collect feedback on the plan from partners across the state who may not have the capacity to join a workgroup. About 300 people registered for the webinar and about 160 people attended. Staff plan to share a recording with those that could not make it but registered to encourage participation in the feedback survey and remind partners of ways to engage in updating the plan. At the time of this report, the survey results are under review. The feedback VDH staff receive will inform the areas of the plan that the smaller work groups will review and/or update.

***VDH continued to build relationships with and collaborate with sister agencies and stakeholders across the state on perinatal substance use and ongoing work to address this issue.***

The SEI Coordinator and other VDH staff met with sister state agencies, community partners, and providers serving the pregnant and postpartum population. These conversations allowed VDH staff to build relationships with key stakeholders in the field and gather information on perinatal substance use, both of which will be crucial for informing the work of the SEI workgroup and the PCC Strategic Plan implementation.

## NEXT STEPS

During the end of 2024 and moving into 2025, VDH staff plan to:

- Continue to re-establish relationships with those previously involved with the PCC Strategic Plan work group and reach out to new organizations and individuals that have valuable insight to add to the conversation and plan. This will include those with lived experience, clinicians and providers across specialty type and setting, and community-based agencies that support families affected by substance use.

- Organize and analyze findings of the survey that were shared via the state-wide webinar in order to inform workgroup activities and plan updates, and assess needs and practices across the Commonwealth.

- Establish work groups organized by pillar of the current plan and facilitate a set number of meetings to update the PCC Strategic Plan where necessary. These updates will include clarifying lead agencies or organizations to implement each component of the plan and establishing new, feasible timelines for the goals of the work group and contents of the plan.

- Hold listening sessions in different regions of the state in order to hear from localities about ways they can or already are implementing applicable parts of the plan. Listening sessions will also allow time to discuss challenges and share successes.

- Continue to communicate across internal VDH offices to collect the most recent data applicable to perinatal substance use across the Commonwealth in order to support data-informed updates to the PCC Strategic Plan.

- Consider establishing a state maternal substance use group that meets at regular intervals, such as quarterly, to monitor implementation of the plan and identify methods of tracking outcomes, effectiveness, and impact. These meetings could also provide a forum to discuss emerging issues and a platform to highlight localities with success stories. VDH envisions that once the temporary work groups have completed their review and updates to the PCC Strategic Plan, VDH would establish the state maternal substance use group as the permanent body to monitor and update the PCC Strategic Plan. This group will likely have other responsibilities as well related to advising the agency on its maternal health and substance use work.

## APPENDIX A – CHAPTER 695 OF THE 2018 ACTS OF ASSEMBLY

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 – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

MIH – Maternal and Infant Health

MOU – Memorandum of understanding

PCC Strategic Plan – Pathways to Coordinated Care Strategic Plan

SEI – Substance-Exposed Infant

VDH – Virginia Department of Health

## APPENDIX C – 2018 APPROPRIATIONS BILL

2018 Special Session I, Budget Amendment HB5002 (Committee Approved), 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.*

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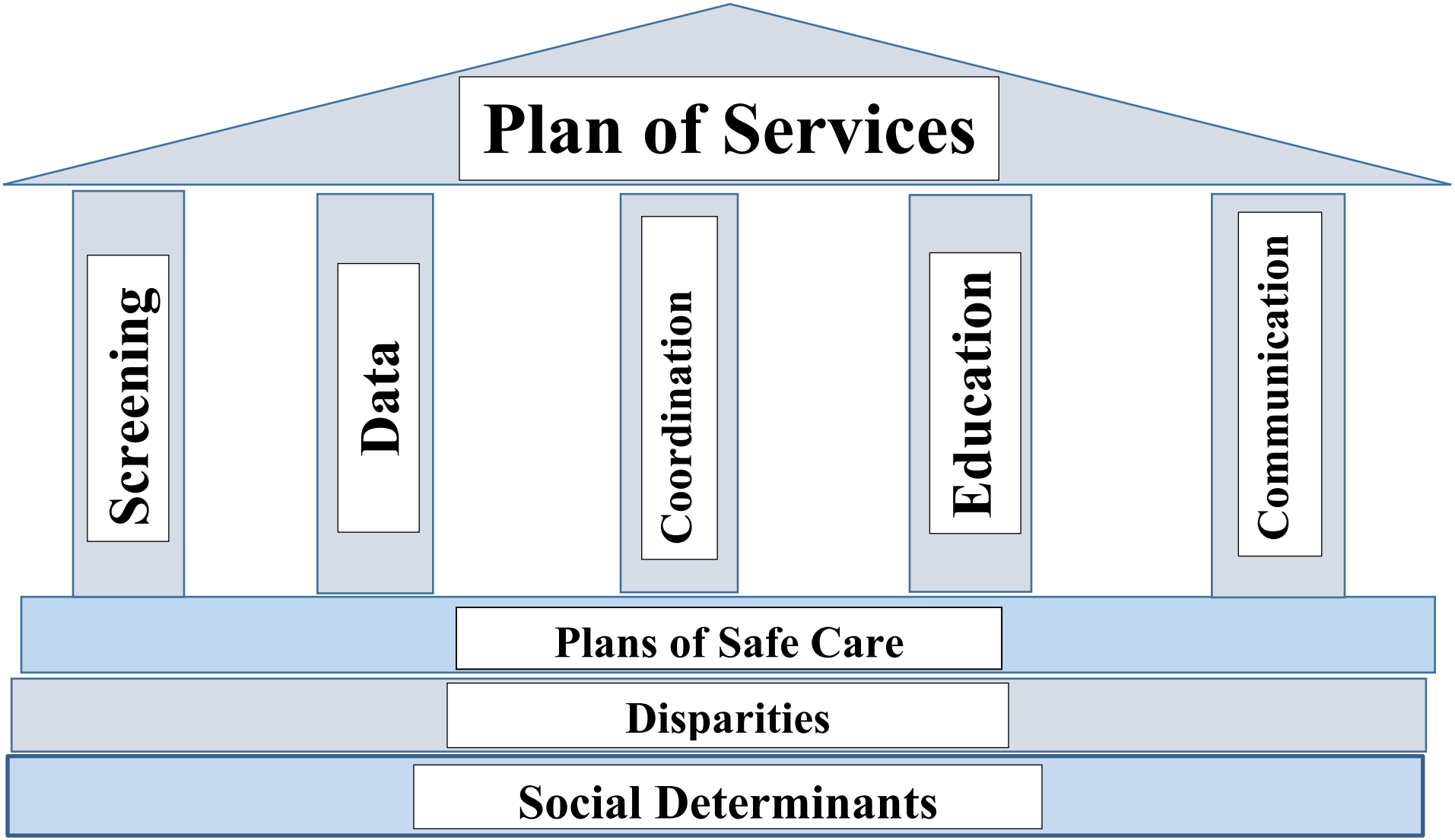
Plan of Services
Screening
Data
Coordination
Education
Communication
Plans of Safe Care
Disparities
Social Determinants

## 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.

**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 through 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 | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
|---|---|---|---|---|---|
| **OBJECTIVE #1**<br>**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.<br>This will be different for different points of entry:<br>• 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.<br>• Prenatal care: Obstetrician office<br>• No prenatal care: Emergency room/Walk in clinic<br>• Labor & Delivery<br>• Addiction treatment services<br>• Well baby/child visit through 2nd birthday with pediatrician and/or family practice provider.<br><br>2. Work with payers to establish how screening will be billed and paid.<br>• Whose insurance (mom or baby)<br>• No insurance<br>• Private | 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<br><br>Virginia Department of Health/Virginia Department of Social Services/Pathways to Coordinated Care staff person in partnership with private providers of addiction treatment services | 3-6 months | Providers, educators, hospitals, agencies across the Commonwealth | Have one standard policy and protocol for screening in Virginia. |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Length of Time to complete | Groups <u>Expected</u> to be Served/Reached/ Educated | Description of <u>Expected</u> Outcomes/Impact |
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| | • Public<br><br>3. Establish a standard protocol for all screens and provide a referral for follow-up when warranted.<br><br>4. Create an algorithm based on the standard protocol established.<br><br>5. Establish a standard protocol for documentation of screening and billing including:<br>a. Individual exposures documentation<br>b. Documentation of substance exposure alone<br>c. By infant symptoms? By infant treatment (pharmacological vs. nonpharmacological)?<br>d. For purposes of quality monitoring?<br>e. Does it change hospital/physician reimbursement?<br>6. Maintain chart documentation for screening and billing. | Virginia Department of Health/Virginia Neonatal Perinatal Collaborative/ /Early Intervention staff<br><br>Early Intervention staff/ Home Visiting staff/Child Welfare<br><br>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.** | | | | | |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Length of Time to complete | Groups <u>Expected</u> to be Served/Reached/ Educated | Description of <u>Expected</u> Outcomes/Impact |
|---|---|---|---|---|---|
| **Short Term** | 1. Establish/decide on a Plan of Safe Care template.<br>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.<br>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 | Groups 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 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)<br><br>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 Understanding protocol for each locality and the leads within that community. | Child Welfare and Community Services Board agencies, area hospital(s); local health district, Infant/Toddler | 1 month after defining service area. (Month 2) | Community leaders in each locality | Multidisciplinary service area team members identified and committed to establishing service area Memorandum of Understanding. |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
|---|---|---|---|---|---|
| | | Connection, Healthy Families Program. (Designated leaders) | | | |
| **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 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. |
| **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 Developmental Services representative. | Child Welfare, Community Services Board agencies, area hospital(s); local health district, Infant/Toddler | 6 months after training (Month 21) | Key partners, stakeholders, organizations within community | Assessment of coordinated approach and recommendations for changes and future services. |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
|---|---|---|---|---|---|
| | | Connection, Healthy Families Program. (Designated leaders and all staff) | Report 3 months later (Month 24) | Families reached due to the coordination of care 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.** | | | | | |
| **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 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 |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
|---|---|---|---|---|---|
| | | | | | 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. |
| **Moderate Term** | 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 |
| **Long Term** | 1. Create a reimbursement structure, which is sustainable and increases the workforce development, recognizing this process will look different for each paraprofessional;<br>a. Peer recovery specialists, | 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 |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
|---|---|---|---|---|---|
| | b. Perinatal/women's community health workers,<br>c. Doulas and/or<br>d. Home visiting staff. | | | | disorder and their support systems. |
| **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).** | | | | | |
| **Short Term** | 1. Develop educational materials<br>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. |
| **Moderate Term** | 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. |
| **Long Term** | 1. Fine tune the referral process and personalize it to each community's needs. | Department of Behavioral Health and Developmental 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 | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| **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.** | | | | | |
| **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.<br>2. Identify and educate facility-based providers and the healthcare community on screening for infants prenatally exposed to substances.<br>3. Identify and educate facility-based providers and the healthcare community on reporting requirements for neonatal abstinence syndrome.<br>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.<br>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. | 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 | Community healthcare providers<br><br>Facility based healthcare providers<br><br>Healthcare providers who see moms and babies<br><br>Medication assisted treatment community<br><br>Community Services Board and licensed mental health provider | 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. |
| **Moderate Term** | 1. Develop a framework for training and educate identified providers and healthcare community | Virginia Department of Health/Virginia | 12-18 months | Healthcare providers who see pregnant, | Received education related to policies |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| | 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.<br>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. | Neonatal Perinatal Collaborative | 12-18 months | postpartum and infants | 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. |
| **Long Term** | 1. Develop a framework and training for implementing Plans of Safe Care in all jurisdictions and communities.<br>2. Educate providers and the healthcare community on Plans of Safe Care requirements.<br>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 moms and babies. |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| | 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.<br>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**<br>**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.** | | | | | |
| **Short Term** | 1. Identify and educate:<br>a. pregnant women; and<br>b. parenting women on the care of women and infants with substance exposure<br>2. Identify and screen:<br>a. pregnant women; and<br>b. parenting women for substance use throughout prenatal course and after delivery<br>3. Educate:<br>a. pregnant women; and<br>b. parenting women and their families on reporting requirements for neonatal abstinence syndrome/substance exposed | 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 | 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 |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| | infants and potential for prolonged hospital stays to monitor for withdrawal symptoms in infants after delivery<br>4. Identify and educate:<br>a. pregnant women; and<br>b. parenting women on importance of medication assisted treatment and availability of providers in the community.<br>5. Identify and educate:<br>a. pregnant women; and<br>b. parenting women and their families on the availability of mental health services in the community<br>6. Identify and educate:<br>a. pregnant women; and<br>b. parenting women and their families on breastfeeding while on medication assisted treatment and delayed signs and symptoms of neonatal abstinence syndrome | Coordinated Care staff person/ Department of Behavioral Health and Developmental Services | | | health care for holistic treatment. |
| **Moderate Term** | 1. Develop a framework for training and education of:<br>a. pregnant women; and<br>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 | 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 |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| | diagnosed with neonatal abstinence syndrome. | | | | 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.<br><br>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/Virginia Department of Social Services<br><br>Virginia Department of Health/Department of Behavioral Health and Developmental Services | 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 information and education on the benefits of medication assisted treatment services, both while pregnant and continuation post-delivery. |
| **OBJECTIVE #3**<br>**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.** | | | | | |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/Impact |
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| **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.<br>2. Use surveys pre and post education to middle/high school children to assess knowledge of substance use disorder. | 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. |
| **Moderate Term** | 1. Develop education to be used in conjunction with family life and/or physical education/health class instruction in Virginia's public schools. | 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. |
| **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/ 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 | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/ Impact |
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| **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 the toolkit.<br>2. Develop toolkit.<br>3. Pilot with a workgroup or providers who will be using the toolkit to ensure it adds value.<br>4. Create the toolkit to be accessed virtually.<br>5. Print and disseminate the toolkit.<br>6. Promote the toolkit to professionals. | Virginia Department of Health Pathways to Coordinated Care staff person/<br>Virginia Department of Social Services/<br>Virginia Department of Behavioral Health and Developmental Services/<br>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 resources (similar to Text4baby).** | | | | | |
| **Short Term** | 1. Outline resources to be included.<br>2. Decide who is hotline host.<br>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 | 12 months | Medical and community providers, mothers, | The hotline will provide information and referrals, |

| Description of Objective and Activities to Achieve Objectives | | Person/Agency Responsible | Start/End Dates | Groups Expected to be Served/Reached/ Educated | Description of Expected Outcomes/ Impact |
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| | | Coordinated Care staff person | | family members, community members | 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. |
| **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