



Virginia Department of
Behavioral Health &
Developmental Services

Virginia's Handle with C.A.R.E. Initiative

Substance Abuse Services Council

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Today's Discussion

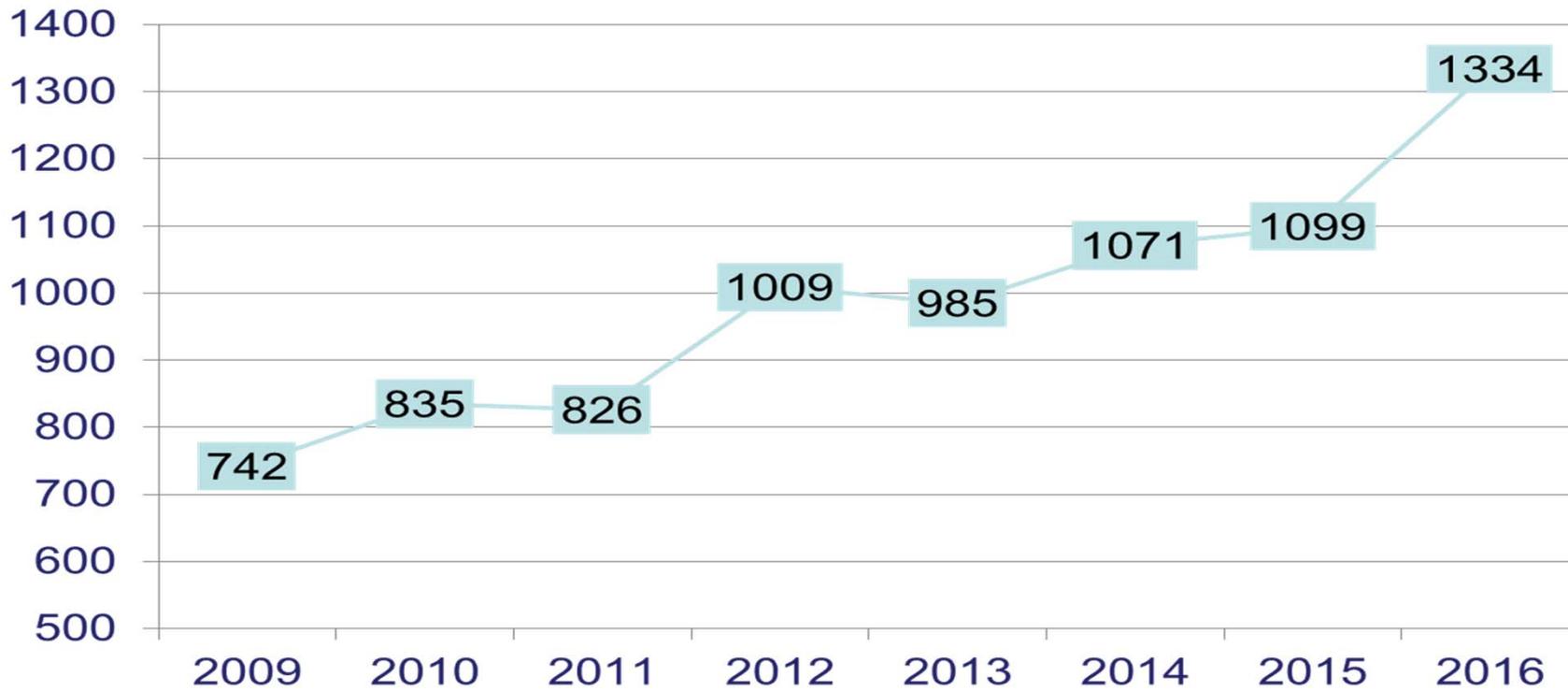
1. Overview: Virginia's Handle with C.A.R.E. initiative: developing a common state response to maternal substance use
2. Plans of Safe Care for substance exposed infants (SEI)
3. Discussion

In Depth Technical Assistance (IDTA)

- Ongoing concerns across Virginia's service delivery systems regarding difficulties reaching and serving substance using pregnant and parenting women and their children



Substance Exposed Infants 2009-2016 (VA DSS)



Women's Substance Use: 2012-2013 * (15-44yr) NSDUH

Substance	Not Pregnant	Pregnant
Cigarettes	24%	15.4%
Alcohol	55.4%	9.4%
Binge Alcohol (4 or more drinks in 2hrs)	24.6%	2.3%
Heavy (binge use 5 x 30 days)	5.3	.04
Any Illicit Drug	11.4%	5.4%

Virginia Estimates : Substance Exposed Infants (SEI)

- SAMHSA's National Household Survey Drug Use and Health estimates 10% of pregnant women use alcohol or drugs during their pregnancy
- Roughly 100,000 infants are born in Virginia each year.
- Approximately 10,000 infants are substance exposed

Virginia Laws Related to Maternal Use

§54.1-2403.1 (1992)

- Prenatal care providers must conduct a medical history to screen all pregnant women for substance use

§63.2 – 1509 B (1998;2012)

- Health care providers must report substance exposed newborns to Child Protective Services (CPS)

§32.1-127 (1998)

- Hospitals must develop a discharge plan and refer identified postpartum substance using women to the community service board (CSB)

Virginia SEI Data

	CSB Pregnant SA	CPS Report: SEI Allegation	Hospital SA Post Partum Referral to CSB
SFY 2014	719 *	1071	335
SFY 2015	668*	1099	238
SFY 2016	738*	1334	281

Office of the Chief Medical Examiner

- Two state reports raised additional concerns and recommended that DBHDS assess the policies and practices associated with these laws
 - *Sleep Related Infant Deaths in Virginia (2014)*
 - 95% of these deaths preventable.
 - Substance use was a contributing factor.
 - *Pregnancy-Associated Deaths From Drug Overdose in Virginia, 1999-2007 (2015)*
 - Substance use contributed to 24.2% (96) of pregnancy associated deaths .
 - 34 (8.6%) deaths were due to unintended overdose.

Requested In Depth Technical Assistance (IDTA)

- DBHDS applied for Substance Exposed Infants In-Depth Technical Assistance from the National Center for Substance Abuse and Child Welfare (NCSACW). Virginia was one of six states accepted for this special initiative and received TA from January 2014 – August 2016.
- NCSACW continues to work with Virginia

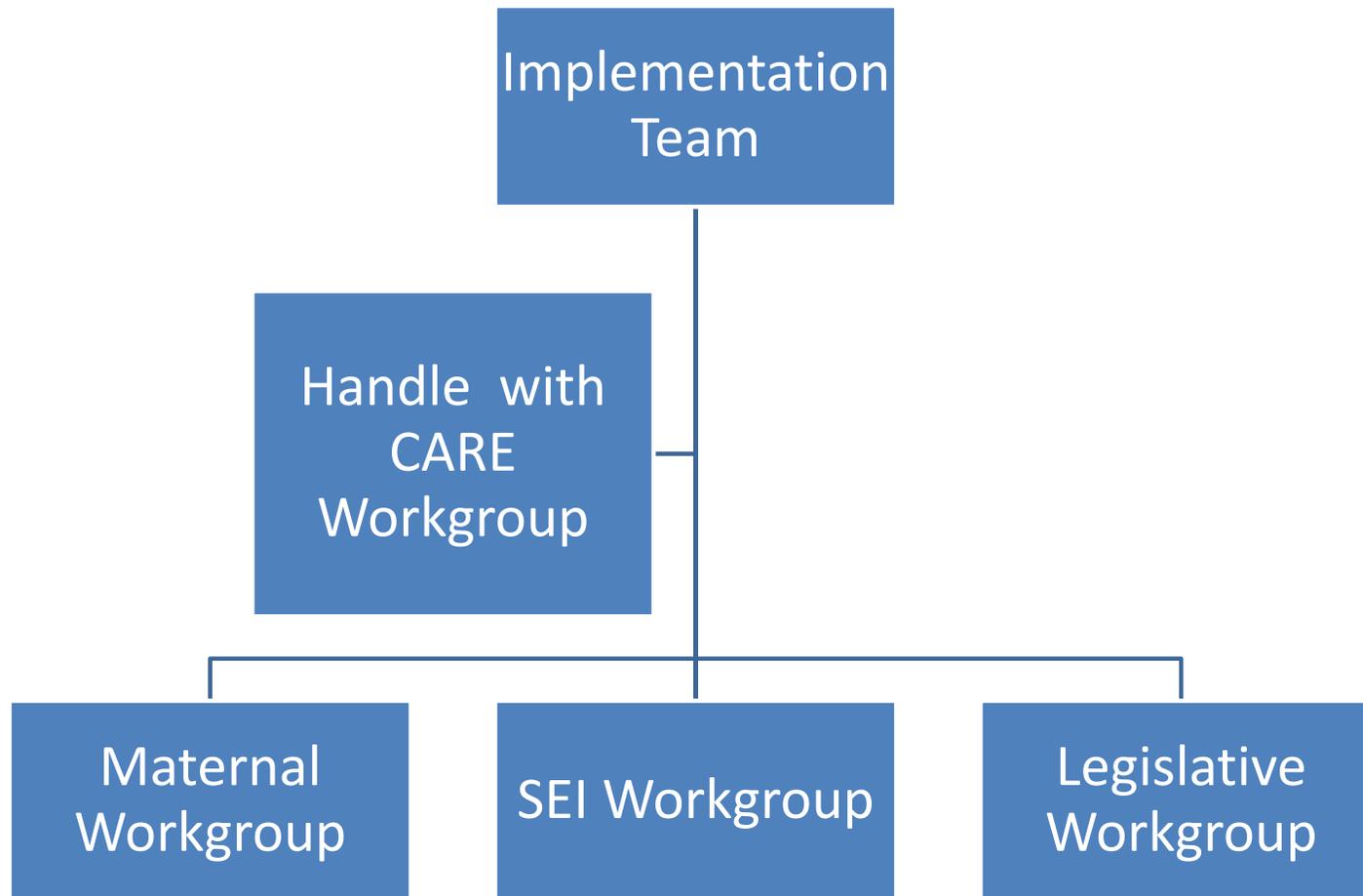
Initial IDTA Goals

- Goal #1: State agencies will adopt a shared vision and coordinated systems approach that includes outreach, referral, medical care, behavioral health and child welfare treatment services.
- Goal #2: Evaluate the implementation and effectiveness of state laws that address perinatal substance use, and identify needed updates and changes as well as strategies to improve their implementation.
- Goal #3: Develop a system of care that ensures that all women of child bearing age receive screening, brief intervention and referral to treatment services for behavioral health risks.

Virginia's Implementation Team

- Department Behavioral Health & Developmental Services (DBHDS)
- Virginia Department of Health (VDH)
- Child Protective Services/Department of Social Services (CPS/DSS)
- Department Medical Assistance Services (DMAS)
- Early Impact Virginia (EIV)/Virginia Home Visiting Consortium (HVC)
- Managed Care Organizations
- Virginia Hospital and Healthcare Association (VHHA)
- Prenatal care providers

Governance Structure



Handle with C.A.R.E. Initiative

- Monthly Implementation Team meetings
- Interagency workgroup
 - Developed work plan (Jan-March 2015)
 - Prioritized three most important objectives and created sub work groups (June 2015)
 - Legislative Workgroup
 - Maternal Workgroup
 - Substance Exposed Infants/Substance Affected Youth

Workgroup Members

- State and local child welfare, behavioral health, Part C, and home visiting programs
- Prenatal providers, neonatal providers, hospital social workers
- State Opiate Treatment Authority (SOTA); Opiate Treatment Programs (OTPs)
- Health professional organizations
- Medicaid and managed care organizations (MCOs)

Legislative Workgroup

- How do we improve implementation of Virginia's legislation? Change legislation? / Improve identification and referral efforts?
- Surveyed all CSB regarding their outreach efforts to medical providers and the pre-natal and post partum hospital referrals they receive.
- Developing CSB guidelines to facilitate prenatal and postpartum hospital referrals
- Offered input to CPS re: 2017 proposed changes to §63.2 – 1509 B

CSB Prenatal and Hospital Referral Guidelines

1. Information Sharing
2. Identification and Referral of Infants with Prenatal Exposure
 - Educating Healthcare Providers
 - Working with Child Welfare
3. Development of a Plan of Safe Care
 - Collaboration with community providers

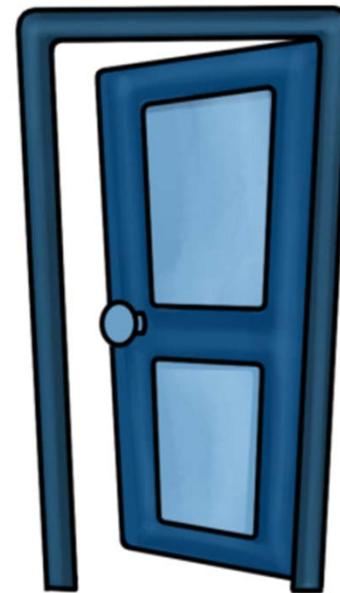
CSB Guidelines

4. Treatment and Referral of Infants with Prenatal Exposure

- Educating healthcare providers
- Working with child welfare
- Working with Early Intervention/Part C
- Developing Effective Discharge Plans

Substance Exposed Infant (SEI) Workgroup

- Identified treatment standards for SEIs
- Creating cross system guidance and templates for Plans of Safe Care
- “System of Care” / “No wrong door” approach.
 - If systems collaborate and work together, a Plan of Safe Care can be initiated wherever women enter services



Following NCSACW 5 Point Intervention Framework

- Preconception
- Pregnancy
- Delivery
- Neonatal Period
- Childhood and Adolescent



Plan of Safe Care

- Ideally started during pregnancy; extended through childhood
- Multidisciplinary
- Individualized. Addresses Mom and child's strengths and challenges
- Does not presume abuse or neglect.
- Guided by preference for keeping moms, babies and families together.
- Includes follow up plans that support the family and focus on the longer-term well-being of the infant, mother and family.

Code of Virginia §63.2-1509

- 2017: Updated to comply with 2016 ACA and CAPTA changes .
- July 1, 2017: Requires that health care providers report infants to CPS if
 - 1) within 6 weeks of birth, they determine the infant was affected in utero by the mother's use of a controlled substance or is experiencing withdrawal.
 - 2) within 4 years of birth the child has an illness, disease or condition attributable to the mother's use of a controlled substance during her pregnancy or evidences signs of a fetal alcohol spectrum disorderand that CPS do a family assessment and develop a Plan of Safe Care if one has not already been initiated

Plan of Safe Care (POSC)

- Required by CAPTA for any infant who experiences withdrawal or is affected by in utero substance exposure.
- POSC provides a road map for mom and baby's care to ensure baby's optimal health and development and that family's is able to provide necessary care.
- Addresses the child and family's needs both during pregnancy and after delivery.

Plans of Safe Care: One Size Does Not Fit All



Women Identified During Pregnancy

Populations of Pregnant Women

- Does not have substance use disorder but on opiates or other medications for chronic pain
- Has an opiate use disorder and is on medically assisted treatment (MAT)
- Meets criteria for a substance use disorder; not actively engaged in treatment



POSC Focus Will Vary Depending on Dyads Need

Mothers

- Receiving medication for pain, not known to have a substance use disorder; actively engages in services
- On MAT; actively engaged in treatment
- Using/misusing drugs; meets criteria for an SUD; not actively engaged in treatment

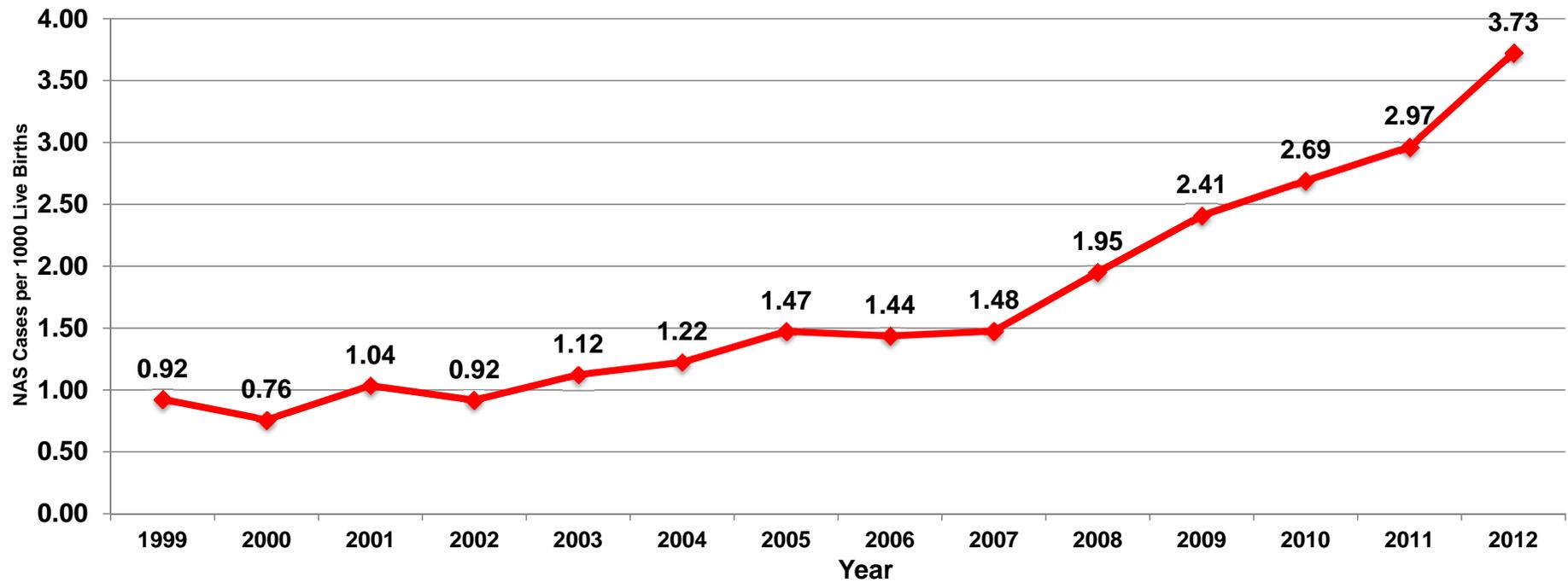
Possible Focus & Lead Provider

- Medical concerns, emotional health, NAS, child development, child care etc.
(Medical providers, Part C)
- Daily living needs, parenting, childcare, NAS, Recovery Support **(OTP/CSB/Part C)**
- SA /MH treatment, daily living needs, parenting, childcare, potential for abuse & neglect, NAS **(CPS/CSB/Part C)**

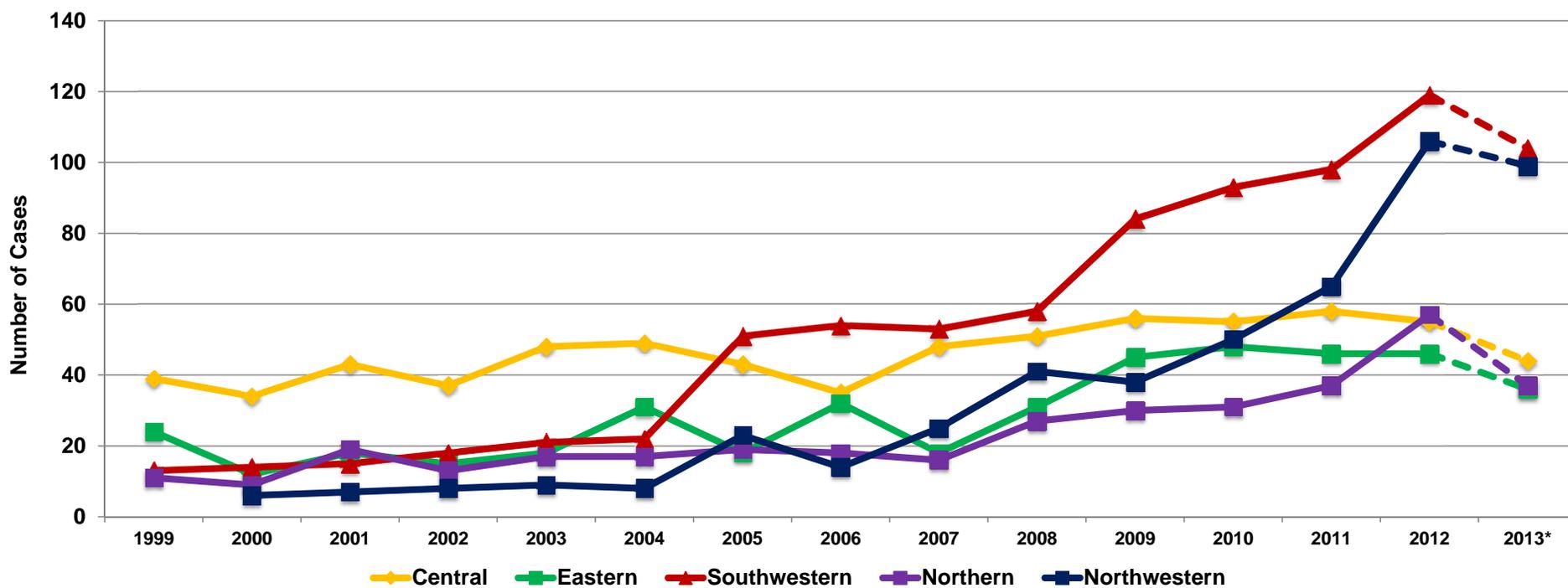
Maternal Work Group

- Focused on standards and services for opiate dependent women
- 28 OTPs (Jan, 2016)
 - 4 public OTPs
 - 24 private OTPs (33 as of Jan, 2017)
- Private OTPs lack guidelines regarding the clinical and support services pregnant women on Medication Assisted Treatment (MAT) need.

NAS Rate per 1000 Live Births, 1999 to 2012, Virginia



NAS Cases by Health Planning Region through 3rd Quarter of 2013, Virginia



Maternal Workgroup

Initial Concerns

- Unsure what services OTPs provide to pregnant women
- Unsure how OTPs interface with women's S.U.D. system of care

Our Assumptions

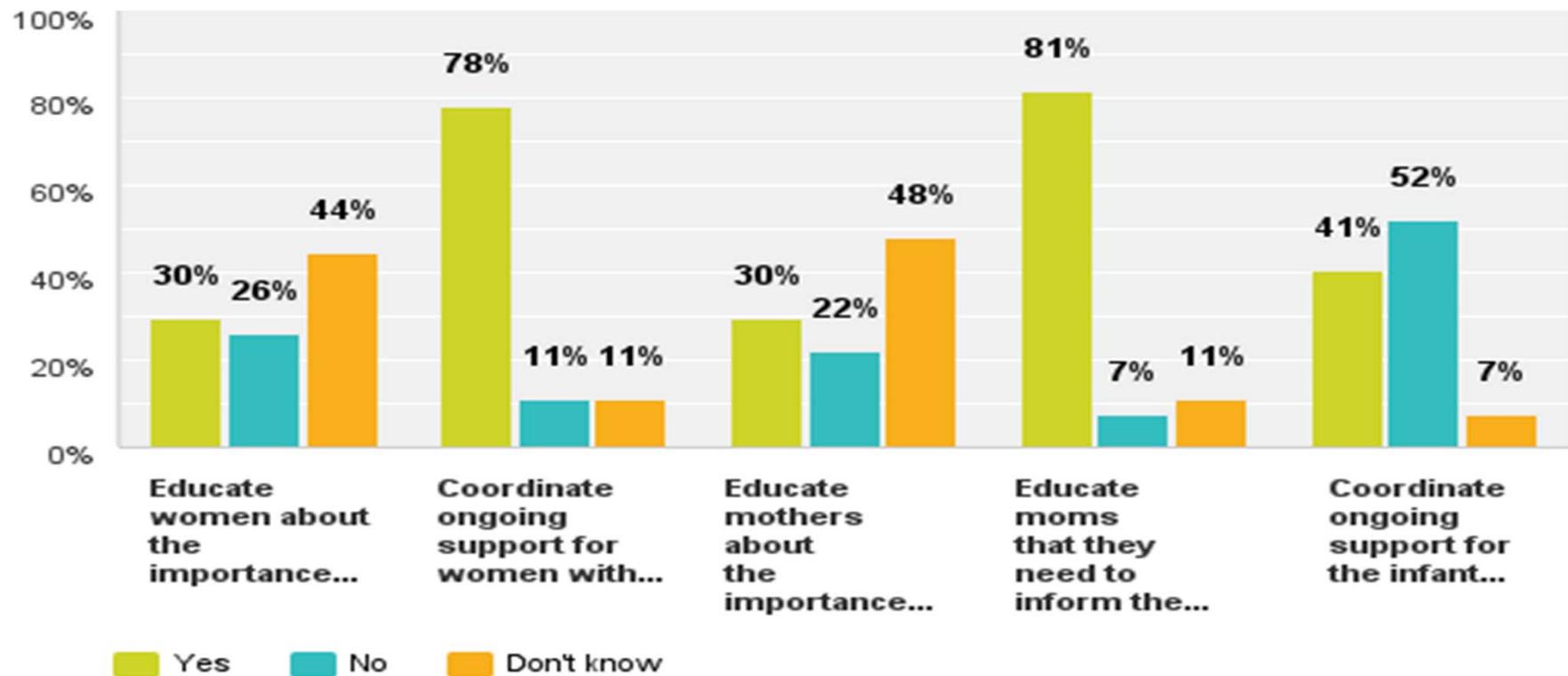
- OTP staff have daily/weekly contact with Mom throughout pregnancy and following delivery.
- OTP staff may be only providers who work with Mom and her infant.
- If unable provide care coordination or additional therapeutic services, OTPs could refer mothers to a CSB or home visiting program for these services.

Surveyed OTPs Regarding Services for Pregnant Women

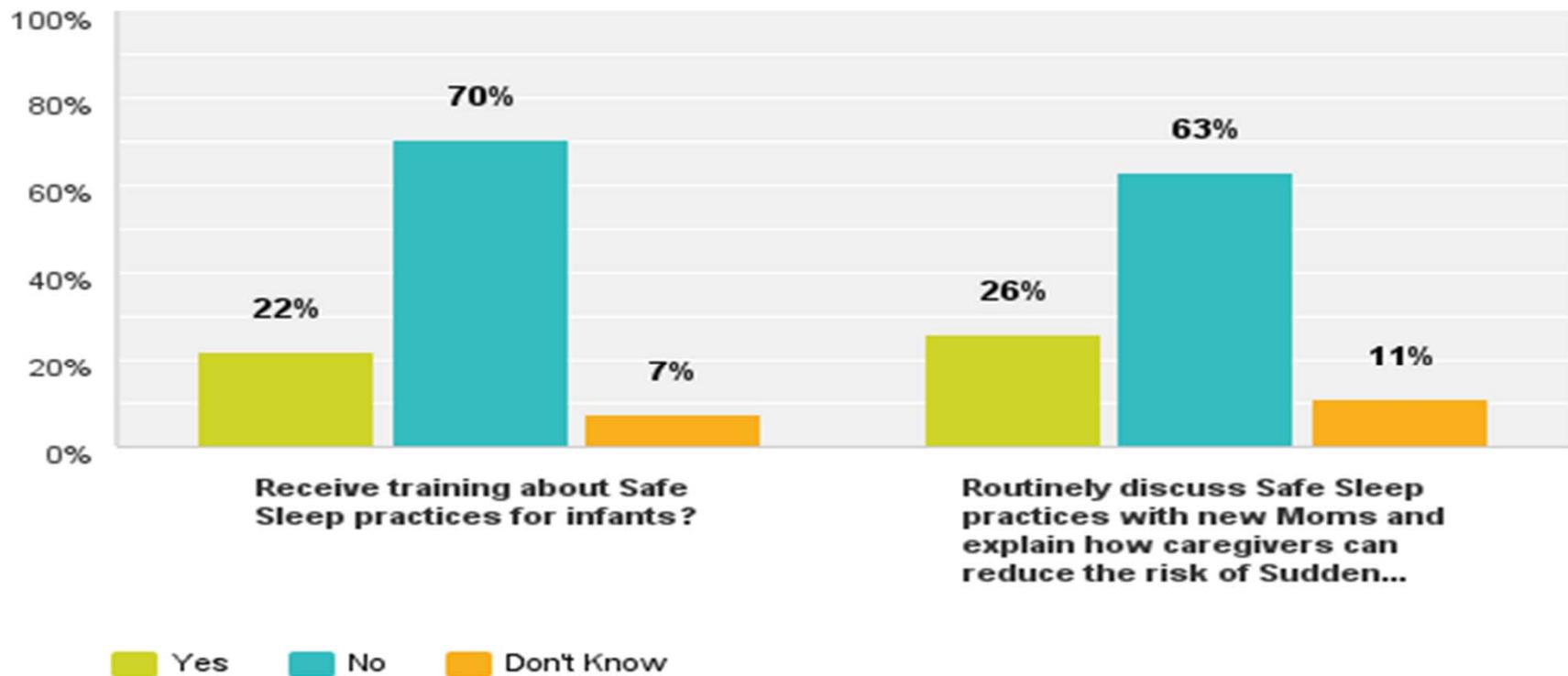
- OTP services isolated from women's S.U.D. system of care
- Little focus on pregnancy, postpartum care or infant
- Strong interest in training



Q24: Does your program:



Q20: Do OTP staff:

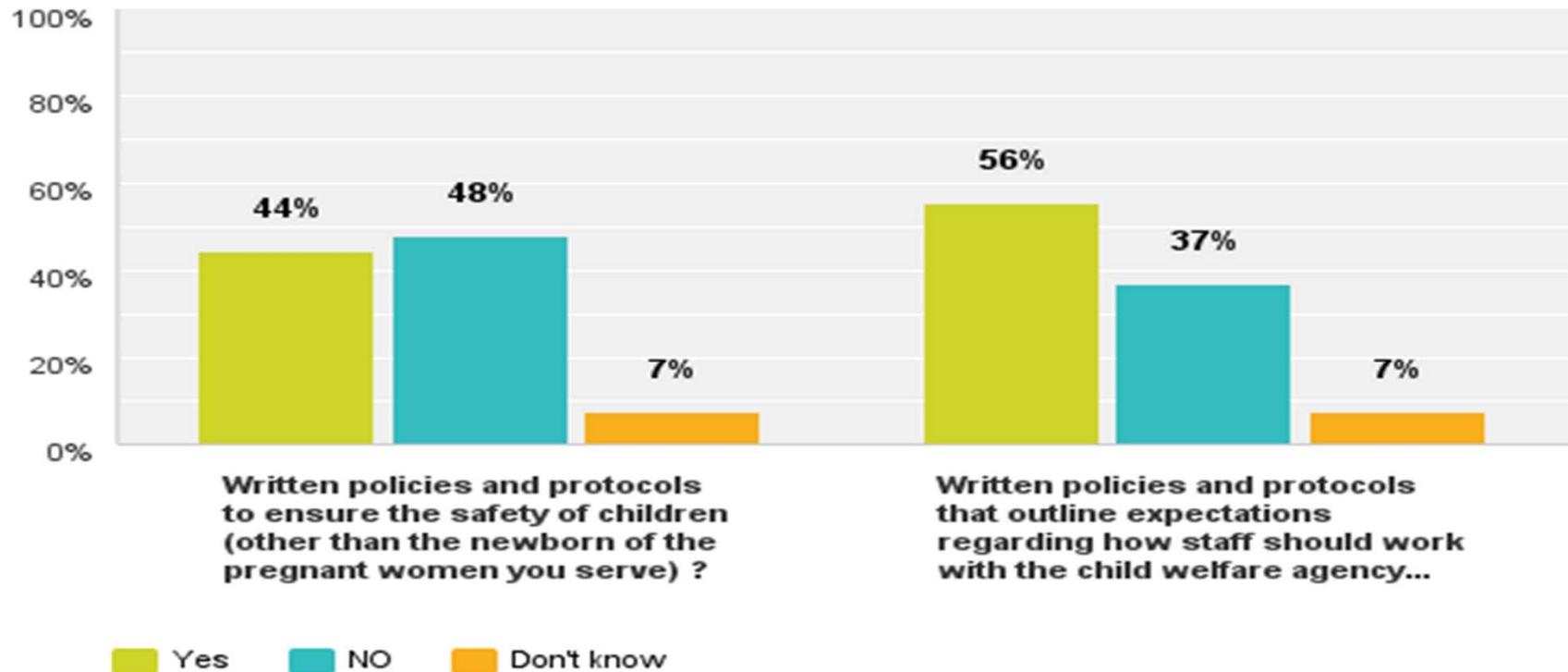


"Good idea. Nurses may discuss with Moms, but I am not certain they do."

"Pediatricians address"

"Extensive information is given to the expecting mother prior to delivery"

Q27: Does your OTP have

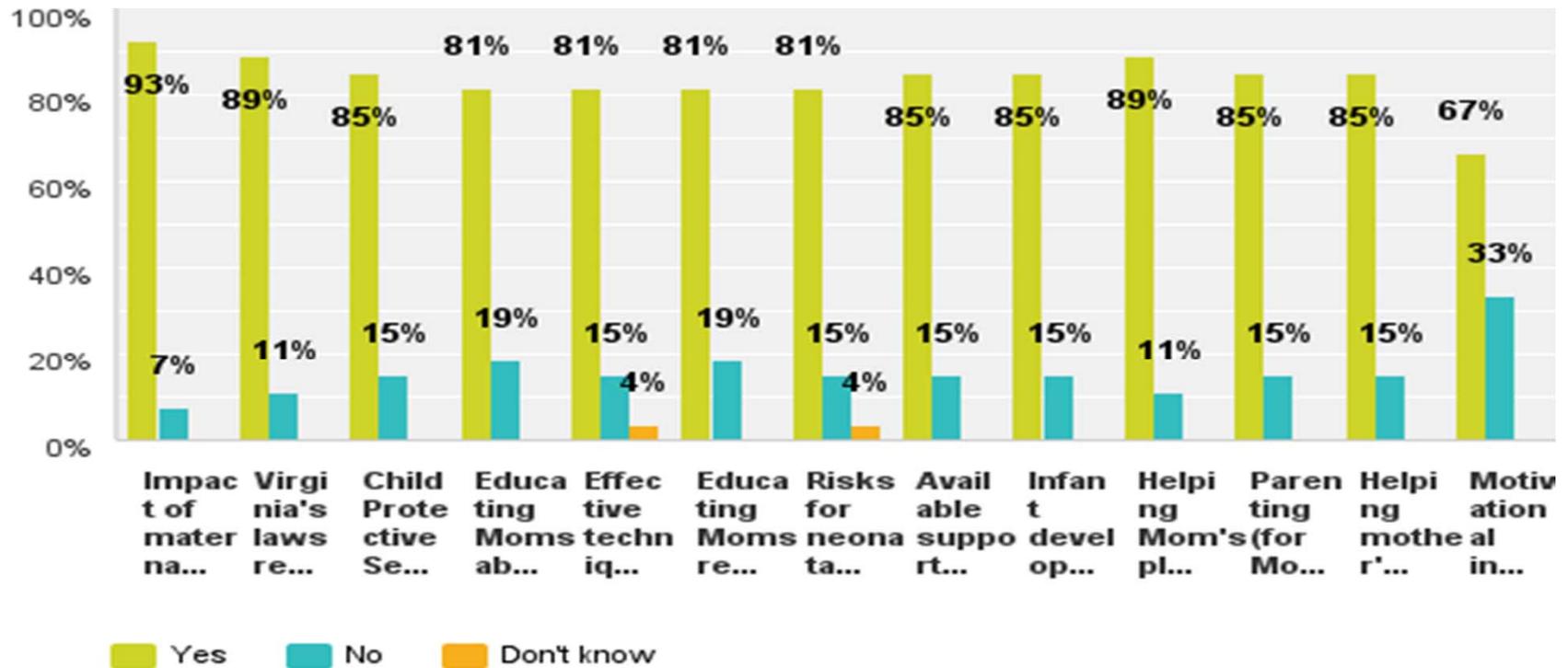


“No because children are not our patients”

“Such cases are staffed with corporate for oversight and direction.”

“CSB staff can not ensure safety of children. If we become aware of potential risk/endangerment we make report.”

Q28: Education and training needs.



Virginia's Challenge



- How can we increase OTP's concern regarding infant's health & well being ?
- How do we ensure that mothers and their infants receive needed treatment and support services?

OTP Guidelines: Services for Pregnant Women

1. Priority Access & Expedited Entry
2. Information Sharing Across Systems involved with Pregnant and Parenting Women
 - What is shared and with whom
3. Coordination & Case Management with:

CSBs	Other Behavioral Health Providers
Home Visiting	Medical & Prenatal Care Providers
Family Services	Early Intervention/Part C Services
Child Welfare Services	

OTP Guidelines (cont'd)

4. Client Education and Preparation:
 - Development of birth plans
 - Education on potential for NAS
 - Non-pharmacological treatment of NAS and benefits of breastfeeding

5. MAT dosage & Birth Planning
 - Dose changes during pregnancy and after birth
 - Postnatal MAT Plan (including detoxification when necessary)

6. Postnatal Planning
 - Education on postpartum depression
 - Education on Safe Sleep practices

Additional Products

- Multi –purpose Hospital Discharge Plan for referrals to CSB/Part C/CPS/OTPs
- Mom’s Delivery Plan
- Wrap Around Services Checklist
- Plan of Safe Care Brochures for providers



Encourage Community Level Collaboration

DBHDS Cross System Collaboration Conference : Addressing Maternal Substance Use. June 22, 2016

Encourage collaboration at local level between CSBs, OTPs, CPS, Hospitals and medical providers



Ongoing T.A.

- NCSACW providing Virginia with additional technical assistance regarding developing and implementing Plans of Safe Care.
- Virginia participate in NCSACW's *2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers* in Baltimore, Maryland. February 7-8, 2017 and invited to serve as a mentor to other states.

Opiate treatment services

- Increased collaboration with DBHDS's State Opiate Treatment Authority (SOTA)
- DBHDS developed regulations for OTP services for pregnant women
- VAMARP (Virginia Association Medically Assisted Recovery Programs) includes trainings on maternal substance use in their annual conference. Invited CPS to present March 2017

DSS/Child Welfare Activities

- Provided regional trainings on *Engagement, Intervention, and Support of Families Dealing with Substance Use Disorders*
- Published “Substance Use in Pregnancy”, Virginia Child Protection Newsletter, Summer 2016
- Updated CPS’s SEI regulations

VDH and DMAS Activities

Department Medical Assistance Services (DMAS)

ARTS (Addiction and Recovery Treatment Services) program: Went into effect April 1, 2017 to enhance access to and increase reimbursement for treatment of substance use disorders (S.U.D.) and medically assisted treatment (MAT).

Virginia Department of Health (VDH)

- OCME

- *It's Not Always CPS: Identifying Community Partners and Resources* From Findings to Action: Engaging Communities in Prevention; Child Fatality Review Conference

- Early Impact Virginia (Home Visiting Consortium)

- Web based trainings*

- Why Screen?*

- Substance Use: Risks and Effects in Pregnancy and Early Childhood Development*

2018 Opiate STR: Initiatives for SEI

- Fund 3 web based trainings through VDH and Early Impact Virginia for CPS, home visitor, OTP, behavioral health and health care providers regarding
 - Impact of perinatal substance use on infants
 - Developing and Implementing Plans of Safe Care
 - Supporting the Medication Needs of Pregnant and Parenting Women who have Behavioral Health Disorders
- Fund on line training for CPS workers who respond to Substance Exposed Infant allegations

What We've Learned

- Serving women and their children is a multisystem effort
- Need clear and consistent expectations across systems.
- Need to effect change at both the state and local level.
 - State level expectations and policies need to complement one another and support local efforts.
 - Systems need to reach out to one another at the community level to devise plans specific to their resources and needs and include all partners

- The more we know and understand other service systems, the more likely we are to develop workable plans.
- Virginia needs to engage the OTPs in the women's S.U.D. System of Care and educate other providers regarding their services.
- Systems must continue to be responsive to these families as their children age.

Contact Information

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