

Report of Barriers to the Identification and Treatment of Substance-Exposed Infants

*A Report Summarizing the Study Required by House Bill 2162
(2017)*

Preface

The General Assembly of Virginia passed House Bill 2162 on February 2, 2017, which directed the Secretary of Health and Human Resources to convene a work group to study barriers to the identification and treatment of substance-exposed infants (SEIs) in the Commonwealth. The work group was mandated to include representatives of the Departments of Behavioral Health and Developmental Services, Health, Social Services and any other stakeholders the Secretary deemed appropriate. The work group's charge included the following duties:

- Review current policies and practices governing the identification and treatment of SEIs in the Commonwealth, including barriers related to identification and reporting of such infants, data collection, interagency coordination and collaboration, service planning, service availability, and funding; and,
- Develop legislative, budgetary, and policy recommendations for the elimination of barriers to treatment of SEIs in the Commonwealth.

The Secretary must report his findings to the Governor and the General Assembly by December 1, 2017.

The Virginia Department of Social Services Division of Family Services (VDSS) staff developed this technical report with the assistance of an independent contractor with expertise in health and planning. Study findings are the result of four work group meetings, five regional town halls, and 134 responses to a survey on SEI policies and practices circulated to a variety of stakeholders and experts across the Commonwealth. In addition to staff from VDSS, Department of Behavioral Health and Developmental Services and the Department of Health, work group membership included representatives of the organizations listed below:

American Civil Liberties Union of Virginia	Magellan Healthcare of Virginia
Anthem	March of Dimes
B2L Consulting, Inc.	Mary Washington Hospital
Bon Secours	Rappahannock Area Community Services Board
Children's Health Insurance Program of Virginia & Parents as Teachers State Office	Richmond City Health District
Children's National Health System	State Early Childhood
Court Improvement Program of the Supreme Court of Virginia	Valley Health
Department of Medical Assistance Services	Virginia Commonwealth University
Early Impact Virginia	Virginia Hospital and Health Care Association
Family and Children's Trust Fund of Virginia	Virginia Poverty Law Center
Fauquier Health's Family Centered NAS Care	Virginia Premier
Frederick/Winchester Juvenile & Domestic Relations Court	Voices for Virginia's Children
Greater Richmond Stop Child Abuse Now	WilliamsMullen (representing the American Congress of Obstetricians and Gynecologists)
Infant Toddler Connection	Winchester Medical Center
INOVA Hospital	

List of Acronyms

AAP	American Academy of Pediatrics
ACOG	American Congress of Obstetricians and Gynecologists
ACT	Assertive Community Treatment
ACLU	American Civil Liberties Union
ACNM	American College of Nurse-Midwives
ARTS	Addiction and Recovery Treatment Services
ASAM	American Society of Addiction Medicine
AWHONN	Association of Women's Health, Obstetric and Neonatal Nurses
CAPTA	Child Abuse Prevention and Treatment Act
CHIP	Children's Health Insurance Program
CPS	Child Protective Services
CSB	Community Services Board
DBHDS	Department of Behavioral Health and Developmental Services
DFS	Division of Family Services
DJJ	Department of Juvenile Justice
DMAS	Department of Medical Assistance Services
DOJ	Department of Justice
EIV	Early Impact Virginia
EMS	Emergency Medical Services
FACT	Family and Children's Trust Fund of Virginia
FAMIS	Family Access to Medical Security
GAP	Governor's Access Plan
HB2162	House Bill 2162
HIPAA	Health Insurance Portability and Accountability Act
ICD	International Classification of Diseases
ITC	Infant Toddler Connection

LARC	Long Acting Reversible Contraception
LDSS	Local Department of Social Services
MAT	Medically Assisted Treatment
MDT	Multidisciplinary Team
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOU	Memorandum of Understanding
NANNP	National Association of Neonatal Nurse Practitioners
NAS	Neonatal Abstinence Syndrome
NCSACW	National Center on Substance Abuse and Child Welfare
NICU	Neonatal Intensive Care Unit
OB/GYN	Obstetrician/Gynecologist
OSHR	Office of Secretary for Health and Human Resources
OTP	Opioid Treatment Program
ROI	Release of Information
SCAN	Stop Child Abuse Now
SEFP	South Eastern Family Project
SEI	Substance-Exposed Infants
START	Sobriety Treatment and Recovery Team
SUD	Substance Use Disorder
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services
VHCA	Virginia Hospital and Health Care Association
VLDS	Virginia Longitudinal Data System
VNPC	Virginia Neonatal Perinatal Collaborative
WMC	Winchester Medical Center

Executive Summary

Despite current laws and efforts of state agencies and service organizations, the number of substance-exposed infant (SEI) cases reported to local departments of social services (LDSS) has more than doubled since 2009. This indicates a need for improving current strategies and developing new policies, practices, and programs to prevent and treat SEIs. As of July 2017, there are four SEI-related mandates in the Code of Virginia: Screening all pregnant women for substances, mandated reporter requirements, hospital referrals to the local Community Services Board (CSB) upon discharge, and developing a Plan of Safe Care when an SEI is identified.

In response to the growing crisis, the Virginia General Assembly passed House Bill 2162, sponsored by Delegate Todd Pillion during the 2017 session, which mandated the formation of a work group to identify barriers to the identification and treatment of SEIs and make recommendations to mitigate those barriers. The Virginia Department of Social Services Division of Family Services (VDSS) was assigned leadership of the work group charged with: (1) reviewing existing Virginia policies and practices and models from other states, and (2) developing legislative, budgetary, and policy recommendations for the elimination of barriers to treatment of SEIs in the Commonwealth. VDSS leadership linked this study to work currently underway through the *Three Branch Initiative* (sponsored by the National Governor's Association, National Conference of State Legislators, and Casey Family Programs) focused on finding solutions to prevent child fatalities for children under the age of four. This study also complements the substantial work undertaken by the *Governor's Task Force on Prescription Drug and Heroin Abuse* established by Governor McAuliffe on September 26, 2014 through Executive Order 29.

Recommendations resulted from a multi-method approach to studying the issue over a four-month period to maximize inclusion and coverage of varying viewpoints. Between April and July 2017, there were four work group meetings, five regional town halls, and 134 responses to an online survey¹. An analysis of all documented comments revealed the consistent identification of the following barriers:

- Collaboration across disciplines and sectors occurs in some localities and regional areas, yet it is far from comprehensive in scope and coverage;
- Absence of a clear understanding of the breadth and totality of resources in the community and what other agencies do;
- Lack of consensus about Plans of Safe Care and other SEI-related mandates, particularly how they apply to specific agencies' responsibilities;
- Limited data collection, and challenges with sharing what data is collected;
- Insufficient services for pregnant and postpartum women, particularly for long-term substance abuse intervention that encompasses the needs of the whole family;
- Insufficient efforts to integrate the father and broader caregiver support system into prevention efforts; and,
- Lack of opportunities for multidisciplinary prenatal intervention.

¹ Meeting summary notes, attendance rosters, and survey data can be obtained through request to the VDSS Division of Family Services.

The same analysis revealed the consistent identification of the following nine categories of recommendations:

- Multi-sector state, regional, and local partners can benefit from working together on this issue (e.g. forming multidisciplinary teams);
- Explore universal screening options (currently required under §54.1-2403.1) and testing as methods to identify more substance-using pregnant women;
- Support a multidisciplinary approach during the prenatal period as the most effective intervention plan;
- Improve the existing referral system between the hospitals and local CSBs as required by §32.1-127(6);
- Identify data points to be collected (to include, but not limited to) annual reporting requirements mandated by the Child Abuse and Prevention Treatment Act (CAPTA), and a reliable data system to understand both the scope of the problem and the short and long-term outcomes of interventions;
- Increase collaboration between LDSS, hospital, adoption agencies, and other partners at the time of hospital discharge of the mother/and/or infant so that all partners and support network can be present to coordinate an approach. Integrate the Plan of Safe Care into the discharge plan and include family members and other caregivers in plan objectives;
- Support a trauma-informed approach to identification and treatment of SEIs and their full family and caregiver constellation;
- Improve availability of home visiting programs to support pregnant women with a SUD and/or a SEI to ensure adherence to, and continuity of, the Plan of Safe Care; and,
- Improve workforce development options for LDSS, Community Services Boards (CSB), and other private and community partners related to SEIs. Many professionals do not understand the complexity of the SEI issue.