

## **Community Service Board (CSB) Guidelines**

### **Maternal Substance Use and Substance Exposed Infant Referrals (3/7/2017)**

#### **OVERVIEW**

##### **Services for Pregnant and Parenting Women**

Virginia's Community Service Boards (CSBs) should adhere to Best Practices for pregnant and parenting women and their children as well as all federal and state regulations and laws that relate to maternal substance use. For information regarding Best Practices for substance abuse treatment of pregnant and parenting women, see SAMHSA's Treatment Improvement Protocol (TIP) #51: Substance Abuse Treatment: Addressing the Specific Needs of Women<sup>1</sup>.

##### **Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant**

Pregnant women who use substances have multiple social, medical and psychological issues and are often connected, or need to be connected, with multiple systems. The federal SAPT block grant, which funds treatment for individuals who have a substance disorder, requires that its sub recipients, i.e. Virginia's Community Service Boards (CSBs), accord treatment priority to pregnant substance using women and provide specific services to pregnant and parenting women and their children. Virginia's CSBs are required to treat the family as a unit, provide gender specific services for pregnant and parenting women and therapeutic interventions for their children. In addition programs must coordinate health care for women and their children and provide sufficient childcare and transportation to ensure that women are able to participate in treatment. These expectations also outlined in DBHDS's Performance Contract with the Community Service Boards substance. DBHDS encourages a team approach to care and expects that CSB staff interface with the multiple community systems that serve pregnant women who may be using substances.

##### **Federal Child Abuse Prevention and Treatment Act (CAPTA)**

The federal Child Abuse Prevention and Treatment Act (CAPTA), was issued in 2003, reauthorized in 2010 and most recently revised in 2016. CAPTA requires

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<sup>1</sup> <http://store.samhsa.gov/product/Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women-Quick-Guide-for-Clinicians-Based-on-TIP-51/SMA13-4789>

that states ensure that health-care providers involved in the delivery or care of substance exposed infants *notify child protective services*, and develop a *plan of safe care* for these infants.” CAPTA’s intent is to identify infants who may be at risk for abuse or neglect as a result of prenatal exposure and make sure that states provide needed services to the mother and her infant to ensure the well-being of the mother, the infant and their family.

Congress passed the Plans of Safe Care Improvement Act in May 2016 to provide additional guidance to states regarding Plans of Safe Care and how states should monitor them. The 2016 legislation included two important changes: 1) the expectation that plans be developed for any infant affected by in utero substance exposure to any controlled substance– not just illegal ones and 2) that services be identified for both the child and their family. Congress requires that DSS collect certain data regarding Plans of Safe Care; however, they did not specify what services need to be included in a Plan of Safe Care, which provider needs to develop the plans, nor how states should monitor them. Instead Congress left it up to the states to create and implement a plan for responding to the problem of perinatal substance use. Virginia recently updated its substance exposed newborn reporting law (Code of Virginia §63.2-1509) to comply with CAPTA, and is working with the National Center for Substance Abuse and Child Welfare to develop guidelines for creating Plans of Safe Care

Plans of Safe Care are intended to ensure the child’s safety and well-being and address the health and behavioral health needs of the child, and their family or affected caregiver. Child Protective Services is not the designated provider of the Plan of Safe Care; rather these plans are envisioned as a collaborative endeavor amongst the multiple service providers who work with the woman and her newborn. States are expected to determine whether and to what extent local entities are capable of providing referrals to and delivery of appropriate services for the child and family. Elements of a Plan of Safe Care include<sup>2</sup>:

- Early identification, screening and engagement of pregnant women who are using substances.

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<sup>2</sup> HHS Issues Guidance on CAPTA Safe Care, Child Welfare League of America (CWLA) <http://www.cwla.org/hhs-issues-guidance-on-capta-safe-care/>

- Appropriate treatment for pregnant women, including timely access, comprehensive medication and guidelines and standards for treatment.
- Consistent hospital screening of pregnant women, postpartum women and their infants.
- Consistent hospital notifications to CPS, including questions and responses that will help CPS hotline workers assess risk and protective factors and safety concerns.
- Memoranda of Agreement for information sharing and monitoring infants and families across systems. Ongoing care plans for mothers and their infants that include home visitation, early intervention services and recovery supports; and plans of safe care that are of sufficient duration

### **Virginia Laws Regarding Maternal Substance Use**

Virginia has three laws that are intended to help identify women who use substances during pregnancy and ensure that they are referred for needed services. These laws direct child welfare (including CPS), health care and behavioral health providers to work together to address maternal substance use and the needs of substance exposed infants.

- Code of Virginia §54.1-2403.01: mandates that prenatal care providers screen their patients' use of legal and illegal substances and refer them for further assessment when indicated.
- Code of Virginia §63.2-1509<sup>3</sup>: requires that health care providers file a report with CPS if they suspect a child is experiencing withdrawal or was born affected by substance abuse due to in utero drug exposure.
- §63.2 -1505 mandates that CPS conduct a family assessment and develop a Plan of Safe Care.
- Code of Virginia § 32.1 -127 directs hospitals to develop written discharge plans for identified substance using, postpartum women and their infants and refer them to their CSB at the time of delivery to implement the discharge plan.

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<sup>3</sup> Previously, §63.2-1509 required that health care providers file a report if the infant was exposed in utero to a controlled substance prescribed for the mother and/or if the mother had sought treatment. These provisions were eliminated as of July 1, 2017

### **CSBs' Role in Developing Plans of Safe Care**

Virginia's CSBs play an integral role ensuring that pregnant and postpartum women who have been identified by their healthcare provider and /or CPS as having a substance use disorder are able to access and receive treatment. As an adjunct to the woman's treatment plan, CSBs should develop a Plan of Safe Care for each pregnant woman and her newborn that identifies the services and supports the mother and infant need to ensure the child's optimal health and development. Ideally the plan should begin during the mother's pregnancy, address the mother's and – if involved – her partner's mental health and substance use disorder treatment needs as well as their needs for medical care, social services, and parenting services. The plan should also identify medical and developmental concerns the child may face and how the mother – and others e.g. father, grandparents, extended family, other caregivers involved in the child's care - can receive support and guidance to ensure that the child receives needed services. CSBs should include other service providers who work with the woman and her family at they develop, implement and monitor her plan

### **PARTNERING WITH THE FAMILY**

CSB staff should ensure that the pregnant woman/mother's voice is heard and reflected in the work they undertake with her. Services should be individualized and include the woman and family members' voice and preferences. CSB staff should partner with the women and – to the extent possible – the child's father, members of the extended family and others involved in co-parenting who may participate in the infant's follow up care to ensure that referrals, treatment plans and discharge planning address their needs and concerns. The Plan of Safe Care should address the child's needs as well as family issues and concerns which impact of the child.

### **SHARING INFORMATION**

Women's involvement in multiple service delivery systems impacts on their care. In order to provide and coordinate optimal care, providers need to know what services women receive from other providers involved in their care. CSBs should request information from other providers involved in their client's care and, as appropriate, share information for the purpose of treatment planning. Prenatal

providers are often a pregnant woman's first point of contact and may or may not be aware of her substance use.

There are many reasons women may not readily or accurately share information themselves. They may be fearful of losing custody of their children or other legal consequences. Failure to disclose important information may be related to shame, fear, or merely not realizing the significance of certain information. Women might neglect to share information because they assume others already know or they've forgotten what they've told whom.

The CSB recognizes the importance of sharing clients' progress and challenges and the need for informed consent. When CSB staff explain why certain information is needed and how it will be shared, they help develop and build trust with their clients. When women realize the benefits of sharing information, most agree to provide consent. CSB staff should work closely with their clients to develop trust and obtain their consent to share information across the different systems that serve them. CSB staff should only share information that is critical to the woman's health and recovery and obtain valid releases that meet 42 CFR standards. Information sharing better enables the CSB to effectively advocate for and treat their pregnant clients.

CSBs should have policies and procedures that stress the importance of collaboration when working with substance abusing pregnant and parenting women. These policies and procedures should include the expectation that staff seek the client's consent to speak with other system partners involved in their care and that of their children. Developing Memorandums of Understanding with these partners will help CSBs further bolster the policies and procedures they have developed for working with these families.

These partners may include, but are not limited to:

- Prenatal Providers (OB-GYNs)
- Birthing Hospitals
- Pediatricians
- Early Intervention/IDEA Part C providers
- Schools

- Behavioral Health Providers (substance use treatment, mental health)
- Opioid Treatment Providers/Medication Assisted Treatment Providers
- Public Health
- Child Welfare (as indicated)
- Project Link or another home visiting program

The CSB should work collaboratively with their community partners to receive regular updates. Shared information will help CSB staff develop appropriate treatment and referral plans. Community partners can also support CSB staff's efforts to engage and retain clients and be able to provide information such as:

- The infant's delivery summary from the hospital
- Results and follow up of infant's developmental screenings (e.g. Part C)
- Infant's health needs
- The mother's discharge summary from the hospital, including any narcotic pain prescriptions and other medications given at discharge
- Any drug tests that may have been done on mom during prenatal care, prior to or during her hospitalization or while in substance use treatment
- The mother's attendance at prenatal appointments
- The mother's family planning needs and her plans to pursue services
- Current or prior involvement with child welfare including any referrals for substance exposed infants
- Substance use treatment progress and challenges
- Opioid treatment plan, including dosage changes
- Medicaid or other health coverage
- Home visiting services

### **CSB Navigator for Pregnant/Postpartum Women's (PPW)**

Communication between systems is easiest and most effective when programs have clear policies and expectations in place regarding the sharing of information and identify what type of information should be shared. CSBs are strongly encouraged to identify a staff member to serve as the central point of contact for

providers and prospective clients who are seeking information on CSB’s substance use services for pregnant and postpartum women and/or wish to make a referral.

Same Day Access services enable CSBs to streamline assessments and admissions to treatment; however, depending upon how they are designed, Same Day Access may not support the “warm handoff” and individualized approach encouraged when working with pregnant and postpartum referrals. CSBs should develop protocols for engaging and following up with pregnant and postpartum referrals and are encouraged to develop written policies and procedures that address:

- Protocols for health care providers and DSS to follow when referring pregnant and postpartum women to the CSB
- CSB’s outreach and engagement efforts for PPW referrals
- Pre-registration and registration procedures
- Transportation
- Expectations regarding follow-up with referring agency

### **PRENATAL SUBSTANCE USE: IDENTIFICATION AND REFERRAL**

**Code of Virginia § 54.1-2403.1** *requires that prenatal care providers screen all pregnant women for substance use to determine the need for further evaluation and services and to advise women regarding the need for treatment. Early identification of substance use during pregnancy is a gateway to engagement of pregnant women into substance use services.* The following guidelines were created to support CSBs to increase prenatal screening and referral practices across Virginia.

#### **Educate Healthcare Practitioners Regarding:**

##### Screening

Virginia’s CSBs recognize the important role of universal prenatal screening for substance use. CSB staff are encouraged to provide outreach on a regular basis to OB/GYN offices, in all settings, to educate them regarding substance use disorders, encourage the use of evidenced based screening tools, and educate them regarding how to effectively refer women to the CSB. Pregnant women are also “at risk” to experience emotional problems and/or domestic violence. All

pregnant women should be routinely screened for substance use, emotional problems and domestic violence.

Substance abuse screening tools consist of a set of questions about an individual's current and past substance use. The tool is designed to identify women who may be "at risk" for a substance use disorder and require further assessment. CSBs should encourage healthcare providers in their community to discuss substance use with their patients and:

- Routinely screen ALL pregnant women
- Screen women for substance use, emotional health and domestic violence
- Utilize an evidence based screening tool appropriate for women of child bearing age. (Virginia's Department of Medical Assistance (DMAS) reimburses for substance use screening throughout pregnancy and has approved several substance use screening tools for women e.g., the 5Ps, 4 Ps etc. as well as tools that screen for multiple health risks e.g. the Virginia Behavioral Health Risk tool for Pregnant Women and Women of Child Bearing Age)
- Screen all pregnant women in each trimester, postpartum and when indicated

#### Drug Testing

CSBs should discuss the role of toxicological testing and its limitations, including the fact that drug tests:

- Can only identify recent substance use during a defined period of time
- Can only identify the presence of those substances the test is designed to detect
- May not be able to detect certain substances (like alcohol) or other synthetic substances
- Cannot diagnose a substance use disorder
- Cannot predict how the unborn child will be affected by exposure to the drug

#### Referral to CSB Services

- Educate healthcare providers regarding

- o Virginia's substance exposed infants laws: Code of Virginia § 54.1-2403.1., § 63.2-1509, and § 32.1-127
- o Services your CSB provides for pregnant and parenting women and that services may vary across CSBs.
- o The CSBs assessment and admission process.
- o Effective referral procedures and how to make a referral
- o The importance of working together to develop a Plan of Safe care
- o Follow up the CSB is able to provide
- Explain DSS's role serving pregnant and parenting substance using women, that services may vary between LDSS offices and how your CSB coordinates services with DSS
- Educate healthcare providers regarding the federal confidentiality restrictions (42CFR), HIPAA, the need for consent to release information, what information can be shared between the CSB and the provider when releases are available and what information can be provided if a release is not available.
- Supply prenatal providers with written material they can share with their patients that addresses maternal substance use and CSB services for pregnant and parenting substance using women and their children.

CSBs understand the importance of early access to treatment services and work with healthcare providers to develop referral protocols to help pregnant women access needed substance use treatment services. CSBs should:

- Educate local OB/GYNs and other prenatal care providers regarding women's treatment needs, services available through the CSB and elsewhere in the community, how these services are funded and how to make an effective referral to the CSB.
- Identify CSB staff responsible for navigating pre-natal and postpartum referrals to ensure access and engagement. Ensure that CSB staff and community providers know how to access and use the CSB's women's services navigators.
- Educate pre-natal providers regarding the American Society for Addiction Medicine's (ASAM) patient placement criteria and how and why these

criteria are used to determine the appropriate level of treatment and care for individuals who have a substance use disorder (S.U.D.)

- Educate pre-natal providers regarding the CSBs full continuum of care. Execute MOUs, as needed, to support the relationship and referral practices.
- Develop and execute MOUs to ensure easy referral and access to CSB substance use treatment and assessment with local OB/GYN offices or other providers.

**CSB services: When CSBs receive referrals for substance use treatment for pregnant women they should:**

- Ensure that pregnant women receive priority access to appropriate treatment services, including Medication Assisted Treatment (MAT). Pregnant women must be admitted to CSB services within 48 hours of their request. If MAT is indicated, services should also be initiated within 48 hours of the woman's intake
- Request that clients sign releases of information for all partners involved in their care. This includes:
  - o OB/GYN and birthing hospital
  - o Project LINK or other home visitation program
  - o Child Welfare
  - o MAT provider
  - o Public Health
- Share information with clients' OB/GYN and MAT providers., Including
  - o Outcome of the referral, including treatment recommendations
  - o Treatment progress and challenges
  - o Toxicology results
- Develop policies and procedures outlining service and information sharing expectations for this population to they are properly implemented and sustained.

## **Referral for Treatment Including Detoxification and/or Medication Assisted Treatment (MAT)**

CSBs should follow the American Society of Addiction Medicine (ASAM) Patient Placement Criteria when determining the appropriate level of treatment for pregnant or postpartum clients. If the assessment reveals that a woman needs specialized services such as residential care or detoxification before she can be admitted to the CSB and/or may also require MAT services, the CSB is responsible for coordinating the necessary referrals.

### ***Detoxification from alcohol/benzodiazepines***

Pregnant women who use alcohol and /or benzodiazepines may require a medically supervised detoxification. CSB staff should carefully assess pregnant women to determine if a medical detox may be indicated. The CSB should work with local healthcare practitioners to develop referral protocols for pregnant women to access detoxification services, particularly when alcohol or benzodiazepine use is occurring. CSBs should

- Identify resources in their community able to medically detox pregnant women
- Work collaboratively with these resources to ensure smooth referral protocols for pregnant women, including priority access.
- Develop policies and procedures that address the assessment and management of pregnant women who may require medical detoxification.

### ***Medication Assisted Treatment (MAT)***

MAT is an evidenced based intervention for individuals who have an opioid disorder. The use of methadone or buprenorphine is recommended for pregnant women who are opiate dependent. CSBs recognize the importance of MAT for pregnant women with opioid use disorders and advocate for its use with local OB/GYNs and other providers working with pregnant women. CSBs work collaboratively with local MAT providers to ensure:

- Pregnant women receive priority access and expedited entry
- MAT providers, CSBs and local OB/GYNs are strongly encouraged to share information about the pregnant woman's progress in treatment including:

- o Toxicology results
- o Dosage changes
- o Treatment progress and/or challenges
- Confidentiality forms are signed and executed to avoid communication barriers
- Pregnant and postpartum women who receive MAT are also receiving
  - o therapeutic substance use disorder treatment services
  - o needed case management services
- Plans of Safe Care are developed, implemented and monitored for each pregnant and postpartum woman

If a CSB client receives Medication Assisted Treatment services from a non CSB OTP or a waived physician, the CSB case managers should ensure that both programs exchange information with appropriate consent. CSBs are encouraged to develop MOUs with MAT providers and ensure information is exchanged between providers including:

- Client Dose Changes
- Client progress and challenges in both programs
- Dosage plan for birth
- Post-birth MAT plan, specifically addressing:
  - o Plans to continue MAT after delivery
  - o Detoxification plan (if unable or unwilling to remain on MAT) and supports for potential detox
  - o Need for ongoing therapeutic support services

#### Residential Treatment for Pregnant Women

Pregnant substance using women often have multiple psychological, social and health related problems. With sufficient support and structure, many are able to respond well to outpatient care. All pregnant women should be carefully evaluated and assessed using the American Society of Addiction Medicine's (ASAM) criteria to determine the level of care they require. Women who are

unable to abstain from use despite repeated treatment efforts should be referred to a higher level of care such as intensive outpatient or residential services. Virginia has several residential treatment programs which are able to accommodate opiate dependent pregnant women. If appropriate services are not available or accessible, the CSB should contact DBHDS's Women's Services Coordinator in the Office of Adult Community Behavioral Health Services to develop an alternate plan of care

- Medicaid coverage – Virginia Medicaid covers residential substance abuse services for pregnant and recently post-partum women at Medicaid approved programs.
- SARPOS funding – SARPOS funds may be used to support residential treatment services for pregnant and postpartum women who are eligible for Medicaid. SARPOS funds may also be used to support services for a child who accompanies their mother into residential treatment services.

**Virginia Code: §63.2-1509 B IDENTIFICATION AND REFERRAL TO CHILD WELFARE OF SUBSTANCE EXPOSED INFANTS**

**Virginia Code:** 63.2-1509 B was updated by the 2017 General Assembly to comply with the federal 2016 Child Abuse Prevention and Treatment Act (CAPTA). As of July 1, 2017, Code of Virginia §63.2-1509 requires that:

b. For purposes of subsection A, “reason to suspect that a child is abused or neglected” shall include a finding made by a health care provider within six weeks of the birth of a child that the child was born *affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure*; (ii) a diagnosis made by a health care provider within four years following a child’s birth that the child has an illness, disease, or condition *that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy*; or (iii) a diagnosis made by a health care provider *within four years* following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When “reason to suspect” is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.

### Working with Pregnant Clients

CSB staff understands the implications of this law and educates their pregnant clients regarding the law and how they may be affected. Staff should share the following information with their pregnant clients:

- All birthing hospitals in Virginia are required to file a report with CPS if an infant less than 6 weeks of age is affected by substance abuse or experiences withdrawal from in utero substance exposure.
- CPS will perform a family assessment to determine the infant's and family's needs and work with the family to develop a Plan of Safe Care if one has not already been done. If a Plan of Safe Care has already been developed by the CSB or another provider, CPS should work with them to determine whether the Plan needs to be updated and how they may assist.
- If the family assessment suggests that the infant may be "at high or very high risk" for future abuse or neglect" CPS should remain involved and provide services.

Staff should routinely address pregnant women's concerns about a potential referral to child welfare and provide guidance in a strengths based and compassionate manner.

### Educating Healthcare Providers

CSB staff should work closely with their healthcare partners to ensure that substance exposed newborns are reported to child welfare in accordance with Virginia law. Local CSBs should routinely outreach healthcare providers, educate them regarding the reporting process, and how they can link pregnant women and infants to the CSB for ongoing care and services.

### Working with Child Welfare

The CSB understands the importance of routinely educating CSB staff on their role as mandated reporters of child abuse and neglect. All CSB staff should be routinely trained to recognize possible signs of child maltreatment and how they are expected to address concerns. CSB staffs understand their responsibilities as reporters, including how to file a CPS report. CSBs should work collaboratively with their local departments of social services regarding safety and service needs.

When working with mothers who are involved with child welfare, CSB staff should routinely share (with appropriate consent):

- Mother's progress in treatment including strengths, challenges and relapses
- Mother's toxicology test results and any treatment plan changes due to positive tests
- Any safety concerns about the child(ren)

The CSB should have written policies and procedures for screening for and responding to child safety concerns for newborns and older children in the home. These policies should outline staff responses including how to work with CPS when they have safety concerns.

### ***Treatment and Referral of Infants with Prenatal Substance Exposure***

**Code of Virginia § 32.1-127** requires hospitals to have protocols requiring written discharge plans for substance using postpartum women and their infants and requires the CSB to manage the discharge plan.

### ***Educating Healthcare Practitioners***

The CSB recognizes the importance of identifying infants with prenatal substance exposure at birth and ensuring that these infants and their mothers are linked to treatment and early intervention services as indicated. The CSBs provide outreach to their local birthing centers to educate hospital staff on the Virginia laws related to referrals to the CSBs, and to develop protocols and MOUs for smooth transitions.

Discharge planning is a prime opportunity to develop a plan of safe care to ensure the infant and the family is connected with services to reduce the potential for child welfare involvement. CSBs recognize their pivotal role in overseeing the development and the implementation of the discharge plan for infants identified as substance exposed in utero and their families. CSB staff work to educate hospital partners to ensure the development of effective discharge plans and plans of safe care. CSBs educate their partners on the need for multidisciplinary responses, and on the CSB's role and responsibility to oversee such responses. If hospitals have social workers or case managers on staff, the CSB's PPW Navigator

works closely with them to ensure the discharge plans are communicated to the local CSB and families are engaged in services.

### *Effective Discharge Plans*

CSBs understand that working collaboratively with their partners to develop and support effective discharge plans will positively affect the families they are serving. As such, CSBs work to ensure that birthing hospitals share their discharge plans for both the mother and the infant.

### **DEVELOPING A PLAN OF SAFE CARE**

A Plan of Safe Care should be developed for any infant whose mother used substances during her pregnancy that could affect the child or cause withdrawal. This includes infants born to women who abused substances while pregnant as well as mothers who used prescription medications responsibly for a medical, psychiatric or substance use disorder. The intent of the Plan of Safe Care is to anticipate the child needs and work with the family to ensure they are adequately prepared to meet the child's needs.

Ideally, a Plan of Safe Care for a mother and her substance exposed infant should be developed prior to or during her pregnancy. The National Center for Substance Use and Child Welfare (NCSACW)<sup>4</sup> identified five potential points of intervention:

- Preconception
- During Pregnancy
- At the time of her delivery
- Neonatal period
- Childhood and beyond

Depending upon when a woman begins services at the CSB, a Plan of Safe Care may have already been initiated. If so, CSB staff should work with the family to reassess their needs and update the plan. If a plan does not exist, CSB staff must work with the family to develop one.

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<sup>4</sup> (NCSACW White Paper)