



STATE OF WASHINGTON

From: The Department of Children, Youth and Families, the Department of Health, the Health Care Authority, and the Washington State Hospital Association

To: Birthing Hospitals and Mandated Reporters

Date: June 23, 2023

Subject: State requirements for the notification and reporting of infants born substance exposed and best practice changes for perinatal substance use care

We are writing to alert you of important state policy and best practices changes that aim to improve health outcomes related to substance use and birth. The number of infants born prenatally exposed to substances has more than tripled over the last 20 years. This increase has occurred in the context of an opioid and overdose crisis which claimed the lives of over 100,000 people in the United States in 2021 including 2,264 people in Washington.

State Policy Changes:

The Washington State Department of Children, Youth, and Families (DCYF) has updated their program, policy and processes for screening and responding to calls from mandated reporters, who are required to notify or report to DCYF infants born prenatally exposed to substances. These policy changes are in response to federal legislative changes enacted in 2016, that require a notification or report of all infants exposed to substances and a plan of safe care (POSC) that addresses the needs of the parents/caregivers and infant.

A new pathway has been created so infants that are born substance exposed without safety concerns can receive voluntary wrap around services from a community organization without being reported to child protective services. **All hospitals are required to update hospital policies to align with the current state policy and to train their staff about the new state processes for mandated reporters.** We recommend hospitals have these policy and best practice changes implemented by January 1, 2025, so Washington is compliant with federal requirements.

New mandated reporter process for healthcare providers:

1. The Healthcare Provider identifies an infant as substance exposed and obtains consent from the family for the *Help Me Grow* referral. Via the online POSC referral portal, the

provider fills out the initial segment (the Data Tracking Form) for all exposed infants. This form, which collects de-identified data, is sent to the Washington State Department of Children, Youth, and Families (DCYF).

2. If a **report** is needed (e.g. for infants with safety concerns), the online portal's algorithm will then direct the provider to call DCYF Intake.
3. If a **notification** is needed (e.g. for infants without safety concerns), the online portal's algorithm will then direct the provider to complete the POSC referral through the online portal and *Help Me Grow* staff will reach out to the family and refer them to services and wrap-around supports.

To learn more:

- Plan of Safe Care website.
- Provider training slide deck and recording,
- Join monthly Community of Practice calls that are hosted by DCYF.
- For questions about Plan of Safe Care legislation, the online POSC referral portal, or to request an orientation for your staff, please contact dcyf.plansofsafecare@dcyf.wa.gov.

Best Practice Changes

Best practices have changed for the clinical care of mothers/birth parents who need withdrawal/stabilization care at the time of birth, and for infants being monitored or treated for withdrawal. Studies have shown that opioid-exposed newborns cared for with the “Eat, Sleep, Console” (ESC) care approach have shorter hospital stays and are less likely to receive medication to treat neonatal opioid withdrawal symptoms compared to newborns cared for before the development of the ESC model of care. ESC encourages parental involvement and prioritizes non-pharmacological supports like cuddling, swaddling, rooming in with parents, chest/breastfeeding and a quiet dark room. On the basis of a growing body of evidence, ESC is now best practice for birthing hospitals. Medications and NICU admission should no longer be the first line of treatment for infants exhibiting withdrawal symptoms.

To improve the health outcomes of mothers/birth parents with substance use disorder, best practice is to provide obstetric care that addresses all medical and behavioral health needs at the time of birth. This includes inpatient withdrawal/stabilization care, providing naloxone kits before discharge, and coordination of outpatient dyadic substance use services. Urgent implementation of these best practices is needed to decrease overdose deaths and decrease maternal mortality/morbidity in Washington.

State support for substance use at birth practice changes:

- The Washington State Hospital Association and the Department of Health are providing substance use training and technical assistance to birthing hospitals to support birthing hospitals through these care transformations.
 - Perinatal Substance Use Disorder Learning Collaborative - Washington State Hospital Association (wsha.org)

- [Care at Birthing Hospitals | WaPortal.org](#)
- [Eat, Sleep, Console Approach or Usual Care for Neonatal Opioid Withdrawal | NEJM](#)
- [Centers of Excellence for Perinatal Substance Use | Washington State Department of Health](#)
- The Health Care Authority has created payment methods to support non-pharmacological interventions as the first line of treatment for infants being monitored or treated for withdrawal.
 - The eat/sleep/console administrative day rate is on pages 87-88 of the [Inpatient Hospital Services Billing Guide \(wa.gov\)](#).
- There is state legislation that supports all hospital units/floors to dispense naloxone to any person with a past or current substance use disorder.
 - [RCW 70.41.485](#) **requires** naloxone to be dispensed from an emergency department when someone presents with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use.
 - [RCW 69.41.095](#) **allows** practitioners to dispense naloxone to any eligible person(s).

Thank you,



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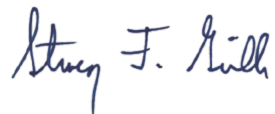
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