

Chapter 15: Healthy Start Services

Substance Use Screening

Introduction

“Alcohol and other substance use during pregnancy can lead to serious long-lasting consequences for women and infants including miscarriage, stillbirth, fetal alcohol spectrum disorder (FASD), and neonatal abstinence syndrome (NAS). While the risks of substance use during pregnancy are often known among providers, few women of childbearing age receive substance use screening...Identifying risk of substance use before and during pregnancy is a critical first step to preventing use and reducing harm through treatment and service. (SAMHSA-HRSA, n.d.)

This chapter discusses the standards and guidelines for a Healthy Start worker providing substance use screening. Healthy Start prenatal participants, interconception woman participants and mothers of infant/child participants are screened for substance use with the Substance Use Risk Profile-Pregnancy Scale.

The role of the Healthy Start worker is to screen, and when appropriate, provide brief intervention, refer to a treatment facility in the community and provide ongoing support. Rather than provide treatment, the Healthy Start worker is expected to be well trained in substance abuse risk identification and have strong referral relationships with community resources.

Definition of Services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive approach that involves screening, brief intervention and referral for persons who may have alcohol or substance use disorders.

The Substance Use Risk Profile-Pregnancy Scale is a substance use screen consisting of three questions that are used to help identify women who may be using substances. It is important to note that the Substance Use Risk Profile-Pregnancy Scale is only a screening tool and cannot be used to diagnose alcohol/substance use addiction.

Provider Qualifications

The Substance Use Risk Profile-Pregnancy Scale shall be provided by individuals who have documentation of successfully completing training on the screening tool. Training must include:

- How to complete and score the screening tool;
- How to explain the screening tool score to the participant;
- Interventions based on the screening tool score; and
- Referral sources in the community.

Healthy Start services must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Paraprofessionals must provide services under the supervision of a professional supervisor. If a participant is referred for substance abuse treatment, the Healthy Start worker must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

Standards and Criteria

Standard 15.1 Prenatal participants, interconception woman participants and mothers of infant/child participants are screened for substance use.

Criteria:

15.1.a While receiving Healthy Start services, participants and mothers of infant/child participants are screened face-to-face using the Substance Use Risk Profile-Pregnancy Scale at the initial assessment, during the third trimester, and one month postpartum. In addition, the Substance Use Risk Profile-Pregnancy Scale may be administered at any face-to-face visit if the participant's comments or behaviors raises concerns.

15.1.b Interconception Woman participants (program component 22/32) and mothers of infant/child participants who did not receive Healthy Start during their pregnancy will be screened at the initial assessment. In addition, the Substance Use Risk Profile-Pregnancy Scale may be administered at any face-to-face visit if the participant's comments or behaviors raises concerns.

15.1.c Upon completion, the screening administrator scores the screen, reviews the screen with the participant face-to face and discusses any recommendations based on screening results.

15.1.d Level of intervention is based upon the Substance Use Risk Profile-Pregnancy Scale risk score and on professional judgement. Regardless of score, a client may be offered a referral based on professional judgement alone.

15.1.e Healthy Start services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>.

Standard 15.2 The Substance Use Risk Profile-Pregnancy Scale will be provided by qualified and trained providers.

Criteria:

15.2.a Qualifications are met as outlined in this chapter and chapter 6, The Healthy Start Program.

15.2.b Substance use screening shall be provided by individuals who have documentation of receiving specialized training in the administration of the Substance Use Risk Profile-Pregnancy Scale and on appropriate referral sources for women with scores indicative of a need for intervention.

Standard 15.3 The Healthy Start worker will follow-up with referrals for interventions based on the Substance Use Risk Profile-Pregnancy Scale score in a timely manner.

Criterion:

Written follow-up documenting status of referral must occur at a minimum of every 10 calendar days, unless the need for more immediate follow-up is evident, until it is verified that the participant is receiving services, is not eligible for services or she declines services.

Standard 15.4 Healthy Start workers will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

15.4.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

15.4.b Code 6621, “Alcohol Use” will be coded when a participant or parent of an infant/child participant is recognized as using alcohol and is verified by any of the following:

1. A person under 21 has had at least one drink in the past 30 days.
2. A pregnant woman says she is drinking during pregnancy;*
3. A woman says she drank 4 or more alcoholic drinks on an occasion in the last month;*
4. A man says he drank 5 or more alcoholic drinks on an occasion in the last month;*
5. A woman says she drinks more than 7 alcoholic drinks per week;*
6. A man says he drinks more than 14 alcoholic drinks per week;*
7. An infant’s parent meets the criteria for 2, 3, 4, 5, or 6.*

*One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

Note: A referral should be offered at the time the person is identified as meeting the criteria above.

15.4.c Code 6622, “Substance Use” will be coded when a person(s) is recognized as abusing schedule I or II drugs and is verified by any of the following:

1. Own admission;
2. A positive drug screen;

3. A staff member witnessing the use;
4. A report from a reliable source such as a reliable family member or professional;
5. An infant prenatally exposed to schedule I or II drugs, as documented by mother meeting the criteria for 1, 2, 3, or 4.

*For a list of schedule I or II drugs, go to Florida Statute 893.03, which may be found online at <http://www.leg.state.fl.us/Statutes/>

Note: A referral should be offered at the time the person is identified as meeting the criteria above.

Standard 15.6 Healthy Start workers will document screening results and any interventions provided in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

15.6.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

15.6.b In the event that services are provided to another person on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

15.6.c Documentation occurs in other components of the record, such as the family support plan, as appropriate

Standard 15.7 Substance use screening administrators will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The CQI process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement.

Guidelines

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an approach to identify and offer early intervention to people who may have a substance use disorder. In Healthy Start, the "Screening" part of SBIRT is provided using the Substance Use Risk Profile-Pregnancy Scale.

Administration

1. Ask the participant the three screening questions. Care should be taken when others are present. Unless she states otherwise, screening should occur in private.

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2. Responses are reviewed by the Healthy Start worker and scored.
3. The scores are added together to create a total score.
4. Based on the total score, risk is assessed.
5. Education, brief intervention and referrals are provided based on risk.

Scoring

Each question is scored 1 point for “yes” and 0 points for “no”. Points are then tallied for a total score.

Score	Risk	Intervention
0 points	Low Risk	Provide positive reinforcement and education.
1 point	Moderate Risk	Provide Brief Intervention <ol style="list-style-type: none">1. Express concern about substance use.2. Advise the woman to stop use.3. Assess/Validate woman’s reaction and discuss her feelings and thoughts.4. Ask if she would like help stopping substance use.5. Assist or Refer
2-3 points	High Risk (positive screen)	Provide Brief Intervention <ol style="list-style-type: none">1. Express concern about substance use.2. Advise the woman to stop use.3. Assess/Validate woman’s reaction and discuss her feelings and thoughts.4. Ask if she would like help stopping substance use.5. Assist or Refer

Documentation

Screening results and the intervention based on these results will be documented in the participant’s electronic record in the approved data management system within three business days of service. Screening documentation in the participant’s electronic record must include, as appropriate:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Substance Use Risk Profile-Pregnancy Scale
- Progress notes documenting any education and referrals provided
- Plan of Safe Care, as appropriate
- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate

Coding

Healthy Start substance use screening services should be coded in accordance with approved protocols and procedures for coding. Time providing substance use screening should be coded to 3215 “Initial Assessment Service Units” (if the screening occurred during the Initial Assessment) or service code 3320 “Care Coordination Face to Face” (if the screening occurred during ongoing care). Identification of alcohol use should be coded to service code 6621 “Alcohol Use” and of substance use should be coded to code 6622 “Substance Use.” Codes should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker or the provider of the service should code one unit for every 15 minutes of services provided to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which substance use screening and interventions are provided to Healthy Start participants and their families.

The Healthy Start Coalition should verify that the screening administrator continues to meet provider qualifications and has continued their training in the Substance Use Risk Profile-Pregnancy Scale. Details of continuing education units, workshops, and training relevant to education related to perinatal depression screening should be documented in the provider’s file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Percentage of Healthy Start participants who received a substance use screening.
3. Percentage of participants who received the recommended number of substance use screenings during their participation in Healthy Start.
4. Percentage of participants who received the appropriate intervention based on their screening score.
5. Percentage of participants with a positive screen who are referred to an appropriate provider and receive services.

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6. Increase in correct documentation in the approved data management system to show screening, education and referrals were offered and/or provided to Healthy Start participants.
7. Adequate training opportunities for Healthy Start workers related to substance use, substance use services and mental health services in the community.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

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| Centers for Disease Control and Prevention | www.cdc.gov/drugoverdose/opioids/index.html |
| Department of Children and Families | http://www.myflfamilies.com/service-programs/substance-abuse |
| Department of Children and Families Abuse Reporting (1800-96-ABUSE / 1800_962-2873) | http://www.myflfamilies.com/service-programs/abuse-hotline/howtoreport |
| Florida Alcohol & Drug Abuse Association (FADAA) | https://www.fadaa.org/ |
| Florida Department of Health | http://www.floridahealth.gov/statistics-and-data/fl-esoos/index.html |
| National Institute on Drug Abuse | https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-second-edition/frequently-asked-questions/what-are-unique-needs-pregnant-women |
| U.S. Department of Health and Human Services | https://www.hhs.gov/opioids/about-the-epidemic/index.html |
| Substance Abuse and Mental Health Services Administration (SAMSHA) | www.samhsa.gov |
| Substance Abuse and Mental Health Services Administration (SAMSHA) National Help Line (1-800-662-HELP or 1-800-662-4357) | www.samhsa.gov/find-help/national-helpline |
- SAMSHA-HRSA Center for Integrated Health Solutions. (n.d.). Substance use disorder and pregnancy. Retrieved from <https://www.integration.samhsa.gov/about-us/integration-edge/substance-use-disorder-and-pregnancy>
- Substance Abuse and Mental Health Services Administration. (2016). *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. Retrieved from https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

Frequently Asked Questions

- Q.** *Based on the intervention pathway, if a client is at high risk and declines the referral, what should the Healthy Start worker do?*
- A.** If a participant refuses a referral for substance use,
- Let the participant know that a referral can be made at a later date if she changes her mind.
 - Document that a referral was offered and declined.
 - Staff the case with your supervisor.
 - Continue to assess for substance use and offer referrals at future visits.
 - Use motivational interview techniques to assess readiness to quit/cut down use.
 - Report to the Florida Abuse Line (1800-96-ABUSE), when indicated.

Notes
