

Department of Health and Human Services

Division of Social Services

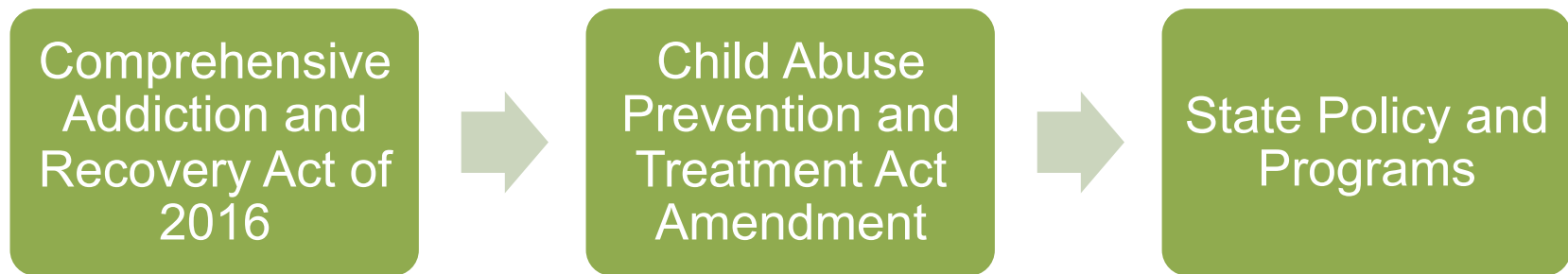
Division of Public Health

Division of Mental Health, Developmental
Disabilities and Substance Abuse
Services

Plan of Safe Care: Cross Systems Response to Substance Affected Infants

Child Fatality Task Force – Perinatal Health Committee Meeting
January 2018

The Comprehensive Addiction and Recovery Act of 2016



Comprehensive Addiction and Recovery Act of 2016 (CARA)

- **Response to nation's prescription drug and opioid epidemic**
- **Addresses various aspects of substance use disorders**
- **Section 503 (Infant Plan of Safe Care) aims to help states address effects of substance use disorders on infants and families**
- **Amended provisions of the Child Abuse Prevention and Treatment Act (CAPTA) pertinent to infants with prenatal substance exposure**

Amended Child Abuse Prevention and Treatment Act (CAPTA)

States receiving CAPTA funding are required to assure the federal government that they have a law or statewide program in effect and under operation that:

Addresses the needs of infants born and identified as being affected by ~~illegal~~ substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (FASD) with

- *A requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants*
- *The development of a plan of safe care for the infant...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –*
 - *Addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - *Development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver*

State Considerations for Implementation

- **Defining *substance affected, withdrawal, and Fetal Alcohol Spectrum Disorder***
- **Populations of families included and the appropriate organization to implement and oversee Plans of Safe Care at case level**
- **The appropriate state-level entity to develop policies and procedures and to oversee and ensure compliance**
- **Changes to data collection and reporting systems and data elements needed for annual reporting**
- **Collaborative effort**

North Carolina's Response CARA / CAPTA



NC Plan of Safe Care Interagency Collaborative (POSCIC)

To create a state-specific policy agenda and action plan to address and implement the provisions of CAPTA amended by CARA and to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families.

- Division of Mental Health, Developmental Disabilities and Substance Abuse Services**
- Division of Public Health**
- Division of Social Services**
- Division of Medical Assistance**
- North Carolina Association of County Directors of Social Services**
- Community Care of North Carolina**
- North Carolina Hospital Association**
- North Carolina Obstetrics and Gynecological Society**
- North Carolina Commission on Indian Affairs**

- Additional ongoing input from other organizations/stakeholders**

North Carolina's Current Policy

Health Provider Involved in the Delivery or Care of Infant

1. Identifies infant as "substance affected" based on DHHS definitions
2. Makes notification to county child welfare agency

County Child Welfare Agency

1. Completes CPS Structured Intake Form with caller
2. Develops Plan of Safe Care/CC4C Referral using **ONLY** the information that is obtained during the intake process
3. Refers **ALL** infants and families to CC4C **PRIOR** to the screening decision is made
4. Collects and reports required data
5. Screen report using Substance Affected Infant structured decision trees and provide services for accepted cases

Care Coordination for Children (CC4C)

1. Participation is voluntary
2. Services based on needs of the child and family and those identified in Plan of Safe Care
3. Progress is monitored based on monitoring tools already in place

Identifying a Substance Affected Infant

Affected by Substance Abuse

Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.

OR

Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an **active** substance use disorder, during the pregnancy or at time of birth.

Health Care
Provider
Involved in the
Delivery or
Care of Infant

Identifying a Substance Affected Infant

Health Care
Provider
Involved in the
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Affected by Withdrawal Symptoms

The infant manifests clinically relevant drug or alcohol withdrawal.

Identifying a Substance Affected Infant

Affected by FASD

Infants diagnosed with one of the following:

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (PFAS)
- Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE)
- Alcohol-Related Birth Defects (ARBD)
- Alcohol-Related Neurodevelopmental Disorder (ARND)*

OR

Infants with known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.

Health Care
Provider
Involved in the
Delivery or
Care of Infant

*Hoyme, HE, Kalberg, WO, Elliot, AJ, et al. Updated Clinical Guidelines for Diagnosing Fetal Alcohol Spectrum Disorders. Pediatrics, Volume 138, number 2, August 2016

Notifying Child Protective Services

Health Care
Provider
Involved in the
Delivery or
Care of Infant

In North Carolina, a notification to the county child welfare agency must occur upon identification of an infant as “substance affected,” as defined by DHHS.

Notification requirement does **NOT**:

- Mean that prenatal substance use = child maltreatment
- Establish a definition under Federal law of what constitutes child abuse or neglect
- Change NC General Statutes

Developing the Plan of Safe Care

County
Child
Welfare
Agency

- **Gathers information through the structured intake process**
- **CPS revised intake questions to include “Substance-Affected Infant” section and updated policy**
- **Completes the Plan of Safe Care**
- **Refers to CC4C**

INFANT PLAN OF SAFE CARE

Based on information known at intake and the services provided by CC4C, infant and family could benefit from the following (check all that apply)

☐ Comprehensive health assessment to identify a child's needs and plan of care, including Life Skills Progression

☐ Linkage to medical home and communication with primary care provider

☐ Services and education provided by CC4C care managers that are tailored to child and family needs and risk stratification guidelines.

☐ Identify and coordinate care with community agencies/resources to meet the specific needs of the family. Please specify below:

☐ Evidence-Based Parenting Programs

☐ LME/MCO or mental health provider

☐ Home visiting programs, if available

☐ Housing resources

☐ Food resources (WIC, SNAP, food pantries)

☐ Assistance with transportation

☐ Identification of appropriate childcare resources



☐ Other _____

☐ Screening for referral to Infant-Toddler Program through Early Intervention for infants with diagnosis of Neonatal Abstinence Syndrome or for infants with developmental concerns

☐ Assess family strengths and needs and how the needs of the family will influence the health and wellbeing of the child

Screening the Notification and Providing Child Welfare Services

County
Child
Welfare
Agency

- Prenatal Substance Use  Abuse or Neglect
- Notification  Screen-In
- Components of the Plan of Safe Care are incorporated into the child welfare intervention

CC4C: Supporting Substance Affected Infants and Families

Care
Coordination
for Children
(CC4C)

- **CC4C is an at-risk population management program for children birth to 5 years of age**
- **Program Goals:**
 - Improve health outcomes
 - Identify and reduce barriers to care and link to community resources
 - Strengthen the relationship between the parent/caregiver and infant and empower the family
 - Strengthen the relationship to medical home
 - Minimize the lifelong impacts of child's risk

Monitoring Implementation



Evaluation & Monitoring by POSCIC

- Child welfare data collection
- CC4C data collection
- Reviewing qualitative information
- Providing technical assistance
- Continued outreach and education

Ongoing Efforts by POSCIC to Support Implementation

- Ongoing feedback from stakeholders
- Monthly monitoring meetings (policy implementation, ongoing QI)
- Multiple presentations to varied audiences
- Monthly statewide conference calls for providers
- Reinforcing best practice around substance use in pregnancy and treatment of NAS
- Increasing awareness of the Perinatal Substance Use Project, NC Perinatal & Maternal Substance Use Initiative, and other treatment and recovery supports

Ongoing Efforts by POSCIC to Support Implementation

- Developed email address for ongoing questions, concerns, feedback:
SVC_NCPOSCIC@dhhs.nc.gov
- Developing NC Plan of Safe Care Interagency Collaborative website
- Ongoing development of materials specific for audiences
- Strengthening existing partnerships and forming new ones – state and local level

Questions and Feedback

SVC_NCPOSCIC@dhhs.nc.gov