

# Infants with Prenatal Substance Exposure: Developing a Plan of Safe Care for Infants and Mothers

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Bringing Systems Together

*for* Family Recovery, Safety and Stability



A Program of the

**Substance Abuse and Mental Health Services Administration**  
**Center for Substance Abuse Treatment**

and the

**Administration on Children, Youth and Families**  
**Children's Bureau**  
**Office on Child Abuse and Neglect**








Child Welfare as  
the Golden Ticket

**Getting off the Merry Go Round**

*Flip the Script*

**Data Driven Practice**



Making Collaborative  
Policy and Practice  
Work for Families

Early Intervention

Data Analytics

A Differential Approach

# Child Abuse Prevention and Treatment Act (CAPTA)



“health-care providers involved in the delivery or care of substance exposed infants must *notify child protective services,*

and a *plan of safe care is to be developed...*

for infants born and identified as being *affected by illegal substance abuse* or *withdrawal symptoms,* or a *Fetal Alcohol Spectrum Disorder”*



# CAPTA Intent

To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate services can be delivered, ensuring the safety and well-being of infants, their mothers and their families

“Except that such notification shall not be construed to—  
Establish a definition under Federal law of what constitutes child abuse or neglect; or  
require prosecution for any illegal action.”



# CAPTA Implementation



A Reuters News Agency survey of state child protection officials and an examination of state statutes show that in December 2015, no more than nine states and the District of Columbia have laws or policies and procedures to implement the federal provisions



# Comprehensive Addiction and Recovery Act (CARA) of 2016 S. 524, Infant Plan of Safe Care Improvement Act

...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

- 1) addressing the health and substance use disorder treatment needs

*of the infant and affected family or caregiver...*





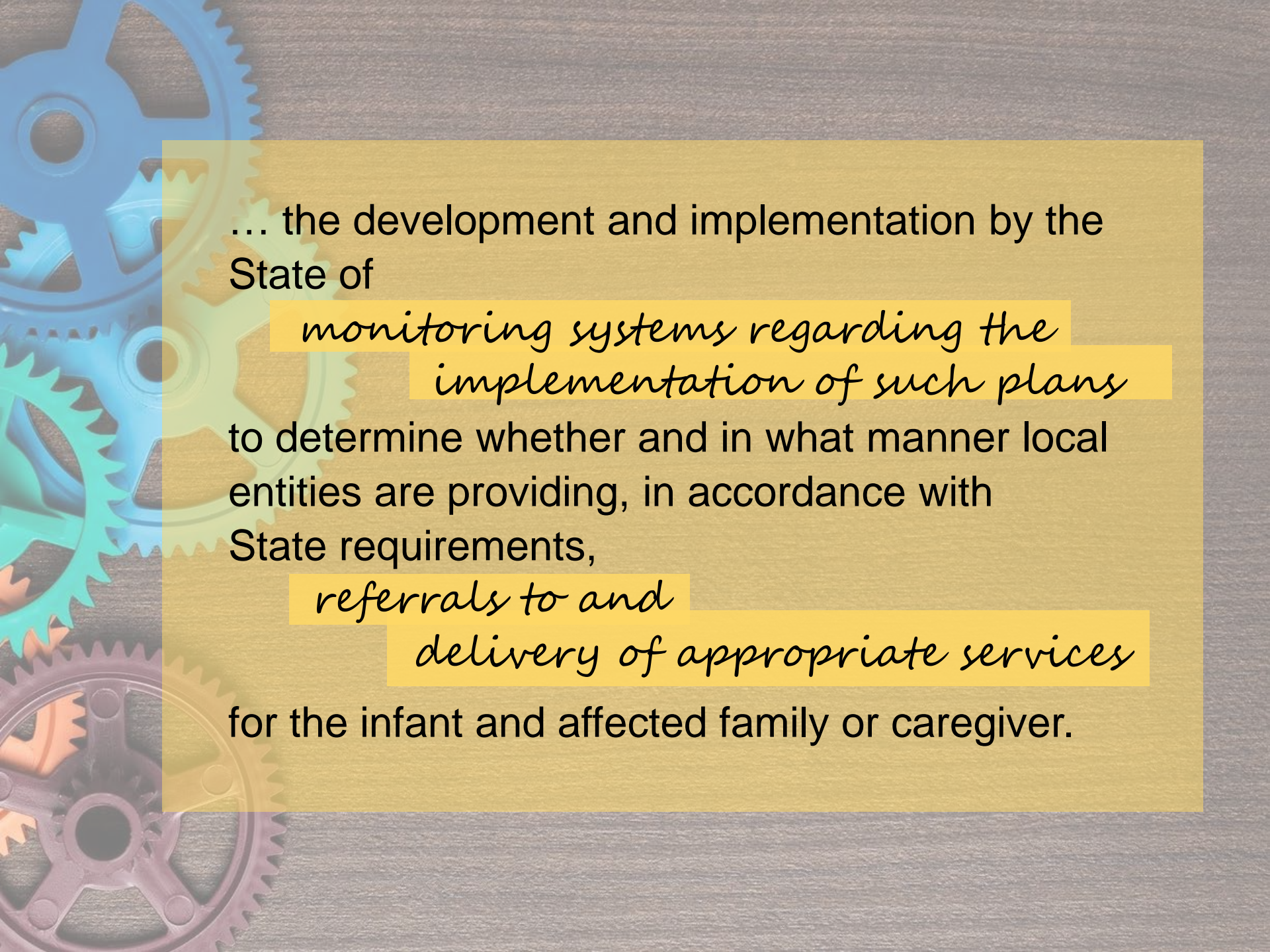
Guidelines

Standards

...maintain and disseminate information

about *best practices* relating to the

*development of plans of safe care...*



... the 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.





...a report that includes:

- The *number of infants for whom a plan of safe care was developed*
- The *number of infants for whom a referral was made for appropriate services,*  
including services for the affected family or caregiver





# The Road Ahead

## Notification

- Identifying affected infants
- Defining prenatal substance exposure – affected and demonstrating withdrawal
- A differential lens – notification and child abuse/neglect report



# Plan of Safe Care

- Who coordinates and oversees?  
Where does it live?
- How different from the hospital Discharge Plan, child welfare Safety Plan and Case Plan, substance use Treatment Plan, infant Care Plan?
- In cases in which a child welfare case is determined unnecessary and the infant and family are still in need of services, how are services accessed?



FUTURE

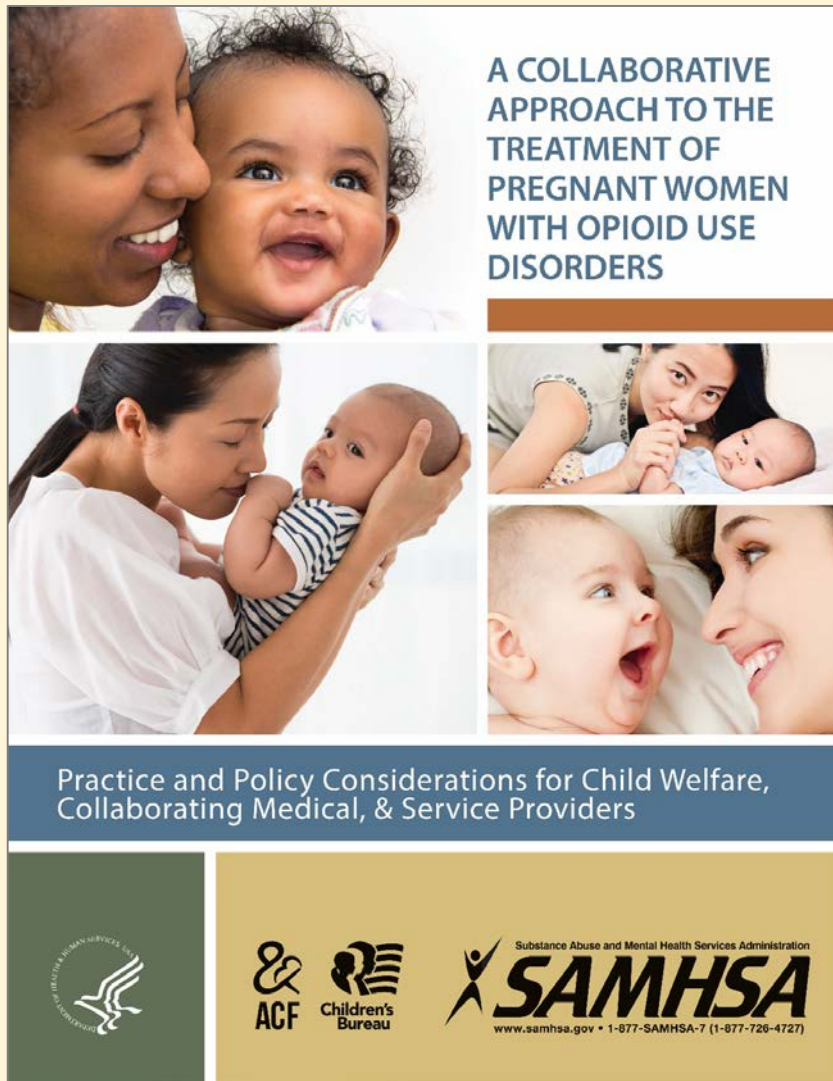


# Timing

- Identification at birth – too late?
- Identification of use during pregnancy – child welfare involvement?
- Ongoing support, monitoring and intervention



# New Resource!



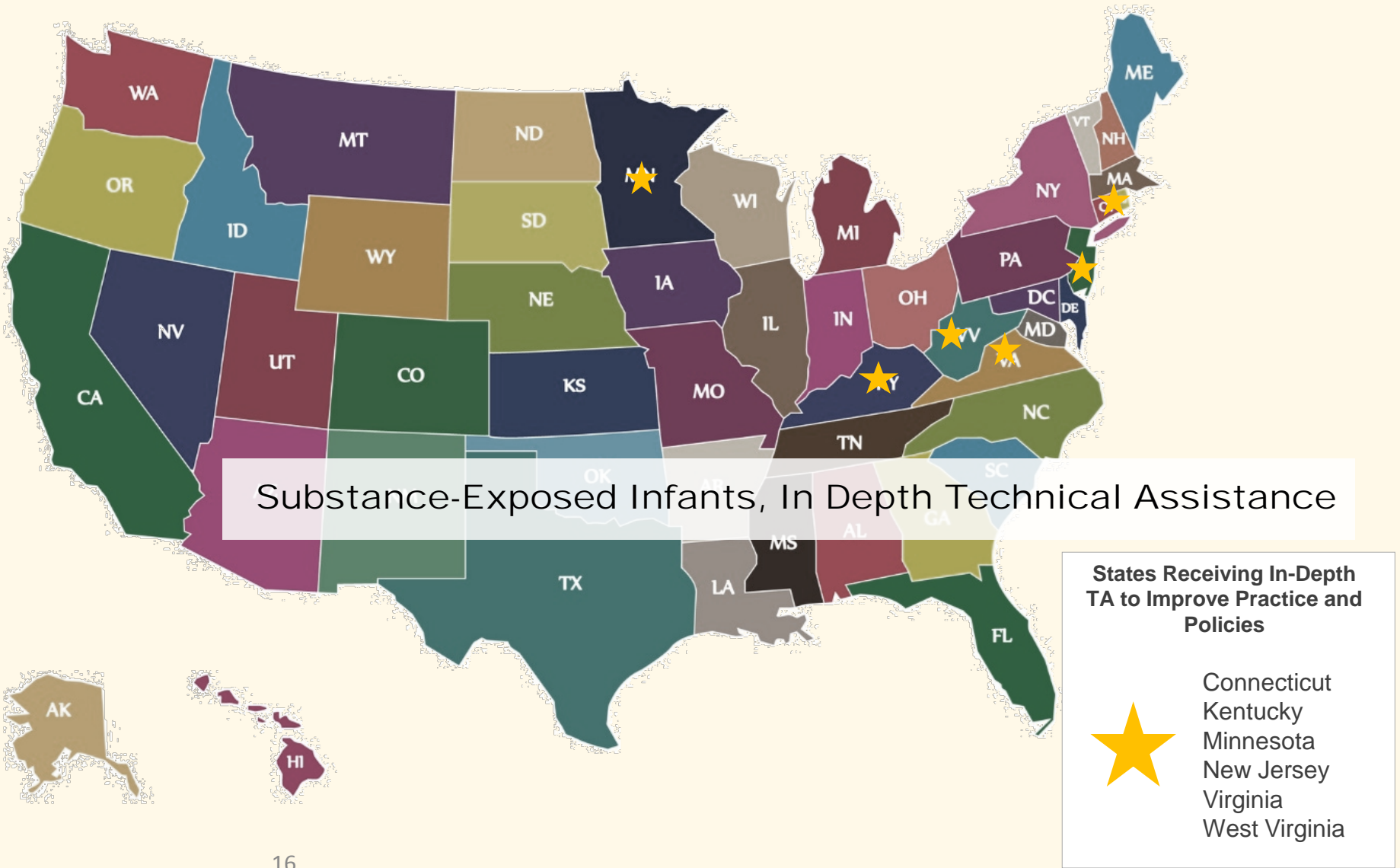
**Purpose:** Support the efforts of states, tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

## Audience

- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

## National Workgroup

- 40 professionals across disciplines
- Provided promising and best practices; input; and feedback over 24 months.





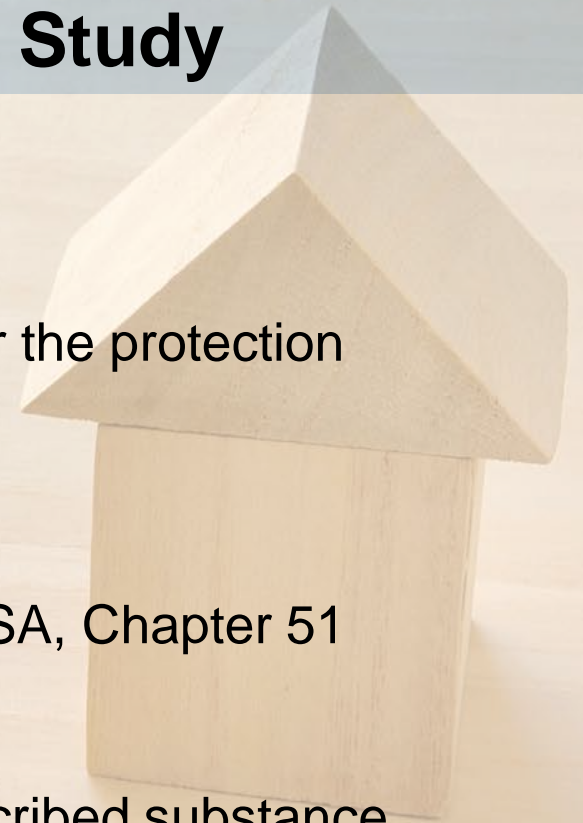
# CHARM Collaborative Case Study

Empanelled Child Protection Team, Title 33, 4917

- Designated by the DCF Commissioner
- Team members able to share client information for the protection of child safety

Child Welfare Assessment During Pregnancy, 33 VSA, Chapter 51

- 30 days prior to the birth of the infant
- Defined as:
- Positive toxicology screen for illegal or non-prescribed substance
- Physician certifies use of illegal or non-prescribed substance
- Diagnosed with Neonatal Abstinence Syndrome or
- Fetal Alcohol Spectrum Disorder



# CHARM: Key Elements of Collaborative Practice

- Shared philosophy
- Formal communication and information sharing protocols
- Early identification and intervention
- System of support and service engagement at multiple points in time

