Developing a Plan of Safe Care for Infants with Prenatal Substance Exposure, their Mothers and Caregivers: Collaborative Approaches Learned in a Six Site Initiative Part Two

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Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of the above stated federal agencies.
“Policies and procedures to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder”
“health-care providers involved in the delivery or care of such infants must notify child protective services, and a plan of safe care is to be developed for these infants.”
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.
To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate services can be delivered to the infant and mother, ensuring the safety and well-being of infants, their mothers and their families.
CAPTA: Differences in Interpretation

- Notify vs. Report
- Affected By...
- "Illegal substance Abuse", "withdrawal", "Fetal Alcohol Spectrum Disorder"
- Plan of Safe Care for Infants (and other family members)
A Plan of Safe Care, Not a Safety Plan

Safety plans are developed by child welfare to address risk and safety factors that have already occurred.

A Plan of Safe Care provides services and supports for mothers and families to reduce or eliminate risk to newborns.
Implementation of CAPTA Policies Vary Across States
• Health care providers shall report newborns diagnosed by health care providers as exposed to alcohol or controlled drugs not prescribed by a doctor

• ........ Unless the mother sought treatment or counseling as required in this section.........
Comprehensive Addiction and Treatment Act of 2016
S. 503, Infant Plan of Safe Care

...maintain and disseminate information about the requirements of section 06(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder...

...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through – I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver...
... 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...
CAPTA Plan of Safe Care: Preparing for Baby’s Arrival and Beyond

Comprehensive multi-disciplinary assessment

Multiple intervention points: pregnancy, birth and beyond

Addresses needs of mother, infant and family

Structure in place to ensure coordination of, access to, and engagement in services
Collaboration is the Key to Success

- Child Welfare
- Obstetricians and Pediatricians
- Substance Use, Mental Health and Medication-Assisted Treatment (MAT)
- Public Health and Maternal Child Health
- Early Intervention Providers and Others
Governor’s Interagency Task Force is formed to develop a State plan that sets policy and practice protocols, addresses barriers, and sets and monitors benchmarks for addressing prenatal exposure at all five points of intervention.

The Task Force reports directly to the Governor and is charged with convening authority to work across agencies and providers.
The Task Force is charged with:
• Developing, coordinating and supporting child and family-focused service delivery
• Evaluating the State’s existing legislation and policies and practices that govern CAPTA implementation
• Issuing guidance on developing an effective Plan of Safe Care
State Task Force Examples

Delaware:

• Child Protection Accountability Committee developed a subcommittee on Substance Exposed Infants (SEI)

• The SEI Committee reviewed current legislation and drafted new legislation

• Newly proposed legislation clarifies the notification requirements for SEIs to child welfare along with who oversees the development of a Plan of Safe Care
State Task Force Examples

Florida:

• Developed a Statewide Task Force on Prescription Drug Abuse and Infants
• Included Doctors and Public Health Experts
• Released a report with recommendations on:
  ✓ Prevention
  ✓ Intervention
  ✓ Best Practice
  ✓ Substance Use Disorder Treatment
State Task Force Examples

North Dakota:

• Developed a Senate led Task Force on Substance Exposed Infants:

  "for the purpose of researching the impact of substance abuse and neonatal withdrawal syndrome, evaluating effective strategies for treatment & prevention and providing policy recommendations"
  - Senate Bill 2367 (North Dakota)

• Convened by the Attorney General and jointly staffed by community and State representatives
A Plan of Safe Care is a *Community Safety Net*

Ideally plans are enacted during pregnancy, *prior to* child welfare involvement.

Communities must collaboratively develop a response that addresses the needs of *infants and mothers, and their families.*
Plan of Safe Care: Community Implementation

• The Interagency Community Team is formed to implement the State Task Force’s recommendations.

• The charge is to develop specific practice and communication protocols that coordinate the child and family-focused delivery system emphasizing prevention, early intervention and community-based treatment and support services.
Plan of Safe Care: Community Team Tasks

- Implement MOAs that codify roles and responsibilities.
- Focus on changing culture on substance use and pregnancy.
- Implement a continuum of care with a preference that families can stay together when possible, and assign responsibility for follow-up.
- Ensure coordination and efficient communication.
- Identify resources and barriers.
- Identify and address information and data sharing barriers.
Elements of a Plan of Safe Care

Health:
• Post-Partum Care
• Medical Home
• Medication Management
• Pain Management
• Contraception and Pregnancy Prevention
• Support with Breast Feeding
Elements of a Plan of Safe Care

Substance Use and Mental Health:
• Timely Access
• Engagement, Retention and Recovery Supports
• Appropriate Treatment
• Depression/Anxiety
• Treatment for Partner/Other Family Members
Parenting/Family Support:
- Coordinated Case Management
- Home Visiting
- Child Care
- Benefits/Eligibility Determination, Employment Support
- Housing
- Transportation
Elements of a Plan of Safe Care

Infant Health and Development:
- Medical Home
- High Risk Follow-up Care
- Referral to Specialty Care
- Developmental Screening and Assessment
- Linkage to Developmental Pediatrician
- Linkage to Early Intervention Services
- Early Care and Education Program
Ideally, developed *prior* to the birth event
Multi-Disciplinary Assessment

• Coordinated across disciplines
• Identify the mother and infant’s physical, social-emotional health and safety needs
• Identify the mother’s strengths and parenting capacity
• Includes assessment of risk and safety factors to determine infant placement (differentiating risk and safety factors related to parental substance use)
# Components of Plans of Safe Care for Infants, Mothers and Families Affected by Prenatal Substance Exposure

<table>
<thead>
<tr>
<th>Domains</th>
<th>Services and Supports</th>
</tr>
</thead>
</table>
| **Health**                                   | - Pregnancy and Post-partum care  
- Medical home is designated that is consistent with the family’s insurance plan and has responsibility for the primary care needs for the mother and family. Medical homes are often designated in States with Medicaid managed care plans  
- Medication management is assessed and the Medical Home provider has responsibility to oversee including liaison with methadone or other medications used in assisting treatment  
- Pain management  
- Contraception and pregnancy prevention  
- Support with breastfeeding                                                                  |
| **Substance Use and Mental Disorders**       | - Timely access to treatment is ensured by referrals and appropriate feedback across agencies.  
- Engagement and retention outreach services and on-going recovery supports  
- Appropriate treatment (gender-specific, family focused, accessible, medication assisted treatment, trauma)  
- Mental health services including symptoms of depression and anxiety  
- Intervention for domestic partner and family Violence  
- Substance use and mental health treatment for partner and other family members                |
| **Parenting/Family Support**                 | - Coordinated care management  
- Home Visiting follow up services are provided including infant care, parent/infant bonding, nurturing parenting guidance and skill development, safe sleep practices, and maternal support  
- Child Care in developmentally appropriate programming when needed by the family  
- Income support and safety net benefits eligibility determination and employment support  
- Safe and stable housing determinations are made  
- Need for transportation is assessed                                                                   |
## COMPONENTS OF PLANS OF SAFE CARE FOR INFANTS, MOTHERS AND FAMILIES AFFECTED BY PRENATAL SUBSTANCE EXPOSURE

### DOMAINS

<table>
<thead>
<tr>
<th>SERVICES AND SUPPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant</strong></td>
</tr>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td>• Linkage to a medical home for infant primary health care is provided</td>
</tr>
<tr>
<td>• Need for high-risk infant follow-up Care is determined</td>
</tr>
<tr>
<td>• Referral to specialty health care as needed</td>
</tr>
<tr>
<td><strong>Development</strong></td>
</tr>
<tr>
<td>• Developmental screening and assessment</td>
</tr>
<tr>
<td>• Referral to developmental pediatrician as needed</td>
</tr>
<tr>
<td>• Referral to early intervention services for assessment, services and follow up</td>
</tr>
<tr>
<td>• Early care and education program to ensure developmental intervention and supports are provided by a program with expertise in young children who experienced prenatal substance exposure</td>
</tr>
</tbody>
</table>
Structure: Access and Continued Engagement

- Designate agency charged with leading the development of the Plan of Safe Care
- Ongoing support and monitoring to ensure continued engagement in services
- Information sharing protocols
The Importance of Post-Partum Care
Postpartum is a time of “unique vulnerability”
- Increased stress associated with motherhood, newborn care, sleep deprivation
- Limited social support and resource availability
- Increased financial demands
- Pain and physical recovery from delivery
- Physiologic transition from pregnant to non-pregnant state

Increased risk of relapse and treatment discontinuation

Postpartum – The 4th Trimester
Treatment:
Opioid Use Disorder During Pregnancy

How to dose pregnant women?
– Dose increase earlier to avoid fetal withdrawal
– Overlap in symptoms between normal pregnancy and withdrawal

Third trimester
– Physiological changes (metabolism, circulating volume) may need increase dose
– Consider split dosing
– Individualized treatment – do not automatically increase

Post partum
– 4-6 weeks for return to pre-pregnancy state
– Individualize decrease
The New Jersey Birth Hospital Survey
Birth Hospital Survey

- Core Team reviewed Virginia’s survey
- Input from Medical Community & Perinatal Cooperatives
- Developed NJ Hospital Birth Survey to gain a better sense of policies, procedures and practices utilized to identify and treat SEI and their mothers.
- Survey beta-tested (DOH)
- In process of IRB approval (DOH)
- Disseminate statewide to 55 labor and delivery hospitals (DOH)
Survey results will be used to:

- Identify SEI/NAS education needs among the birthing hospitals
- Support the development of statewide guidelines for best practice in managing SEI/NAS and developing plans of safe care
- Identify high-need areas that may benefit from targeted resources
- Inform efforts to engage critical partners in local communities to coordinate the delivery of services to promote safety and well-being
Lessons Learned from Virginia
Developing Plans of Safe Care
Virginia Laws and Structures

Hospitals shall implement protocols requiring written discharge plans for substance abusing, postpartum women and their infants. The discharge plan shall:

- Hospitals shall immediately notify the local CSB on behalf of the mother to appoint a discharge plan manager.

Community Service Boards: A community services board (CSB) is the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse.
Discharge Plans:
A tool for developing Plans of Safe Care

- Demographic Information
- Prenatal History
- Living Arrangements: Social Supports, Adults/Children in Home
- Financial Information: Employment
- Health History (Mom): Mental Health, Substance Use, Domestic Violence, Values that affect infant’s care, history of CW involvement
- Referrals given/Education provided
# C.A.R.E. Hospital Referral Discharge Plan (Template)

## Demographic Information

<table>
<thead>
<tr>
<th>Baby’s Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Race</th>
<th>B Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dx/Problem</th>
<th>EDD</th>
<th>Age</th>
<th>SSI eligible?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Father’s name</th>
<th>DOB</th>
<th>Age</th>
<th>Race</th>
<th>DOB</th>
<th>Age</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Father currently involved?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length relationship with FOB?</th>
<th>FOB signed birth certificate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (H)</th>
<th>Phone (H)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (cell)</th>
<th>Phone (cell)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Prenatal/Medical Care

<table>
<thead>
<tr>
<th>Prenatal Care</th>
<th>OB Hx: G _ P _ SAB _ EAB _ L _ Previous SEI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No ___</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Began 1st 2nd 3rd trimester; weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy/Medical complication</th>
<th>Apgars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s medications</th>
<th>PNV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Living Arrangements:

<table>
<thead>
<tr>
<th>Rent</th>
<th>Own</th>
<th>With family/friends</th>
<th>House</th>
<th>Apt</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety/Environmental Issues</th>
<th>Electric</th>
<th>Gas</th>
<th>Water</th>
<th>Phone</th>
<th>Wood stove</th>
<th>AC/Heat</th>
<th>Smoke Detector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Social Supports

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## # People in Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

## # Other Children Not in Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Where live?</th>
<th>Custody arrangements?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
### Financial Information

<table>
<thead>
<tr>
<th>Mom’s Employer</th>
<th>FT</th>
<th>PT</th>
<th>Returning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dad’s Employer</td>
<td>FT</td>
<td>PT</td>
<td>Returning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mom’s Insurance:</th>
<th>Baby’s Insurance:</th>
<th>Baby Added?</th>
</tr>
</thead>
</table>

**Income/Resources:**  Child Support | SSI/SSDI | Employment | Other |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>Food Stamps</td>
<td>WIC Office</td>
<td>-------</td>
</tr>
<tr>
<td>Baby’s Medicaid#</td>
<td>---------</td>
<td>SSN#</td>
<td></td>
</tr>
</tbody>
</table>

### Mother’s Health History

**Medical:**

**Mental Health:** Depression | PPD | Anxiety | Schizophrenia | Bi-polar | Hospitalizations? | |
|-----------------------------|-----|---------|---------------|---------|------------------|---|

**Medications:**

| Substance | Use Prior to Pregnancy | Use During Pregnancy | Details | |
|-----------|------------------------|----------------------|---------|
| Tobacco   | Yes | No | | |
| Alcohol   | Yes | No | | |
| Drugs     | Yes | No | | |

**Mom’s Tox:** Pos | Neg | Not Done | Date: | Positive for: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baby’s Tox:</strong></td>
<td>Pos</td>
<td>Neg</td>
<td>Not Done</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**SA/MH Treatment History:**

### Community Support:

### Values/Beliefs that may affect infant’s care or treatment e.g. religious, cultural or spiritual beliefs

### Education/Literacy

### Developmental/Family History

### H/O Abuse/Neglect/Domestic Violence

### H/O Legal Issues e.g. Custody issues, Restraining Orders, Incarceration Probation, Warrants

### Baby Supplies

<table>
<thead>
<tr>
<th>Baby Supplies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Everything</td>
<td>Crib</td>
</tr>
</tbody>
</table>

### Referrals

<table>
<thead>
<tr>
<th>Referrals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CSB</td>
<td>MAT services</td>
</tr>
<tr>
<td>CPS</td>
<td>DSS</td>
</tr>
<tr>
<td>CHIP</td>
<td>Healthy Families</td>
</tr>
<tr>
<td>Car Safety Seat Distribution</td>
<td>WIC</td>
</tr>
</tbody>
</table>

### Education Materials Provided

<table>
<thead>
<tr>
<th>Education Materials Provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaken Baby Syndrome</td>
<td>Safe Sleep</td>
</tr>
<tr>
<td>Child Safety Seats</td>
<td>Postpartum Depression</td>
</tr>
<tr>
<td>Early Intervention Part C</td>
<td>Neonatal Abstinence Syndrome (NAS)</td>
</tr>
</tbody>
</table>
Discharge plans are developed by hospitals (collaboratively) and referred to local CSBs.

CSBs engage the families and develop comprehensive PSCs collaboratively.

These PSCs may already be in development if substance use was discovered in pregnancy.

CSBs implement and provide oversight of the PSC.
Plans of Safe Care: Ongoing Development

• Different Points of Entry: Oversight & services at prenatal period vs. birth
• Financial Differences: Oversight when women bypass the CSB system
• CSB Oversight vs. Child Welfare oversight
• Handling families with low/no engagement
• Engaging partners in development and implementation
Lessons Learned from Connecticut

Developing a Statewide Response
Connecticut High-Risk Newborn Policy

- **Policy**: Reports from hospitals or other medical providers regarding newborn children considered to be at high risk due to their own special needs and their mother's condition or behavior shall be investigated by a DCF investigator.

- **Indicators of Special Needs Newborns**: Indicators of special needs newborns include, but are not limited to, the following:
  - Positive urine or meconium toxicology for drugs
  - Positive test for HIV infection
  - Serious medical problems
Connecticut High-Risk Newborn Policy

• Indicators in Mother’s Condition or Behavior:
  – Substance abuse
  – Intellectual limitations which may impair the mother’s ability to nurture or physically care for the child
  – Major psychiatric illness
  – Young age
Connecticut: Developing a Statewide Response to Infants “At-Risk of Harm”

- Convened a multi-system task force to explore the development of a different or alternative policy and process for responding to infants with prenatal exposure to substances and developing a “Plan for Care” protocol
- The ABCs of MAT Training – providing training to child welfare workforce on MAT through the use of certified treatment counselors for substance use disorders
- Improve data collection through data workgroup and data mapping process
- Statewide strategic plan to include recommendations for practice and policy changes for SEIs, including FASD and NAS—consistent definition for SEIs
- Hospital survey to understand current practices for notification and response
Connecticut: Developing a Statewide Response to Infants “At-Risk of Harm”

- Better utilize Early Intervention Services/IDEA Part C for infants with medical referrals and established medical conditions*, as per International Classification of Diseases (ICD) 10 Codes, including:
  - P04.3: Newborn affected by maternal use of alcohol
  - Q86.0: Fetal Alcohol Syndrome
  - 286.59: Personal history of other Mental and Behavioral Disorders
  - P96.1: Neonatal Abstinence Syndrome—First three months of life

* Some medical conditions are linked to developmental delays, making a child automatically eligible for early intervention services
Lessons Learned from Kentucky
Developing Plans of Safe Care
• Director of Maternal Child Health working with hospitals to develop multidisciplinary and comprehensive assessments for infants and mothers:
  • Discharge planning begins at admission
  • *For infants with prenatal substance exposure assessment and planning must address the needs of the mother/infant dyad. The infant’s outcome is totally dependent on the mother for safety and nurturance.*
  • *Needs for discharge planning should be developed from a comprehensive assessment which includes determining influences on safety. CPS should be provided with as much information as possible. Medical providers are responsible for assuring arrangements for transition to the community are sufficient to meet the identified needs of the mother/infant dyad.*
Kentucky Hospital Discharge Planning and Plans of Safe Care

- Infant/Mother Demographics
- Infant Considerations (low birth weight, premature, rooming-in with mother, going home with mother, special medical needs...)
- Maternal Considerations (prenatal care, medical needs, history of alcohol, tobacco, illicit and prescribed medications...)
- Safe Environment (living arrangements at discharge, adults in home, smoke-free, preparations for infant, mother already engaged in supports)
- Status of Substance Use (appropriate use of medications for pain, anxiety, depression; early in recovery; actively using illicit drugs; abusing prescribed medications...)
Kentucky Hospital Discharge Planning and Plans of Safe Care

- Substance Use Treatment (not in treatment; referred but refused; residential facility with child; comprehensive MAT; MAT w/out therapeutic services; self-help...)
- Safety Influences (anxiety disorder, depression; prior CPS involvement; prior removals of children; DV; plan to address relapse; family/community supports)
- Staff observations (caring supportive relationships; ability to recognize and prioritize child’s needs; effective problem solving skills; lack of responsiveness to infant’s needs; unable or unwilling to participate in needed services)
Newborn Risk Assessment

• Child Welfare investigator will complete risk assessment on all infants for whom notification was made

• Assess level of risk (low, medium, high) for each risk factor

• Provide explanation for level of risk
Kentucky Hospital Discharge Planning and Plans of Safe Care

Risk Factors:
• Infant withdrawal symptoms
• Special medical and/or physical problems
• Special care needs of child
• Drug/alcohol use
• Drug/alcohol treatment history
• Prenatal care
• Emotional and intellectual abilities
• Level of cooperation
Kentucky Hospital Discharge Planning and Plans of Safe Care

Risk Factors:
- Awareness of impact of drug/alcohol use on infant-child
- Responsiveness to infant, bonding, parenting skills
- History of family violence
- Father or parent substitute in home
- Strength of family support systems
- Drug/criminal activity
- Siblings in home at-risk
- Known environmental risk in home
Kentucky Hospital Discharge Planning and Plans of Safe Care

Plan of Safe Care/Service Plan Needs
• Substance Use Treatment
• Mental Health Treatment
• Mother’s medical providers (postnatal care, family planning...)
• Financial Assistance/Housing/ Medicaid
• Domestic Violence Assistance
• Family Planning
• Infant’s medical providers (pediatrician, high-risk infant follow-up...)
• Home Visitation
• Early Intervention Services
• Care coordination and monitoring
Common Barriers to Collaboration

- Lack of consistent practice and communication protocols implemented in each community to satisfy CAPTA requirements.

- Lack of consistent prenatal screening practices.

- Lack of treatment availability due to misunderstanding of MAT.

- Lack of consistent identification of infants.
Taking these Lessons to Your Community

Review your state law or CW Policy regarding infants with prenatal exposure. Is it consistent with CAPTA?

Are Plans of Safe Care routinely developed for infants born with and affected by illegal substances? Withdrawal? FASD? For mothers and other caregivers?

Reach out to local hospitals to understand how, when and for whom they are notifying CPS when an infant is prenatally exposed. Do they understand and follow CAPTA requirements for notification?

Request a discharge summary for mom and infant on all notifications.

Determine if there are conditions under which a notification is not accepted or investigated.
Resources
Families in Child Welfare Affected by Substance Use

http://www.cwla.org/child-welfare-journal/cwj-featured-issues/
Medication Assisted Treatment During Pregnancy, Postnatal and Beyond


The Use of Medication-assisted Treatment during Pregnancy: Clinical Research Update

https://cff-ncsacw.adobeconnect.com/p5okpdez3l/

Treatment of Opioid Use Disorders in Pregnancy and Infants Affected by Neonatal Abstinence Syndrome

NCSACW Online Resources

Please visit: https://ncsacw.samhsa.gov


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Updated September 2015: New content including updates on opioids and Family Drug Courts!

https://ncsacw.samhsa.gov/training/default.aspx
WE WANT TO KNOW....

Discussion
Improving outcomes for children and families affected by substance use disorders

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Advancing Excellence in Practice & Policy: What Works For Families Affected by Substance Use

Thank You