



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
CHILD WELFARE SERVICES

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July 17, 2017

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES**

**ATTENTION: DIRECTORS, CHILD WELFARE PROGRAM ADMINISTRATORS, MANAGERS,  
& SUPERVISORS, CHILD WELFARE SOCIAL WORKERS**

**SUBJECT: NORTH CAROLINA'S RESPONSE TO LEGISLATIVE AMENDMENTS TO THE  
CHILD ABUSE PREVENTION AND TREATMENT ACT – SUBSTANCE AFFECTED INFANT  
POLICY AND PLAN OF SAFE CARE**

Public Law 114-198, also known as the Comprehensive Addiction and Recovery Act of 2016 (CARA), was a response to the nation's prescription drug and opioid epidemic and addresses various aspects of substance use disorders. Section 503 of CARA (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants and families by amending provisions of the Child Abuse Prevention and Treatment Act (CAPTA) that are pertinent to infants with prenatal substance exposure.

CAPTA requires states to have policies and procedures requiring health care providers to notify the state's child protective services system if they are involved in the delivery of an infant born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

CAPTA requires that states have policies and procedures that include the development of a plan of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder. Since the Plan of Safe Care requirement is for all exposed infants, each must receive a plan regardless of whether the circumstances meet definitions of child abuse, neglect or dependency.

CAPTA also amended states' annual data reporting through the National Child Abuse and Neglect Data System (NCANDS). States need to report, to the maximum extent practicable:

- the number of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder;

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- the number of such infants for whom a Plan of Safe Care was developed; and
- the number of such infants for whom referrals were made for appropriate services, including services for the affected family or caregiver.

Additionally, CARA added a CAPTA state plan requirement for state monitoring of plans of safe care 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.

NC DHHS, along with its health care and substance use disorder treatment partners, have developed definitions for infants “born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder” under the guidance provided by the federal Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA). In North Carolina, health care providers involved in the delivery and care of such infants must notify the county child welfare agency upon identification of the infant as “substance affected” per the NC DHHS definitions.

When a county child welfare agency receives such a notification, they will perform an intake as they would with a report, develop a Plan of Safe Care and refer the infant and family to the Care Coordination for Children (CC4C) program. Families of substance affected infants will have the option of utilizing CC4C’s services to address the identified needs. CC4C will work with the family on a voluntary basis with a goal of improving the infant’s health outcomes.

In order to comply with confidentiality laws and to ensure that a Plan of Safe Care can be created for every infant, it is important that the CC4C referral be made during the screening of the report and prior to making a determination to screen in or screen out the report. Special attention must be paid to confidentiality laws and rules that impact communication of protected information. During the screening process, a child welfare agency may share confidential information with public and private agencies that are providing or facilitating protective services. The timing of the referral is critical because confidentiality laws will prohibit a child welfare agency from making the referral to CC4C if the report has already been screened out and child protective services are no longer being provided. As is the current standard practice, any information that the child welfare agency obtains that is protected by federal regulations should not be disclosed absent a court order or proper client consent. See [Chapter X: The Juvenile Court and Child Welfare](#) section OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER for more information on 42 C.F.R. Part 2 regulations. Additionally, the name of the reporter must remain confidential.

Not every substance affected infant’s circumstance is appropriate for CPS Assessment. However, if a family requires a CPS Assessment, the child welfare worker will support the family in implementing the Plan of Safe Care while also assessing risk and ensuring the infant’s safety. The plan will become a part of the family’s service agreements, should the family’s circumstances require CPS In-Home Services or Child Placement Services. Child welfare policy has been updated to reflect specific requirements and considerations to be made when working with this population of infants and their families.

To report the annual data requirements and to inform a monitoring system, county child welfare agencies must collect the following data:

- The number of substance affected infants for which the agency received notification from a healthcare provider;
- The number of infants and families for whom the agency developed a Plan of Safe Care;

- The number of infants the agency referred to the CC4C for appropriate services
- The number of those infants who were accepted for CPS assessment
- The number of those infants who were not accepted for CPS assessment

Counties will report this data to The North Carolina Division of Social Services (DSS) through a monthly survey. Eventually, all 100 counties will use NC FAST to collect and report this data.

Additionally, a DHHS interagency collaborative will meet quarterly to review the data collected by DSS and CC4C, determine gaps and needs, develop a plan of intervention and provide technical assistance at the local level.

It is important to recognize the collaborative efforts of hospitals, county child welfare agencies, local CC4C's, community providers and substance use disorder treatment programs that are necessary to provide quality services to this population of infants and their families. County child welfare agencies are encouraged to build upon the relationships that they have with their hospital partners to ensure that they are receiving notifications in accordance with federal legislation and state child welfare policy. NC DSS has developed a tool entitled "Substance Affected Notification Requirement" for county child welfare agencies to share with hospital staff. Additionally, an enhanced partnership between CPS and CC4C is essential to an efficient referral process and accurate data collection/monitoring.

Sincerely,



Wayne E. Black

Attachments (12):

CWS-CN-06-2017

1201 – Child Placement Services; II- Out of Home Family Services Agreement

1201 – Child Placement Services; V-Out of Home Placement Services

CHAPTER VIII: Protective Services; 1407-Structured Intake

CHAPTER VIII: Protective Services; 1408-Investigations and Family Assessments

CHAPTER VIII: Protective Services; 1412-CPS In-Home Services

CHAPTER VIII: Protective Services; 1439 - Substance Affected Infants

DSS 1402 CPS Intake Report

DSS 1402ins CPS Intake Report Instructions

Substance Affected Infant Notification Requirement

Care Coordination for Children (CC4C) Referral with Plan of Safe Care

Substance Affected Infant Data Collection and Protocol