

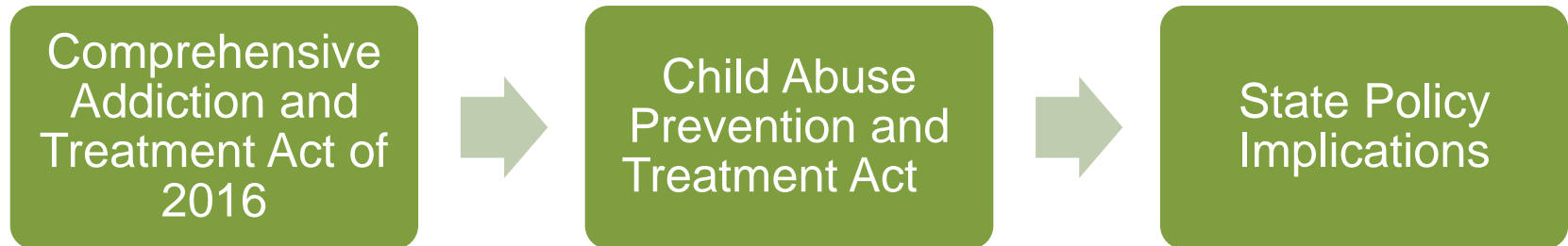


North Carolina's Response to the
Comprehensive Addiction and
Recovery Act of 2016

*Substance Affected Infant Child Welfare
Policy and Plan of Safe Care*



Impact of Federal Legislation on States



Comprehensive Addiction and Recovery Act of 2016 (CARA)

- Response to attention generated by the nation's prescription drug and opioid epidemic
- 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
- Amended provisions of the Child Abuse Prevention and Treatment Act (CAPTA) that are pertinent to infants with prenatal substance exposure

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*

Child Abuse Prevention and Treatment Act (CAPTA)

CARA also amended the annual data report requirements. States now need to report, to the maximum extent practicable:

- The number of infants “born and identified as being affected by...”
- The number of such infants for whom a plan of safe care was developed
- The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver

Information will be collected through NCANDS beginning with submission of FY 2018 data

Child Abuse Prevention and Treatment Act (CAPTA)

- This assurance must be submitted in the form of a certification by the state's governor by July 31, 2017
- The Children's Bureau will require states to provide an update on the steps it has taken to implement these provisions in its annual CAPTA report submitted with its FY 2018 Annual Progress and Services Report (APSR)

State Policy Implications

States are given the flexibility to answer:

What population of infants and families are covered by the assurance?

What is a plan of safe care?

Who is responsible for developing and monitoring the plan of safe care?

North Carolina 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
- Community Care of North Carolina
- North Carolina Hospital Association
- North Carolina Obstetrics and Gynecological Society
- North Carolina Commission on Indian Affairs.

Definition of 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.

Affected by Withdrawal Symptoms:

The infant manifests clinically relevant drug or alcohol withdrawal.

Definition of a Substance Affected Infant (Continued)

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.

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

Notification Requirement

Health care providers involved in the delivery and care of infants born with and identified as being affected by:

- substance abuse,
- withdrawal symptoms resulting from prenatal drug exposure or
- FASD

must notify the child protective services system of the occurrence.

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

North Carolina's Response to CAPTA: Notification Requirement

Notification SHOULD:

- Provide clarity to health care providers on their duty to notify CPS regardless of whether or not they think maltreatment has occurred

Notification Should NOT:

- Be construed to mean that prenatal substance use is intrinsically considered child maltreatment

Notification Does NOT:

- Establish a definition under Federal law of what constitutes child abuse or neglect
- Change North Carolina General Statutes which do not consider prenatal abuse or neglect

Plan of Safe Care - Phase 1

Hospital of Birth

1. Identifies infant as “substance affected” based on DHHS definitions
2. Makes notification to CPS upon identification using reporting practices already in place

County Child Welfare Agency

1. Completes CPS Structured Intake Form (DSS-1402) 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 any screening decision being made

Care Coordination for Children (CC4C)

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

Plan of Safe Care – Phase 1

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

Data Collection

Child welfare agencies will collect the data based on information known during the intake process

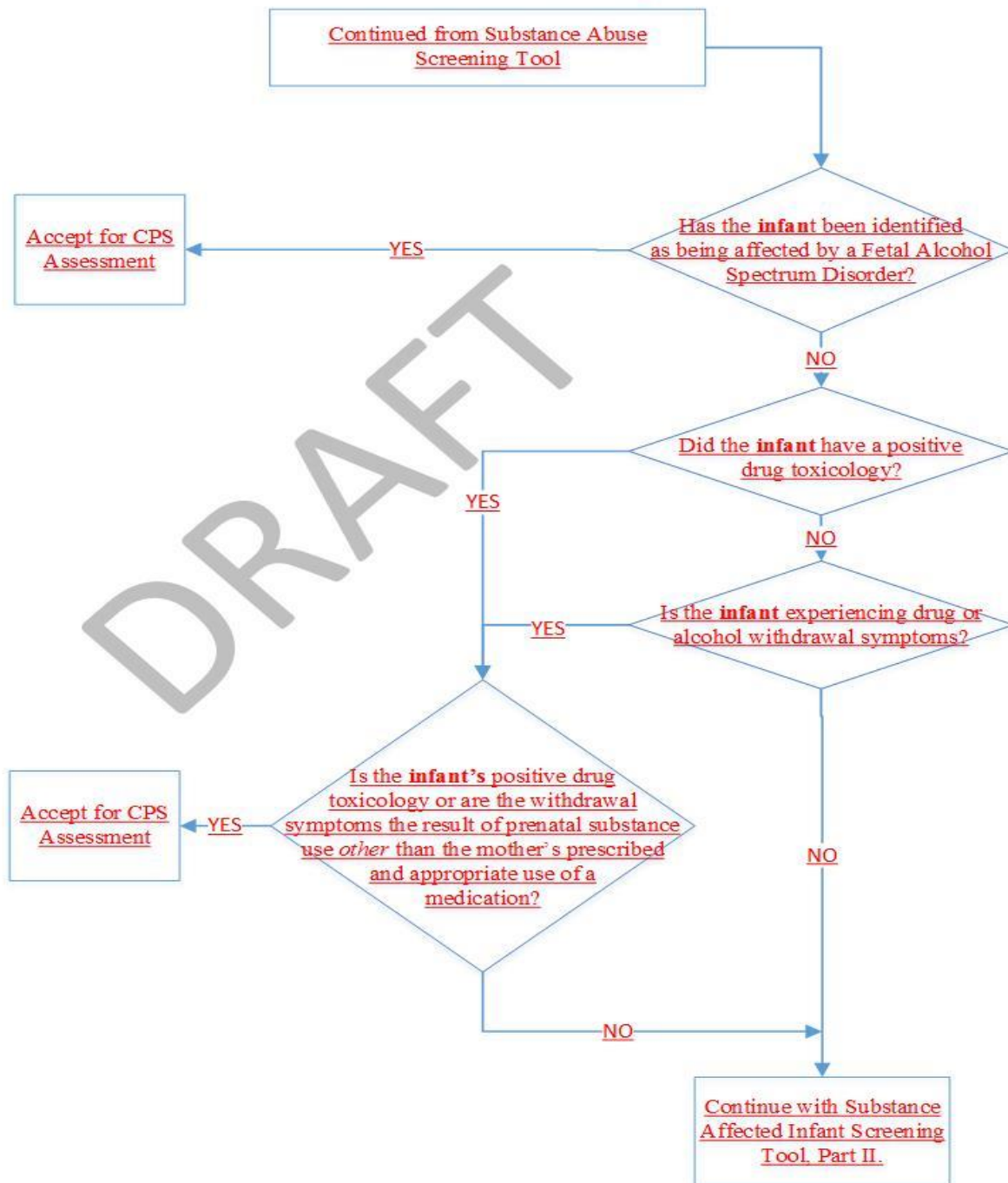
- *The number of infants “born and identified as being affected by...”*
(# of infants who were identified by hospital and notified to CPS)
- *The number of such infants for whom a plan of safe care was developed*
(# of infants that CPS developed Plan of Safe Care for during intake process)
- *The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver*
(# of infants that CPS referred to CC4C)



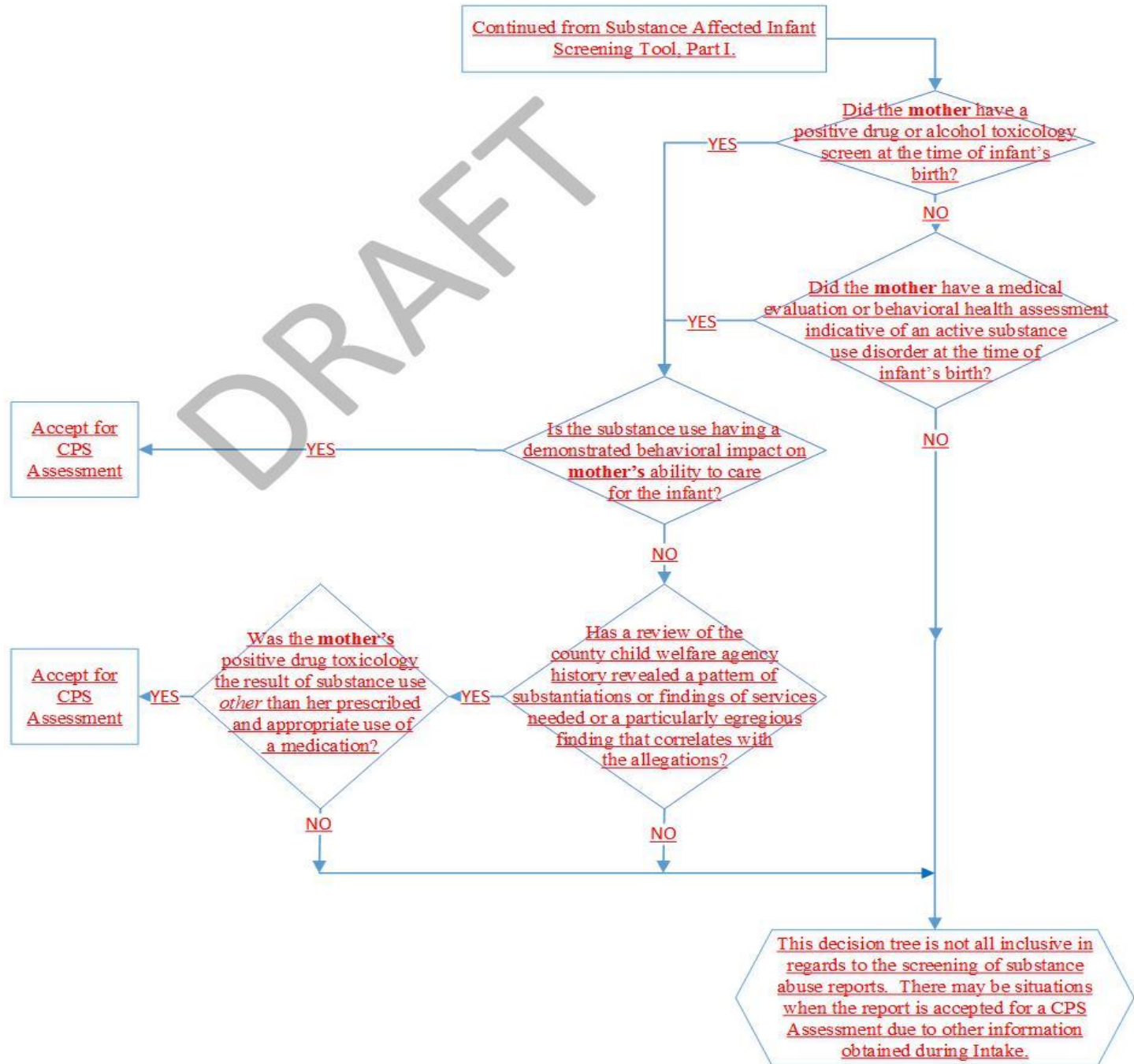
“Substance Affected Infant” Policy: Intake

- While the notification is required, the infant may not be appropriate for child welfare services if there is an absence of immediate safety concerns
- North Carolina child welfare policy continues to focus on the *effect* substance use has had on the infant and not act of prenatal substance use
- Once a county child welfare agency is notified of the identification of a “substance affected infant,” it should consult the Substance Affected Infant Screening Tool to determine if a CPS Assessment is warranted

Substance Affected Infant Screening Tool, Part I



Substance Affected Infant Screening Tool, Part II



Substance Affected Infant Policy: Using the Plan of Safe Care

Plan of Safe Care vs. Safety Assessment

- Not duplicative, but will address many of the same issues
- Plan of Safe Care goes beyond immediate safety and risk
- Safety Assessment can be safe and there can still be needs identified on plan

Plan of Safe Care During the Child Welfare Case

- Child welfare worker supports the family in implementing the Plan of Safe Care while also assessing risk and ensuring the infant's safety
- Plan remains voluntary, therefore – unless an item is connected to child safety – lack of completion would not be cause for case to remain open
- Family Service Agreements must reflect the components of the Plan of Safe Care should they remain relevant to child safety and well-being

Social Workers must continue to follow the policy outlined in Section 1408 – Investigative and Family Assessments regarding the requirements of an assessment and safety planning

Substance Affected Infant Policy: Other Issues Addressed by Policy

- CC4C is a required collateral
- “Automatic” Petitions
- Medication Assisted Treatment
- Safe Sleep
- Referral to CDSA

Questions and Feedback

**Division of Social Services
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