DSCYF Department of Services for Children, Youth & Their Families | FAMILY SERVICES

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POLICY 901 – Infants with Prenatal Substance Exposure and Plan of Safe Care

A. POLICY

All infants born as identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD) will have a plan of safe care prior to discharge to ensure the safety and well-being of the infant and family.

BACKGROUND

Public Law 114-198, known as the "Comprehensive Addiction Recovery Act of 2016" (CARA), modified CAPTA Section 106(b)(2)(B)(iii) of the State plan requiring: the development of a plan of safe care for the infant born with and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers. CARA requires States to address the health and substance use disorder treatment needs of the infant and affected family or caregiver through referrals and delivery of appropriate services. CARA further requires States to develop and implement a monitoring system to ensure that local entities are providing such referrals and delivery of services.

The Child Protection Accountability Commission's Substance Exposed Infants Subcommittee (CPAC SEI) is charged with the development of a multi-agency statewide response system to substance exposed infants and their families. The committee members include:

- Division of Family Services
- Department of Justice
- Family Court
- Division of Substance Abuse and Mental Health Services
- Division of Public Health
- Community-based substance use disorder service network
- All six birthing hospitals
- Pediatricians and OBGYN doctors
- Office of the Child Advocate
- March of Dimes

B. PROCEDURES

1. Upon notification of an infant with prenatal substance use exposure to the Division's Report Line by the healthcare provider, the notification will be documented in the Division's internal information system, FOCUS.

2. Upon notification of an infant with prenatal substance use exposure to the Division by the healthcare provider, the notification will be screened utilizing the Structure Decision Making® (SDM®) Screening Assessment. For the purposes of data and reports, all

notifications to the Division of an infant with prenatal substance will have a Structured Decision Making® maltreatment type identified as Neglect/Risk of neglect/Chronic and/or severe substance abuse: Drug exposed infant or Neglect/Risk of neglect/Chronic and/or severe substance abuse: FASD (Fetal Alcohol Spectrum Disorder) or Infant with Prenatal Substance Use Exposure.

3. Upon notification, the below table will be used to determine who the Plan of Safe Care (POSC) Coordinator will be:

Case Type/Case Condition	Plan of Safe Care Coordinator
Mother is prescribed a prescription drug (including methadone and Suboxone), which has been verified by the prescriber, the mother is in compliance, and there are no other risk factors to the infant.	Substance use disorder treatment center
Mother or infant test positive for marijuana and there are no other risk factors to the infant.	Contracted agency
Mother is prescribed a prescription drug **AND** there are concerns with compliance **OR** there are risk factors to the infant.	Division of Family Services
Mother or infant test positive for marijuana and there are risk factors to the infant.	Division of Family Services
Mother or infant test positive for any other illicit substance or Fetal Alcohol Spectrum Disorder (FASD).	Division of Family Services

4. If substance use has already been identified as a known risk factor in a current treatment case, a new investigation is not warranted. The assigned treatment worker will be responsible for responding, completing a new Structured Decision Making® Caregiver Safety Assessment, and developing, coordinating, and monitoring the Plan of Safe Care.

5. The POSC focuses on the identified needs, risks, and interventions for the family and is broken down into the following areas: Family information, Plan of Safe Care Coordinator, Identified Providers for Infant and Family Care, Identified Needs, Risk, and Interventions for the Infant, Maternal, and Paternal/Secondary Caregiver, Other Support Services for the Family, and Discharge and Follow up.

6. The POSC should ensure that a comprehensive assessment has been completed on the areas of infant, maternal, and paternal/secondary caregiver areas of risk and that referrals, information, and linkages to the community are completed prior to the discharge of the infant, as well as considering how the family's existing support network will support the POSC and discharge of the infant. The purpose of identifying the needs of the infant and family is to provide services, with the goal of strengthening the family and maintaining the infant safely in the home, shall be explained to the family.

7. The POSC does not replace the Child Safety Agreement. The Structured Decision Making® tools should be completed, whether by Investigation or Treatment staff, and if a safety threat is identified, a Child Safety Agreement should be completed with the family.

8. The development of the POSC will begin in the healthcare setting prior to discharge, and if the parent(s) is(are) already involved in a substance use disorder treatment center, that center may have already initiated the POSC with that parent. When identified early, the POSC ensures that pregnant women who are using substances receive access to appropriate treatment, prenatal care and preparation for the birth of an infant who may experience Neonatal Abstinence Syndrome (NAS).

9. The POSC Coordinator will be responsible for developing and implementing a POSC with the family to ensure the safety and well-being of the infant upon discharge from the healthcare provider. For those notifications screened in for an investigation, the POSC Coordinator is the Division. For those notification screened in for an assessment, the POSC Coordinator is the contracted agency.

10. The POSC is prepared by the POSC Coordinator who is responsible for gathering information from the multidisciplinary team and coordinating the referrals provided at the infant's discharge. In order to develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but shall not be limited to: DFS, medical personnel, substance use disorder treatment, mental health, early childhood intervention, home visitors, public health, Investigation Coordinator, and any other community supports as appropriate.

11. The POSC will be completed by the time the infant is discharged and will entail a review process of the POSC. The POSC is a fluid document and may not have all of the components completed upon discharge, especially in those infants and families who are discharged within 48 – 72 hours from the healthcare setting. If the infant is discharged within 48 – 72 hours of the notification, the POSC may be preliminary and should focus on the immediate risks and needs of the infant and family. It is then expected that any additional components of the POSC will be completed during the POSC review process.

12. The POSC Coordinator shall coordinate with the hospital social worker in scheduling the Plan of Safe Care Discharge Meeting with the family. The POSC will be reviewed and signed at the Plan of Safe Care Discharge Meeting. At a minimum, the POSC Coordinator, the family, and someone from the birthing hospital will be present at the POSC Discharge Meeting; however, any other POSC participants should be invited to the meeting. All necessary follow up items will be identified. The POSC will also be reviewed and signed by the supervisor of the POSC Coordinator. The POSC Coordinator shall ensure that the family and the Plan Participants listed in the POSC receive a copy of the POSC within 48 hours after discharge.

13. Prior to discharge, hospital education should be provided to the family as well as any referrals to appropriate home visiting programs. The infant's first pediatric appointment should be scheduled prior to discharge.

14. The POSC Coordinator will be responsible for the ongoing review of the POSC and any referrals or community linkages completed throughout the life of the family's involvement with the Division post discharge. This review should include supervisor oversight. The POSC should be reviewed at a minimum bi-weekly within the first 30 days with a minimum contact schedule (frequency of contact) of bi-weekly within the first 30 days. In determining the contact schedule of the infant and family, a balanced assessment should take place considering the needs, strengths, risk level, support system (internal and external), and any conditions that may arise post discharge of the infant.

15. The POSC Coordinator will be responsible for determining how long the POSC remains in place and should include input and collateral information from the multidisciplinary POSC members as well as an ongoing assessment of the risks, needs, complicating factors, and supports and services in place. The POSC should be updated as needed to continuously monitor additional needs identified and referrals for service. The POSC is a fluid plan and the length of the POSC is dependent upon the infant and their family.

16. If the POSC Coordinator determines that the family is in need of ongoing services, and the family is not already active in Treatment, the case will be referred to Treatment for ongoing services. If the POSC is still in place, the POSC Coordinator will be the assigned Treatment worker. The assigned Treatment worker will then be responsible for the review of the POSC and any monitoring of referrals or services. The referrals and services may also be incorporated in the family's Service Plan. It is best practice that group supervision utilizing the Consultation and Information Sharing Framework be considered on these cases. Further, it is best practice that a handoff between Investigation and Treatment take place on these cases.

17. Upon closure of the case by DFS, the most updated Plan of Safe Care shall be provided to the family who has the option to continue services and monitoring by community services and resources. When the case is closed, the POSC participants shall be notified that the POSC is being terminated by DFS but that the family may continue with their services and resources.

18. The POSC and any contacts with the infant and family, referrals completed on behalf of the family, and the coordination of the POSC will be documented in the internal FOCUS system within 48 hours. The POSC may be uploaded into FOCUS.

19. The POSC must be signed by the family at a minimum and should include signatures by the other POSC participants. If the parent/caregiver(s) refuses to sign the POSC, this should be documented on the POSC. This does not impact DFS continuing with any other assessments, including the SDM® Caregiver Safety Assessment, case activities, or referrals made on behalf of the family.

CONFIDENTIALITY

The POSC contains a signature page to indicate that the POSC has been reviewed and discussed with the parents/caregivers and other plan participants and that the multidisciplinary team is in agreement with the POSC. Upon signature, the parent or other caregiver(s) consent to the sharing of the POSC or other pertinent information with the plan participants, and the

plan participants agree to regularly communicate and share information. Of note, some of the plan participants (example pediatrician) may not be present at the Plan of Safe Care Discharge Meeting but are still a plan participant and are afforded a copy of the POSC. Further, upon signature, the plan participants agree to ensure confidentiality of the information received through the POSC and agree to only share information with the plan participants and family providers. It is best practice to sign an Authorization to Release Information for all plan participants.

C. FOCUS

The POSC, Authorization to Release Information and associated case management activities are documented in progress notes, with hard copy documents scanned into the case.

D. FORMS Use the DFS policy website to access any forms:
https://kids.delaware.gov/policies/dfs-policies

Plan of Safe Care
Authorization to Release Information