

The Plan of Safe Care

A Federal Requirement for Substance Exposed Newborns

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Didactic Speaker Disclosures

No conflicts of interest to declare.

Learning Objectives

- Participants will understand what the Plan of Safe Care is and which families are required to have one.
- Participants will be able to identify the differences between the notification and reporting pathways for the Plan of Safe Care.

Questions for Discussion

- Will clients you serve be required to have a Plan of Safe Care?
- In your practice, how can you talk to clients about the Plan of Safe Care?
- Do you want to learn more about the differences between the notification and reporting Plan of Safe Care pathways?

Plan of Safe Care

- Family Centered Tool
 - Health, Safety, and Well-being of the Entire Family
 - Access to Resources, Services, and Crisis Planning/Support
- Prevention Tool
 - Upstream Prevention – preventing child welfare involvement
 - Guides Assessment and Planning – preventing deeper penetration into child welfare service array

Elements of a Plan of Safe Care

- Home Visiting
- SUD Assessment or Treatment
- Mental Health Resources
- Intimate Partner Violence
- Early Intervention Services

- Housing Resources
- Parenting Supports and Childcare
- Infant Supplies
- Safe Sleep
- PURPLE Crying

CARA's Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
2. Specified **data to be reported** by States
3. Required **Plan of Safe Care** to include needs of **both infant and family/caregiver**
4. Specified increased monitoring and oversight by States to ensure that **Plans of Safe Care** are implemented and **that families have access to appropriate services**



Primary Tasks for Washington

1. Develop definitions for “affected by substance abuse, withdrawal and FASD”
2. Determine which infants require a notification and POSC and which infants require a report and a POSC. Support Health Care providers with learning/understanding new definitions
3. Developing a system for overseeing POSCs



What We Heard From Healthcare Providers



Women using Medication Assisted Treatment are reported to child welfare inconsistently across the state

In some areas, women are reported for taking psychiatric medications or diabetes medications



Marijuana exposure is treated differently across the state and in some cases reporting increases disparity

What We Heard From Community Providers



Not all women who use substances require CPS involvement

There needs to be a different pathway for families who don't require CPS



A public health approach to address substance use disorders is preferable to a child welfare approach

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Who Needs a Plan of Safe Care in Washington?

Prenatal Substance Exposure: The presence of alcohol or any controlled substance¹ verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.

Affected by Withdrawal: A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

Fetal Alcohol Spectrum Disorder: The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

When are Reports Required to the DCYF Intake Line?

The following situations require a report the DCYF Intake line and a POSC:

- Any case of a newborn with safety concerns
- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).
Infants exposed to marijuana only do not require a report
- A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure
- A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.
- A newborn is diagnosed with a FASD OR the infant has known prenatal alcohol exposure when there are safety concerns for the infant

When are Notifications Required?

The following situations require a notification and a POSC:

- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking opioids as prescribed² by her clinician, and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking any medication or combination of medications with abuse potential as prescribed² by her clinician, and there are no safety concerns
- A newborn is prenatally exposed to marijuana and there are no safety concerns

Are there Safety Concerns?

Healthcare providers should assess whether risk factors impact the safety of the infant:

- Is the birthing parent actively participating in their recovery program?
- Is there evidence of ongoing substance use that impairs caregiving ability to parent?
- Is the parent actively participating in care for the infant?
- Does the parent have prior history that raises concerns in regard to child safety?

Consent & Transparency

- Healthcare providers need a family's consent to submit a referral to Help Me Grow
- Healthcare providers should be transparent about calling DCYF Intake
- Obtaining consent for a referral to Help Grow for all families can facilitate the referral going back to Help Me Grow if it is Screened-Out by DCYF
- Explaining this possibility to families provides them with information and an opportunity to ask questions about both pathways

Report vs. Notification



The Healthcare Provider identifies an infant as substance exposed. Via the online portal, the provider fills out the initial segment (the Data Tracking Form) for all exposed infants. This form automatically gets sent to DCYF.



If a **report** is needed, the online portal's algorithm will then direct the provider to call DCYF Intake. DCYF will complete the POSC.



If a **notification** is required, the online portal's algorithm will then direct the provider to complete the POSC. The POSC is automatically sent to Help Me Grow.



Help Me Grow will reach out to the family and refer them to services based on the POSC, as well as other wrap-around supports.

Plan of Safe Care Child Welfare Pathway



Hospitals determine if infants require a report or a notification. They refer to DCYF Intake for reports.



DCYF Intake screens the referral. Screened-out intakes are sent to HMG. Screened-in intakes are assigned to a DCYF caseworker.



DCYF case worker begins their investigation or assessment and engages with the family, working with the POSC.

Plan of Safe Care Community-Based Pathway



Hospitals determine if infants require a report or a notification.
They refer to DCYF Intake for reports.
For infants that do not require a report, hospital develops the POSC (see form)



Help Me Grow:
Receives the POSC from the hospital through the online portal and engages with the family.



HMG supports the parent to identify and access appropriate resources.
Providers engage family and share progress.

Questions for Discussion

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