


WORKING WITH CHILD PROTECTIVE SERVICES TO SUPPORT PREGNANT AND PARENTING WOMEN, THEIR INFANTS, AND FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS: A Factsheet for Health Care Providers




Serving pregnant and parenting women with substance use disorders (SUDs) is complex. Health care providers play a critical role in identifying substance use and co-occurring mental health challenges, engaging people in treatment services, and working with child protective services (CPS) to support the health, safety, and well-being of infants, parents, and families affected by SUDs. Working with CPS is part of a comprehensive and strengths-based approach to serving families. Effective collaboration with CPS involves understanding: 1) their reporting and notification guidelines, 2) their response to infants and their families affected by prenatal substance exposure, and 3) how they support the development of a Plan of Safe Care (POSC).

This factsheet offers strategies for how health care providers can work with families and CPS, including supporting the development and implementation of POSC for infants, parents, and families affected by SUDs.

Plans of Safe Care

POSC are designed to help ensure the safety and well-being of infants affected by prenatal substance exposure (IPSE) by assessing the health and SUD treatment needs of the infant and affected family or caregiver. Plans aim to support care coordination and connect families to needed services and supports.

Who receives a POSC? The Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) require states to develop and monitor POSC for "infants [and families] affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder (FASD)." The legislation does not define or provide a list of diagnostic criteria for such infants, leaving the decision to states to define this group. Potential families who may receive a POSC include

- Pregnant women who use prescribed opioid medications or other legal medications (e.g., benzodiazepines) for chronic pain as that may cause withdrawal symptoms in the infant at birth
- Pregnant women receiving medication for an opioid use disorder (MOUD) (e.g., buprenorphine or methadone) and engaged in treatment
- Pregnant women who either use illegal drugs or misuse prescription/legal drugs, meet the criteria for a SUD, and don't currently take part in a treatment program

Who develops a POSC? Federal legislation does not specify the entity responsible for developing the POSC. Most states determine the agency based on which infants and families need to receive one—usually determined by infant risk and safety concerns as well as family needs. Providers who can develop POSC include maternal and child health service providers, health care providers, MOUD providers, and CPS.

States also determine if prenatal substance exposure meets their statutory definitions of child abuse and neglect. Because these statutes and definitions are state specific, and can change over time, it is important for health care providers to be familiar with their state's statutory definitions of child abuse and neglect.

For a complete legislative history of CAPTA, please see the factsheet *About CAPTA: A Legislative History*. *CAPTA Substance-Exposed Infants Statutory Summary* provides a listing of the CAPTA provisions that are specific to prenatal substance exposure.

Prenatal Plans of Safe Care

States have flexibility in their implementation of POSC, including when they decide to initiate the development of the plans. While not mandated by CAPTA, states can decide to develop POSC **before** the birth of the infant to help mitigate the effects of prenatal substance exposure and engage parents in services and supports as soon as possible. Prenatal POSC have shown promise in

- Building protective factors for families (e.g., social supports, accessing treatment services)
- Reducing the need for child welfare services involvement
- Preventing unnecessary family separation

Sharing responsibility for initiating and implementing POSC improves the chances that families will have more timely access to a broader array of services and supports. **Child safety and permanency, parental recovery, and family well-being improve when agencies work together to address the complex needs of families at the intersection of SUD treatment and child welfare.**[1]

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau, Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. NCSACW provides information and expert consultation as well as training and technical assistance (TTA) to help states and communities improve outcomes for infants, parents, and families affected by SUDs.

NCSACW has several resources to support POSC implementation and enhance collaborative practice:

- *Plans of Safe Care Learning Modules* and *Tribal Family Wellness Plan Modules* help state, Tribal, and local collaborative partners improve their systems and services for infants affected by prenatal substance exposure (IPSE) and their families.

- *Identification and Notification*, *Data and Monitoring*, and *Lessons from Implementation* all highlight states' approaches to serving infants and their families affected by prenatal substance exposure. They are designed to support system-level policy efforts and practice-level innovations to improve outcomes.

- *On the Ground: How States Are Addressing POSC for Infants with Prenatal Substance Exposure and Their Families* highlights concrete examples of cross-system efforts to implement POSC. For additional resources and webinars on POSC, visit the *NCSACW site*.

- *Building Collaborative Capacity Series* offers practical steps to build successful cross-systems collaborative teams that improve screening, assessment, and engagement for families affected by SUDs and involved with child welfare services.

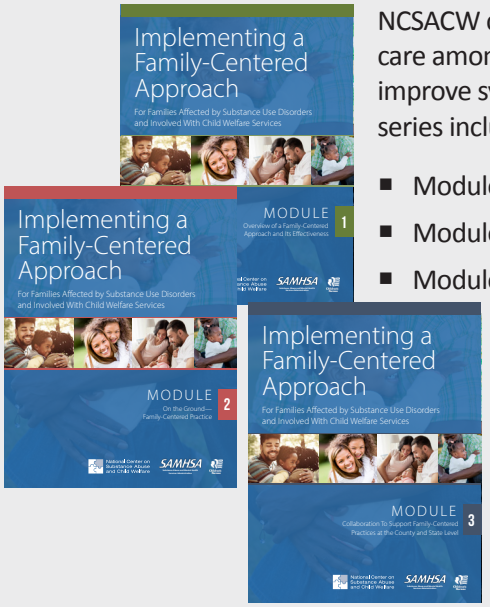
Health Care Providers' Role in Plans of Safe Care

Identify prenatal substance use

- As recommended by the American College of Obstetricians and Gynecologists, use a validated tool to universally screen all pregnant women for substance use at the first prenatal visit as part of comprehensive obstetric care. Clear guidelines for a universal screening approach has the potential to ensure all individuals are screened for risk of substance use.
- Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) models for engaging pregnant women in treatment services.

Provide appropriate referrals for services

- Develop relationships with SUD treatment including MOUD and other service providers. Provide referrals to accessible, culturally responsive, family-centered, and trauma-informed services through a supportive warm handoff to increase engagement and promote the health and well-being of the patient.
- Understand the link between mental health (including trauma and perinatal mood disorders) and SUD while ensuring staff identify comprehensive treatment—with sufficient after care services.
- Collaborate with hospital social workers and other partners to ensure hospital discharge planning covers
  - Coordination of pregnant or parenting womens' substance use and mental health disorder treatment entry or reentry; this process considers insurance funding sources for sufficient lengths of stay **before** hospital departure
  - Dosage changes in medications for MOUD, if applicable
  - Safety of the home environment including safe sleep education
  - Parenting education including caring for an infant with neonatal abstinence syndrome (NAS), if applicable
  - Home visiting
  - Enrollment status in pediatric and childcare
  - The development of, or referral for, a POSC
  - Resources for affordable and accessible safe housing, employment, childcare, and transportation



NCSACW created this three-part series to help communities move toward family-centered care among state-, county-, and agency-level collaborative partners working together to improve systems, services, and outcomes for children and families affected by SUDs. The series includes:

- Module 1: *Overview of a Family-Centered Approach and Its Effectiveness*
- Module 2: *On the Ground—Family-Centered Practice*
- Module 3: *Collaboration To Support Family-Centered Practices at the County and State Level*

The Association of State and Territorial Health Organizations, in partnership with the Centers for Disease Control, developed this infographic to outline best practices when using family-centered care to treat OUDs and NAS.

Notify CPS

- Develop a collaborative relationship with CPS and become familiar with their response guidelines for IPSE. CPS guidelines vary by state and may include a distinct notification pathway for cases of prenatal substance exposure with no known child abuse or neglect concerns. Some cross-system collaboratives have implemented trainings for health care and hospital staff led by CPS to inform partners on CAPTA and notification procedures.
- Notify CPS of the identification of affected infants, as required by state statute.
- Develop an information sharing agreement with CPS to consistently share appropriate health care and medical information to support care coordination for the family.
- Have a transparent and compassionate conversation with the parent(s) as early as appropriate, informing them of the notification to CPS and what to expect. When a family is prepared for CPS' process prior to the birth event, they are better equipped to collaborate with CPS workers and participate in developing a care plan that identifies services and supports to promote the infant and family's health and well-being.

Engage pregnant women and parents in Plans of Safe Care and other treatment services

Pregnant women and parents are often highly motivated to maximize their health and that of their baby. Therefore, prenatal and postpartum health care providers play a critical role in helping people with SUDs to engage in a POSC and access treatment services. Prenatal and postpartum health care providers can use prenatal visits as well as well-woman visits in the postpartum period to continue to screen for SUDs, postpartum mood disorders, trauma, and domestic violence; and refer for assessments and treatment as necessary. Health care providers can also refer families for developmental screenings and early intervention for infants and children as appropriate.

Stigma is often a primary barrier to accessing services. Here are some strategies to help health care professionals combat stigma:

- Be empathetic and non-judgmental when working with pregnant women and parents with SUDs.
- Use person-first language.
- Identify any implicit or explicit bias based on race, ethnicity, sexual orientation, gender identity, or culture that may influence practices and policies regarding who is screened or tested for substance use, connected to high-quality treatment, and referred to child welfare or other support services.
- Learn more about substance use disorder as well as the treatment and recovery process. NCSACW offers a variety of training resources for families affected by SUDs.
- Work with parents and family members with experience to gain a greater understanding.

Considerations for Working with CPS

Child welfare systems are designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families. These systems are complex, and the specific policies and procedures vary by state. CPS responds to reports including notifications of IPSE. Health care providers may be concerned about how CPS will respond to a notification of an affected infant. Keep in mind that in addition to the report or notification, CPS often has supplementary information about a family from collaterals, prior history of child welfare involvement, and additional information collected from contact with a family. This information may be confidential and may not be shared with the health care provider.

CPS workers collect several pieces of information from various sources to establish a complete assessment of child safety and family well-being. CPS considers all information before making decisions to support families. Some cross-system collaboratives have found that conducting joint trainings between CPS and local health care providers to clarify CPS processes and policies helps reduce confusion and increase cooperation among partners.

For more information about child welfare, please visit the Child Welfare Information Gateway (CWIG). CWIG has an extensive resource library that includes publications and factsheets on how the child welfare system works and how health care providers can collaborate with child welfare to improve outcomes for families.

Endnotes

[1]Dennis K., Rodi. M.S., Robinson, G., DeCerchio, K., Young, N.K., Gardner, S.L., Stedt, E., & Corona, M. (2015) Promising results for cross-systems collaborative efforts to meet the needs of families impacted by substance use. *Child Welfare, 94*(5), 21–43



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SAMHSA
Substance Abuse and Mental Health Services Administration

This document is used as a supplement to Substance Abuse and Mental Health Services Administration's (SAMHSA) ***Clinical Guidance for Treatment and Parenting Women with Opioid Use Disorder and Their Infants***.

National Center on Substance Abuse and Child Welfare

To learn more about the information in this fact sheet from National Center on Substance Abuse and Child Welfare (NCSACW) email us at NCSACW@cffutures.org or call toll-free at 1-866-493-2758.

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