

Plans of Safe Care

Statewide Community Based Initiative to Address Babies Affected
by Substances

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Alaska's Vision for Child Welfare

Empower Communities to Strengthen Families and Prevent Child Abuse

Develop a skilled and stable child protection workforce

- Recruit and develop workforce with continued enhancement of competencies and core values.
- Promote workforce wellness and retention.

Partner with Tribes and community agencies to provide support and services to families

- Strengthen families through Community engagement and connection to services.
- Statewide expansion of cultural services.



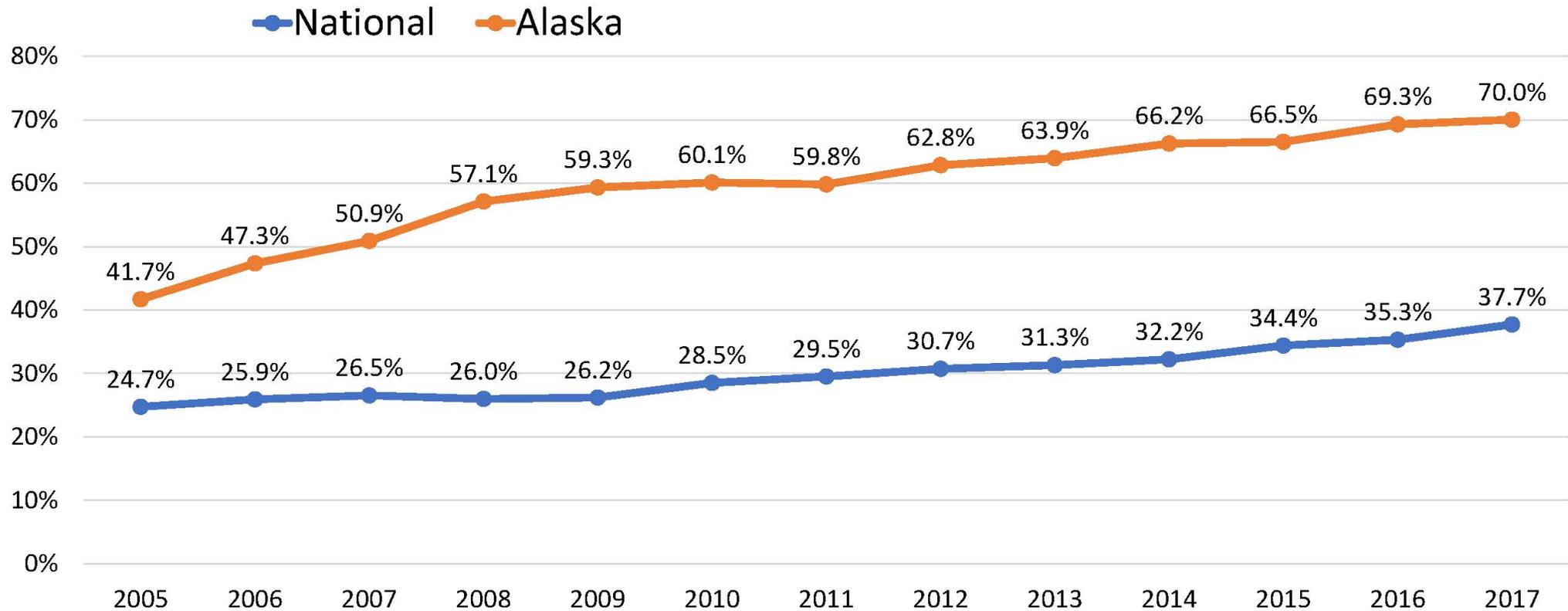
Prioritize identified essential child protection services

- Ensure early placement with relatives, timely initiations, monthly caseworker visits are conducted, and caseplanning is family centered and timely.
- Create a culture that values the prioritization of essential services.

Build a culture dedicated to evaluation and continuous quality improvement (CQI) informed by data driven decision making

- Implement best-practices and agency activities based on CQI.

Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States and Alaska, 2005 to 2017



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2005-2017

What is a Plan of Safe Care?

- A Plan of Safe Care is a case plan designed to keep babies that are born substance exposed safe and healthy when they exit the hospital.
- The focus is on the infant's ongoing health, development, safety and well-being as well as the family's physical/social/emotional health; substance use disorder treatment; parenting ability and readiness to care for the infant.
- Depending on the circumstances and protocols developed and adopted by the hospital and community partners, child welfare may or may not be involved in a Plan of Safe Care.

Purpose and Goal of Plans of Safe Care:

- The federal government passed the Comprehensive Addiction and Recovery Act of 2016, (CARA) which added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA), to focus on the effects of substance abuse on infants, children and families.
- The purpose is for early identification and intervention for infants and mothers affected by **legal or illegal substance use** and prenatal exposure.
- The goal is to provide interdisciplinary and proactive supports to the family and to keep the infant safely in the home whenever possible.

	Purpose and Goals	How Plans of Safe Care Differ
CPS safety plans:	Immediate safety of a child	Health and substance use disorder treatment needs of the infant and affected family or caregiver. <i>This process may include more extensive follow-up plans that support families and focus on the longer-term well-being of the infant and family or caregiver.</i>
Substance use treatment plans:	treatment of adults	Treatment and broad services for the whole family including the infant and parent-child dyad, and the caregiver.
Hospital discharge plans:	Health and well-being of the infant for successful discharge from the hospital	Ongoing health and development of the infant as well as the educational and substance use disorder treatment needs of the family/caregiver who will be caring for the infant.

Current child welfare safety plans, substance use treatment plans, and hospital discharge plans can strengthen Plans of Safe Care. Providing the full range of currently-available prevention and intervention services along with additional services to meet the family or caregiver’s on-going service needs benefit Plans of Safe Care.

Plan of Safe Care

Mother's Name:	Provider's Name:
Anticipated delivery date:	Provider Contact #:

Plans of Safe Care (POSC) address the health and substance use treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed with input from the parents or other caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family. **A Plan of Safe Care and subsequent CAPTA Notification is for mothers of prenatally exposed newborns. While the POSC may be developed prior to the birth of a child, the birthing hospital will either verify or complete and those elements identified in the POSC will be included in the notification.**

- Identify all applicable services currently engaged, information provided, and/or new referrals for infant, mother and/or caregivers:

	Information Provided	Currently Engaged In Services	Referral Made	Organization
Birth to Three				
Breastfeeding				
Childcare				
Depression during/after pregnancy				
Developmental Milestones				
Financial Assistance				
Food Insecurity				
Home visiting				
Housing Assistance				
Identified Pediatrician				
Immunizations				
Infant Car Seat Safety				
Medication Assisted Treatment				
Mental Health- Parent				
Mental Health- Early Childhood				
Nutrition				
Oral Health Care				
Parenting Groups				
Prenatal Health Care				
Recovery Supports				
Safe Sleep Plan				
Second Hand Smoke				
SNAP Benefits				
Substance Use Counseling				
Transportation				
WIC				

Signature of mother: _____ Signature of provider developing POSC: _____

Date: _____

NOTE: Identifying information of the mother will not be included in a notification.

New Policy and Procedure Implications:

The federal law requires that states are to develop policies and procedures for the notification to child protective services of the birth of an infant affected by prenatal drug or alcohol exposure and a plan of safe care must be developed for these infants and their families.

- The state must report annual aggregate data to the feds regarding the number of infants identified as substance exposed, number of infants with safe care plans

Alaska Statute: 47.17.024

- Duties of the practitioners of the healing arts.
 - (a) A practitioner of the healing arts involved in the delivery or care of an infant who the practitioner determines has been adversely affected by, or is withdrawing from exposure to, **a controlled substance or alcohol** shall immediately notify the nearest office of the department of the infant's condition.
 - (b)(1) "controlled substance" has the meaning given in AS 11.71.900, **but does not include a substance lawfully taken under a prescription from a health care provider who is authorized to prescribe the substance**

Alaska's Proposed Approach:

Develop new protocols for health care providers for reporting substance affected infants at the time of birth:

Report - made to OCS when baby born affected by *illegal substance or alcohol*, risk factors exist

Notification – made to Public Health when a baby is born affected to a *legally obtained substance*, conditions in family are stable, baby at low risk, Plan of Safe Care put in place by the community.

Maltreatment Report of Substance Affected Infant:

Reporting – this involves developing a new category of child maltreatment to be labeled “Prenatal Neglect.” By creating this new category, Alaska will differentiate between substance exposed infants prenatally exposed to legal prescribed, lawfully used controlled substances versus illegal consumption of drugs or alcohol.

- Mandated reporters present at the birth of an infant affected by an illegal drug or alcohol will be required to report “prenatal neglect” to the Office of Children’s Services.

New Maltreatment Type:

“Prenatal Neglect”: exists when an infant is **affected** by chronic or severe use of alcohol or the unlawful use or *environmental exposure* of any controlled substance, as defined by, AS 11.71.900 (b)(1), or in a manner **not lawfully prescribed**. Affected is determined by one or more of the following:

- Mother verbally screens positive; or
- Positive presence of a controlled substance confirmed through a toxicology screening of blood, ~~urine~~ or meconium that is not the result of medical treatment; or
- The infant exhibits observable and harmful effects in physical appearance and functioning with clinical symptoms consistent with drug or alcohol withdrawal.

Need for Standardization of Screening & Toxicology Testing

- Alaska Prenatal Screening Program – 4 P's Plus
- AKPQC – Standardized Toxicology Testing

Notification of Substance Affected Infant:

- **Notification** - involves implementing a process for health care providers to inform DHSS *using non-identifying client information* of the occurrence of the birth of an infant not suspected of prenatal neglect but exhibiting withdrawal symptoms as a result of prenatal exposure to a legally prescribed, lawfully used controlled substance.
- Health Care Providers involved in the delivery or care of an infant would be required to **notify** the Department if the newborn is exhibiting withdrawal symptoms or other observable and harmful effects due to a controlled substance used in a **lawfully prescribed manner** by the mother during pregnancy. This notification shall be made through the completion of the *“Health Care Provider Notification of a Substance Affected Newborn – No Prenatal Neglect Suspected Form”*

**Health Care Provider Notification
of a Substance Affected Newborn – No Prenatal Neglect Suspected**

Please do not include patient identifiers

Please check the box next to the following criteria, if applicable:

- Mother is engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a provider
- Mother is being treated with benzodiazepines by a provider
- Mother is being treated with amphetamines for attentional disorder
- Mother used marijuana during pregnancy

Please check if any of the following are applicable:

- Plan of Safe Care was completed and will be provided to infant's PCP for ongoing monitoring
- Mother was engaged in services prior to delivery (ex: treatment, counseling, other)

Fax Number: xxx-xxx-xxxx, of scan and email to Captanotification@alaska.gov

Sent from (hospital or provider): _____

Next Steps

- Finalize and Implement new Notification and Reporting processes
- Develop standardized screening and toxicology protocols for hospitals to consider and adopt
- Support Community efforts to implement Plans of Safe Care for no/low risk families
- Implement Family First Prevention Plans for Medium risk families



Questions/Discussion?

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