

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



Substance Exposed Infants and Plans of Safe Care

Mary Walter/ VDSS CPS Policy Specialist Gail Davidson/ VDSS CPS Policy Consultant

People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.



Substance Exposed Infants 2009-2016





Substance Exposed Infants (SEI)

- (i) a finding made by a health care provider within six weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician;
- (ii) a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms;
- (iii) a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or
- (iv) a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol.



Neglect Category 2% 8% 27% 55%

Physical Abuse

- Physical Neglect
- Physical Abuse and Physical Neglect
 Medical Neglect





Child Fatality Review

 Pregnancy- Associated Deaths from Drug Overdose in Virginia, 1999-2007

(A Report from the Virginia Maternal Mortality Review Team)

State Child Fatality Review Team





Handle with C.A.R.E.

- Establish statewide standards of care for mothers and infants
- Strengthen community collaborations
- Strengthen legal reporting requirements
- Incorporate individual and family support
- Increase treatment options and access







Workgroup Outcomes

- Survey OTPs
- Survey CSBs
- Standards of care guidelines
- Plan of Safe Care outline









Plan of Safe Care

- Before pregnancy
- During pregnancy
- At birth
- > During neonatal period



> Throughout childhood and adolescence



CARE/ VDSS Accomplishments

- VCPN: "Substance Use in Pregnancy"
- Revision of CPS Guidance for SEI
- SME Workshops
- Cross System Collaboration Conference







Handle with C.A.R.E.'s Cross System Collaboration Conference: ADDRESSING MATERNAL SUBSTANCE USE



Legislative Changes







CAPTA and CARA

"policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including 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.."



Plans of Safe Care

the development of a plan of safe care for the infant born and identified as being affected by **illegal substance abuse 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 health care providers, including through-

- I. addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
- II. the 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 appropriat<u>e</u> services for the infant and affected family or caregiver;

DATA

The number of infants-

- A. identified as substance exposed;
- *B. for whom a plan of safe care was developed; and*

C. for whom a referral was made for appropriate services, including services for the affected family or caregiver.





Virginia Legislation- SEI

• HB 2162

• SB 1086/HB 1786

• SJ 282



HB 2162

Three parts:

- Policies and practices related to identification and treatment.
- Barriers related to identification, reporting, data collection, interagency coordination and collaboration, service planning, availability and funding.
- III. Legislative, budgetary and policy recommendations.





SB1086/HB1786

Changes:

- §63.2-1505 CPS Investigations
- §63.2-1506 CPS Family Assessments
- §63.2-1509 Mandated Reporting-CPS



Complete a report and transmit it forthwith to the Department, except that no such report shall be transmitted in cases in which the cause to suspect abuse or neglect is one of the factors specified in subsection B of § 63.2-1509 and the mother sought substance abuse counseling or treatment prior to the child's birth enter it into the statewide automation system maintained by the Department;



A family assessment requires the collection of information necessary to determine:

Whether the mother of a child who was exposed in utero to a controlled substance sought substance abuse counseling or treatment prior to the child's birth









If a report or complaint is based upon one of the factors specified in subsection B of § <u>63.2-</u> <u>1509</u>, the local department shall:

(a) conduct a family assessment, unless an investigation is required pursuant to this subsection or other provision of law or is necessary to protect the safety of the child, and

(b) develop a plan of safe care in accordance with federal law, regardless of whether the local department makes a finding of abuse or neglect.



Plans of Safe Care should address:

- the mother's need for treatment for substance use and mental disorders;
- appropriate care for the infant who may be experiencing withdrawal symptoms from prenatal substance exposure;
- services and supports that strengthen the parents' capacity to nurture and care for the infant;
- ensure the infant's continued safety and well-being and a process for continued monitoring of the family; and
- ensure accountability of responsible agencies such as SUD treatment, home visiting, and public health and health care providers for the infant and mother.



Three Populations of Mothers

- Do not have a substance use disorder but use opiates or other medication legitimately for pain management or other medical problems.
- Have a substance use disorder and receive Medication Assisted Treatment (MAT) and are stable in their recovery.
- Have a substance use disorder, but are not engaged in treatment or continue to use while in treatment.



(ii) a diagnosis made by a health care provider *within four years* following a child's birth that the child has an illness, disease, or condition *that*, to a reasonable degree of medical certainty, is attributable to *maternal abuse of* a controlled substance *during pregnancy*; or

(*iii*) a diagnosis made by a health care provider *within* four years following a child's birth that the child <u>has a</u> fetal alcohol spectrum disorder attributable to in utero exposure to alcohol.



SJ 282

Substance-Exposed Infant Awareness Week.

Designates the first week of July, in 2017 and in each succeeding year, as Substance-Exposed Infant Awareness Week in Virginia.





SB 868

The State Board of Social Services shall promulgate regulations that require local departments of social services to respond to valid reports and complaints alleging suspected abuse or neglect of a child under the age of two within 24 hours of receiving such reports or complaints.

