



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Infant Plan of Safe Care – Executive Summary**

North Carolina, like the rest of the nation, is experiencing a devastating opioid crisis. North Carolinians are dying unnecessarily from unintentional overdoses, communities are ravaged, more children are going into foster care, illicit opioid use is contributing to the spread of communicable diseases such as HIV and Hepatitis C, among other challenges. NC Department of Health and Human Services is continuing to prioritize this important issue and work with our local and state partners to continue to fight the crisis with prevention, treatment, support and recovery efforts.

In this fight against opioids and other drug use, we cannot lose sight of a critical focus: the effects on pregnant women, infants, children and families. As the use of opioids in women of child-bearing age and during pregnancy have grown, so have complications from their use. Pregnant women are struggling to access the recommended medication-assisted treatment for substance use disorders or may even avoid care or not engage in treatment because of punitive responses that have proven no benefit for maternal or infant health. Infants may be affected by in utero medication or drug exposure and NC is witnessing an increase in the cases of neonatal abstinence syndrome (NAS) in addition to families being disrupted and an overburdened foster care system. We can support our NC mothers, children and families better.

Public Law 114-198, also known as the Comprehensive Addiction and Recovery Act of 2016 (CARA), was a response to the nation's prescription drug and opioid epidemic and addresses various aspects of substance use disorders. Section 503 of CARA (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants and families by amending provisions of the Child Abuse Prevention and Treatment Act (CAPTA) that are pertinent to infants with prenatal substance exposure.

States receiving CAPTA funding are required to assure the federal government that they have a law or statewide program in effect. This assurance must be submitted by June 30, 2017 in the form of a certification signed by the Governor and included with the annual CAPTA report to the Children's Bureau. However, The Children's Bureau approved for North Carolina to demonstrate its full compliance with the legislation by July 31, 2017. Failure to provide the required assurance and document compliance by the due date will require the North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (DSS) to develop a CAPTA Program Improvement Plan.

States face several decisions in the planning and operation of programs for infants and families who are the focus of these provisions. The federal legislation allows states the flexibility to define what population of infants and families are covered by the assurance, what a Plan of Safe Care is and who is responsible for developing and monitoring the Plan of Safe Care. CAPTA requires states to have policies and procedures requiring health care providers to notify the child protective services system if they are involved in the delivery of an infant born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

In North Carolina, our intent in developing the needed policies and procedures is to support the infant and mother, increase access to treatment for all women with substance use disorders and their children, and not to penalize the mother or family. The Plan of Safe Care for infants affected by substance use will provide an opportunity for individualized support based on the needs of the infants' families in the context of the infants' substance exposure. Safety will continue to be assessed through established procedures with child welfare agencies, but not all families will require child welfare intervention outside of the notification. Since

a plan is required for every substance affected infant, each infant should receive a plan to support the family regardless of whether the circumstances meet definitions of child abuse, neglect, or dependency.

NC DHHS, along with its health care and substance use disorder treatment partners, have developed definitions for such infants under the guidance provided by the federal Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA). In North Carolina, health care providers involved in the delivery and care of such infants must notify the county child welfare agency upon identification of the infant as “substance affected” per the following NC DHHS definitions:

**Affected by Substance Abuse:**

*1) The infant has a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.*

OR

*2) The infant’s mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth.*

**Affected by Withdrawal Symptoms:**

*The infant manifests clinically relevant drug or alcohol withdrawal.*

**Affected by FASD:**

*1) The infant is diagnosed with one of the following:*

- *Fetal Alcohol Syndrome (FAS)*
- *Partial FAS (PFAS)*
- *Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE)*
- *Alcohol-Related Birth Defects (ARBD)*
- *Alcohol-Related Neurodevelopmental Disorder (ARND)*

OR

*2) The infant has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.*

Once a county child welfare agency is notified of the identification of a substance affected infant, it will develop a Plan of Safe Care and refer the infant and family to its local Care Coordination for Children (CC4C) program, a partnership between the Division of Medical Assistance (DMA), Community Care of North Carolina (CCNC) and the Division of Public Health (DPH). This must occur prior to a determination being made as to whether child welfare intervention is warranted. Families of substance affected infants will have the option of utilizing CC4C’s services to address identified needs. CC4C is an at-risk population management program that currently serves children ages 0-5 that have experienced adverse life events (including but not limited to parental substance abuse or neonatal exposure to substances), children discharged from the neonatal care unit and children with special health care needs. CC4C works with families on a voluntary basis with a goal of improving children’s health outcomes and control medical costs.

County child welfare agencies currently refer children meeting criteria to CC4C and they will continue to do so immediately following intake using an updated referral form that includes a Plan of Safe Care.

As specified in CAPTA, the notification is to ensure that services are provided to the infant and caregiver and should not be construed to mean that prenatal substance use is intrinsically considered child maltreatment. While notification to the county child welfare agency is required, the family may not be appropriate for child welfare services if there are no immediate safety concerns.

If a family requires child welfare intervention through DSS, Child Protective Services (CPS), the child welfare worker will support the family in implementing the Plan of Safe Care, ensuring the family's connection to services with CC4C and also assessing risk and ensuring the infant's safety. The plan will become a part of the family's service agreements.

CAPTA also amended states' annual data reporting through the National Child Abuse and Neglect Data System (NCANDS). States need to report, to the maximum extent practicable:

- the number of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder;
- the number of such infants for whom a Plan of Safe Care was developed; and
- the number of such infants for whom referrals were made for appropriate services, including services for the affected family or caregiver.

NC DSS has developed a monthly survey to collect the amended annual data report requirements from county child welfare agencies. NC FAST will begin collecting this data through its automated system with the pilot counties. Eventually all 100 counties will be using this preferred method to report the data. DSS is responsible for reporting this information to the NCANDS beginning with Federal FY 2018 data.

CARA also added a CAPTA state plan requirement for state monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for the infant and affected family or caregiver. NC DHHS along with its partners have formed an interagency collaborative with a mission to address and implement the provisions of CAPTA amended by CARA. Additionally, it seeks to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families.

This collaborative will convene quarterly to review the data collected by both DSS and DPH, identify needs and develop an intervention plan if needed. This collaborative will facilitate regional meetings with community stakeholders to discuss issues with service delivery and implementation. DHHS recognizes the collaborative efforts of hospitals, county child welfare agencies, local CC4C programs, community providers and substance use disorder treatment programs, among others, that are all necessary to provide quality services to these infants and their families. Moving forward, the collaborative hopes to continue working with hospitals and providers on the care of these infants and their families, incorporating the Plan of Safe Care into discharge planning prior to leaving the hospital.

NC's response to CARA is a start to identify these infants and families to better link them to services and resources. Pregnancy can be an opportunity for women and those close to them to change behaviors around alcohol and substance use, but it is important for all providers to understand the complexity of a woman's social, environmental, mental and physical conditions in order to best provide support throughout pregnancy, in the postpartum period and throughout parenting. NC DHHS and the collaborative will continue to strengthen partnerships in doing this work and strive towards improving systems of care. There is much work left to be done and the opioid crisis is going to require a coordinated, evidence-based, public health approach to ensure the health of mothers and children in North Carolina.