Understanding the Intersection between Perinatal Substance Use and Child Protection Services

COLORADO
Department of Human Services

Objectives:

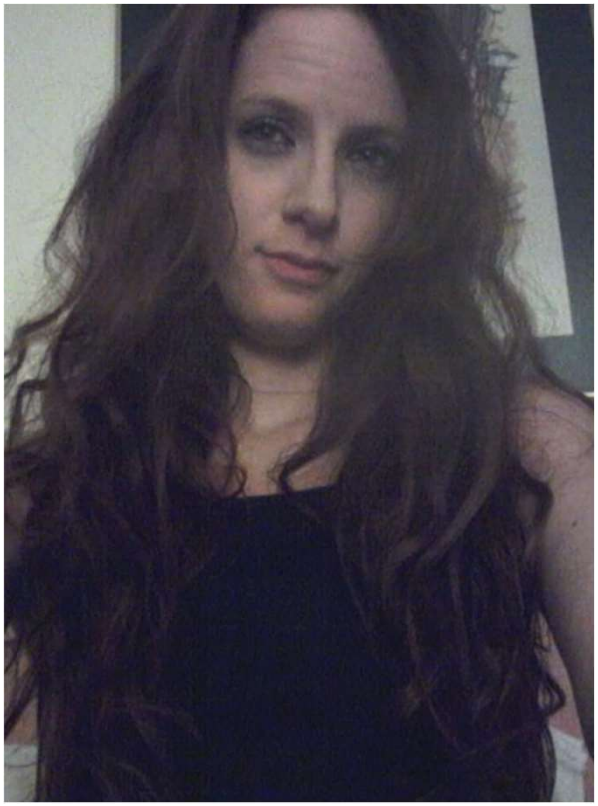
Participants will have a better understanding of the recent changes to Colorado's laws governing child abuse and substance use.

Participants will understand Colorado's Plan of Safe Care and its importance to all parties.

Participants will have a better understanding of what information providers should use to help determine whether or not a report needs to be made to child protection based on parental substance use.

Participants will learn from a person with lived experience, and how providers/clinicians can best support families involved with Child Protective Services.

Ashley Backstory



- Came from trauma, parental substance use, abuse, and separation
- Grew up in the system
- Had first son at 16 and two more by 25
- Played out generational patterns: abandonment and substance use
- Acknowledged trauma at 25 and spiraled leaving my children and husband
- In addiction for nearly a decade
- Found love in someone just like my parents, which inflicted complex trauma
- Found myself pregnant with my fourth and fifth children (twins) and coped with substances

What has changed?

COLORADO REVISED STATUTE 19-3-304

Any person who has reasonable cause to know or suspect

- A child has been subjected to abuse or neglect
- Shall immediately upon receiving such information report or cause a report to be made of such fact
- To the county department, local law enforcement agency, or through the child abuse reporting hotline system

Senate Bill 20-028 Signed into Colorado Law June 2020

(1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of article 3 of this title 19, means an act or omission in one of the following categories that threatens the health or welfare of a child:

(VII) Any case in which a child ~~tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a~~

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~~result of the mother's lawful intake of such substance as prescribed~~ IS BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE, EXCEPT WHEN TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED BY A LICENSED HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S HEALTH OR WELFARE IS THREATENED BY SUBSTANCE USE;

Big Takeaways:

- ★ de-emphasizes the focus on toxicology tests
- ★ removes the references to the federal schedule of substances
- ★ elevates impacts to the child, and how parental substance use may impact ability to safely parent, as the main considerations
- ★ advances a two-generation approach to keep parents and their children together during treatment
- ★ CONTEXT>TOXICOLOGY

Introduces Plan of Safe Care as the CAPTA required intervention

- A Plan of Safe Care (PoSC): " is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver." (childwelfare.gov)
  - Includes resources, supports, and referrals for infant (medical care, Early Intervention, etc)
  - Includes resources, support, and referrals for birth parent/family (mental health care, substance treatment, housing, home visitation services, etc)
  - Emphasized collaboration between birthing parent(s), their support people, healthcare team, and other agencies involved in the life of the family
  - Responsibility for monitoring the PoSC is determined by which professionals/teams/services are involved with the family (not necessarily/only CPS).

Plan of Safe Care

- A Plan of Safe Care is meant to be a community safety net for families affected by substance use. Ideally, the plan is established during pregnancy, prior to child welfare involvement and the plan is developed by a multidisciplinary team. Plans of Safe Care include the following elements:
  - Physical health (postpartum care, support with breastfeeding, medication and pain management)
  - Behavioral health (engagement, treatment, recovery supports and retention; treatment for partner/other family members)
  - Infant health and development (high-risk follow-up care, with referral to specialty care; developmental screening and early intervention services; early care and education programs)
  - Parenting/family support (coordinated case management; home visiting/Head Start; Housing, employment support, child care and transportation)

What is the Colorado Plans of Safe Care?

The Comprehensive Addiction and Recovery Act (CARA) of 2016 requires state child welfare systems develop a Plans of Safe Care to address the needs of infants who are identified as affected by substance abuse, experience withdrawal symptoms, or have fetal alcohol spectrum disorders (FASD). It also stipulates the development of a services plan for the infant and their family/caregiver to ensure the safety and well-being of infants following the release from the health care provider.

- **What is included in the Colorado Plans of Safe Care?**
- Physiological Readiness of the Infant
  - The impact of substance exposure on the infant and identifies the need for special care, medical treatment or pharmacological care.
- Discharge Planning/Consultation
  - Nutritional and medical care needs and supplies, in-home caregivers, community resources, emergency care and transportation and assesses for safety of the home and financial resources.
- Follow-up Care
  - Coordination and follow-up with PCP, pediatrician, treatment provider, counselor, home nursing care, housing, food and parenting resources.
- Parent/Caregiver Education
  - Readiness of parent/caregiver to care for infant, education and skills needed to care for the infant and identifies support system.

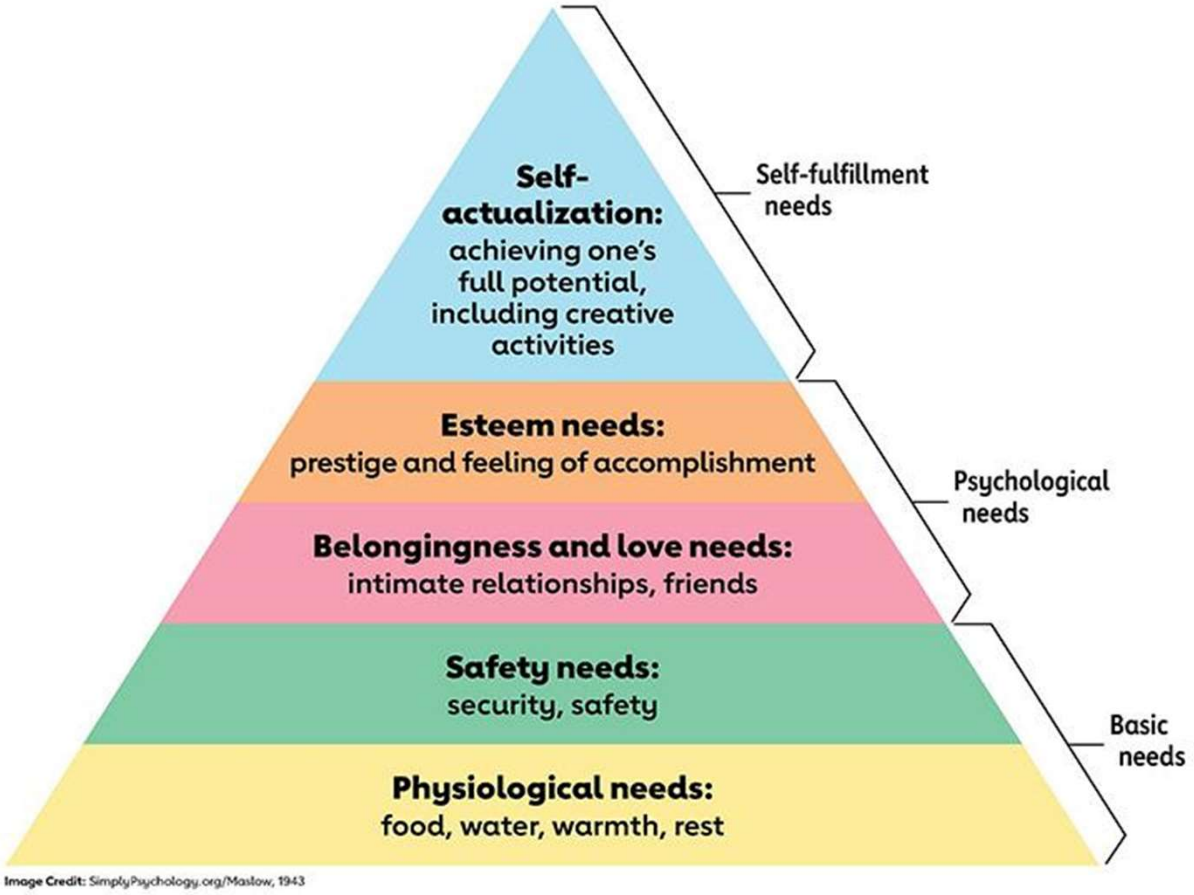
Who is Involved in Developing the Colorado Plans of Safe Care (PoSC)?

- The PoSC is developed with the input of a multidisciplinary-team before the mother's discharge from the hospital. According to best practices, the PoSC should be started prenatally and serve as a living document throughout the pregnancy and after birth. If that is not possible, the PoSC must be developed after birth and completed before the mother's discharge. This team may include:
  - Medical staff
  - Treatment providers
  - Mental health experts
  - Early childhood staff
  - Child welfare
- Others: Probation or Parole Officers, community health case managers, religious or spiritual supports, etc
- Get Releases of Information and Save names and contact info in Plan of Safe Care Document!
- Patients have the right to revoke Releases of Information at any time, as well as specify what information is ok to share with whom

Prenatal POSC Development

- Physical Health: medication optimization, establishment with primary care (even while receiving prenatal care if not one in the same), NFP/Home visitation programs
- Behavioral Health: establishment with treatment services, stabilization in integrated setting → connection to long term treatment services, Peer Support Services, home visitation services
- Infant Health and Development: introducing Early Intervention: what and why, establishing with pediatrician/family medicine prior to delivery to strengthen SEN warm hand off
- Parenting/Family Services: HOUSING, TANF, SNAP, WIC, transportation, parenting classes, Circle of Parents,

Maslow's Hierarchy of Needs



DH POSC Example

MATERNAL SOCIAL/SUBSTANCE HISTORY:

- Substances used by mother ***this pregnancy*** (*check all that apply and provide specifics when applicable*):
  - ☐ Opioids (*other than MOUD, specify*) = **
  - ☐ Medication Opioid Use Disorder Treatment = **
  - ☐ Methamphetamines
  - ☐ Cannabis
  - ☐ Benzodiazepines = **
  - ☐ Cocaine
  - ☐ Alcohol
  - ☐ Tobacco/Nicotine
  - ☐ Other = **

- **Household members:**

Name	Age	Relationship to infant

☐ Adequacy of home environment has been assessed.

- **Other Collaborative Support Persons:**

Name	Relationship	Phone	Address

- **Applicable services & new referrals for infant and mother/caregiver** *(check all that apply)*:

	Discussed	Current	New Referral	Organization/Location	Contact info (if applicable)
Medication Opioid Use Disorder					
Mental or Behavioral Health Counseling					
Substance Use Counseling					
12 STEP / Recovery Group					
WIC / Food Insecurity Assistance					
Housing Assistance					
Financial Assistance					
Transportation Assistance					
Parenting Groups					
CPS					
Early Childhood Intervention Services					
Lactation					
Car Seat					
Safe Sleep Plan					
Smoking Cessation					
Other Resources:					

UCH PeAR Collaborative Committee

- **Mission** (a statement focused on today's goal and what we as a group are doing to achieve it): The PCC exists to strengthen collaboration and coordination of care between the interdisciplinary teams who provide care for pregnant and parenting people, and their families, impacted by substance use across the outpatient and inpatient clinical care settings.

- **Vision** (where we aspire to see this work go): By successfully fulfilling our mission, the PCC will provide care for patients and families impacted by perinatal substance use that is compassionate, trauma-informed, and equitable—creating the space to receive healthcare that is safe, respectful, and healing.

PeAR Collaborative Committee

- Includes:
  - Outpatient prenatal care providers (MD, PA, CNM)
  - Outpatient RN Care Management
  - Outpatient OB SW
  - Outpatient Integrated Behavioral Health/Psychology/Psychiatry
  - Inpatient Mom-Baby RN Manager
  - Inpatient SW
  - Inpatient Peds/NICU MD, NP
  - Inpatient Integrated Psychology/Psychiatry
  - Inpatient Addiction Medicine Consult Team
  - Lactation
- Format:
  - Monthly recurring meeting
  - policy, workflow, implementation updates
  - Patient case discussion and care planning
- To Come: Shared Epic Patient List

Ideal time to start a Plan of Safe Care is prenatally!

- Developing a working knowledge of which families are at risk for CPS involvement after the birth
- Mobilize supports likely to be needed for a Plan of Safe Care prior to delivery if at all possible
- Help family identify safe, sober, supportive people in their life who would be willing to help with 24/7 supervision or kinship placement if needed
- Demystification of the CPS process is trauma-sensitive care
- Maximizes opportunity to engage pregnant person/family in high-stakes conversations before birth hospitalization, when stress and emotions are running high and sleep and coping is running (potentially) low

Child Welfare Response & Involvement

Key statute and definitions for child welfare practice and PoSC

- SB20-028 Substance Use Disorder Recovery changed the definition of child abuse and neglect for Substance Exposed Newborns

> "Any case in which a child is born **affected by** alcohol or substance exposure except when taken as prescribed or recommended and monitored by a licensed healthcare provider, **and** the newborn child's health or welfare is **threatened by** substance use,"
> - CRS 19-1-103(1)(a)(IV)

- The big change = substance exposure of a newborn no longer requires an automatic call to child welfare it *also* changed how child welfare responds

Child Welfare Response & Involvement

7.000.2-A Definitions

- **Affected by Alcohol or Substance Exposure**
  - A child is born affected by alcohol or substance exposure when it impacts the child's physical, developmental, and/or behavioral response.

- **Threatened by Substance Use**
  - The newborn child's health or welfare is threatened by substance use when the medical, physical, and/or developmental needs of the newborn child is likely to be inadequately met or likely unable to be met by parents and/or caregiver.

Child Welfare Response & Involvement

What happens when you call the child welfare hotline?

- **5** questions child welfare hotline staff are prompted to ask when SEN is identified as a referral concern:

(1) Was the infant born substance exposed? If "Yes" Infant Exposure

- □ Select all
- □ Disclosure by Parent
- □ Positive Drug Screen – parent
- □ Positive Drug Screen – child
- □ Other

*If "Positive Drug Screen- Child" select Drug Screen Type

- □ Select all
- □ Blood
- □ Meconium
- □ Umbilical cord (cord/blood)
- □ Urine
- □ Other

Child Welfare Response & Involvement

5 questions child welfare hotline staff are prompted to ask when SEN is identified as a referral concern continued….

(2) Is the infant experiencing withdrawal symptoms?

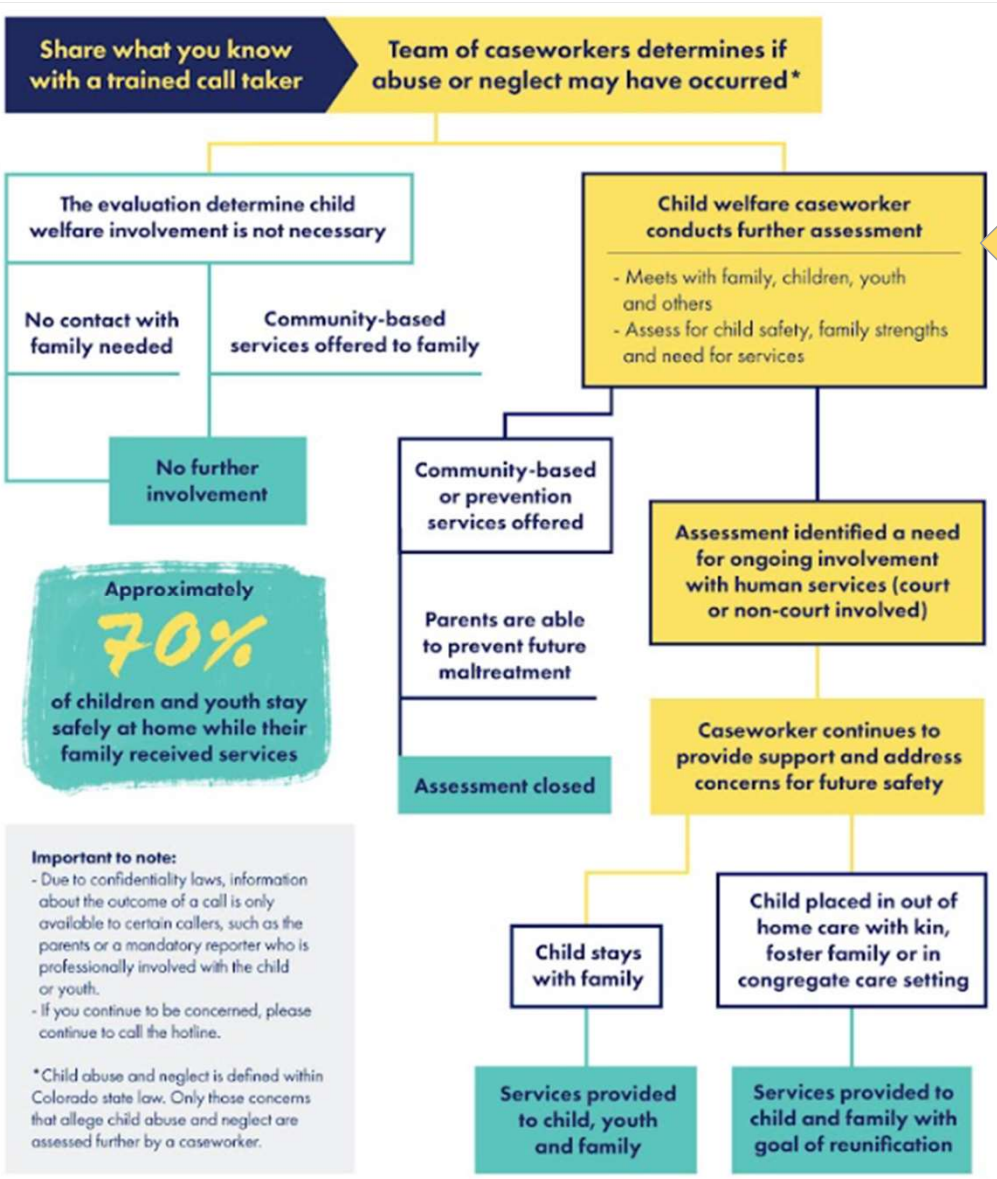
(3) Was a plan of safe care or safe discharge plan created?

NOTE: This includes any plan which addresses the health and substance use treatment needs of the infant and affected caregiver. *Ask provider for a copy of the plan.*

(4) Was the infant born with physical impairments associated with substance exposure?

(5) Were resources, referrals, or services offered for the infant and caregiver to address their health and substance use treatment needs?

What happens after a referral is made to child welfare?



What is the response time??

It could be up to 8 hours, 3 or 5 calendar days

The decision of how quickly to initiate an assessment is based on specific reported information that is credible and indicates whether a child may be unsafe or at risk of harm as defined in statute (7.103.61)

Child Welfare Response & Involvement

What happens after a referral is made to child welfare and it is determined that further assessment is needed?

- Intake caseworker will document/complete PoSC and complete safety and risk assessments with family, hospital staff, and other necessary collaterals to determine next steps.
    - Why or why doesn't child welfare remove an infant?

Child Welfare Response & Involvement

Mandatory questions for PoSC - *healthcare provider input is essential*

1. Is there a plan of safe care or safe discharge plan? *This includes any plan which addresses the health and substance use treatment needs of the infant and affected caregiver. Ask provider for a copy of the plan*
2. Has the infant or caregiver received resources, referrals, or services to address their health and substance use treatment needs? (if yes, asked to identify them)
3. Is the infant experiencing withdrawal symptoms? (if yes, asked to identify them)
    a. If "Yes" caseworker is also asked to "Describe support plan," specific to the symptoms of withdrawal i.e.: Plans for nutrition and medical care, required supplies, PCP appointments, identification of community resources and treatment programs, assessment of home environment, emergency care plan, transportation, and financial resources.
4. Can the infant eat more than 1oz during a single feeding, sleep at least an hour at a time, or be consoled within 10 minutes of crying?
5. Do parents/caregiver display competency in the care taking of the infant?
6. Can parent/caregiver assume full responsibility for the infants care?
7. Have 2 caregivers been identified to help support the care taking of the infant?
    a. If "yes"- asked to identify
    b. If "no" - asked to "Describe the caregivers support plan" i.e.: Plans for nutrition and medical care, required supplies, PCP appointments, identification of community resources and treatment programs, assessment of home environment, emergency care plan, transportation, and financial resources.

Child Welfare Response & Involvement

Opportunities for collaboration:

- Work with your teams to better understand your hospital policies regarding reporting SEN to child welfare
- Work with your teams to develop processes for completing PoSC at the earliest possible opportunity
- When calling child welfare to report abuse or neglect due to substance exposure of a newborn, provide as much **specific** and **observable** information as you have and provide a PoSC when available
- When talking with a caseworker completing an assessment, provide **specific** and **observable** information
- **Talk with your teams about creating learning opportunities with your county child welfare departments**

Ashley Part 2

- Five years sober
- Completed one year of graduate school
- Connection to recovery community
- Parent Advocate for The Office of Respondent Parent Counsel
- Rebuilding relationships with my sons, and be aware of my downloading, so that I don't pass on my trauma to my boys
- On committees to educate providers about maternal substance use while pregnant

Sharing perspectives:

How does this process look in real life for those in the hospital making determinations about CPS reporting?

What information do you use to help determine whether or not a report needs to be made?

What do hospitals and health care teams need to do or change to help better align with these reporting recommendations discussed today?

COLORADO

Questions?

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