

**DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 W. SARATOGA STREET
BALTIMORE, MARYLAND 21201**

DATE: September 16, 2011

CIRCULAR LETTER: SSA# 12-17

TO: Directors, Local Department of Social Services
Assistant Directors of Services

FROM: Carnitra D. White *CWhite*
Executive Director
Social Services Administration

RE: Maryland Substance Exposed Infant Care Plan

PROGRAMS AFFECTED: In-Home Family Services

ORIGINATING OFFICE: In-Home Family Services

BACKGROUND: The CAPTA Reauthorization Act of 2010 (P.L. 111-320) requires Statewide policies and procedures that address the needs of infants affected by illegal substance abuse or a Fetal Alcohol Spectrum Disorder (FASD). This policy directive supercedes the previous policy directive SSA# 09-21.

ACTION REQUIRED OF: In-Home Family Services

REQUIRED ACTION: Operationalize the revised policies and procedures involving the provision of services to substance exposed infants and their families Statewide beginning October 1, 2011.

ACTION DUE DATE: October 1, 2011

CONTACT PERSONS: Steve Berry, Program Manager
In-Home Services
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I. PURPOSE:

The “Keeping Children and Families Safe Act” of 2003 (P.L.108-36) that amended and reauthorized the Child Abuse Prevention and Treatment Act (CAPTA) included three requirements regarding the identification and referral of infants affected by illegal drug use. “The CAPTA Reauthorization Act of 2010” (P.L.111-320) adds to these requirements infants born and identified as affected by Fetal Alcohol Spectrum Disorder.

This revised legislation requires states to have in place Statewide policies and procedures to address the needs of infants born with and identified as being affected by

- 1) illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; or
- 2) a Fetal Alcohol Spectrum Disorder.

Health care providers involved in the delivery or care of such infants are required to notify the child protective services system except that such notification shall **not** be construed to establish a definition under Federal law of what constitutes child abuse; or to require prosecution for any illegal action (CAPTA, § 106(b)(2)(A)(ii)).”

The CAPTA provisions also require states to develop

- procedures for immediate screening, risk and safety assessment, and prompt investigation of such reports; and
- a plan of safe care for the infant

SSA has distributed three Circular Letters (SSA# 04-16 in June 2004; SSA# 08-6 in January 2008; and SSA# 09-21 in June 2009) to clarify questions that arose about the differences in terminology between Maryland law and CAPTA. The purpose of this policy directive is twofold:

- 1) to clarify the policies and procedures that govern the Statewide implementation of the Maryland Substance Exposed Infants Care Plan; and
- 2) to provide guidance to child protective services staff in responding to reports regarding substance exposed infants.

II. PHILOSOPHICAL FRAMEWORK

Child Protective Services (CPS) is a child-centered, family-focused service in which the protection and safety of the child is the primary goal. In all CPS cases, including those in which substance use on the part of a parent is a factor, it is necessary to assess risk to the child and to determine whether the child may remain safely in the home while treatment and services are provided to ameliorate the conditions which place the child at substantial risk of harm.

A basic principle of the child welfare system is that children grow and develop best in a loving family that provides nurturing care. Inherent in this principle is the need to make reasonable efforts to keep families together and to place children out of their homes only if their safety and well-being cannot be ensured within their families.

Alcohol and illegal substance use, either during pregnancy or after the birth of an infant, does not in and of itself constitute evidence of abuse or neglect in Maryland. Parents use alcohol and/or drugs, including legal and illegal drugs, to varying degrees. In some cases, parents may remain able to care for their child without harming the child. It is commonly acknowledged, however, that the abuse of alcohol and/or drugs by parents increases the concern for the immediate safety of the child and for the risk of harm to the child. When the problem is identified, a careful evaluation needs to be made of the impact that the alcohol and/or drug use might have on the parent's capacity to care for the child and the ability to ensure the child's safety and well-being. Such an evaluation will determine whether the child is at substantial risk of harm.

III. SUBSTANCE EXPOSED INFANT CARE PLAN PROCESS

Local departments of social services (LDSS) shall identify a coordinator who will implement the Substance Exposed Infant Care Plan within their agency. The coordinator shall form a team of staff who have experience working with families with alcohol and drug abuse problems and who have a working knowledge of child protective services including investigation, continuing services, and foster care services.

The coordinator shall also form a team with all partnering agencies, including hospital(s), the health department's divisions of maternal and child health and of addictions and mental health, treatment providers and other agencies who share these clients. This team shall meet on a regular basis to coordinate services for substance exposed infants, their mothers, and families, and to identify resources, barriers to care, and gaps in services. The team's goal is to streamline services so that agencies do not duplicate services or work at cross purposes.

The team shall also determine how the mother's alcohol and/or drug use problem can be assessed in an expedited manner. In some jurisdictions the Temporary Cash Assistance (TCA) addictions specialist can be utilized to complete an alcohol and drug assessment. In the larger jurisdictions LDSS staff shall explore with hospital and local health department addictions staff how these assessments can be completed, treatment plans developed, and referrals made to the appropriate level of care in the quickest way possible. When Family Involvement Meetings are scheduled, it is recommended that the addictions specialist who has completed the alcohol and/or drug abuse assessment be included to assist in planning and coordination of services.

IV. SCREENING A REFERRAL

Upon receiving a referral from a hospital of a substance exposed infant, screeners in local departments shall use structured decision making to determine what risk factors have been identified in the hospital that place the infant at substantial risk of harm. It is not necessary for injury to have occurred.

In addition to conditions in the infant, conditions or behaviors in the mother or father that may indicate risk of harm include, but are not limited to:

- special medical and/or physical problems in the newborn infant;
- close medical monitoring and/or special equipment or medications needed by the newborn infant;
- no prenatal care or inconsistent prenatal care;
- previous delivery of drug-exposed newborn infant;
- prior CPS history;
- prior removal of other children by the courts;
- no preparations for the care of the infant;
- intellectual limitations that may impair the mother's ability to nurture or physically care for the child;
- major psychiatric illness or chronic history of depression or anxiety
- home environment that presents safety or health hazards;
- evidence of financial instability that affects the mother's ability to nurture or physically care for the child;
- limited or no family support;
- young age, coupled with immaturity;
- parenting skills demonstrated in the health care setting that suggest a lack of responsiveness to the newborn infant's needs (i.e., little or no response to infant's crying, poor eye contact, resistance to or difficulties in providing care);
- domestic violence

VI. REQUIREMENTS OF THE INVESTIGATION

Reports from hospitals or other medical providers regarding substance exposed infants suspected to be at substantial risk of harm due to their own special needs and their mother's condition or behaviors shall be investigated by an intake and assessment caseworker.

The investigation must include the following:

- Contact with the reporting person to determine whether the mother and/or infant's toxicology tests were positive for alcohol or illegal drugs; to identify any needed medical treatment for the infant or mother; to assess the mother's attitude and behavior with the infant; to determine the expected discharge dates of the mother and infant; and to determine whether there are other children in the home.
- Complete a MD CHESSIE check to obtain history of CPS involvement with the mother.
- Interview the parents to determine their willingness and capacity to provide adequate care of the infant and any other children in the home.
- Refer the mother, and if necessary, the father for a substance abuse assessment if not completed in the hospital.
- Contact relatives of the parents to determine their suitability as resources if placement is needed.
- Complete a Safety Assessment for Every Child (SAFE-C) prior to the discharge of the infant from the hospital, or if not possible, within five (5) days of discharge. When a safety plan is developed, the caseworker must take the necessary steps to assure the safety and well-being of the child. If the infant is in need of the protection of the Juvenile Court, follow normal procedures for removal and petitioning the court.
- Staff will follow standard neglect investigation procedures in all cases accepted for investigation, including an assessment of any other children in the home and under the care of the birth mother. Should circumstances warrant, transfer the case to continuing services.
- Alcohol and/or drug use, either during pregnancy or after the birth of an infant, does not in and of itself support a finding of indicated neglect.