

Policy Subject:	Substance Exposed Newborn Effective March 15, 2021, Child welfare staff are required to complete the Social Services Administration's (SSA) Plan of Safe Care form for Substance Exposed Newborn Risk of Harm (ROH) assessments.
Effective Date:	March 15, 2021
Approved By:	Michelle L. Farr, LCSW-C, LICSW  Executive Director Social Services Administration
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Originating Office:	Office of Child and Family Well-Being
Supersedes:	SSA/CW #18-17 SSA #14-11 SSA #12-17
Program Affected:	Child Protective Services/Family Preservation Services



Legal Information and Purpose:

Nationally and in Maryland, substance use and opioid misuse has impacted the child welfare system. The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198) (CARA) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require States to develop a Plan of Safe Care (POSC) for all substance exposed newborns (SENs) to address the safety and well-being of newborns by addressing the substance use treatment needs of the newborn and the newborn's family, regardless of whether the mother was taking a legally prescribed substance.

States are required to report in the National Child Abuse and Neglect Data System (NCANDS) the following:

- The number of newborns identified as being affected by substance use or withdrawal symptoms resulting from prenatal substance exposure or Fetal Alcohol Spectrum Disorder (FASD);
- The number of SENs with a Plan of Safe Care; and
- The number of SENs for whom service referrals were made, including services for the affected parent or caregiver.

This policy is being issued to provide updated guidance to Local Departments of Social Services (LDSSs) on screening and conducting Risk of Harm (ROH) SEN assessments. Further, SSA's Family First Prevention Plan identifies SENs as a vulnerable population and children from birth to 5-years old living in a home with parental substance use and receiving In-Home Services as a population at a significant risk of entering out-of-home placement. LDSS collaboration with community providers, including substance treatment providers, home visiting programs, and Peer Recovery Specialists, may assist in the assessment and delivery of quality services. The SEN program goals are to address safety, risks, and the needs of the newborn and family members to promote the well-being of all Marylanders who come into contact with our agency.

Policy:

In accordance with Family Law Article § 5-704.2 and CARA, each LDSS must respond to the needs of newborns who have been prenatally exposed to controlled substances. The LDSS must develop a POSC for each SEN. This policy serves to offer direction to child welfare staff on cross-system collaboration and clarification on newly developed, standardized forms and procedures necessary for completing a timely and comprehensive assessment. Several areas of importance when conducting a SEN ROH assessment along with SSA's updated or newly developed forms are addressed in this policy:

- Notification of Substance Exposed Newborn (DHS/SSA/3010/December 2020)
- Medical Cannabis
- SEN Adoption
- SEN Assessment Across Jurisdictions
- SEN Out-of-State
- Consent for the Release of Confidential Information by Substance Use Assessment and Treatment Providers (DHS/SSA/3007/January 2020)

- Substance Use Treatment
- Plan of Safe Care/POSC (DHS/SSA/3008/February 2020)
- Oversight and Monitoring of the POSC

SSA will continue to provide technical assistance on the implementation of the SEN policy to support best practice. There are a number of SSA program areas and requirements addressed within this policy. The “Related Information” section of this policy offers information on how to access practice guides and step-by-step instructions for the Child, Juvenile, and Adult Management System (CJAMS) that supports implementation of this policy.

Definitions:

“Adoption” means the legal proceeding: (a) By which an individual becomes the child of the adoptive parent; and (b) Which confers on the adopted child all the legal rights and privileges to which a child born to the adoptive parent is entitled. COMAR 07.05.03.02B(2).

“Adoption placement” means the placement of a legally free child with an approved adoptive parent who has signed a placement agreement with the intent to adopt the child. COMAR 07.05.03.02B(3).

“Certified Peer Recovery Specialist” means an individual providing peer recovery support services who has obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.

“Controlled substance” means a controlled dangerous substance included in Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland.

“Definitive test” means a highly sensitive and specific test performed to identify specific substances, metabolites, and substance quantities.

“FASD” means fetal alcohol spectrum disorder, which is an umbrella term for the wide range of effects from prenatal alcohol exposure including a broad array of physical defects and cognitive, behavioral, emotional, and adaptive functioning deficits.

“Guardianship” means guardianship with the right to consent to adoption or long-term care short of adoption as defined in Family Law Article § 5-301(e); and:

- (a) is conferred by the court on the chief administrator of the child placement agency; and
 - (b) terminates the rights, duties, and obligations of the birth parents.
- COMAR 07.05.03.02B(5).

“Initial Response” means an LDSS’s action that takes place after the LDSS accepts the SEN case to assess the family for safety and risk.

“Medical Cannabis” means all parts of any plant of the genus cannabis, whether growing or not, including (a) the seeds of the plant; (b) the resin extracted from any part of the plant; and (c) any compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or resin including tetrahydrocannabinol (THC) and all other naturally produced cannabinol derivatives, whether produced directly or indirectly by extraction. “Medical cannabis” does not include: (a) hemp (as defined in Maryland’s Agriculture Article, § 14-101); (b) mature stalks of the plant or fiber produced from the mature stalks; (c) oil or cake made from the seeds of the plant; (d) any other compound, manufacture, salt, derivative, or preparation of mature stalks, fiber, oil, or cake; or (e) the sterilized seed of the plant that is incapable of germination. COMAR 10.62.01.01B(24).

“Newborn” means a child under the age of 30 days who was born or receives care in the State.

“Non-Certified Peer Recovery Specialist” means an individual that does not currently hold a CPRS credential or someone who is in the process of obtaining training, work experience, and/or supervision hours with the intended purpose being to meet the requirements of the credentialing board identified by the State to obtain CPRS certification.

“Peer Recovery Support Services” means social support services designed and delivered by people who have experienced both substance use disorder and recovery. These are services developed to help people become and stay engaged in the recovery process and reduce the likelihood of relapse.

“Plan of Safe Care (POSC)” means a written plan that addresses the health and substance use disorder treatment needs of the newborn and affected family or caregiver.

“Presumptive test” means a test performed establishing preliminary evidence regarding the absence or presence of substances using a method with lower sensitivity or specificity.

“Receive care” means being provided with any services at a location other than a private home prior to or instead of being discharged to the home of a parent or caregiver.

“SEN Assessment” is the process of determining the safety and risk of harm to a substance-exposed newborn and what interventions or services may be needed for the entire family engaged in services with the LDSS.

“Substance-exposed newborn (SEN)” means a newborn:

- (a) Who displays a positive toxicology screen for a controlled substance as evidenced by an appropriate test after birth;
- (b) Who displays the effects of controlled substance use or symptoms of withdrawal resulting from the prenatal controlled substance exposure as determined by medical personnel; or
- (c) Who displays the effects of FASD.

"Written certification" means a certification that is issued by a certifying provider to a qualified patient with whom the provider has a bona fide provider-patient relationship. See Health General Art. § 13-3301(p).

Procedural Guidance and Timeframes

I. Receiving a Substance Exposed Newborn Notification

Federal mandates and the Maryland SEN statute brought about changes in the definition of SEN and reporting requirements for the LDSS and health practitioners. Therefore, child welfare screeners and after-hours staff must be trained on mandates and screening practices to obtain the most complete information possible to make an informed decision and to ensure SSA meets the required reporting requirements. SSA has revised the DHS/SSA 2079 form, which is now titled, **Notification of Substance Exposed Newborn (DHS/SSA/3010/December 2020)**. Revisions to the form may assist screeners with capturing and documenting required information that aligns with federal reporting requirements, Maryland's SEN statute, and with Structured Decision Making (SDM).

The LDSS should accept notifications regarding a newborn's prenatal substance exposure if made within 30 days of birth. (See below for clarification if the newborn is older than 30 days.)

The **Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020)** should be used by screeners as a point of reference for guiding mandated reporters through the screening interview process.

Screeners must be clear that medical cannabis is a Schedule 1 substance under the United States Controlled Substance Act and that a written certification for its use **does not** make it a prescribed controlled substance under Family Law Article, § 5-704.2.(e)(2)(i) or COMAR 07.02.08.03D.

After gathering information, screeners must inform mandated reporters of their legal obligation to submit a written notification to the LDSS by completing the **Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020)**. Written notification should be submitted to the LDSS as soon as reasonably possible but not later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the SEN notification.

II. Determining a SEN Risk of Harm Assessment (Screeners)

Based on all necessary and available information, LDSS Screening staff must ensure that all SEN notifications meet the SEN definition and SDM qualifier to screen in as a SEN Risk of Harm service case.

A. All SEN Risk of Harm service cases should be assigned as follows:

1. Primary Program Assignment: **In-Home Services**
2. Sub-Program Assignment: **Services to Families with Children - Intake (SFC-I)** for the assessment (30 - 60 calendar days)

NOTE: For families requiring ongoing services (transfer of service case), a sub-program assignment change to Family Preservation Services is required.

- B. All SEN notifications received by the LDSS shall be documented in CJAMS. When a SEN notification is received and screened out, the LDSS shall document:
1. Whether other child welfare services are initiated;
 2. Whether any referrals to other community services are appropriate; and
 3. The reason why the referral was not accepted.
- C. There may be occasions when an LDSS receives a SEN notification and the newborn's residence is outside of Maryland. LDSS staff should obtain as much information to clarify and confirm the newborn's parents' or caregiver's intended residence and whether the newborn will receive care in Maryland.

Once the screener has gathered information indicating that the newborn's care and residence will be outside of Maryland, the LDSS shall:

1. Notify the out-of-state agency that is authorized to receive such reports in the state where the substance-exposed newborn will reside or receive care and forward the SEN notification form to the agency, if the form was submitted at the time of screening;
2. Request a written acknowledgement from the out-of-state agency to which the notification has been referred and document this acknowledgement in CJAMS; and
3. Cooperate to the extent possible with the out-of-state agency responsible for the report.

NOTE: In the case of a SEN who receives care or requires care in-state to address health needs and whose parents or caregivers reside out-of-state, the LDSS will cooperate to the extent possible with the agency outside of the state to ensure the safety and well-being of the SEN. LDSS are not responsible for development of a POSC for a SEN who will reside outside of the state.

- D. If the birth mother has an active Child Protective Services (CPS) case at the time of a SEN notification AND the SEN definition is met, the notification should be accepted and screened in as a SEN ROH. The LDSS worker will respond within 48 hours after case acceptance to assess the newborn and mother.

To maintain family engagement and align with SSA's Integrated Practice Model, SSA strongly recommends the same LDSS worker stay with the family to complete the SEN assessment.

- E. Safe Haven Baby: If an LDSS receives a notification identifying a newborn as a SEN and Safe Haven Baby, the LDSS will open the referral as a SEN service case ensuring information regarding the circumstances of the newborn identified as a Safe Haven Baby is documented in CJAMS.

NOTE: The SEN assessment should be completed adhering to procedures and timeframes stated in this policy along with the actions required under SSA's Safe Haven Baby policy.

- F. Requests to hold a newborn at a medical facility: When the LDSS receives a SEN notification and the medical facility is holding the newborn pending direction from the LDSS, the screener:
1. Shall determine if the newborn is at a substantial risk of harm or will be in serious and immediate danger upon release from the medical facility such that a CPS investigative response is warranted.
 2. May inform medical staff the LDSS worker will respond within 48 hours of case acceptance. Screeners cannot advise medical staff to hold a child at the medical facility but can inform them that an LDSS worker will respond to conduct an assessment.

NOTE: Determinations may require screeners to consult with a supervisor prior to informing the mandated reporter or medical facility that the SEN notification has been screened in. For all notifications screened in, the LDSS should notify the mandated reporter or medical facility as soon as reasonably possible that an LDSS worker is assigned (worker's name and contact information).

- G. Birth Match: If, during the SEN assessment, an LDSS worker becomes aware that there is a Birth Match (parents or caregiver), the LDSS worker shall follow procedures within this policy and complete a Birth Match summary for submission to SSA.
- H. When the LDSS receives a SEN notification for a newborn who was a SEN at birth but is now older than 30 calendar days and less than 46 calendar days, the LDSS should:
1. Obtain verbal confirmation from the mandated reporter/health care provider (HCP) indicating that the newborn meets the SEN definition; and
 2. Ask questions to document why the notification occurred beyond 30 calendar days and request immediate submission of a completed **DHS/SSA/3010/December 2020 form** (which documents confirmation of SEN).

III. Initial Response - SEN Assessment (LDSS workers)

The initial response consists of the LDSS's assessment of the family for safety with a preliminary assessment (formal or informal) of family needs and services within 48 hours and up to 5 calendar days of accepting a SEN service case.

A SEN assessment should be completed within 30 calendar days of case acceptance with an additional 30 calendar days if required. The SEN assessment period serves to identify and provide services to the newborn, parents, caregivers, or other family members including those that can be provided within 30 - 60 calendar days.

In Maryland, medical cannabis may be provided in accordance with a written certification for qualifying individuals. The health and well-being of individuals engaged with the LDSS requiring services and treatment to address their medical needs is paramount. Similar to other controlled

substances used by individuals to address medical and behavioral health needs, parents or caregivers with medical cannabis written certification should be assessed to reduce risk of cannabis misuse or cannabis use disorder. More importantly, assessing the parents' or caregiver's understanding of the need to safeguard all medical cannabis, including cannabis-infused products, from children is critical to determining the safety of all children within the household or under the care of the parents or caregiver.

Safety: Assessing the safety of a newborn includes assessing the parents' or caregiver's interaction with the newborn to determine their responsiveness to the newborn and the newborn's needs.

A. **Within 48 hours of case acceptance**, LDSS staff must see the newborn and the parent(s) in person to assess the newborn and the parent(s) by completing a Safety Assessment for Every Child (SAFE-C) **AND**:

1. Alcohol and Other Drug (AOD) screen and Preliminary Alcohol and Other Drug Sort (PADS)*. If at least one "yes" box is checked, a referral for a comprehensive substance use assessment must be completed. Exceptions to initiating a referral for a comprehensive substance use assessment may be made if:
 - i. An LDSS worker determines by clinical and formal interviews and consultation with a supervisor that the assessment is not necessary;
 - ii. Consultation with treatment providers or additional assessment indicates that a referral is not warranted.

Documentation justifying and substantiating the worker's professional decision should be captured in Part II "Other Comments" section of the PADS and Part I "Comments" section of the AOD.

**A PADS is only required in Baltimore City, Prince George's County, and Washington County in accordance with Family Law Article § 5-706.3 and § 5-1202.*

2. **Within 48 hours of case acceptance**, LDSS staff must consult with the appropriate HCP and collaterals to obtain additional information on the newborn's diagnosis (medical condition or treatment plan if applicable) and any related documentation on the newborn's parent(s) that was not obtained during the CPS screening.
 - i. This may include requesting a completed **DHS/SSA/3010/December 2020** form if not received during the CPS intake process.
 - ii. This may also include requesting if the hospital completed the Post-Partum Infant and Maternal Referral/PIMR (applicable to Medicaid recipients) to support coordination of service referrals for newborn and affected family member.
- B. Relevant information regarding any substance use by the affected family member or caregiver should be obtained. To obtain this information, LDSS staff must secure the necessary signed consents for release of general information and substance use assessment and treatment information (DHS/SSA/3007/January 2020) that will assist with assessing family functioning, risks, and parent/caregiver protective capacities.

- C. It is best practice, when possible, to visit the residence where the newborn will reside prior to the newborn's discharge or at the time of discharge. A **Home Health** report to document the conditions of the newborn's living environment must be completed.
- D. **Within 5 working days of case acceptance**, LDSS staff must conduct and complete a safety assessment of **ALL** children in the home.
1. A safety assessment should be conducted sooner if the LDSS suspects or receives information that conditions exist that pose a threat to the children in the home.
 2. The safety assessment should include assessing any other individual in the newborn's living situation or caregiver with whom the newborn's parents may decide the newborn can reside.

NOTE: If safety cannot be assessed for all other children in the home or under the care of the parents or caregiver within 5 calendar days of case acceptance, the LDSS worker should document in CJAMS any attempts to assess safety.

When a safety decision is made requiring the development of a Safety Plan, the LDSS worker must ensure actions required in the Safety Plan are time-specific and monitored. A Safety Plan is not a long-term plan and should not be confused with a Service Plan or Plan of Safe Care. Given the vulnerability of SENs, a Safety Plan should be constantly reassessed.

No SEN case in which a newborn or any other child associated with the case that has been assessed as "conditionally safe" or "unsafe" may be closed.

Supervisors must discuss the safety of the SEN with the worker, review the safety assessment, and ensure timely completion (with supervisory approval) of the safety assessment at designated intervals.

- E. Across Jurisdictions: If the residence or care of a substance-exposed newborn is in a jurisdiction other than that of the birthing hospital or other location from which the notification was made, the LDSS where the newborn's parents or caregiver will reside is responsible for the SEN assessment.
1. The LDSS responsible for the SEN assessment may request that the LDSS in the jurisdiction of the birthing hospital or other location from which the notification was made conduct the initial relevant interviews and forward any assessments and related information as soon as reasonably possible to the responsible LDSS.
 2. For SEN cases when the newborn is receiving care outside of the jurisdiction where the parents or caregiver resides, the LDSS responsible for the SEN assessment may request the LDSS in the jurisdiction where the SEN is receiving care to conduct safety checks and provide a summary on the newborn's needs and care.
- F. Outside of the State: If during the assessment, the LDSS becomes aware that the residence or care of a SEN is outside of Maryland, the LDSS shall:

1. Complete all the required SEN procedures within 48 hours and 5 calendar days of SEN case acceptance;
2. Make a report to the agency that is authorized to receive such reports in the State where the SEN will reside with parents or a caregiver;
3. Request a written acknowledgment from the out-of-state agency to which the report has been referred;
4. Document the acknowledgement in CJAMS;
5. Inform the parents or caregiver of the LDSS's actions with an Intended Action Letter (DHS/SSA 1068A); and
6. Cooperate to the extent possible with the out-of-state agency responsible for the report; and
7. Determine service case closure in accordance with SSA's regulations and policies addressing the safety of the newborn.

A POSC is not required for a SEN who will be residing out of state, with parents or a caregiver, if the newborn: (1) Is not at substantial risk of harm or serious and immediate danger AND (2) There is no associated service case or other required LDSS services.

- G. Adoption: In the case of a pending private agency adoption or independent adoption. If during the assessment, the LDSS becomes aware of adoption plans for the SEN, the LDSS shall with the consent of the parents:

For a private agency adoption:

1. Complete all the required SEN procedures within 48 hours and 5 calendar days of SEN case acceptance;
2. Inform the adoption agency of the newborn's condition including effects of any prenatal substance exposure, health needs, and care plan;
3. Request information from the adoption agency regarding, but not limited to, Termination of Parental Rights (TPR), guardianship, or written placement plan agreement;
4. Document information about the adoption placement including but not limited to the adoptive parents' names (if available), address, and contact information in CJAMS, as well as confirming a favorable home study was completed of the caregiver's home within the last year;
5. Inform parents and the adoption agency about the LDSS's actions with a completed Intended Action Letter (DHS/SSA 1068A);
6. Cooperate to the extent possible with the adoption agency; and
7. Determine service case closure in accordance with SSA's regulations and policies addressing the safety of the newborn.

Adoptive parents who have been approved by the adoption agency (with appropriate consents received from the newborn's parents) may serve as a caregiver for the SEN when an adoption has been acknowledged and confirmed but TPR or adoption has not been finalized.

The newborn's condition, health needs, and services must be documented on the POSC and the POSC must be provided to the adoption agency upon written assurance that the agency will provide it to the caregivers. The section of the POSC addressing the needs of the parent does not need to be completed for a private agency adoption if:

1. Interview with parent and assessments results clearly indicates no risks factors or service needs identified to reduce future harm to any child;
2. An adoption plan has been acknowledged and confirmed by the adoption agency AND the newborn is not at substantial risk of harm or serious and immediate danger,
3. The adoption agency assures that the prospective adoptive parents can meet the newborn's health needs including any special needs;
4. There is no associated service case or other required LDSS services;
5. The LDSS receives consent (Parental Authorization for Care of a Child by a Caregiver) from birth parent; and
6. The LDSS receives documentation from the adoption agency that clearly indicates consent from the newborn's parents that the newborn is permitted to, and will stay with, the adoptive parents who will provide care until the adoption is finalized.

For an independent adoption: The LDSS staff shall complete the SEN assessment adhering to policy procedures and may consider the prospective adoptive parents as caregivers.

IV. SEN Assessment

A. Service Plan Considerations: Within **30 working days** from a SEN case acceptance, the LDSS worker shall complete and receive supervisor approval of the:

1. Maryland Family Initial Risk Assessment (MFIRA); and
2. Child and Adolescent Needs and Strengths-Family Version (CANS-F)

Information gathered from the needs and risk assessments serve to inform the worker about the family's strengths, needs, and well-being issues. When an LDSS worker determines a Service Plan will improve family functioning and the well-being of the newborn, and prevent out-of-home placement, the worker should make a Candidacy Determination.

SSA identifies SENs as a vulnerable population. Therefore, Candidacy Determination needs to be made for a SEN as well as for any other child associated with the case when a Service Plan has been developed. A Service Plan is not a Plan of Safe Care as the Service Plan identifies specific goals, objectives, and tasks.

B. Plan of Safe Care Development: A Plan of Safe Care (DHS/SSA/3008) shall be developed for all SEN cases except as indicated in Section III, Item F of this policy. The POSC describes the services and supports that will be provided to ensure the health needs and well-being of the newborn and addresses the service and treatment needs of the affected parents or caregiver.

1. The POSC shall be developed and completed by a worker, and approved by a supervisor within 30-60 calendar days of a SEN case acceptance. For SEN assessments transferred to ongoing services/Family Preservation, a POSC shall be updated prior to case transfer.

NOTE: When a SEN assessment requires court action or another child welfare response, i.e., an investigative response or Out-Of-Home (OOH) placement prior to the development of a POSC, the newly assigned caseworker will be responsible for the development, oversight, and monitoring of the POSC.

At any time during a SEN assessment when circumstances indicate the newborn or any other child associated with the case is in serious, immediate danger and continued placement in the home is contrary to the welfare and safety of the child, the LDSS shall consider whether the circumstances warrant taking the child into custody and petitioning the court for shelter care.

Once the LDSS determines petitioning the court for shelter care is warranted (or any time when the worker has reason to believe that a child has been subjected to abuse or neglect), a maltreatment report must be made to CPS screening documenting the circumstances. Some examples demonstrating substantial risk of harm or serious and immediate danger may include, but are not limited to, failure to give proper care and attention to the newborn under circumstances that indicate the newborn's health or welfare is harmed or placed at substantial risk of harm or the parent's refusal or noncompliance with the agency's plan to address the safety, risks, or needs of the newborn or any other child associated with the case.

NOTE: When a CPS Investigative Response (IR) is opened on any new allegation of abuse or neglect, the IR case will supersede the SEN assessment adhering to all policy timeframes and procedures. All agency actions must be documented in the IR case including a Plan of Safe Care (if the Plan of Safe Care was not completed during the SEN assessment).

V. Determining the Need for Ongoing Services or Other Agency Actions

The safety assessment helps to determine whether the SEN or any other child associated with the case is "safe," "conditionally safe," or "unsafe" due to a substantial risk of harm or serious and immediate danger.

A SEN who is demonstrating withdrawal symptoms resulting from controlled substances is considered vulnerable to abuse or neglect.

The parents' or caregiver's level of functioning, including the ability to perform essential parental responsibilities, must be considered in the assessment of the newborn's safety and the safety of any other child associated with the case.

The following should be considered to determine whether the SEN case should be transferred to ongoing services:

1. Whether the parents or caregivers recognize the problem and are motivated to make necessary behavioral changes to address substance use;
2. Whether the parents or caregivers have been referred to substance use treatment or other services that require oversight of participation or progress in services through contact with the parents or caregiver and communication with the service providers;
3. Whether the parents or caregiver have acquired protective capacities that impact their ability to consistently follow the POSC;
4. Whether the family requires services to strengthen protective factors in order to reduce the risk of future abuse or neglect; and
5. The likelihood that the parent or caregiver will follow the POSC without LDSS or court oversight to ensure adherence with plans for routine and specialized newborn care (if applicable).

VI. Oversight and Monitoring of POSC

For all SEN cases requiring ongoing child welfare services beyond 60 days, oversight and monitoring of the POSC may end when:

1. The newborn is at least 6 months old, and all of the newborn's medical, developmental, social, and emotional needs are consistently met;
2. The newborn is at least 6 months old and will remain in an out-of-home placement that consistently meets all of the newborn's medical, developmental, social, and emotional needs;
3. The LDSS caseworker is closing the Family Preservation Service or Out-of-Home Service case prior to the newborn being 6 months old;
4. The LDSS caseworker has met with the parents or caregiver, consulted with the SEN's health care provider, and other service providers to update the POSC; and
5. The LDSS caseworker has ensured that anticipated future needs of the SEN addressed in the updated POSC and needs of other children, if applicable, are ameliorated.

VII. Determining When to Close a SEN Service Case

To determine when to close a SEN service case, the LDSS must consider whether the parents or caregivers:

1. Understand the POSC and know how and where to access help for additional health care or substance use treatment that may be needed in the future;
2. Have taken steps to change or address behavior or conditions that placed the SEN or children associated with the service case in serious or immediate danger, and whether these steps are sufficient to ensure safety;
3. Understand the care necessary to promote and ensure the SEN's well-being; and
4. Are involved with extended family, friends, community supports, or service providers who will help maintain healthy and safe family functioning.

NOTE: LDSS must ensure: (1) The SEN or any other child associated with the case is not at substantial risk of harm or serious and immediate danger AND (2) There is no associated case or other required LDSS services.

VIII. Completion of a SEN Assessment

Intended Action Letter (DHR/SSA 1068A) is required for all SEN cases. This letter serves to identify for the parents or caregiver who participated in the assessment the accomplishments achieved and services necessary to address:

1. The SEN's, parents', caregiver's, and the family's appropriate service referrals identified within the POSC; and
2. Information regarding whether the LDSS will be providing ongoing agency services.

Alignment with Practice Model and Desired Outcomes:

Collaborative planning, multi-systemic approaches built around early identification and intervention to assist LDSS staff, and other systems supporting families affected by substance use are critical to achieving positive outcomes. SSA believes that communities play a key role in responding to families ensuring that services and interventions reflect their diverse needs. SSA strongly encourages partnering with communities and agencies to build the capacity of resources and networks to engage and support SENs and families impacted by substance use.

Continuous workforce development and cross-system training to effectively engage and support families impacted by substance use is essential to building and sustaining a knowledgeable and engaged workforce. SSA provides ongoing professional development trainings to child welfare staff working with SENs and families with substance use disorders.

Documentation:

All SEN case documentation shall be entered in CJAMS and must, at a minimum, include the following:

1. Notification of Substance-Exposed Newborn form;
2. All required assessments with any signatures and supervisor approval; and
3. POSC along with any service referral forms, progress notes, and supporting case documents.

Supervisors must ensure timely completion of all required safety and risk assessments.

SSA's CJAMS Child Welfare How-To-Guide and Practice Guide for CJAMS provide specific information on program requirements with step-by-step instructions.

Forms:

1. [Notification of Substance Exposed Newborn \(DHS/SSA/3010/December 2020\)](#)
(Attachment A)
2. [Consent for the Release of Confidential Information by Substance Use Assessment and Treatment Providers](#) (DHS/SSA/3007/January 2020)
(Attachment B)
3. [Plan of Safe Care](#) (DHS/SSA/3008/February 2020) (Attachment C)
4. [Parental Authorization for Care of a Child by a Caregiver \(DHS/SSA/3014/March 2021\)](#) (Attachment D)
5. [Home Health Report](#)

Related Information:

SSA CJAMS Child Welfare How-To-Guides

SSA Practice Guide for CJAMS Child Welfare

[SSA-CW #19-5 Birth Match Reports policy](#)

[SSA-CW #18-04 Maryland Safe Haven Program policy](#)

DHS's [SEN webpage](#) provides information on SSA's current service programs and additional resources for SEN and families impacted by substance use.

State of Maryland – In Home Services

NOTIFICATION OF SUBSTANCE-EXPOSED NEWBORN (SEN)

The completed form must be submitted as soon as reasonably possible and not later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the notification to the local department of Social Services where the newborn's parent or caregiver intends to reside with the substance-exposed newborn. **This form does not exempt a reporter from making an oral notification to the Local Department of Social Services (LDSS) as Md. Code Ann. Fam. Law. § 5-704.2 requires a reporter to make an oral and a written notification to LDSS. * = Required Field**

Section I: SEN INFORMATION

*Name and Address of Local Department of Social Services (LDSS): _____

*Name of Person Making Report: _____

*Position/Title: _____

*Contact Number: _____

*Name of Hospital/Birthing Center: _____

Section II: NEWBORN'S REFERRAL INFORMATION

a. *Name of Newborn: _____

b. *Date of Birth (the newborn must be less than 30 days old) [M/D/YYYY]: _____

c. *Weight (pounds and ounces in numeric form): _____

d. *Gestational Age (type numeric form): _____

e. *Newborn's Substance Exposure select all that apply:

Category - OPIOIDS Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II

Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Perocet/Schedule II OxyContin/Schedule II Codeine/Schedule II

Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II

Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse

Category - DEPRESSANTS Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol

Category - HALLUCINOGENS and OTHER COMPOUNDS Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I

Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other _____

e.1. Test administered to determine newborn's substance exposure: _____

Specify Other _____

f. *Newborn Affected by Substance Exposure: _____

g. *Newborn Displays Effects of Fetal Alcohol Spectrum Disorder: _____

h. *Newborn Withdrawal Symptoms Resulting From Prenatal Exposure: _____

h.1. If yes, select all withdrawal symptoms present select all that apply:

Tremors Irritability Excessive Crying Sleep Problems Sweating Sneezing Yawning

Fever or Unstable Temperature(s) Excessive Weight Loss Rapid Breathing Nasal Stuffiness High Pitched Crying Seizures

Hyperactive Reflexes Poor Feeding Excessive Sucking Vomiting Rapid Heart Rate Other

Specify Other _____

i. *Medication Treatment Required to Address Newborn's Withdrawal Symptoms: _____

i.1 If yes, indicate medication treatment and dosage (name of medication and prescribed dosage): _____

j. *Neonatal Abstinence Syndrome (NAS) Diagnosis: _____

k. *Medical condition or ongoing health conditions (type international classification of diseases ICD code and brief summary of newborns medical needs): _____

l. *Newborn planned discharge date (Select a date/calendar): _____

m. *Address where newborn can be seen (if hospital include the hospital name, address, unit, floor, and room number):

n. *Transfer to a pediatric center/hospital required to address medical condition: _____

n.1 *If yes full name of hospital, hospital address and telephone number (include the specific unit providing care for newborn):

o. *Address where newborn will reside upon discharge (full address to include city, state & zip code):

p. *Name of the parent/s or caregiver newborn will reside with at discharge (type Full Name):

Section III: PARENT/CAREGIVER INFORMATION

a. *Mother's Name (type full name): _____

b. *Date of Birth: (M/D/YYYY): _____

c. *Address where mother will reside if different from newborn's address in Section II (full address to include city, state & zip code):

d. *Mother's Phone Number (indicate if cell or home): _____

d.1 *Alternative or emergency contact number: _____

e. *Father's Name (type full name): _____

f. *Date of Birth (M/D/YYYY): _____

g. *Address where father will reside if different from newborn's address in Section II (full address to include city, state & zip code):

h. *Father's Phone Number (indicate if cell or home): _____

h.1 *Alternative or emergency contact number: _____

i. Alternative Caregiver's Name: _____

j. Date of Birth (M/D/YYYY): _____

k. Address where caregiver will reside if different from newborn's address in Section II (full address to include city, state & zip code):

l. Caregiver's Phone Number (indicate if cell or home): _____

Section IV: REFERRAL INFORMATION

NEWBORN'S MOTHER

a. *Prenatal Care Started: _____ **b.** Mother substance use select all that apply:

Category - OPIOIDS Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II

Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Perocet/Schedule II OxyContin/Schedule II Codeine/Schedule II

Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II

Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse

Category - DEPRESSANTS Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol

Category - HALLUCINOGENS and OTHER COMPOUNDS Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I

Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other _____

c. *Mother self-reported date of last substance use (select a date): _____

d. *Mother self-reported current or past substance use treatment: _____

If yes, list treatment last received (include type of treatment i.e., medicated assisted treatment, residential, outpatient; name of treatment program; dates program attended):

***PRESCRIPTION VERIFICATION**

e. *Mother self-reported controlled substance(s) prescribed: _____

f. *Mother's prescription verified: _____

f.1. *If no, reason prescription not verified (type a brief narrative):

g. *Name of prescriber: _____ g.1. *Telephone Number: _____

h. *Reported indication for prescribed controlled substance (brief narrative to include name of substance prescribed, dosage, and compliance):

i. Current or past mental health services self-reported by mother: _____

j. Intellectual or Developmental Disability: _____

k. Mother identified social support: _____

l. Intimate Partner Violence self-reported by mother (current or past): _____

NEWBORN'S FATHER

m. Current or past substance use: _____

If yes, father substance use: select all that apply:

- Category - OPIOIDS** Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II
- Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II
- Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II
- Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse
- Category - DEPRESSANTS** Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol
- Category - HALLUCINOGENS and OTHER COMPOUNDS** Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I
- Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other _____

n. Father self-reported date of last substance use (*select a date*): _____

o. Father self-reported current or past substance use treatment: _____

If yes, list treatment last received (*include type of treatment i.e., medicated assisted treatment, residential, outpatient; name of treatment program; dates program attended*):

p. Father self-reported controlled substance(s) prescribed: _____

q. Current or past mental health services self-reported by father: _____

r. Intellectual or Developmental Disability: _____

s. Father identified social support: _____

t. Intimate Partner Violence self-reported by father (*current or past*): _____

Section V: ADDITIONAL REFERRAL INFORMATION

a. *Preparations for newborn identified by mother, father, or caregiver: This may include identifying newborn’s pediatrician, current newborn supplies such as car seat, crib bassinet, or etc.

a.1. *Pediatrician’s contact information:

*Full Name: _____

*Telephone Number: _____

*Full Address: _____

a.2. Next scheduled appointment date (if applicable) select a date: _____

b.* Provide any additional information that would assist LDSS staff in assessing safety and risk and a developing Plan of Safe Care. This may include but not limited to the following: Mother, father, or caregiver current or past involvement with Department of Social Services (DSS); Referrals made by hospital staff for newborn, parent/s, or caregiver such as Infants & Toddlers, Healthy Families, Postpartum Infant Maternal Referral (Medicaid recipient only); Additional children (biological, non-biological) of mother, father, or caregiver in their household, under care of state agency or care of relative; Behavioral observations i.e. mother/father unable to respond to newborn in a manner consistent with newborn development, mother/father having inability to control his/her emotional or physical behavior.

*Full name of LDSS staff person to whom oral report was made: _____

*Reporter Signature

*Date Completed (*select a date*): _____

*Date Submitted to LDSS (*select a date*): _____

The completed form must be signed (electronic signature accepted) and emailed, faxed, or mailed to the LDSS where the newborn is expected to reside with email subject line title, "SEN Notification".

For a complete list of LDSS' CPS Screening and Intake contact numbers or email addresses visit
<https://dhs.maryland.gov/child-protective-services/risk-of-harm/local-offices/>

RESET FORM

PRINT FORM

**Consent for the Release of Confidential Information
By Substance Use Assessment and Treatment Providers to
Local Department of Social Services (LDSS)**

Purpose: This form is used to confirm an individual's authorization to release said individual's substance use assessment and treatment information.

Substance Use Assessment and Treatment
Provider(s): _____

LDSS Office(s): _____

LDSS Program/Caseworker: _____

I understand that the caseworker named above may be replaced by another case worker and that this consent will still apply to disclosures to the new caseworker.

Section A: Individual's Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Date of Birth: ___/___/___

Section B: The Use and/or Disclosure Being Authorized

I understand that in addition to Maryland confidentiality laws, my substance use disorder records are protected under the Federal regulations that govern the following: Confidentiality and Substance Use Disorder Patient Records, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 CFR Parts 160, 164. Due to this law, I understand that my records cannot be disclosed without my written authorization unless specifically permitted by law.

I give authorization to the substance use assessment and treatment provider(s) named above who are currently treating me, or to whom I have been referred for assessment or services, to report to the LDSS named above, either verbally or in writing, the following information about me:

- Comprehensive substance use assessment (indicates diagnosis, clinical history, level of treatment, or whether treatment was not required);
- Referral information for type of substance use program (Early Intervention Services; Detoxification; Medication Assisted Treatment/MAT; Intensive Outpatient Program/IOP; Residential Treatment Program; Halfway House);
- Enrollment in substance use treatment program or placed on waitlist for a substance use treatment program;
- Attendance and participation in treatment;
- Treatment plan including medications;
- Dates and results of drug tests;
- DUI/DWI Court Ordered Treatment Program;
- Treatment response and progress;
- Successful completion of treatment;
- Future treatment recommendations;
- Discharge reason(s) or referral to another substance use treatment program (provide the name of the program).

I understand that the information above will be used to assist the LDSS in working with me and my family on case planning and on the coordination of services. All approved information will become part of the agency's confidential case record.

If information from treatment programs include records or details from another entity, I (_____ do _____ do not) wish to have that information released under this authorization.

Section C: Expiration and Revocation

This authorization will expire on the date/event listed below, or one year after the date the form was originally signed.

Section 4-303(b) of the Health-General Article limits the period of time that an authorization is valid to no more than one year with limited exceptions.

Expiration: This authorization will expire (complete one):

- On ___/___/_____
- On occurrence of the following event (event must be related to the individual or the purpose of the disclosure being authorized):

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Substance Use Assessment and Treatment Provider(s) named above. In order to obtain a revocation form to revoke this authorization, I understand that I may contact _____. I understand that revocation of this authorization will have no effect on the release and use of any information made prior to the Substance Use Assessment and Treatment Provider(s) receiving your written notice of revocation.

Section D: Minor

A minor, a person under the age of 18, has the same capacity as an adult to consent to treatment for or advice relating to substance use according to Maryland law (Annotated Code of Maryland, Health General Article § 20-102(c)(1) and (2).

I _____ do _____ do not authorize disclosure of information to a parent, guardian, or LDSS.

Minor's Printed Name

Minor's Signature

A minor's parent, guardian, or other entity may be authorized under State law to act on the minor's behalf when a minor lacks the capacity because of a developmental or mental condition, or diagnosis by a licensed professional, that impairs the minor's ability to make a rational decision on whether to consent to release of information.

By signing below, a minor's parent or guardian avers that the minor is incapable of making a rational decision regarding consent.

Mental condition, developmental delay, or diagnosis by a licensed professional that impairs the minor's ability to consent:

Printed Name and relationship to minor

Section E: Signature

To the Individual – Please read the following.

I consent to the disclosure and use of my substance use disorder information as described in Section B above. I understand this consent is voluntary.

I will not be denied services if I refuse to consent to the use of my information to anyone or any entity other than the LDSS.

I understand that the LDSS named above may not disclose any information about my substance use disorder treatment without my specific written consent unless disclosure is permitted by state law or Federal regulation, 42 CFR Part 2.

I further understand that if I consent to the LDSS redisclosing information about my substance use disorder, that my information would no longer be protected by HIPAA but would remain protected as substance use disorder treatment records under 42 CFR Part 2.

I understand that any consent I have given for the LDSS or other agencies/organizations to share general medical information about me does not apply to the redisclosure of substance use treatment records.

I have read and considered the contents of this authorization, and I confirm that the contents are consistent with my intent.

Individual's Printed Name

Individual's Signature

Date

Printed Name of Parent, Guardian, or other Entity when required

Signature of Parent, Guardian, or other Entity when required

Date

If someone other than the Individual identified in Section A is authorized to sign this consent, with the exception to Section E, that person should attach a copy of the document granting authority to sign for the Individual and complete the following:

Personal Representative's Name:

Relationship to Individual: _____

_____ Decline to sign: I understand that if the LDSS cannot obtain the desired treatment records that may assist in resolving the issue of whether my child or children are safe, the LDSS may have to take additional steps to ensure the safety of my child or children.

Agency Representative Signature

Date

I am entitled to receive a copy of this consent from the LDSS office identified on this form at any time by contacting the LDSS and requesting a copy of this form.



Substance Exposed Newborn Plan of Safe Care

Date: _____

INTRODUCTION: This Plan of Safe Care (POSC) is being developed to ensure that necessary services and supports are in place for the mother, father, newborn, and other caregivers of the newborn. The POSC is developed by gathering information from the mother, father, caregiver, family members, birthing hospital, medical records, and child welfare notes, as well as, input from community partners involved in supporting the mother, father, caregiver and newborn. A copy of this POSC will be shared with the identified family member/s. POSC developed for all SEN cases on or before 60th day along with Safety Plan or Service Plan. The LDSS worker identified will be the primary point of contact for the family and POSC Plan Participants during the assessment and development and implementation of this plan. * = **Required Field**

Section I

LDSS

LDSS Worker's Name: _____

Unit: _____

Phone No.: _____

Email: _____

Family Member: **NEWBORN** Full Name _____

Substance Type

- Category - OPIOIDS** Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II
- Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II
- Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II
- Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse
- Category - DEPRESSANTS** Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol
- Category - HALLUCINOGENS and OTHER COMPOUNDS** Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I
- Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other (Must identify the substance classification and the specific substance i.e., Benzodiazepine-Ativan)

Date of Birth _____

Address _____

Family Member: **NEWBORN** Full Name _____

Substance Type

- Category - OPIOIDS** Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II
- Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II
- Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II
- Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse
- Category - DEPRESSANTS** Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol
- Category - HALLUCINOGENS and OTHER COMPOUNDS** Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I
- Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other (Must identify the substance classification and the specific substance i.e., Benzodiazepine-Ativan)

Date of Birth _____

Address _____

Section I continued

Family Member: **MOTHER**

Full Name _____

Substance Type

Category - OPIOIDS Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II

Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II

Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II

Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse

Category - DEPRESSANTS Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol

Category - HALLUCINOGENS and OTHER COMPOUNDS Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I

Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other (Must identify the substance classification and the specific substance i.e., Benzodiazepine-Ativan)

Date of Birth _____ Contact Number _____

Address _____

Family Member: **FATHER**

Full Name _____

Substance Type

Category - OPIOIDS Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II

Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II

Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II

Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse

Category - DEPRESSANTS Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol

Category - HALLUCINOGENS and OTHER COMPOUNDS Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I

Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other (Must identify the substance classification and the specific substance i.e., Benzodiazepine-Ativan)

Date of Birth _____ Contact Number _____

Address _____

Family Member: **OTHER CAREGIVER**

Full Name _____

Substance Type

Category - OPIOIDS Heroin/Schedule I Hydrocodone/Schedule II Buprenorphine/Schedule II Morphine/Schedule II

Fentanyl/Schedule II Oxycodone/Schedule II Oxycodone-Percocet/Schedule II OxyContin/Schedule II Codeine/Schedule II

Methadone/Schedule II **Category - STIMULANTS** Cocaine/Schedule II Methamphetamine/Schedule II

Methylphenidate (Ritalin)/Schedule II Amphetamine/Schedule II Adderall Vyvanse

Category - DEPRESSANTS Benzodiazepine/Schedule IV Valium Xanax Barbiturates Alcohol

Category - HALLUCINOGENS and OTHER COMPOUNDS Marijuana/Schedule I Amphetamine/Schedule I- Ecstasy LSD/Schedule I

Ketamine/Schedule III Phencyclidine (PCP)/Schedule II Other (Must identify the substance classification and the specific substance i.e., Benzodiazepine-Ativan)

Date of Birth _____ Contact Number _____

Address _____

Section II

Plan Participants for Newborn and Family Care: The Plan Participants are the partners involved in the development and implementation of the POSC. Plan Participants may receive a copy of this POSC, per request, from LDSS with the informed consent of each participating family member/s or caregivers. The information regarding any person who has not consented will not be distributed to other family members, caregivers, or plan participants.

Role	Name & Title	Contact #	Email

Section III

Newborn Health Needs and Referrals

Newborn Name:

Newborn PID #:

Newborn DOB:

Needs	Referral Information:	Outcome:
<input type="checkbox"/> Exposure and Withdrawal	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Developmental	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Other Medical Conditions	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Other Newborn Needs	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments _____

Section III continued

Newborn Health Needs and Referrals

Newborn Name:

Newborn PID #:

Newborn DOB:

Needs	Referral Information:	Outcome:
<input type="checkbox"/> Exposure and Withdrawal	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Developmental	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Other Medical Conditions	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments: _____
<input type="checkbox"/> Other Newborn Needs	Referral: Referred To: _____ Date of Referral:	Appointment Scheduled: Did Not Attend Appt. _____ Comments _____

Mother Needs and Referrals

Mother Name:

Mother PID#:

Mother DOB:

Needs	Referral Information:	Outcome:
<input type="checkbox"/> AOD Assessment <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Recovery Coach/Peer Mentor	Referral Choose an item: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Substance Use Disorder Treatment Services <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Parenting Skills/Attachment/Bonding	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____

Section III continued

Parent/Caregiver Needs and Referrals

Parent/Caregiver Name:

Parent/Caregiver PID#:

Parent/Caregiver DOB

Needs	Referral Information:	Outcome:
<input type="checkbox"/> AOD Assessment <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Recovery Coach/Peer Mentor	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Substance Use Disorder Treatment Services <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Consent Obtained	Referral: Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____
<input type="checkbox"/> Parenting Skills/Attachment/Bonding	Referral : Referred To: _____ Date of Referral:	Attended Appointment: If Not, Reason: _____ Comments: _____

Section IV

OTHER SERVICES: Indicate which referrals were made or current services received

Referral	Current Services
<input type="checkbox"/>	<input type="checkbox"/> Breastfeeding Support/WIC
<input type="checkbox"/>	<input type="checkbox"/> Infant and Toddler
<input type="checkbox"/>	<input type="checkbox"/> Child Care/Respite Care
<input type="checkbox"/>	<input type="checkbox"/> Home Visiting _____
<input type="checkbox"/>	<input type="checkbox"/> Contraception and Pregnancy Prevention
<input type="checkbox"/>	<input type="checkbox"/> Intervention for Domestic Violence
<input type="checkbox"/>	<input type="checkbox"/> Birth to Five
<input type="checkbox"/>	<input type="checkbox"/> Public Assistance (including Transportation)
<input type="checkbox"/>	<input type="checkbox"/> Parenting Education (Infant Care, Bonding, Safe Sleep, Nurturing, Infant Development, etc.)
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Section IV continued

ESTABLISHED COMMUNITY SUPPORT AND SERVICES

	Service Received, Next Steps or Appointment Date:		Service Received, Next Steps or Appointment Date:
Support System (Family/Friends/Coworkers)		United Way	
Mother		Mother	
Father		Father	
Caregiver		Caregiver	
Housing		Parole and Probation	
Mother		Mother	
Father		Father	
Caregiver		Caregiver	
Family Drug Court		Additional Services	
Mother		Mother	
Father		Father	
Caregiver		Caregiver	

Section V

REVIEWED AND DISCUSSED

Safe Sleeping Environment	
Mother	
Father	
Caregiver	
Coping with Crying	
Mother	
Father	
Caregiver	
Home Safety Checklist	
Mother	
Father	
Caregiver	
Fire Safety	
Mother	
Father	
Caregiver	
Fire Escape Plan	
Mother	
Father	
Caregiver	

Section VI

Additional Comments to Support Referrals for Plan of Safe Care:

Section VII

DISCLAIMER AND CONSENT FOR SHARING OF POSC AND OTHER INFORMATION

Name	Consent for Release of Information (DHR/SSA 704)	Background Inquiry (CJIS)	Release of Information Substance Use Assessment and Treatment Providers-42cfr Compliant (DHS/SSA/3007/January 2020)	Reason Release of Information Not Completed

Section VIII

SERVICE STATUS DECISION: (Select Only One)

- No services or monitoring required by this agency: Recommended for Closure
- No services or monitoring required by this agency: Family refuses services and insufficient evidence to petition the court
- Agency services needed: Transferred to Family Preservation
- Agency services needed: Referred for Child Protective Services (maltreatment notification)
- Court Action: Order of Shelter

AGREEMENT: Signing below signifies that I participate in the development of this Plan of Safe Care and agree to provisions. The Safety Plan or Service Plan will be used to demonstrate steps towards maintaining safety of newborn(s) and case plans.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

LDSS Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Parental Authorization for Care of a Child by a Caregiver

Purpose: This form, signed by a parent, authorizes temporary care of a child by a selected caregiver.

Section A: Biological Parents' Information

Last Name:

First Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Street Address:

Apt #: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip code: Click or tap here to enter text.

Phone: (main) Click or tap here to enter text.

Phone (alternate): Click or tap here to enter text.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

Apt #: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip code: Click or tap here to enter text.

Phone: (main) Click or tap here to enter text.

Phone (alternate): Click or tap here to enter text.

Parental Authorization for Care of a Child by a Caregiver

Section B: Consent Being Authorized

I, _____, consent to the rendering of care including,
(Parent/s Full Name)
but not limited to, shelter, medical treatment (diagnostic procedures; surgical), and development
of a Plan of Safe Care (if applicable) to provide for care of _____
(Child's Full Name)
by _____.
(Caregiver full name/relationship to child)

Section C: Signature

To the Biological Parent – Please read the following.

I understand this consent is voluntary. I have read and considered the contents of this authorization, and I confirm that the contents are consistent with my intent. I understand that I am not giving up any of my legal rights to the care of my child and that I may revoke this consent at any time.

Click or tap here to enter text.

Parent's Printed Name

Parent's Signature

Date: Click or tap to enter a date.

Click or tap here to enter text.

Parent's Printed Name

Parent's Signature

Date: Click or tap to enter a date.