Plenary Session:
How North Carolina is Implementing Plans of Safe Care

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Wednesday, July 10, 2019
1:15 pm – 2:30 pm
Plan of Safe Care: Cross Systems Response to Infants Affected By Prenatal Substance Exposure

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July 10, 2019
Objectives

• Learn about collaborative efforts in NC
• Clarify how a notification differs from a report of child abuse and/or neglect in NC
• Learn about policies and procedures related to infants affected by prenatal substance exposure in NC
• Understand role of CC4C in the Plan of Safe Care
• Learn about the ongoing efforts and opportunities for sustainability
NC 2017 “Policy Academy” on Plan of safe Care

To create a state-specific policy agenda and framework to address and implement the provisions of CAPTA amended by CARA and to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families.

NC Department of Health and Human Services

• Division of Mental Health, Developmental Disabilities and Substance Abuse Services
• Division of Social Services
• Division of Public Health
• Division of Medical Assistance

North Carolina Association of County Directors of Social Services
Community Care of North Carolina
North Carolina Hospital Association
North Carolina Obstetrics and Gynecological Society
North Carolina Commission on Indian Affairs
Additional ongoing input from other organizations/stakeholders
The goal of the North Carolina Plan of Safe Care Interagency Collaborative is to provide a state-wide programmatic response to CAPTA provisions that ensures all North Carolina families with prenatal substance exposure have access to a family-focused and evidence-based service delivery system that emphasizes prevention and early intervention.
Local Collaboration to Support Plans of Safe Care

Build on existing local collaboratives or create collaboratives that brings together stakeholders:

- CC4C, County Health Departments
- Hospitals
- County Child Welfare Agencies
- Pediatricians/Primary Care Providers
- Substance Use Disorder Treatment Programs
- Local Management Entity - Managed Care Organizations
- Home visiting programs
- Domestic Violence Programs
- Child Development Services Agency (CDSA)
- Prenatal care providers and OB Care Managers
NC POSC Framework

NC, through the National Center on Substance Abuse & Child Welfare & SAMHSA’s In-Depth Technical Assistance process, utilized NCSACW’s five-point framework to develop the plan. Those five points are:

• Pre-pregnancy
• Prenatal
• Birth
• Neonatal
• Throughout childhood and adolescence

## NC POSC Framework

### Pre-Pregnancy Intervention Point

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Agency Overseeing Goal</th>
<th>Goal: Women and Providers are educated on the risk of substance use during pregnancy.</th>
<th>Action: Address stigma in ongoing education campaigns</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Health</td>
<td><strong>Health</strong></td>
<td><strong>Expand the use of SBIRT with an evidence-based screening tool:</strong></td>
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<td>• Collaborating with partners working on SBIRT implementation via federal grants</td>
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<td>• Support/collaborate with CC4C on their grant on use of SBIRT in primary care</td>
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<td>• Add to the Preconception Health Strategic Plan and family planning agreement with Health Departments</td>
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<td><strong>Encourage prescribers to utilize the North Carolina Controlled Substance Reporting System in conjunction with prescribing practices.</strong></td>
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<td><strong>Early Identification</strong></td>
<td>Health</td>
<td><strong>Healthcare providers universally screen all women of childbearing age for substance use using SBIRT and an evidence-based screening tool at annual visits</strong></td>
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<td><strong>Behavioral Health</strong></td>
<td>SUD providers perform pregnancy tests at intake on all women of childbearing age</td>
<td><strong>Work with SUD and MAT providers to integrate family planning practices into regular care.</strong></td>
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<td><strong>Engagement in Care</strong></td>
<td>Behavioral Health</td>
<td><strong>Women identified as using substances receive linkage to SUD treatment using a supported referral. Women who intravenously inject are given priority access to SUD treatment</strong></td>
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### North Carolina Policy

<table>
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<tr>
<th>Health Provider Involved in the Delivery or Care of Infant</th>
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<tbody>
<tr>
<td>1. Identifies infant as “substance affected” based on DHHS definitions</td>
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<tr>
<td>2. Makes notification to county child welfare agency</td>
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<table>
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<tr>
<th>County Child Welfare Agency</th>
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<tr>
<td>1. Completes CPS Structured Intake Form (DSS-1402) with caller</td>
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<tr>
<td>2. Develops Plan of Safe Care/CC4C Referral using ONLY the information that is obtained during the intake process</td>
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<tr>
<td>3. Refers ALL infants and families to CC4C PRIOR to any screening decision being made</td>
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<tr>
<td>4. Collects and reports required data</td>
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<tr>
<td>5. Uses “Substance Affected Infant” Policy to screen report and provide services for screened in cases</td>
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<tr>
<th>Care Coordination for Children (CC4C)</th>
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<tr>
<td>1. Participation is voluntary</td>
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<tr>
<td>2. Develop plan with family including services based on needs identified in the Plan of Safe Care</td>
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<tr>
<td>3. Progress is monitored based on monitoring tools already in place</td>
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Notifying Child Protective Services

In NC, a notification to the county child welfare agency must occur upon identification of an infant as “substance affected”, as defined by NC DHHS.

Notification requirement does NOT:
• Mean that prenatal substance use = child maltreatment
• Establish a definition under Federal law of what constitutes child abuse or neglect
• Change NC General Statutes
Identifying an Infant Affected By Prenatal Substance Exposure

Affected by Substance Abuse:

Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.

OR

Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an active substance use disorder, during the pregnancy or at time of birth.
Identifying an Infant Affected By Prenatal Substance Exposure

**Affected by Withdrawal Symptoms:**

The infant manifests clinically relevant drug or alcohol withdrawal.
Identifying an Infant Affected By Prenatal Substance Exposure

Affected by FASD:

Infants diagnosed with one of the following:

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

OR

Infants with known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.

CPS Structured Intake Form & Plan of Safe Care

- DSS has revised intake questions to include a “Substance Affected Infant” section.
- CPS Intake Policy Substance Affected Infant
  - Intake policy considers circumstances of exposure and effect to infant
  - Prenatal Substance Use ≠ Abuse or Neglect
  - Notification ≠ Screen-In
- POSC found on the CC4C referral
- POSC and Safety Assessment are NOT duplicative
- POSC is voluntary even when CPS is involved
- Components of POSC are incorporated into Family Service Agreements
CC4C/CMARC: Connecting Families to Services

- At-risk population management program for children birth to age 5
- Referral criteria include:
  - Children with adverse life events or toxic stress
  - Identification criteria include:
    - Children in foster care, other out of home placement
    - Neonatal exposure to substances, parental substance use
    - Maternal depression, parental mental health concerns
    - Domestic violence, abuse and/or neglect
    - Homelessness, food insecurity and/or extreme poverty
    - Exposure to violence in the community
  - Children who have been discharged from the NICU
  - (includes prematurity and congenital conditions)
  - Children with special health care needs
CC4C/CMARC: Supporting Families

- Comprehensive assessment, includes Life Skills Progression tool
- Goal setting with family
- Linkage to resources and services
- Parent education regarding needs of the infant
- Assistance and support to strengthen infant/mother dyad
- Education regarding red flags
- Strengthen relationship to medical home, promote quality care
- Emphasis on well and preventative care
- Developmental screening
Principles of CC4C/CMARC

• Timely identification and referral
• Assessment of the families needs and priorities
• Identification of the families needs and goals in relation to the child
• Intervention that helps meet the needs of the family and move them toward self management
• Evaluation and identification of new needs and establishing new goals
CC4C/CMARC: Identification and Referral

No wrong door for referrals:

- Community outreach
- Direct referral from community partners
- Close linkage with Social Service agencies and child welfare
- Partnering with the medical home
- Family self referral
- Data analysis and risk stratification
CC4C/CMARC: Assessing for Needs & Concerns

- Timely and continuous assessment throughout the care management process
  - Comprehensive needs assessment
    - In-depth look at the health of the child
    - Includes preventative care and functional conditions
  - Survey of the well-being of young children
    - Includes postpartum depression screening
    - Targeted questions to identify parental/caregiver mental health concerns
    - Developmental screening
    - Social determinants of health
      - Housing, Transportation, Interpersonal violence, Exposure to substances
    - Parent/caregiver concerns

https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview
CC4C/CMARC: Assessing for Needs & Concerns

• Life Skill Progression
  – Licensed screening tool for home visiting programs
  – LSP monitors 35 parental life skills in these areas:
    • Relationships
    • Education & Employment
    • Parent & Child Health
    • Mental Health & Substance Use
    • Basic Essentials
    • 8 aspects of child development using the Ages and Stages Questionnaire (ASQ-3)

http://www.lifeskillsprogression.com/home/faq#faq_1
CC4C/CMARC: Principles of Care Planning

• Meeting the families where they are (home visiting is essential)
  – Community encounters
  – Medical home interaction

• What is important to the family and how does that relate to the care and well being of the child

• What can the care manager do to help meet those goals and move the family toward self management and stability
  – Education
    • Safe sleep education is a standard point of education
    • Preventative health care education and coordination is required
  – Linkage to resources (NC Care 360)
  – Partnering with the family as part of the child’s care team
  – Linkage with the medical home to help guide the care of the child
CC4C/CMARC: Evaluation & Setting New Goals & Case Closure

• Was the care goal met/not met
  – How to move forward toward the goal or is that goal no longer a priority
  – Identification of new goals through continued assessment
  – Is the family still in need of continued services
  – What education or service coordination needs still exist

• Case Closure
  – Is the family in continued need of services
  – Is the family ready for case closure
  – Cases are closed and opened along a continuum as service needs arise
Substance Use Disorder Linkages

- Local Management Entity-Managed Care Organization Access To Care Call Centers
- NC Pregnancy Medical Homes
- Statewide Perinatal Substance Use Project
- NC Perinatal & Maternal SU and CASAWORKS for Families Residential Initiatives
- Statewide SUD Information & Referral Services
- NC Pregnancy & Opioid Exposure Project
Monitoring Implementation

- Child Welfare data collection
- CC4C data collection
- Review of qualitative information
- Technical assistance
- Continued outreach and education
Ongoing Efforts

• Ongoing feedback from stakeholders
• Monthly monitoring meetings (policy implementation, ongoing QI)
• Multiple presentations to varied audiences
• Statewide conference calls for providers
• Reinforcing best practice around substance use in pregnancy
• Increasing awareness of the Perinatal Substance Use Project, NC Perinatal & Maternal Substance Use Initiative, and other treatment and recovery supports
Ongoing Efforts

• Developed email address for ongoing questions, concerns, feedback from community partners
  • SVC_NCPOSCIC@dhhs.nc.gov
• Developed NC Plan of Safe Care Interagency Collaborative website
• Ongoing development of materials specific for audiences
• Strengthening existing partnerships and forming new ones – state and local level
Opportunities

• Educate and promote best practices around substances during pregnancy and the care of infants affected by substances

• Strengthen local partnerships and improve communication with hospitals, health care providers and child welfare agencies

• Care Coordination for Children (CC4C) program continues to offer support to families affected by substance use and work with health care providers, addressing toxic stress
Summary

Without collaboration this work would not be possible.

We credit our unique collaboration with the success of implementing POSC.
Resources

• NC Child Welfare Policy Manual
  https://www2.ncdhhs.gov/info/olm/manuals/dss/

• NC DHHS Infant Plan of Safe Care

• CC4C Referral for Plan of Safe Care

• NC Pregnancy & Opioid Exposure Project
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