STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, February 15, 2024

CF OPERATING PROCEDURE
NO. 170-8

Child Welfare

PLAN OF SAFE CARE FOR INFANTS AFFECTED BY PRENATAL SUBSTANCE USE

This operating procedure establishes guidelines for ensuring mothers, infants, and family members receive the necessary supports to prevent the negative outcomes associated with an infant's prenatal exposure to substance use. A Plan of Safe Care is voluntary. If accepted by the family, a Plan of Safe Care must be developed, implemented, and monitored for infants (under one-year-old) who have been affected by exposure to controlled substances or alcohol.

This operating procedure applies to all staff responsible for child protection investigations, case management activities for on-going services cases, and family support services cases.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, DELETED, OR ADDED MATERIALS

Clarifies that entering into a Plan of Safe Care is voluntary and removes the requirement that all infants and mothers affected by prenatal substance exposure shall be referred to a home visitor program. Referrals are only to be made if the family accepts services.

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Chapter 1

GENERAL REQUIREMENTS

1-1. Purpose. This chapter provides guidelines for ensuring mothers, infants and family members receive the necessary supports to prevent the negative outcomes associated with an infant's prenatal exposure to substance use. A Plan of Safe Care must be discussed with the family by the child welfare professional. If the family agrees there is a need, a Plan of Safe Care should be developed, implemented, and monitored for infants (under one year old) who have been affected by prenatal exposure to controlled substances or alcohol. Controlled substances include both prescription drugs not prescribed for the parent or not administered as prescribed (e.g., abuse of medication prescribed for pain management or not following medication assisted treatment protocols, etc.).

a. **A Plan of Safe Care is not the equivalent of a safety plan. A Plan of Safe Care may identify child safety and risk issues within the family, but a safety plan is the only vehicle for implementing specific protective actions.** A Plan of Safe Care is intended to facilitate a holistic, multi-disciplinary approach to responding to the needs of the entire family. A Plan of Safe Care is intended to be developed at the earliest point the mother's use or infant's exposure have been identified.

b. At the point of the child welfare professional's contact with the family, a Plan of Safe Care may already have been developed by medical personnel, behavioral health specialists, or home visitor staff (e.g., Healthy Start, Healthy Families, etc.) who regularly interact with the mother prior to, or soon after, the birth of the infant. It is the child welfare professional's responsibility to determine if a Plan of Safe Care has previously been offered to the mother and, if not, re-assess the need for a plan to be implemented and monitored.

1-2. Legal Authority. The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016, Title V, Section 503, made several changes to CAPTA:

a. Expanded exposure criteria beyond "illegal substances" to include alcohol and prescribed medications.

b. Required that the Plan of Safe Care address the needs of both the infant and the affected family or caregiver.

c. Required the development of policies and procedures to address the needs of infants identified as being affected by substance use or withdrawal symptoms.

d. Required health care providers involved in the delivery and care of substance affected infants to notify the child protective services system.

1-3. Reporting and Notification Requirements.

a. Section 383.14, Florida Statutes (F.S.), requires the attending health care provider (e.g., hospital, Perinatal and Birthing Centers, etc.) to identify and refer all infants prenatally exposed to controlled substances and alcohol for early intervention, remediation, and prevention services. For the purposes of this operating procedure, "affected by" as defined by the identification of use/abuse of alcohol and/or illegal substances shall be determined as follows:

(1) Mother's admission of use (in-person interview or screening question).

(2) A positive drug screen (prenatal or at birth).

(3) Medical staff assessment

(4) Information and/or referral from a reliable source such as a trusted family member or professional.

(5) Further observations or assessment of substance abuse history and patterns of use, or an infant who was prenatally exposed to schedule I or II drugs as documented by the above criteria.

b. Section 39.201, F.S., requires mandatory reporting when any individual suspects that a child is being maltreated. Harm from exposure to a controlled substance or alcohol is defined in s. 39.01(35)(g), F.S., as:

(1) A test administered at birth to an infant which indicates exposure of any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or

(2) Evidence of extensive, misuse, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised.

1-4. Plan of Safe Care Components. To determine the appropriate intervention efforts needed to assist with maternal entry or retention in treatment (i.e., substance use disorder or mental health services), enhancement of child well-being, and the development of family skills to facilitate healthier lifestyles, child welfare professionals shall obtain and assess the following information as part of the Family Functioning Assessment (FFA):

a. Mother's Substance Use and Mental Health Needs.

(1) Substance use history.

(2) Mental health history.

(3) Treatment history.

(4) Medication assisted treatment history.

(5) Referrals for services.

b. Infant's Medical Care.

(1) Prenatal exposure history.

(2) Hospital care (NICU), length of stay, diagnosis.

(3) Other medical or developmental concerns.

(4) Pediatric care and follow-up.

(5) Referral to Early Intervention and other services.

c. Mother's Medical Care.

(1) Prenatal care history.

(2) Pregnancy history.

(3) Other medical concerns.

(4) Screening and education.

(5) Follow-up care with OB-GYN.

(6) Referral to other health care services.

d. Family/Caregiver History and Needs.

(1) Prior involvement with child welfare.

(2) Child safety or risk concerns.

(3) Parent-child relationship.

(4) Family history.

(5) Living arrangements.

(6) Current support network.

(7) Current services.

(8) Needed supports/services.

1-5. Child Protective Investigations. If at any point during an investigation the child protective investigator (CPI) learns that an infant has been exposed prenatally to controlled substances or alcohol, the CPI shall:

a. Ask the mother if she was provided a Plan of Safe Care and encouraged to participate in a home visiting program (e.g., Healthy Start or Healthy Families, etc.). For children determined to be "Safe", the CPI shall encourage the parent(s) to participate in a home visiting program (e.g., Healthy Start or Healthy Families, etc.) to assess the need for, and implementation and monitoring of, a Plan of Safe Care.

b. If a Plan of Safe Care was developed, the CPI shall contact the family's worker and confirm that a plan is in place, inquire about the family's level of engagement, and ask if there are any unmet needs that are not currently being addressed by the plan components.

c. Assess for the possibility of developmental delays in the infant and, if a delay is suspected, refer the parent to a local child developmental screening program.

d. For children determined to be "Unsafe", the CPI shall contact medical and treatment personnel and attempt to obtain information on the immediate medical, placement, and treatment needs of the infant and mother. The components of the Plan of Safe Care (paragraph 1-4 of this operating procedure) shall be incorporated and addressed in the FFA-Investigation and be discussed at the case transfer staffing.

1-6. Case Management Services.

a. For infants coming into care involving prenatal exposure to a controlled substance or alcohol, the case manager shall determine if there is an existing Plan of Safe Care in place.

(1) If a plan has been implemented, the case manager shall determine its effectiveness in meeting the needs of the mother, infant, and other family members. If the plan has not been effective, the case manager shall work with the family to identify the challenges or barriers that have been problematic.

(a) The case manager shall contact the family's worker and confirm that a plan is in place, inquire about the level of engagement, and ask if there are any unmet needs or concerns that are not currently being addressed by the plan components.

(b) The case manager shall continue to monitor any existing Plan of Safe Care to resolve any unmet needs, concerns, or engagement issues. The family's progress and efficacy of the Plan of Safe Care shall be documented in the FFA-Ongoing or progress updates.

(2) If a Plan of Safe Care has not previously been developed, the case manager shall ensure that all plan components (see paragraph 1-4 of this operating procedure) are discussed in the FFA-Ongoing or Progress Update and include all essential unmet elements into the initial case plan as appropriate.

b. As part of a pre-birth assessment in an existing case, the case manager shall attempt to identify any prenatal substance use (controlled substances or alcohol) and ensure that, based on family needs, all necessary components of a Plan of Safe Care are addressed by the existing case plan. The case plan shall be modified to address any unmet needs that have been identified.

1-7. Child Welfare Information System Documentation.

a. CPIs shall document the following activities including, but not limited to:

(1) If not an alleged maltreatment on the intake, the CPI shall add the Substance-Exposed Newborn maltreatment to all investigations in which credible evidence (but not necessarily a preponderance) supports that an infant was prenatally exposed to a controlled substance or alcohol.

(2) The submission of a referral to any home visiting program or other family support service to develop a Plan of Safe Care when prenatal exposure to a controlled substance or alcohol has been identified.

(3) Recommendations for immediate medical, treatment, and placement needs identified by medical and treatment personnel for both mother and infant when a child has been determined to be "Unsafe."

b. Case managers shall document the following activities including, but not limited to:

(1) Review of pre-birth assessments when newborns are added to the household in existing cases to ensure relevant components of a Plan of Safe Care are being addressed or have been addressed by the existing case plan.

(2) Review of Plan of Safe Care components to ensure that all identified needs for the mother and infant are met by the initial case plan.

Chapter 2

PROCEDURES FOR MONITORING REFERRALS AND SERVICE PROVISION

2-1. Purpose. This chapter describes procedures for monitoring implementation of a Plan of Safe Care. Monitoring is intended to assess whether or not families are being provided appropriate referrals and to what extent the delivery of services is meeting the identified needs of affected infants, mothers, and family members. Consistent with s. 39.001, F.S., a Plan of Safe Care is to be developed through constructive, supportive, and non-adversarial relationships intruding as little as possible into the life of the family. Accordingly, a Plan of Safe Care is always voluntary. Monitoring is intended to ensure child welfare professionals are initiating timely and appropriate referrals to service providers who have developed a culturally sensitive, multi-faceted, and multidisciplinary approach to working with mothers and infants prenatally exposed to substances.

2-2. Legal Authority. The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016, Title V, Section 503, authorizes states to develop monitoring systems regarding the implementation of plans to determine how effectively local entities are providing referrals to and delivery of appropriate services.

2-3. Initiation of Referrals. As required by s. 383.14, F.S., all attending health care providers are required to refer infants identified as prenatally exposed to alcohol and controlled substances for early intervention, remediation, and prevention services. This process typically begins when Healthy Start staff offer universal risk screening for all pregnant women and infants to ensure that preventive care is directed as early as possible to prevent or minimize adverse outcomes. In some instances, child welfare professionals may determine a need for screening and services post birth or hospitalization.

a. At any point a child welfare professional identifies that an infant under one year of age has been affected by prenatal exposure to alcohol or controlled substances, a referral to a home visiting program for development and implementation of a Plan of Safe Care must be discussed with the parent or caregiver and the referral completed if the family accepts.

b. If the family declines the Plan of Safe Care, the child welfare professional must note the date the family declined the service in the case notes.

c. Concurrent with the engagement efforts, the child welfare professional shall consult with a substance abuse expert as provided in CFOP 170-5, Chapter 11, to determine the most appropriate course of action to ensure child safety and to arrange for further assessment or intervention as necessary.

2-4. Service Provision.

a. When initiated on a voluntary basis, the Healthy Start coalition will collaborate with other stakeholders and partners to provide services for infants and families affected by prenatal exposure to alcohol and controlled substances including, but not limited to:

(1) Other home visitor programs.

(2) Healthy Families Florida.

(3) Providers of Healthy Start services.

(4) County health department(s).

(5) Child Protection Teams.

(6) Prenatal and pediatric care hospitals and birthing centers.

(7) Children's Medical Services providers.

(8) Substance use disorder treatment providers.

(9) Department of Children and Families and their contracted providers (i.e., Community-Based Care Lead Agencies, Managing Entities).

b. In addition to the services provided by home visitor programs, infants diagnosed with Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and/or poor feeding and sucking shall be referred to Early Steps. Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their children learn and develop.

c. When initiated as a component of judicial or non-judicial case planning activities, development of a Plan of Safe Care and initiation of service provision are the responsibility of the assigned case manager. The need for any or all components of a Plan of Safe Care should be identified and assessed in the FFA-Ongoing, Progress Updates, and incorporated into case planning and treatment services.