Plan of Safe Care:
Substance Exposed Newborns (SENs)

June 14, 2024

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Disclosures

- This presentation explains SSA's policy and practice on implementing provisions in the Child Abuse Prevention and Treatment Act (CAPTA), Plan of Safe Care, as amended by the Comprehensive Addiction and Recovery Act (CARA) 2016 relating to SENs
- This is a presentation created in June 2024. Please be aware federal and state laws, Maryland's regulations, and SSA's policies may change.

Federal Mandate

- The state must have in effect and is operating a statewide program that includes
  - policies and procedures to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder

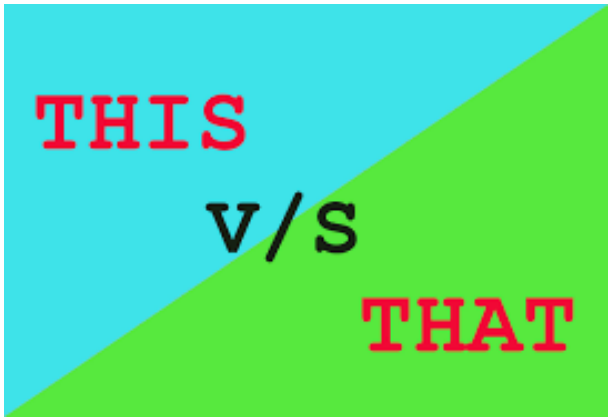
  - a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system
    - such notification shall not be construed to –(I)
    establish a definition under Federal law of
    what constitutes child abuse or neglect; or (II)
    require prosecution for any illegal action;

  - the development of a plan of safe care for the SEN and parent/caregiver.

SSA's Policy

SEN Response

- Family-centered approach
- Comprehensive assessment aimed to identify family strengths and needs, preserve the family, and promote safety & wellness
- Does not result in a finding* of "child abuse or neglect"

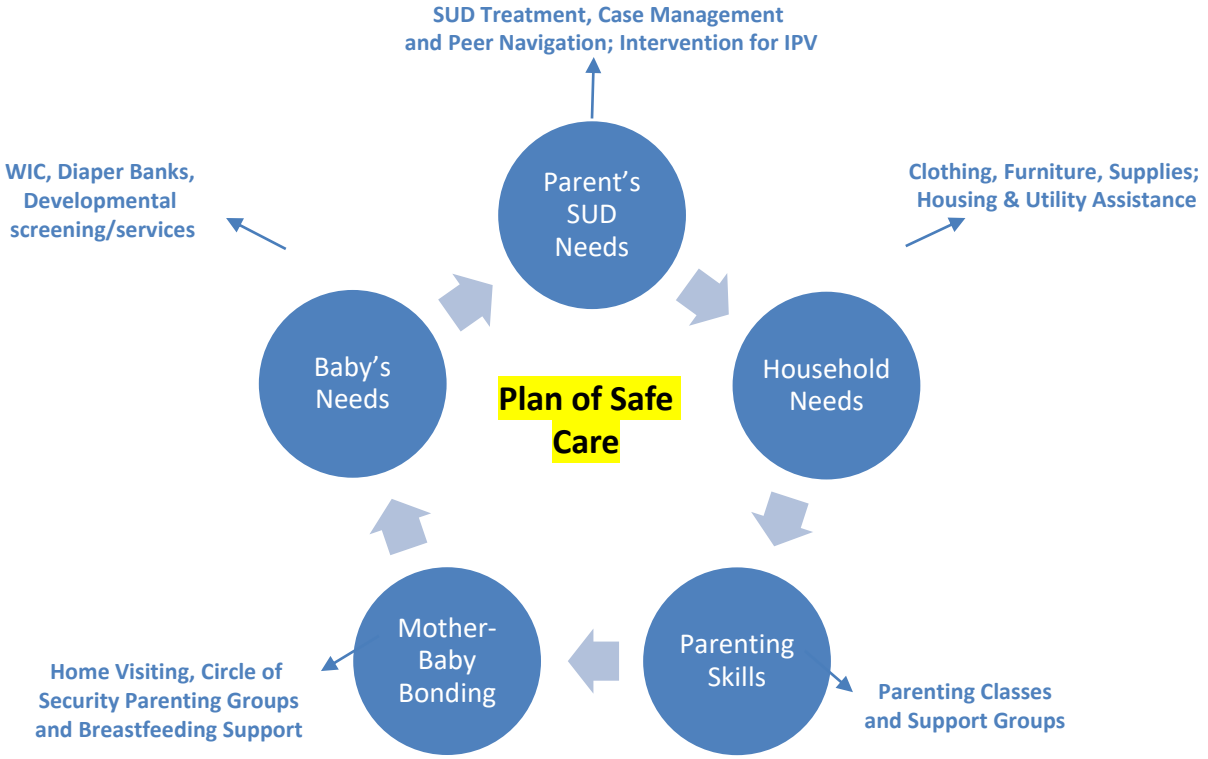


CPS Response

- An investigative response to reports of suspected abuse and neglect
- Results in a finding

**Disposition at the end of an CPS investigation that child abuse or neglect is indicated, unsubstantiated or ruled out*

SEN Assessment: Service Driven & Responsive



CY2023

MD SEN Cases	Cannabis	Opiates	Cocaine	Other	Amphetamines	Buprenorphine /Suboxone	Px Drug	Fetal Alcohol Spectrum Disorder
1,925	1,269 (66%)	478 (25%)	216 (11%)	127 (6%)	61 (3%)	32 (1.7%)	31 (1.6%)	3 (0.2%)



Foster Care Placement	< 2 days	Between 3 and 7 days	Between 8 and 30 days	Between 31 and 60 days	Between 61 and 90 days	91 days >
125	9 (7%)	13 (10%)	49 (30%)	24 (19%)	9 (7%)	14 (11%)

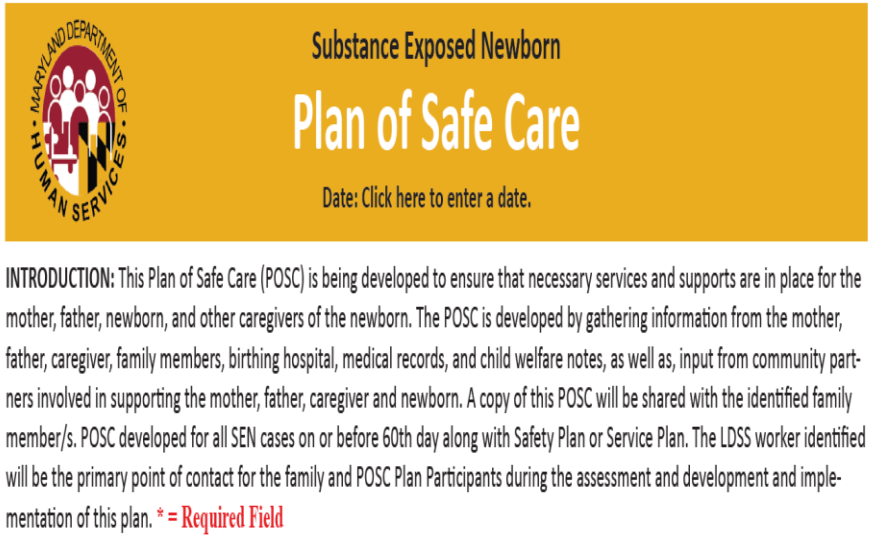
Source SSA's Child Juvenile Adult Management System (CJAMS) 3/2024

No Single Agency Can Do This Alone



Improving the outcomes of children and families affected by parental substance use requires a coordinated response from various systems:

- Child Welfare
- Substance Use & Opioid Use Treatment Providers
- Courts
- Community agencies and supports



Substance Exposed Newborn

Plan of Safe Care

Date: Click here to enter a 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

Cross-system coordination of services and providers working more effectively together to meet the unique needs of SENs and parents impacted by substance use.

A POSC is intended to be a plan focusing on the well-being of the SEN and parent/s or caregiver.

Health Care Providers and Community Health Providers (Infants & Toddlers; Home Visiting) Role

Section III

Newborn Health Needs and Referrals

Newborn Name: **Newborn PID #:** **Newborn DOB:**

Needs	Referral Information:	Outcome:
☐ Exposure and Withdrawal	Referral: Choose an Item Referred To: Date of Referral:	Appointment Scheduled: Choose an Item Did Not Attend Appt. Comments:
☐ Developmental	Referral: Choose an Item Referred To: Date of Referral:	Appointment Scheduled: Choose an Item Did Not Attend Appt. Comments:
☐ Other Medical Conditions	Referral: Choose an Item Referred To: Date of Referral:	Appointment Scheduled: Choose an Item Did Not Attend Appt. Comments:
☐ Other Newborn Needs	Referral: Choose an Item Referred To: Date of Referral:	Appointment Scheduled: Choose an Item Did Not Attend Appt. Comments

SUD/OUD Treatment Provider Role

Mother Needs and Referrals

Mother Name: **Mother PID#:** **Mother DOB:**

Needs	Referral Information:	Outcome:
☐ AOD Assessment ☐ Consent Obtained	Referral: Choose a Item Referred To: Date of Referral:	Attended Appointment: Choose an Item If Not, Reason: Comments:
☐ Recovery Coach/Peer Mentor	Referral Choose an item: Choose an It Referred To: Date of Referral:	Attended Appointment: Choose an Item If Not, Reason: Comments:
☐ Substance Use Disorder Treatment Services ☐ Consent Obtained	Referral: Choose an Item Referred To: Date of Referral:	Attended Appointment: Choose an Item If Not, Reason: Comments:
☐ Mental Health Services ☐ Consent Obtained	Referral: Choose an Item Referred To: Date of Referral:	Attended Appointment: Choose an Item If Not, Reason: Comments:
☐ Parenting Skills/Attach-ment/Bonding	Referral: Choose an Item Referred To: Date of Referral:	Attended Appointment: Choose an Item If Not, Reason: Comments:

SUD/OUD Treatment Provider Role

Section IV

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

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

Health Care Practitioners, SUD/OUD Treatment, and Community Provider Role

Section V

REVIEWED AND DISCUSSED		
Safe Sleeping Environment		
Mother		Choose an Item
Father		Choose an Item
Caregiver		Choose an Item
Coping with Crying		
Mother		Choose an Item
Father		Choose an Item
Caregiver		Choose an Item
Home Safety Checklist		
Mother		Choose an Item
Father		Choose an Item
Caregiver		Choose an Item
Fire Safety		
Mother		Choose an Item
Father		Choose an Item
Caregiver		Choose an Item
Fire Escape Plan		
Mother		Choose an Item
Father		Choose an Item

Contact Information:

Shawnett Mills, LCPC

Email:
Shawnett.Mills1@maryland.gov

Telework contact number:

443-902-0021

DHS SEN website:

http://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn



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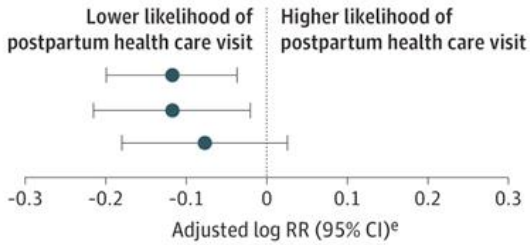
POSC: Provider's Role

Katrina Mark, MD FACOG ASAM

Mandated Reporting: Postpartum care

Figure 3. Risk Ratios (RRs) Comparing Receipt of a Postpartum Health Care Visit by State Prenatal Substance Use Policies

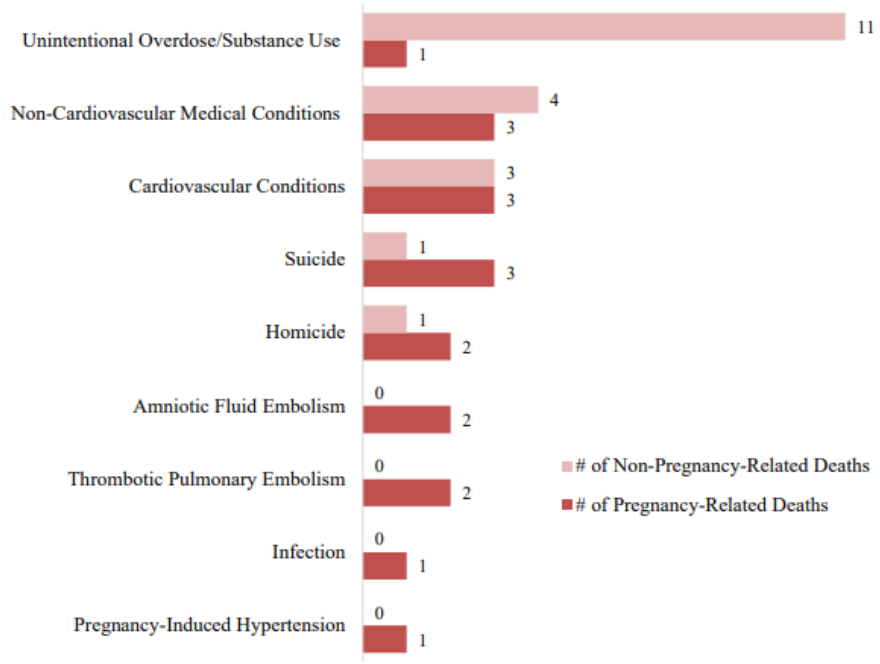
State policy category (vs neither category)[a]	Log RR (95% CI)
Child abuse policy only[b]	-0.12 (-0.20 to -0.14)
Mandated reporting policy only[c]	-0.12 (-0.22 to -0.02)
Both policies[d]	-0.08 (-0.18 to 0.02)



[a]Among 4155 births to women who reported substance use during pregnancy.

Austin, JAMA Ped 2022

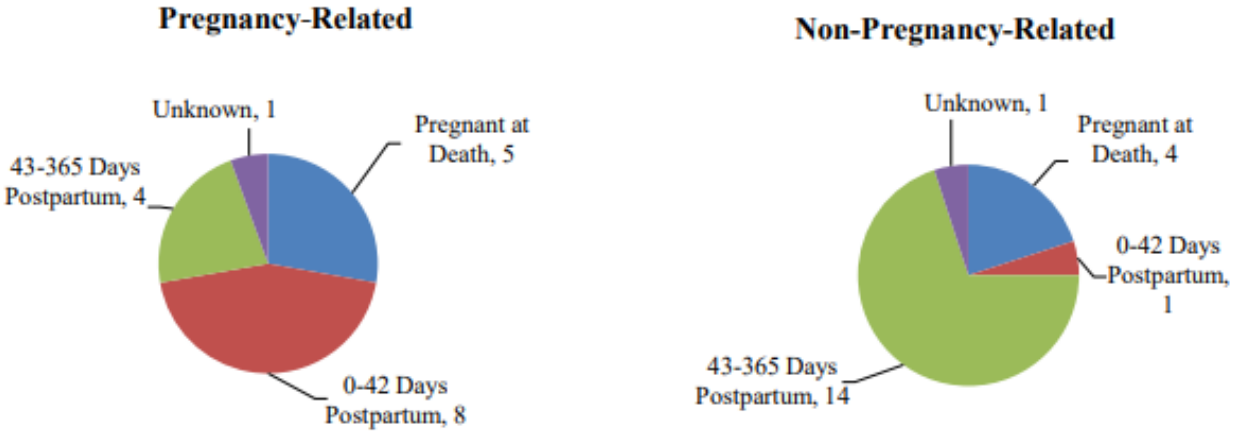
Figure 4. Number of Pregnancy-Related and Non-Pregnancy-Related Deaths by Category of Cause of Death, Maryland, 2018 (Total Deaths = 38)



Data Source: Maryland MMR Program.

MMR, Health.Maryland.gov

Figure 5. Number of Pregnancy-Related and Non-Pregnancy-Related Deaths by Timing of Death, Maryland, 2018



Data Source: Maryland MMR Program.

MMR, Health.Maryland.gov

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Types of Stigma

- Public stigma: driven by stereotypes about people with OUD which translate to negative attitudes
- Anticipated stigma: stigmatized individuals are subjectively aware of negative attitudes and develop expectations of being rejected
- Internalized (self) stigma: people with a stigmatized identity accept their devalued status as valid, thereby adopting for themselves the prevailing negative attitudes embedded in public stigma



Tsai CA, et al. PloS Med. 2019; 16(11): 1-18

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Types of Stigma (cont)



- Courtesy stigma: family members and friends experience as a result of their affiliation with people with OUD
- Enacted stigma: behavioral manifestations of public stigma, including discrimination and social distancing
  - Leads to suboptimal care and affects access to treatment/harm reduction services

Tsai CA, et al. PloS Med. 2019; 16(11): 1-18

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Types of Stigma (cont)

- Structural stigma: totality of ways in which societies constrain those with stigmatized identities through mutually reinforcing institutions, normal, policies and resources.
  - Become encoded in cultural norms, laws and institutional policies.

- **The types of stigma are interrelated/reinforcing and result in poorer health outcomes for patients with OUD**



Tsai CA, et al. PloS Med. 2019; 16(11): 1-18

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What is Person-First Language?

- Maintains the integrity of individuals as whole human beings – by removing language that equates a person to their condition or has negative connotations"
  - Neutral tone
  - Distinguishes person from his or her diagnosis

Instead of "drug user", they are "a person who uses drugs"

https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

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Words Effect Behavior

- Survey of 516 providers attending mental health care/addiction conference
- Vignette using “substance abuser” versus “SUD”
- “Abuser” associated with greater perception of blame and deserving of punishment

Kelly, International Journal of Drug Policy 2010

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Strength Based Approach to Documenting

- "Focus on what is strong instead of what is wrong"

- Examples:
  - **Stigmatizing: "Patient arrived 30 minutes late and agitated"**
  - **Strength based: "Despite having transportation and childcare issues, Ms. Smith attended her appointment today"**

  - **Stigmatizing: "Patient relapsed again"**
  - **Strength based: "Ms. Smith presented today to seek care and reports that she is motivated to achieve sustained recovery"**

Gilfoyle, Mental Health and Social Inclusion 2006

Postpartum and NICU Care

- Mothers report negative experiences in the NICU

- Feeling judged
- Being discouraged from participating in care
- “Scoring” of baby was upsetting and felt bias
- Caused self-doubt, shame and avoidance



Cleveland, Am J MCN 2013

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Stigma

- Increased surveillance by healthcare workers that doubted their parenting ability
  - Fear of making a “mistake” and being judged as unfit
- Desire for a “normal” early parenting experience
- Importance of support from clinicians and peers to develop maternal confidence and connection



Schiff, JAM 2024

. "I didn't want them to think I couldn't handle her… They were like, "Are you okay?" And I was like, "…I'm fine." But, you know, obviously, I was nodding off. [My nurse explained] 'when you are tired, you have to go to sleep. You cannot hold her. She's a newborn.' … I explained 'Oh, I didn't want you to think—cause CPS… I don't want you to say I don't know what I'm doing.'" (Participant 25, 31-year-old Black mixed-race mother)

Schiff, JAM 2024

Women's Voices

"[Interviewer: What would help?] I suppose a bit more support, like support me. Don't just take my kids away and then kind of leave me on my own. I suppose peer support group and more support services with no judgement will help" (Milly, aged 39)

"Overwhelming, just overwhelming, like set you up with DCS and stuff like that. The first few weeks of postpartum is so detrimental for postpartum depression and bonding and stuff like that – when you feel overwhelmed with all that kind of stuff it can really put a [pause] a damper on that – it could come between that. And it can completely throw you off mentally." – Mother, Participant 7

Allen, Drug Alch Dep 2023

Patient Navigation

- Behavioral health approach that helps patients navigate complex health systems and stay engaged in care

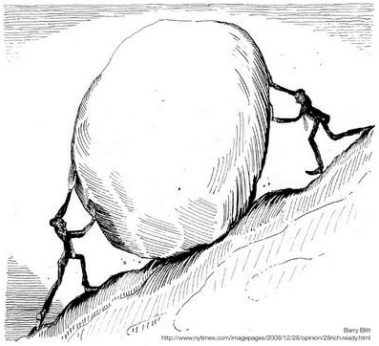
- OPTI-Mom 2.0 – multi-center pilot study providing 10 sessions during pregnancy and 4 postpartum

- Showed improvement in engagement in care

Cochran, Addiction 2024

Peer Support Specialists

- A person with lived experience whose role is to support the birthing person
- Can help to serve as a bridge with the medical team
- Improve feelings of support
- Can help navigate the healt system



Fallin-Bennet, Addict Beh 2020


We got you.
Pregnancy can be hard. The MOM program can help make it easier.
If you are pregnant, on Medicaid, and using opioids, hope and help is here. Contact the MOM program today health.maryland.gov/enrollMOM.
Maryland
DEPARTMENT OF HEALTH



Maryland MOM (Maternal Opioid Misuse) Case Management Services

Consent and Permission

☐ I give my consent to be contacted about the Maryland Maternal Opioid Misuse model.

I prefer to receive information via (check all that apply): *

☐ Voicemail

☐ Text Message

☐ Email

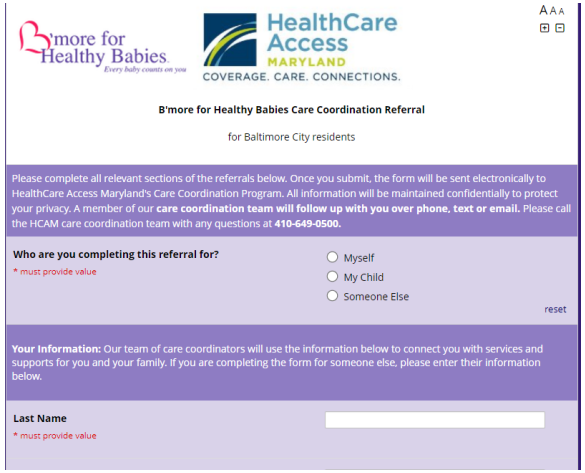
☐ I understand that if there is an issue with my submission, someone from Maryland MOM may need to contact me using the email address I provide.

Contact Information

Name *

First | Last

Date of Birth *



B'more for Healthy Babies
Every baby counts on you

HealthCare Access MARYLAND
COVERAGE. CARE. CONNECTIONS.

A A A

B'more for Healthy Babies Care Coordination Referral

for Baltimore City residents

Please complete all relevant sections of the referrals below. Once you submit, the form will be sent electronically to HealthCare Access Maryland's Care Coordination Program. All information will be maintained confidentially to protect your privacy. A member of our **care coordination team will follow up with you over phone, text or email.** Please call the HCAM care coordination team with any questions at **410-649-0500.**

Who are you completing this referral for?

* must provide value

- ○ Myself
- ○ My Child
- ○ Someone Else

reset

Your Information: Our team of care coordinators will use the information below to connect you with services and supports for you and your family. If you are completing the form for someone else, please enter their information below.

Last Name

* must provide value

Maryland
DEPARTMENT OF HEALTH

Maryland Prenatal Risk Assessment- MDH 4850

(Refer to the Instructions at the bottom of this document before completing this form)

Provider Demographic Information:
Date of Initial Prenatal Visit/ Form Completed: _____/_____/_____
Provider NPI#: _____ Site NPI#_____
Provider Name: _____Provider Phone Number: _____-_____-_____

Patient Demographic Information:
Patient Last Name:_____First Name:_____ Middle I:_____
DOB: ___/___/_____ Preferred Pronouns: _____
Social Security Number: _____-_____-_____ Medical Assistance Number (MA): _____
Current Address: Street _____City_____County _____State____Zip Code _____
Best Contact Phone Number: _____-_____-_____ Email: _____
Emergency Contact Name: _____ Contact Phone Number:_____-_____-_____
Communication Barrier: Yes ____(Requires an Interpreter Y/N) No _____ Primary Language _____

Insurance Status (at time of prenatal visit):

Uninsured: Y_____N_____	FFS: Y_____N_____	Applied for Maryland MA: Y_____N_____ Date: _____/_____/_____
Maryland Medicaid: Y_____N_____		MCO: _____

Demographics:

Biologic Sex	Male _____Female_____	Other: _____	
Gender Identity	Cisgender: Male _____Female_____	Other: (Patient's own definition) _____	
Race (check all that apply)	Black or African American _____	Asian _____	American Native _____
	Hispanic _____	Native Hawaiian/Pacific Islander _____	Alaska Native _____
	Non Hispanic White_____	Multiracial_____	Unknown_____
Educational Level:	Highest Grade Completed _____	Currently in School: Yes _____ No_____	GED: Yes ____No____
Marital Status:	Married _____	Unmarried _____	Unknown _____
	Separated _____	Divorced _____	

BETTER TOGETHER

EARLY FAMILY ADVOCACY PROGRAM

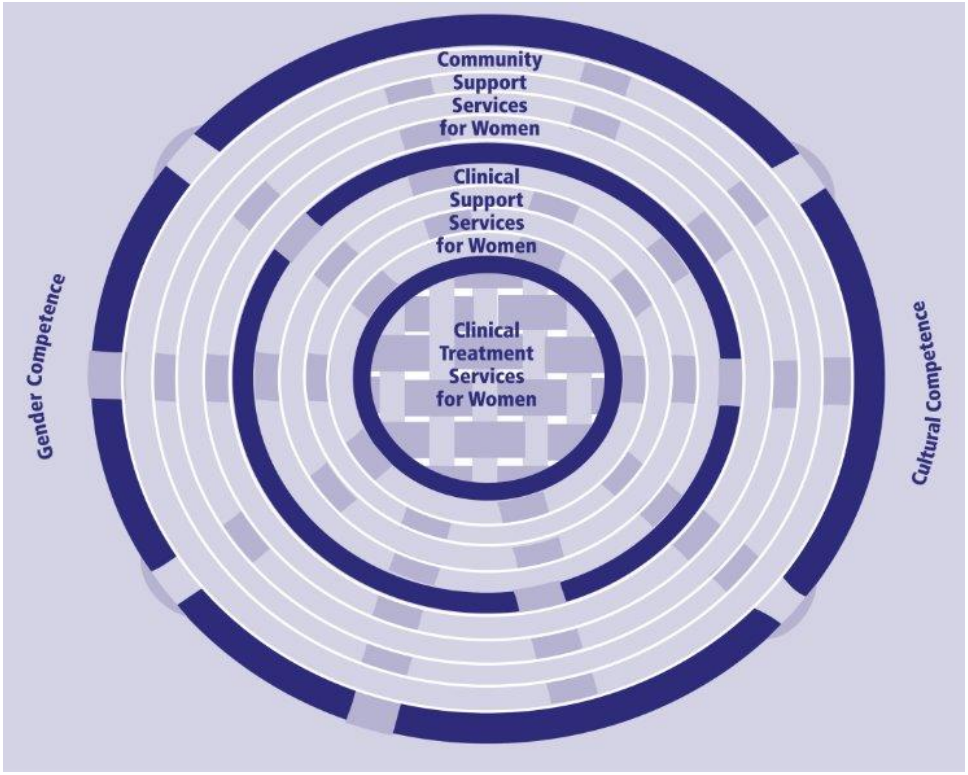
Better Together Early Family Advocacy Program

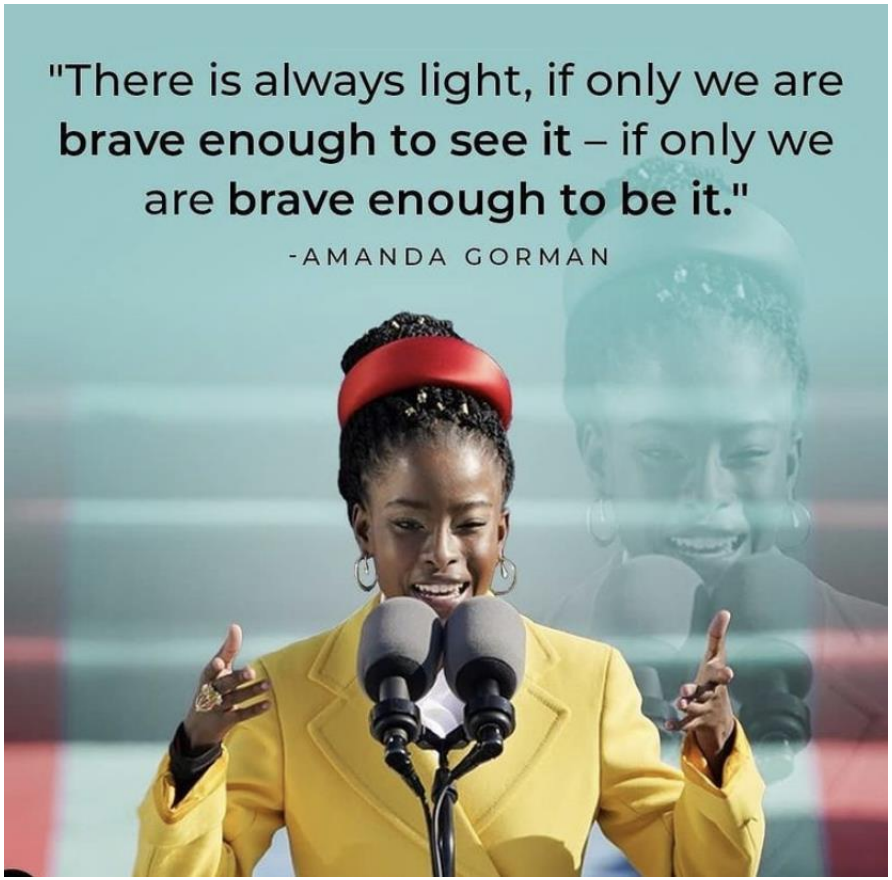
An initiative of MOPD's Parental Defense Division.

A project in Baltimore City that aims to reduce court involvement and prevent family separation.

opd.bettertogether@maryland.gov
410-368-0426

- A Lawyer
- Help with Housing Issues
- Help with State Benefits
- Accompanying Parents for Home Inspections and Visits from CPS
- Other Services That Your Family May Need
- Help with Understanding Your Rights and Responsibilities
- Referrals for Substance or Mental Health Treatment
- Supplies for Your Newborn or Children
- Creating a Plan for Your Children to Remain Home Safely


Community
Support
Services
for Women
Clinical
Support
Services
for Women
Clinical
Treatment
Services
for Women
Gender Competence
Cultural Competence


"There is always light, if only we are brave enough to see it – if only we are brave enough to be it."
-AMANDA GORMAN

MACS
Maryland Addiction Consultation Service for MOMS

Maryland Addiction Consultation Service for Maternal Opioid Misuse (MACS for MOMs)

Provides support to maternal health providers and their practices in addressing the needs of their pregnant and postpartum patients with substance use disorders (SUD), particularly opioid use disorder (OUD).

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and pregnancy
- Assistance with addiction and behavioral health resources and referrals
- MACS for MOMs TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning

1-855-337-MACS (6227) • www.MACSforMOMs.org