


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

DATE: June 2009

CIRCULAR LETTER: SSA# 09-21

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

FROM: Carnitra White 
Executive Director
Social Services Administration

RE: Maryland's Drug-Exposed Newborn Care Plan

PROGRAMS AFFECTED: In-Home Family Services

ORIGINATING OFFICE: In-Home Family Services

BACKGROUND: The Keeping Children and Families Safe Act of 2003 reauthorized and amended the federal Child Abuse Prevention and Treatment Act (CAPTA) requiring states to establish policies and procedures to address the needs of newborn infants exposed to illegal drugs. This policy directive supercedes the previous policy directive SSA# 08-6.

ACTION REQUIRED OF: In-Home Family Services

REQUIRED ACTION: Operationalize the revised policies and procedures involving the provision of services to drug-exposed newborns and their families in all jurisdictions beginning April 30, 2009.

ACTION DUE DATE: June 1, 2009

CONTACT PERSONS: Debbie Ramelmeier, Director
Office of Child Welfare Practice and Policy
410-767-7345

Steve Berry, Program Manager
In-Home Services
410-767-7018

I. PURPOSE:

Passage of the “Keeping Children and Families Safe Act” of 2003 reauthorized and amended the Child Abuse Prevention and Treatment Act (CAPTA). This revised legislation required states to have in place by June 30, 2004 “policies and procedures to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such conditions in such infants, except that such notification shall not be construed to: 1) establish a definition under Federal law of what constitutes child abuse; or 2) require prosecution for any illegal action (CAPTA, § 106(b)(2)(A)(ii)).”

The new CAPTA provisions also require states to develop “a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms” (§106(b)(2)(A)(iii)); and “procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports” (§ 106(b)(2)(A)(iv)).

SSA has distributed two Circular Letters (#SSA 04-16 in June 2004 and SSA# 08-6 in January 2008) to clarify questions that arose about the differences in the terms “drug-exposed” and “drug-affected” and about the assessment, referral, screening, and investigation processes. The purpose of this policy directive is twofold:

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

II. PHILOSOPHICAL FRAMEWORK

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

A basic principle of the child welfare system is that children grow and develop best in a loving family that provides nurturing care. Inherent in this principle is the need to make reasonable efforts to keep families together

and to place children out of their homes only if their safety and well-being cannot be ensured within their families.

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

III. DRUG-EXPOSED NEWBORN CARE PLAN PROCESS

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

The coordinator shall also form a team with all partnering agencies, including other staff from the LDSS, hospital(s), the health department's divisions of maternal and child health and of addictions/mental health, and other agencies who share these clients. This team shall meet on a regular basis to coordinate services for drug-exposed newborns, their mothers, and families, and to identify resources, barriers to care, and gaps in services.

The team shall also determine how the mother's substance abuse problem and her treatment needs can be assessed in an expedited manner, either by hospital or local health department staff or other qualified professionals, so that an assessment can be completed, a treatment plan developed, and a referral to the appropriate level of care made.

IV. SCREENING A REFERRAL

Upon receiving a referral from a hospital of a drug-exposed newborn infant, screeners in local departments shall use structured decision making to determine what conditions exist that create a substantial likelihood that the infant will be harmed due to caregiver's neglect. It is not necessary for injury to have occurred.

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

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

VI. REQUIREMENTS OF THE INVESTIGATION

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

The investigation must include the following:

- Contact with the reporting person to determine whether laboratory tests confirm that the newborn infant has been exposed to illegal drugs; to identify any needed medical treatment for the child or mother; to assess the mother's attitude and behavior with the infant; to determine the expected discharge dates of the mother and infant; and to determine whether there are other children in the home at risk.
- Complete a MD CHESIE check to obtain history of CPS involvement with the mother.

- Interview the parents to determine their willingness and capacity to provide adequate care of the newborn infant and any other children in the home.
- Refer the mother, and if necessary, the father for a substance abuse assessment if not completed in the hospital.
- Contact relatives of the parents to determine their suitability as resources if placement is needed.
- Complete a Safety Assessment for Every Child (SAFE-C) prior to the discharge of the infant from the hospital, or if not possible, within five (5) days of discharge. When a safety plan is developed, the caseworker must take the necessary steps to assure the safety and well-being of the child. If the infant is in need of the protection of the Juvenile Court, follow normal procedures for removal and petitioning the court. Follow standard neglect investigation procedures in all cases accepted for investigation, including an assessment of any other children in the home and under the care of the birth mother. Should circumstances warrant, transfer the case to continuing services.
- Substance use, either during pregnancy or after the birth of an infant, does not in and of itself support a finding of indicated neglect.