

ORANGE COUNTY SOCIAL SERVICES AGENCY
PDU DISPATCH

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PDU DISPATCH

Plan of Safe Care – Substance Affected Infants

Purpose To provide guidelines regarding the completion and use of the Plan of Safe Care (POSC).

Background The Child Abuse Prevention and Treatment Act (CAPTA) was enacted in 1974 at the federal level to address child abuse and neglect. CAPTA was amended in 2003, requiring states to address substance affected infants. In 2010, CAPTA was amended by Congress to include infants affected by Fetal Alcohol Spectrum Disorder. In 2016, the Comprehensive Addiction Recovery Act (CARA) amended CAPTA to improve efforts related to substance abuse prevention, education of legal and illegal substances, and promoting treatment and recovery. Further, CAPTA requires the development of a Plan of Safe Care (POSC) when a substance affected infant is identified.

In 2017, California Department of Social Services (CDSS) released All County Letter (ACL) 17-92 which provides guidance to counties establishing statewide policies and procedures to meet the requirements of CAPTA and CARA, including the development of the POSC. ACL 20-122 provides guidance regarding collecting and documenting the number of substance affected infants referred to CFS, whether a POSC was developed, and whether a referral for services was made for the infant, parent, or other caregiver in CWS/CMS.

Definitions For the purposes of this Dispatch, the following apply:

Assigned Senior Social Worker (SSW): A social worker currently assigned to conduct an investigation/assessment of alleged child abuse/neglect and/or provide case management on an open referral or case. This designation may include, but is not limited to an Emergency Response SSW, Intake/Investigations SSW, and case-carrying SSW.

Caregiver: A parent, other relative, resource parent, adoptive parent or guardian, as outlined by the federal requirements under Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. § 5116h).

Case Plan: Per Welfare and Institutions Code (WIC) § 11400, a written document which sets forth appropriate services to be provided to the child, the child's family, and the resource parents, in order to meet the child's needs while in foster care, and to reunify the child with the child's family. Refer to [CFS P&P Case Plan \(D-0101\)](#) for further guidance.

Infant: A child from birth to 12 months of age.

Plan of Safe Care (POSC): Per ACL 17-92, a plan that addresses the needs of an infant, 0-12 months of age, who is identified as affected by substance use, including both illegal and legal drugs, experiencing withdrawal symptoms, or has Fetal Alcohol Spectrum Disorders (FASD). A POSC differs from a Safety Plan in that the POSC goes beyond the immediate safety factors to address the ongoing health, development, and well-being of an infant, as well as the family's treatment and other service needs.

Positive Toxicology: A screen conducted at the time of delivery where the parent and/or infant obtains a positive result for drugs (legal or illegal) and/or alcohol.

Safety Plan: A plan designed to address identified safety threats within the Orange County Social Services Agency (SSA). [OC Safety Plan \(F063-25-453\)](#) is used to document reasonable efforts to maintain a child safely in the home. Refer to [CFS P&P Structured Decision Making \(D-0311\)](#) for further guidance.

Identification of a Substance Affected Infant Per ACL 17-92, a newborn is considered a substance affected infant when substance exposure (both illegal and legal) is indicated at birth. This may include a situation where the exposure is detected via toxicology screen, or other indicators, such as, one or more of the following:

- The mother's observed/reported substance use
- The infant experiencing withdrawal symptoms
- Diagnoses of Fetal Alcohol Spectrum Disorder (FASD)

Per Penal Code (PEN) § 111165.13 and Health and Safety Code (HSC) § 123605, a positive toxicology screen at the time of delivery will lead to an assessment of needs for the mother and infant by a health care professional.

Per ACL 17-92, additional risk factors health care professionals will assess include, but are not limited to the following:

- Special medical and/or physical problems of the infant
- Special care needs of the infant
- Infant's experience of withdrawal symptoms
- Parent's lack of prenatal care
- Parent's history of drug/alcohol use
- Parent's history of drug/alcohol treatment
- Parent's awareness of impact of drug/alcohol use on the child
- Parent's emotional and mental functioning and stability
- Parent's responsiveness to the infant, bonding/attachment, and parenting skills
- Parent's preparedness to care for the infant (e.g. adequate baby supplies)
- Parent's history of abuse or neglect of other children
- Parent's history of family violence
- Parent's involvement in criminal activity or criminal activity in the household
- Lack of family support system
- Unsafe home conditions

Plan of Safe Care (POSC)

Per ACL 17-92, a POSC will be developed when a substance affected infant is identified. The POSC may be developed by health care professionals, medical social workers, substance use treatment professionals, mental health professionals, and child welfare workers, as applicable.

The primary goal of the POSC is to provide appropriate services and supports using a strengths-based approach to maintain the child safely in the home, or if not possible, to assist with reunification.

The purpose of the POSC is to:

- Assist in the long-term engagement of families where a substance affected infant has been identified
 - Address the ongoing:
 - Health and development of the infant
 - Substance use treatment and other service needs of the affected caregiver and family

If not previously completed prior to CFS involvement, a POSC will be developed as soon as possible by the assigned SSW. The components of the POSC will be incorporated into the safety plan and/or case plan, and monitored for appropriate referrals and service delivery to the infant and family.

POSC SSW Responsibilities

- A. [Child Abuse Registry \(CAR\)](#)
The CAR SSW will provide initial intake and evaluation of risk screening for children reported to be alleged victims of abuse, neglect, and/or exploitation per [CFS P&P Child Abuse Registry \(M-0109\)](#).
- When a referral for a substance affected infant is received, the CAR SSW will use Hotline Tools in SDM as appropriate, per [CFS P&P Structured Decision Making \(D-0311\)](#). The CAR SSW will assess the allegations and determine a disposition and response time.
1. [CAR Screening](#)
Per ACL 20-122, screening questions will include, but not be limited to the following:
 - Has a POSC been developed?
 - Did the infant test positive for a substance?
 - Did the mother screen positive for a Substance Use Disorder (SUD)?
 - Is the infant or parent already receiving services, or has the infant or mother been referred to services?
 - What is the nature of those services (e.g., substance use treatment services, Medication-Assisted Treatment (MAT), parenting services, in-home supportive services)?
 - To what extent are the parent and/or infant actively engaged in services?
 - Are there any additional concerns about the well-being of the infant (e.g., domestic violence, human trafficking, etc.)?
 2. [CAR Disposition and Response Determination](#)
Per ACL 17-92, if the information provided by the reporting party indicates a low-level of risk that does not require an in-person response by an ER SSW, the CAR SSW will encourage the reporting party to direct the family to community resources. If accepted for investigation, the CAR Senior Social Services Supervisor (SSSS) will:
 - Notify Special Medical that a referral involving a substance affected infant has been assigned for investigation via email
 - Provide SM with a copy of the referral
 Refer to [Attachment 2 – CFS Program Roles for Identifying Special Medical](#) of [CFS P&P Special Medical Placements \(K-0801\)](#), for steps the CAR SSW will complete when a substance affected infant has been identified.
 3. [CAR Documentation](#)
The CAR SSW will document the following on the Contributing Factors tab in the Intake Section in CWS/CMS:
 - Condition the child was affected by (e.g. Fetal Alcohol Spectrum Disorder or substance abuse)
 - If a POSC has been developed
 If a POSC has been developed, the CAR SSW will document the following information on the Contributing Factors tab in the Intake Section in CWS/CMS:
 - Who developed the POSC (e.g. hospital or CFS staff)
 - The date the POSC was developed
 - Whether referrals for service were made
 - When referrals were made
 - For whom referrals were made:
 - Infant
 - Parent
 - Caregiver

The CAR SSW will document the responses to the screening questions in the screener narrative as appropriate. Refer to [CFS DES Plan of Safe Care-Referral: Contributing Factors \(X0101\)](#) for further guidance. Any documentation regarding a POSC that was developed prior to a report to CAR will be uploaded to CWS/CMS by the CAR SSW or designee.

B.

Emergency Response (ER)

When assigned to a referral with a substance affected infant, the assigned SSW will conduct an investigation per [CFS P&P Abuse Investigations—Practice Guidelines \(A-0412\)](#).

Per ACL 20-122, both the infant and parent/caregiver will receive support and referrals for services to address the immediate needs in relation to the effects of substance use on the infant and the treatment needs of the parent(s) as part of the development of a POSC.

If a **POSC has been developed** prior to CFS involvement, the assigned SSW will document the existing POSC in CWS/CMS. Refer to Dispatch section 'Emergency Response Documentation' for further guidance.

If a **POSC was not developed** prior to CFS involvement, the assigned SSW will develop the POSC and document all relevant information obtained during the Emergency Response investigation, including referrals provided on the [OC POSC \(F063-25-841\)](#). Refer to Dispatch section 'Completion of OC POSC' for further guidance.

Note: Prior to closing a referral or promoting to a case, the assigned SSW or designee will document the substances used during pregnancy reported by mother as documented in the [OC POSC \(F063-25-841\)](#) in CWS/CMS. Refer to Dispatch section 'Emergency Response CWS/CMS Documentation' for further guidance.

1.

Safety Plans

If it is determined the substance affected infant can be maintained in the home of the parent or caregiver, provided appropriate services and/or interventions are in place, the assigned SSW will develop an [OC Safety Plan \(F063-25-453\)](#). Refer to [CFS P&P SDM \(D-0311\)](#) and CDS Manual Policy and Procedures (MPP) Division 31-125 for further guidance.

The elements of the POSC will be incorporated into the safety plan. Per ACL 17-107, when preparing the Safety Plan the assigned SSW will:

- a. Identify and clearly state the safety concern posed by the substance abuse (includes both legal and illegal drugs or alcohol).
- b. Describe specific action steps to mitigate safety threats including the health and safety of the newborn and substance abuse treatment needs of the mother.
- c. Address the health and safety needs of the substance affected infant.
- d. Address the substance use treatment needs of the mother and affected family member(s).

Information obtained during monitoring of the safety plan, including execution of action steps, will be documented in CWS/CMS and the Investigation Narrative consistent with [CFS P&P Abuse Investigations—Finding and Documentation \(A-0305\)](#).

The assigned SSW will verify that the safety plan's goals are met and the safety threat is mitigated. This may include the following as appropriate:

- Announced and unannounced visits to the home
- On-going collaboration and communication with the family/caregiver's safety network
- Active engagement with family/caregivers to ensure participation and ability to complete action steps and safety goals

If the safety threat to the infant cannot be mitigated through a safety network or monitoring of the safety plan, indicating CFS involvement is required, the referral may be promoted to a Dependency case or Voluntary Family Services (VFS). For further guidance refer to [CFS P&P Abuse Investigations—Protective Interventions \(A-0414\)](#).

2.

Referral to Voluntary Family Services (VFS)

VFS may be considered when an allegation has been substantiated and all the following conditions have been met:

- At least one child is at serious risk of removal
- Service delivery is sufficient to ensure a child's safety, protection, and well-being
- The parent/legal guardian is willing to participate in services
- The family resides in Orange County

Refer to CFS P&P [Voluntary Family Services \(VFS\) and Informal Supervision \(M-0106\)](#) for further guidance.

3.

Filing a Petition (Dependency Case)

When a substance affected infant can be described under WIC § 300, subdivisions (a) through (j), a petition may be filed in juvenile court.

The petition may be filed regardless of whether a child remains in the home of a parent or is taken into protective custody. For further guidance, refer to [CFS P&P Abuse Investigations—Protective Interventions \(A-0414\)](#).

4.

Emergency Response CWS/CMS Documentation

The assigned SSW or designee will document the following prior to closing a referral or promoting to a case in CWS/CMS:

- a. Contributing Factors Tab in the Investigation Section
 - Who developed the POSC (e.g. hospital or CFS staff)
 - The date the POSC was developed
 - Whether referrals for services were made
 - When referrals were made
 - For whom referrals were made:
 - Infant
 - Parent
 - Caregiver

Refer to [CFS DES Plan of Safe Care-Referral: Contributing Factors \(X0101\)](#) for further guidance.

b.

Client Notebook ID Tab

- Substances used during pregnancy reported by mother

Refer to [CFS DES Recording Drug/Alcohol & Mental Health: Perp \(N0109\)](#) for further guidance.

C.

Dependency/VFS Cases

When the assigned SSW receives a Dependency or VFS case involving a substance affected infant, and there is an open Dependency or VFS case for one or more siblings, the assigned SSW will:

- Review existing POSC and make updates as appropriate
- Provide additional referrals to services as necessary
- Incorporate the elements of the POSC into the case plan

Refer to Dispatch section 'Case Plan Requirements -Substance Affected Infants' for further guidance.

For further guidance on completion of the POSC refer to Dispatch section 'Completion of OC POSC'.

1.

Pre-Disposition

Prior to the Court making dispositional orders, but after dependency proceedings have been initiated, children may be in a variety of custodial arrangements. Children may also have been placed in out-of-home care.

When a substance affected infant remains in the custody of one or more parents or legal guardians, the assigned SSW will:

- Confirm that a safety plan was developed, and that the safety plan includes and documents the necessary elements of the POSC.
- If a safety plan has not been developed, and a substance affected infant remains in a home with an active safety threat, the assigned SSW will develop a safety plan incorporating the necessary elements of the POSC pending protective or disposition orders being made by the Court.

• Document and incorporate any changes in the POSC in CWS/CMS contact entries, Court Reports and recommended case plans and case plan updates as appropriate.

When a substance affected infant is in out-of-home care, the assigned SSW will address the POSC in the initial Child and Family Team Meeting (CFTM). Refer to [CFS P&P Child Family Team \(D-0314\)](#) for further guidance.

2.

Family Maintenance (Court)

When a Family Maintenance case involves a substance affected infant, the assigned SSW will document and incorporate any changes in the POSC in CWS/CMS contact entries, Court Reports and recommended case plans and case plan updates.

3.

Family Reunification

The assigned SSW will address the POSC in CFTMs, including modified POSC components in recommended updates to the case plan. Refer to [CFS P&P Child Family Team \(D-0314\)](#) for further guidance.

4.

Voluntary Family Services

When a referral involving a substance affected infant is deemed appropriate for VFS and promoted to a Voluntary Case or a Dependency case is dismissed pursuant to WIC § 301 the assigned SSW will incorporate the elements of the POSC into initial or updated safety plans, and/or voluntary case plans as appropriate.

Case Plan Requirements- Substance Affected Infants

Per ACL 17-92, for voluntary or dependency cases involving substance affected infants, the assigned SSW will clearly identify and document the effects of the following in the case plan:

- Substance abuse
- Withdrawal symptoms
- Fetal Alcohol Spectrum Disorder

Case plans will include Service Objectives, Client Responsibilities and Agency Responsibilities that:

- Are necessary to assist maintaining the children in their homes or promote reunification as appropriate
- Address immediate safety needs of the substance affected infant
- Provide for the on-going treatment needs of the substance affected infant
- Regard the health and substance use treatment needs of the affected family member or caregiver
- Include referrals to, and delivery of services that are appropriate for the affected infant, family member or caregiver

The assigned SSW will monitor the case plan to confirm appropriate implementation and the completion of the Service Objectives, Client Responsibilities and Agency Responsibilities.

Completion of OC POSC

An [OC POSC \(F063-25-841\)](#) will be completed when a referral/case involves a substance affected infant, and one has not previously been developed. The [OC POSC \(F063-25-841\)](#) will document available information including but not limited to the following:

- Hospital name
- Mother and infants name and DOB
 - Identified supports
- Substance reportedly used during pregnancy
- Presence of positive screen (e.g. blood, meconium or urine)
 - Confirmation of screen and if it is pending
 - Withdrawal symptoms
 - Finnegan/NAS Score
 - Fetal Alcohol Spectrum Disorder
- Services for the infant (e.g. medical or developmental)
- Services for the parent (e.g. mental health or substance use treatment, parenting or housing)

The assigned SSW will assess for and document on [OC POSC \(F063-25-841\)](#) identified supports, including but not limited to, the following:

- Spouse/Partner
- Family/Friends
- Counselor
- Spiritual Faith/Community
- Recovery Community
- Secondary Caregiver
- Peer Mentors

The assigned SSW will make efforts to obtain parental/caregiver signature per best practice on the POSC form, acknowledging:

- They have received resources/referrals to address the infants' exposure to one or more substances
- They have received resources/referrals to address substance use
- They have received a copy of the POSC

If efforts to obtain the parent/caregivers signature are unsuccessful, or the parent/caregiver declines to sign, the assigned SSW will indicate this on the form, as appropriate.

If unable to obtain parental/caregiver signature, verbal acknowledgement is sufficient and can be documented on the form.

Once the [OC POSC \(F063-25-841\)](#) has been completed, the assigned SSW or designee will upload the form to CWS/CMS.

POSC Updates The assigned SSW will complete a new [OC POSC \(F063-25-841\)](#) on behalf of the family when health, developmental or service needs change, as appropriate. Refer to Dispatch section 'Completion of OC POSC' for further guidance.

REFERENCES

Attachments and CWS/CMS Data Standards Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [CFS DES Plan of Safe Care-Referral: Contributing Factors \(X0101\)](#)
 - [CFS DES Recording Drug/Alcohol & Mental Health: Perp \(N0109\)](#)
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Hyperlinks Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- [CFS P&P Abuse Investigations—Practice Guidelines \(A-0412\)](#)
 - [CFS P&P Abuse Investigations—Protective Interventions \(A-0414\)](#)
 - [CFS P&P Case Plan \(D-0101\)](#)
 - [CFS P&P Child Family Team \(D-0314\)](#)
 - [CFS P&P Structured Decision Making \(D-0311\)](#)
 - [CFS P&P Special Medical Placements \(K-0801\)](#)
 - [CFS P&P Voluntary Family Services \(VFS\) and Informal Supervision \(M-0106\)](#)
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Other Sources Other printed references include the following:
None.

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name

[OC Plan of Safe Care](#)

Form Number

F063-25-841

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. **For reference purposes only**, links are provided to view these hard copy forms, where available.

Form Name

[OC Safety Plan](#)

Form Number

F063-25-543

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. **For reference purposes only**, links are provided to view these CWS/CMS forms, where available.

Form Name

None.

Form Number

Brochures

Brochures to distribute in conjunction with this policy may include:

Brochure Name

None.

Brochure Number

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LEGAL MANDATES

[Health and Safety Code \(H&S\) Section § 123605](#) provides that a health practitioner or medical social worker completes an assessment of the needs, and a provides referrals for, a substance exposed infant.

[Penal Code \(PC\) Section § 11165.13](#) provides that additional risk factors other than a positive toxicology screen at the time of the delivery of an infant must be present to file a child abuse report. The statute provides that the sole risk factor can be the inability of the parent to provide the child with regular care due to the parent's substance use.

[California Department of Social Services \(CDSS\) All County Letter \(ACL\) 17-92](#) outlines statewide policies and procedures that child welfare services must follow to meet federal CAPTA and CARA requirements.

[CDSS ACL 17-107](#) provides instructions for safety planning and monitoring.

[CDSS ACL 20-122](#) provides instructions for documenting the number of infants referred to child welfare services affected by substance use, whether a POSC was developed and whether a referral for services was made for the infant, parent, or other caregiver.

[Child Abuse Prevention and Treatment Act \(CAPTA\) 42 U.S.C. § 5106a \(b\) \(2\) \(B\) \(iii\)](#) outlines the responsibilities of caregivers to develop plans of safe care for infants born drug exposed, to address the treatment needs of the infant and affected family or caregivers and to develop and implement a monitoring system to confirm appropriate services are provided.

[Public Law 114-198](#) The Comprehensive Addiction and Recovery Act of 2016 (CARA) requires data submission regarding infants affected by substance abuse in the National Child Abuse and Neglect Data System (NCANDS).

[Manual of Policies and Procedures \(MPP\) Section 31-100](#) describes Child Welfare Services dependency intake processes including Emergency Response Protocol processes when it is necessary to determine whether an in-person investigation is required.

[MPP Section 31-002\(s\)\(2\)](#) describes the requirement of development of a safety plan to permit the child to remain in the home with specific, timely actions that mitigate the identified safety threats.

[Structured Decision Making \(SDM\) 3.0 Policy and Procedures Manual](#)
