



National Center on  
Substance Abuse  
and Child Welfare

# DEFINING “INFANTS AFFECTED BY SUBSTANCE ABUSE, WITHDRAWAL AND FASD”



Washington State Workgroup Findings

Supported by:  
The National Center  
on Substance Abuse  
and Child Welfare



## Purpose

A cross-system team of state representatives and local organizations came together to develop definitions of “affected by substance abuse, withdrawal, and a fetal alcohol spectrum disorder (FASD)” to align Washington State’s practice with changes to the 2016 Child Abuse Prevention and Treatment Act. This brief provides background on the changes to CAPTA, an overview of the process to develop the definitions, and a discussion proposed changes to current reporting practices. At the end of this brief, the workgroup’s full product is included.

## Background

Washington State began In-Depth Technical Assistance with the National Center on Substance Abuse and Child Welfare (NCSACW) in September 2019. The WA Core Team leading the initiative developed a goal to roll out a statewide Plan of Safe Care (POSC). A first step to meeting this goal is the development of definitions of infants affected by substance abuse, withdrawal and an FASD. According to the Child Abuse Prevention and Treatment Act (CAPTA) these infants require a POSC. A brief overview of the 2016 changes to CAPTA can be found [here](#).

In December of 2019, the Core Team facilitated a one-day training at Swedish Medical Center’s Cherry Hill Campus in Seattle. The training brought together a cross-system group of stakeholders including substance use disorder treatment, child welfare, health care, medication-assisted treatment, home visiting, and early intervention providers. During the training, participants provided feedback on which infants should require a report to the Department of Children, Youth and Families (DCYF), which children required a notification, and who could oversee a Plan of Safe Care based on different levels of risk of harm to the infant.

## Workgroup Calls

Based on participant feedback, the NCSACW Change Liaisons launched two workgroups focused on developing definitions of “affected by substance abuse, withdrawal, and FASD.” The workgroups met twice per month: Tuesday mornings and Friday afternoons. Each workgroup covered the same information but provided an opportunity for broader participation across stakeholders. The workgroup calls continued through mid-April. Workgroup attendance was strong, with 20-40 participants attending each call. Participants included:

- Health care providers: OBGYNs, hospital social workers, nurse managers
- Child Welfare: Intake Supervisors and Area Administrators, Statewide Program Managers, Regional Safety Administrators and Quality Practice Specialists and other Regional staff.
- Substance Use Disorder Treatment/Medication Assisted Treatment: Agency leadership, DBHR program managers, DBHR Medical Officer
- Home Visitors: PCAP workers/managers from different jurisdictions across the state
- Tribal Partners: ICWA managers, Tribal representatives
- Early Intervention Providers: Infant care managers

## Workgroup Call Structure

During each workgroup call, the Change Liaison from the NCSACW walked the participants through the current draft of the definitions. The starting document was based on definitions developed in the state Rhode Island. The draft included a definition of:

- DCYF Report
- DCYF Notification
- Prenatal Substance Exposure
- Affected by Withdrawal
- Affected by FASD

The draft went on to delineate which infants required a report and which infants required solely a notification. Stakeholders believed this chart would support healthcare provider decision-making and found the final language to be clear and concise.

## Current State Practices

Washington currently provides a plan of safe care to infants who are:

- Identified as substance affected by a medical practitioner. Substances are defined as alcohol, marijuana, and any drug with abuse potential, including prescription medications
- Identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure
- Born to a dependent youth

Plans of safe care are used only with families involved with DCYF caseworkers and not used with families who are screened out for services. Notifications are not currently used.

The Washington state POSC policy, with a link to the stand alone plan can be found [here](#).

## Proposed Changes

The following changes are reflected in the Workgroup's Guidance Product, included below.

- **Add a De-Identified Notification Track:**

Changes to the federal CAPTA law mandate that healthcare providers involved in the delivery or care of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or an FASD notify child protective services. These infants also require a POSC. A notification is not intended to be a report of child maltreatment report and does not indicate abuse or neglect is occurring. Washington can consider adding a notification track to ensure these infants receive a POSC without opening a



traditional child welfare case, when they are not safety or other risk factors that would warrant a report. Some states have opted to make the notification with only de-identified/aggregate information. The de-identified notification has been accepted by the Children's Bureau in those states where it is being implemented. It is recommended that DCYF obtain approval from the Region 10 Children's Bureau program manager. Aggregate data could be used to meet federal CAPTA data requirements and could also include important data elements to track the incidence of substance exposure. Some states receive this aggregate information via fax. In Connecticut, an online portal was set up to receive this information. Stakeholders overwhelmingly agreed that de-identified notifications should be implemented in Washington State. In the draft below, you will note language identifying notifications as aggregate. This is draft language as a final decision on notifications has not been made.

- **Require notifications, but not reports to the DCYF intake line for infants exposed to or experiencing withdrawal symptoms from legally prescribed medications, taken as prescribed:**

The workgroup suggests that infants with no risk factors who are exposed to, or experience withdrawal symptoms from legally prescribed medications, taken as prescribed, require a plan of safe care and notification, but not a report to the DCYF intake line.

- **Require notifications, but not reports to the DCYF intake line for infants exposed to marijuana, with no other risk factors:**

The workgroup suggests that infants who are exposed to marijuana only but who display no other risk factors require a notification and a plan of safe care, but not a report to the DCYF intake line. It is worth noting that many work members advocated that infants born exposed to marijuana only with no risk factors should not need a notification or a report.

- **Identify Partners to Oversee the POSC**

For infants with no risk or safety concerns, the plan of safe care can be held by a community provider after de-identified notification has been made. We need state support to identify these providers to pilot plan of safe care implementation.

## Stakeholder Feedback

Stakeholders had multiple opportunities to provide feedback on each draft of the definitions document. Stakeholders could attend either the Tuesday or Friday call every other week. The current draft was emailed to the full stakeholder list after each call as well. Stakeholders were invited to provide written feedback via email if they were unable to provide verbal feedback. The email list included over 150 stakeholders and was largely drawn from the December Kick-Off event's registration list.

Stakeholders also provided feedback on the workgroup process. Many expressed thanks for the opportunity to participate and for the variety of ways in which to participate. Several noted that this document would provide needed clarity and conformity to healthcare providers working with pregnant women and infants.

# WA State Plan of Safe Care Guidance: Workgroup Final Document



Supported by:  
The National Center on Substance Abuse and Child Welfare



National Center on  
Substance Abuse  
and Child Welfare



## WA State Plan of Safe Care Guidance: Workgroup Final Document

Changes to the federal CAPTA law mandate that healthcare providers involved in the delivery or care 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 notify the child protective services system. **The notification is not a report of child abuse or neglect.** The CAPTA law further states that these identified infants receive a plan of safe care.

In Washington, prenatal substance exposure to controlled substances will lead to a plan of safe care for the infant and family and a notification to the Department of Children Youth and Families (DCYF). If the prenatal exposure is accompanied by child abuse or neglect concerns or there is imminent risk of serious harm to the child due to the parent's substance use or other risk factors, the infant will require a report to DCYF in addition to the plan of safe care.

### *What is the difference between a report and a notification in Washington?*

A **report** to the DCYF child protective intake line occurs when there are child protection concerns.

A **notification** to DCYF occurs when a newborn is prenatally exposed to controlled substances<sup>1</sup> and there are NO child protection concerns. A notification does not contain identifying information.

### *What happens after a report or notification is made?*

**When DCYF receives a report**, they will gather information and use the intake screening tool to determine whether there is imminent risk of serious harm to the infant or child abuse and neglect that requires a Child Protective Services (CPS) intervention. If there is no evidence of imminent risk of harm in the parent's care or allegations of child abuse and neglect the report will be screened out. If there is evidence of imminent risk of harm or maltreatment, DCYF will screen in the report for a CPS intervention. All infants identified as being prenatally exposed to substances and reported to DCYF will receive a plan of safe care overseen by their DCYF worker.

**When DCYF receives a notification**, they will only receive aggregate information to support mandatory federal reporting. DCYF must report the number of infants born affected by substance abuse, withdrawal or an FASD, the number of those infants that received a plan of safe care, and the number of those plans that included referrals for the infant or caregiver. In these cases, the family will still receive a plan of safe care, but it will be developed by XXXXX and overseen by XXXX. Specific information about the family and the plan will not be shared with DCYF.

---

<sup>1</sup> **Controlled Substance:** A drug or chemical which is regulated by the government. Controlled substances include illicitly used drugs or prescription medications.



*In Washington, the following definitions are used to identify which infants require a plan of safe care:*

- **Prenatal Substance Exposure:** The presence of alcohol or any controlled substance<sup>1</sup> verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
- **Affected by Withdrawal:** A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.
- **Fetal Alcohol Spectrum Disorder:** The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

*DCYF has identified the following situations where prenatal substance exposure requires a report to the DCYF intake line to screen for child protection concerns and the creation of a plan of safe care:*

- Any case of a newborn with safety concerns
- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).

**Infants exposed to marijuana only do not require a report**

- A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure

**Infants exposed to prescribed substances, including medications to treat substance use disorders, which were verified to be taken as prescribed<sup>2</sup>, do not require a report.**

- A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.

**Evidence of ongoing substance use could include positive toxicology tests, positive verbal screens, self-reports, etc.**

<sup>2</sup> **Taken as Prescribed:** In compliance with the directions for the administration of the prescription as directed by the prescribing medical professional, its compliance and administration verified by the healthcare provider involved in the delivery or care of the infant.



- A newborn is diagnosed with an FASD **or** the infant has known prenatal alcohol exposure when there are safety concerns for the infant

---

***The following situations require a de-identified notification to DCYF and the creation of a plan of safe care:***

---

- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed<sup>3</sup> and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking opioids as prescribed<sup>2</sup> by her clinician, and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking any medication or combination of medications as prescribed<sup>2</sup> by her clinician, and there are no safety concerns
- A newborn is prenatally exposed to marijuana and there are no safety concerns

---

<sup>2</sup> **Taken as Prescribed:** In compliance with the directions for the administration of the prescription as directed by the prescribing medical professional, its compliance and administration verified by the healthcare provider involved in the delivery or care of the infant.





## Addendum

### Frequently Asked Questions

***Do I still call DCYF when I have concerns about safety of an infant who is NOT substance exposed?***

Yes. If a health care provider has any concerns about the safety of an infant in the parent's care, they must follow mandatory reporting laws and call the DCYF intake line. The changes outlined above ensure that infants born exposed to substances receive a plan of safe care. This change does not impact mandatory reporting laws. Mandatory reporting laws remain in place.

***What is a controlled substance?***

A controlled substance is a drug or other substance that is regulated by the government because it may be abused or cause addiction. Some prescribed drugs like opioids and benzodiazepines are controlled substances. Marijuana is considered a controlled substance. Some substances are not currently listed as controlled substances in Washington State but may be used in ways that create safety concerns for the infant (ex.: Gabapentin/Neurontin, Kratom). In these cases, health care providers may call the DCYF intake line to report any safety concerns.

***Do infants exposed to psychiatric medication require a plan of safe care?***

No. Infants exposed to psychiatric medications that are not controlled substances **do not require** a plan of safe care. If a health care provider involved in the delivery of an infant exposed to psychiatric medications has concerns about that infant's safety, they are required to call the DCYF intake line. Remember that the plan of safe care is a supportive tool for families. If a local group wishes to implement a plan of safe care for an infant exposed to psychiatric medications, they can do so. However, there would not be a requirement that DCYF be notified of these infants.

***Do infants exposed to benzodiazepines require a notification/report and plan of safe care?***

Benzodiazepines are a controlled substance and an infant exposed to benzodiazepines would require a report or a notification. If the exposure is due to the birthing parent taking the medication as prescribed, the infant would require a notification. If the exposure was due to illicit or unprescribed use, the infant would require a report to the DCYF intake line. In both cases, the infant would also require a plan of safe care.

***Are Tribes required to implement the plans of safe care?***

States that receive the CAPTA State Grant are required to implement the plans of safe care. Because Tribes do not receive this grant, they are not generally required to implement the plans of safe care. Tribes may choose to implement the plans of safe care as a preventative and supportive practice. Tribes can develop their own plan of safe care templates to fit the needs of their communities and to increase communication with medical providers. Tribes should know about the plan of safe care, particularly

those that use county child welfare services or partner with their local counties for child welfare services. Tribes may choose to implement Memorandums of Agreement with state or county child welfare agencies to use the plan of safe care as a tool to ensure active efforts are used. County child welfare agencies should share plans of safe care developed for Tribal members with their Tribal partners.

***Does the intensity of the withdrawal and/or the type of treatment influence whether a report or a notification is needed?***

Withdrawal is a condition that may result in a notification or a report, as determined by the health care provider. The withdrawal treatment method and the intensity of withdrawal are not factors in determining if DCYF should receive a report or a de-identified notification. Health care providers should work with the birthing parent to determine if the withdrawal was due to a prescribed substance and to determine if the substance was taken as prescribed. Birthing parents taking prescriptions as prescribed require a notification, and birthing parents taking illicit substances or misusing prescriptions require a report to the DCYF intake line. Infants experiencing withdrawal due to nicotine do not require a report, notification or a plan of safe care.

***How can our community implement the plan of safe care in a way that does not increase disparity?***

The American College of Obstetricians and Gynecologist (ACOG) recommends that providers verbally screen *all* pregnant women for substance use<sup>4</sup>. Ideally, this screening would occur during each trimester using an evidence-based screening tool to complete the screening. Universal substance use screening of women during pregnancy can decrease decision biases by healthcare providers and ensure that women have early opportunities to access treatment and supports as needed. In most communities, however, verbal screening with evidence-based screening tools is not implemented universally. Instead, communities may rely on toxicology testing. Relying on toxicology testing alone only reflects substance use during a single point in time; the testing does not provide information about the frequency of substance use or the potential of substance use disorders. In the absence of universal screening, selection bias results in disproportionate screening and testing of low-income patients and patients of color. Including universal substance use screening in policies and practices related to this population would help ensure that all infants and their families affected by substance abuse receive the services and supports they may need.

***Marijuana may continue to show up in urine tests, even if the mother has quit using. If a birthing parent has a positive test, but reports no use in the last trimester, does she require a notification?***

Yes. If the birthing parent tests positive at birth or if the infant tests positive for marijuana, a notification to DCYF and a plan of safe care are required. If there are no safety concerns, a report to the DCYF intake line is **not required**. If the health care provider has concerns about child abuse or neglect, they should make a report to the DCYF intake line.

---

<sup>4</sup> <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf>.