



National Center on  
Substance Abuse  
and Child Welfare

## In-Depth Technical Assistance (IDTA): Implementation of the Plan of Safe Care

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Maryland is working with the National Center on Substance Abuse and Child Welfare (NCSACW) to align state practice with changes to the federal Child Abuse Prevention and Treatment Act (CAPTA). CAPTA requires that infants born affected by substance abuse, withdrawal or FASD receive a plan of safe care (POSC). The POSC is a collaborative plan that addresses the health and developmental needs of the infant and the health and recovery needs of the primary caretaker. The POSC is not intended to be a punitive response, nor does it equate with a report of child abuse or neglect. Instead, the POSC is intended to support the family to avoid involvement with child welfare.

Effective POSC implementation requires that cross-system agencies serving pregnant women, mothers and newborns work collaboratively to support parental recovery and family wellness. The POSC addresses maternal and other caretaker substance use treatment needs. Providers in Maryland play a pivotal role in the development of POSCs and the support of families with infants affected by substance use disorders (SUDs). No single agency can do this work alone.

### *What is Maryland's Response to the POSC? :*

- Maryland passed a new state statute: Family Law §5-704.2. This statute defines substance exposure in newborns and outlines when health care providers must notify child welfare. The infants identified receive a POSC.
- Developed a template POSC to be used by LDSS offices across the state
- Developed a POSC implementation toolkit to support county implementation
- Provided ongoing trainings with local healthcare professionals to understand new legislation

### *How can Behavioral Health support the POSC:*

- Participate in local collaborative activities and encourage front line providers to participate
- Educate local providers on the POSC and their role in supporting families
- Support SUD and Medication Assisted Treatment (MAT) treatment providers to prepare pregnant women for the POSC by beginning the plan prenatally.
- Develop information sharing protocols to support the POSC that incorporate adherence to respective confidentiality requirements.
- Support providers to coordinate care among maternal and infant health care providers (i.e.: child welfare, DOH, Managed Care Organizations, etc.)



## Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

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SAFERR is a collaborative model to help child welfare, substance abuse treatment, and family court professionals make better-informed decisions when determining outcomes for children and families affected by substance use disorders.

The SAFERR model is based on three overarching principles:

1. The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.
2. Success is possible and feasible. Professionals from child welfare, substance abuse treatment, and family courts have the desire and potential to change individual lives and create responsible public policies.
3. Family members are active partners and participants in addressing these urgent problems

While SAFERR suggests standards of practice within each of the three systems, its focus is on the connections, communications, and collaborative capacities across them. These standards apply to the child welfare, substance abuse treatment, and family court professionals.

### *How is Maryland implementing SAFERR?*

3 Counties in Maryland are implementing SAFERR: Charles, Howard and Prince Georges. All three counties have completed system walkthroughs to understand current information sharing practices across county systems. Each county is currently finalizing work plans based on the walkthrough findings. Work plan action items will be addressed by a multi-systemic collaborative team composed of child welfare, substance use disorder treatment, health department and court systems.

### *How can Behavioral Health support SAFERR?*

SUD treatment providers play a pivotal role in parental recovery and engagement. Collaboration across child welfare and SUD treatment providers and the courts can provide families with the support they need for positive child welfare outcomes. State and local health agencies and local providers can:

- Participate in the SAFERR initiative
- Participate in local collaboration activities and encourage front line providers to participate
- Provide timely access to assessment and treatment services.
- Develop information sharing protocols for assessment and ongoing treatment engagement that incorporate adherence to respective confidentiality requirements.



## Sobriety, Treatment and Recovery Teams (START)

The *Sobriety Treatment and Recovery Teams (START)* Model is a child welfare based intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders. START is listed on the [California Evidence Based Clearinghouse](#) as a model with promising research evidence.

The START model is specifically designed to transform the system-of-care within and between child welfare agencies and substance use disorder (SUD) treatment providers; it also engages the judicial system and other family serving agencies. The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children. START pairs child protective service workers with family mentors (peer support employees in long term recovery) using a system-of-care and team decision-making approach. Each START CPS worker-mentor dyad has a capped caseload, allowing the team to work with families intensively.

The START model aims to mitigate systems issues that result in barriers to families being able to access services in a timely manner. It requires an approach to service delivery that involves cross-system collaboration and flexibility to meet the unique needs of this population. The practices of the START model align with collaborative strategies considered to be effective for families affected by parental substance use disorders and child maltreatment.

### *How is START being implemented in MD?*

11 Counties in MD are working towards implementation of the START model:

Anne Arundel	Caroline	Carroll
Cecil	Dorchester	Frederick
Harford	Queen Anne's	Somerset
Talbot	Worcester	

County teams are made up of representatives from local LDSS offices and local Health Departments. Teams are meeting regularly with their Change Liaisons to finalize their implementation plans. Counties are working on hiring family mentors and beginning the START model.

### *How can Behavioral Health Offices support START?*

- Support local departments to participate in the START model. Model information sharing and collaboration from the state level
- Learn the START timelines, which ensure early identification and engagement of families with substance use disorder. Provide timely access to assess and substance use disorder treatment services
- Share lessons learned from START with counties who are not participating. Ensure those counties understand the importance of collaborative work with child welfare