The state of Florida participated in the 2017 Policy Academy, “Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers hosted by Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), Children’s Bureau (CB).

The Florida Policy Academy team focused on achieving compliance with CAPTA/CARA requirements, defining Infants Affected by Prenatal Substance Exposure, developing a hospital notification process, and developing and issuing a guidance document for child welfare agencies across the state on the essential components of Plans of Safe Care (POSC) for infants with prenatal substance exposure and their families.

In January 2018, the Florida Department of Children and Families (DCF) submitted an application to the NCSACW for enhanced technical assistance through the IDTA Infants with Prenatal Substance Exposure and their Families Program. The DCF Office of Child Welfare, Substance Abuse and Mental Health (SAMH), and Office of Deputy Secretary/Director of Service Integration, in collaboration with the Department of Health (DOH), proposed to strengthen the capacity of all partner agencies to work effectively with pregnant and parenting women, and to ensure women with substance use disorders and their infants have a Plan of Safe Care (POSC). Escambia and Bay counties in the northwest region of the state served as implementation counties.

**Major Program Goals**

1. Women who are pregnant and in a substance use disorder (SUD) treatment program during their pregnancy are prepared for Healthy Start and Department of Children and Families (DCF) involvement at the hospital, and enter the hospital with an initial plan of safe care. Actions will be coordinated with the hospital, Healthy Start, Managed Medical Assistance (MMA) plans, Child Welfare and other systems as appropriate.
2. Mothers in SUD treatment, with an infant under the age of one, will have a plan of safe care, including referrals to early intervention. Actions will be coordinated with Healthy Start, MMA plans, Child Welfare and other systems as appropriate.

3. Women who give birth to infants identified as substance affected, have entry into behavioral health treatment and services are coordinated with Healthy Start, MMA plans, Child Welfare and other systems as appropriate.

4. Treatment components of the POSC are implemented for women entering behavioral health treatment after giving birth to a substance affected infant. Treatment services are coordinated with Healthy Start, MMA plans, Child Welfare and other systems as appropriate.

**ACCOMPLISHMENTS**

- The Perinatal Quality Collaborative Neonatal Abstinence Syndrome (NAS) Toolkit was modified to reflect 2016 CARA/CAPTA requirements, including hospital notifications of infants affected by prenatal substance use, withdrawal or Fetal Alcohol Spectrum Disorder and the development of Plans of Safe Care for infants, their families and caregivers.

- Local implementation teams are developing a multi-disciplinary approach for creating and monitoring POSC for pregnant women with substance use disorders and their infants.

- DCF involved home visiting programs in the Florida Perinatal Quality Collaborative. Program revisions are being made to strengthen the transition back to treatment and to better engage women in home visiting programs after the birth event.

**ADMINISTRATIVE STRUCTURE**

The lead agency is the Florida Department of Children and Families. The Project Liaison and primary point of contact is Celeste Putnam, the Statewide Director of Service Integration for DCF. Ms. Putnam led the Core Team meetings along with the assigned Change Leader, Linda Carpenter.

**KEY PARTNER AGENCIES**

The *Infants with Prenatal Substance Exposure and their Families In-Depth Technical Assistance Program* encourages effective collaboration and partnerships, which are essential to systems improvement and change. Cross-system linkages between substance abuse and mental health treatment, child welfare, home visiting and other early intervention services, public health, hospitals and other medical providers, and other service systems are critical to this work.

Currently, the following partners are involved in Florida:

- Department of Children and Families
  - Office of the Deputy Secretary Statewide Director of Service Integration
  - Office of Child Welfare
  - Substance Abuse and Mental Health, Women’s Services

- Department of Health
- Maternal and Child Health
- Healthy Start Program

- Florida Behavioral Health Association
- Florida Hospital Association

Escambia and Bay counties developed local teams comprised of a broad array of community providers including, but not limited to: substance abuse treatment, care management agencies, child welfare, local hospital staff, Healthy Start and Healthy Families, Early Steps, and Managed Medical Assistance Plan agencies. The teams have created pathways for the mother to enter the hospital. The hospital staff have been fully involved in the projects.

Next Steps:
The DCF Statewide Director of Service Integration will continue to work with the state and local teams on the following:

- Statewide coordination with the Florida Perinatal Quality Collaborative, Department of Health, Florida Hospital Association and Department of Children and Families on Neonatal Abstinence Syndrome.
- Present a webinar on the development of Plans of Safe Care for DCF staff and home visiting programs.
- Work with the Florida Hospital Association on additional webinars for training hospital staff on Plans of Safe Care.
- Develop a guide in Escambia and Bay counties for preparing women with SUDs for the birth event. The guide will address developing Plans of Safe Care, coordination with the hospital, and safe discharge planning.
- Increase understanding in Substance Abuse and Mental Health programs that serve pregnant women on with Plans of Safe Care.

For more information or to request technical assistance, please contact NCSACW:

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