

NUMBER

#17-68-18

DATE

August 7, 2017

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Directors

Tribal Social Services
Supervisors and Staff

County Attorneys

Tribal Attorneys

ACTION/DUE DATEPlease read information and
implementation**EXPIRATION DATE**

August 7, 2019

Prenatal Exposure to Substance Use

TOPIC

To address the Comprehensive Addiction and Recovery Act (CARA) 2016 amendment to the Child Abuse Prevention and Treatment Act (CAPTA) and to provide policy and procedural guidance.

PURPOSE

To provide policy and procedural guidance regarding CARA, and to release Minnesota's Best Practices Guide for Responding to Prenatal Exposure to Substance Use.

CONTACT

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SIGNED

JAMES G. KOPPEL
Assistant Commissioner
Children and Families Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Comprehensive Addiction and Recovery Act of 2016

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amends the Child Abuse Prevention and Treatment Act (CAPTA) by Public Law 114-198. The Comprehensive Addiction and Recovery Act requires the following:

- Development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder
- Address the health and substance use disorder treatment needs of infants and affected families or caregivers
- Referrals and delivery of appropriate services to infants and affected families or caregivers.

CARA requires states to report in the National Child Abuse and Neglect Data System (NCANDS), to the maximum extent practicable the number of infants:

- Identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder
- With safe care plans, and
- For whom service referrals were made, including services for the affected parent or caregiver.

The Minnesota Department of Human Services has developed Minnesota's Best Practice Guide for Responding to Prenatal Exposure to Substance Use, in part to address requirements under the CARA.

II. Minnesota's Best Practice Guide for Responding to Prenatal Exposure to Substance Use

The purpose of [Minnesota's Best Practice Guide for Responding to Prenatal Exposure to Substance Use](#) is to provide direction, policy, protocols, and statewide consistency for local child welfare agency staff. When providing services to families where prenatal substance use is identified, a multi-disciplinary approach is needed that draws on trauma-informed professional expertise across agencies, including: medical providers; public health, such as home visiting; chemical dependency programs; social services; mental health; and early intervention service providers.

These guidelines were developed in collaboration with the Minnesota Prenatal Substance Exposure work group. This work group was comprised of diverse participants representing health care, alcohol and drug treatment, child welfare, child development, parent leadership, tribal services, community agencies serving communities of color, housing, legal, judicial and law enforcement. Members demonstrated a commitment to children's safety by developing guidance that addresses prenatal exposure to substance use by women both prior to birth and after birth. This guide provides direction for coordinated, systemic responses for women and their infants, and draws on evidence-based best practices. The focus is on the safety and well-being of infants, and services and supports to mothers and fathers during pregnancy and after birth.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-4670 (voice) (division's general information phone number), or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.