



State of South Carolina

Department of Social Services

Policies and Guidelines: Child Welfare Services

Subject	1610 Family Wellness and Support Plan
Authority	Child Abuse Prevention and Treatment Act (CAPTA), the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198); S.C. Code Section 63-7-920; S.C. Code Section 63-7-1660(F)(1)
Standards	Guiding Principles and Standards (GPS) Practice Model
Application	All Child Welfare Case Managers
Purpose	
To address prenatal substance exposure and the needs of substance affected infants, caregivers, and affected families by teaming with families to develop a Family Wellness and Support Plan. A Family Wellness and Support Plan should be developed within the first year of life for an infant identified as substance affected or withdrawal symptoms resulting from prenatal substance exposure, to include alcohol.	
Policy Statement	
Upon receiving a screened in report of pre-natal substance use or a substance affected infant, the South Carolina Department of Social Services (DSS) begins an investigation in accordance with S.C. Code Section 63-7-920. As part of the investigation, the agency develops, or further modifies an existing Family Wellness and Support Plan (FWSP), in collaboration with the family. These plans shall be individualized and developed in partnership with the parents, caregivers, affected family, and service providers to address the health and substance use disorder treatment needs of the infant, parents, caregivers, and affected family. DSS documents the plan on the Family Permanency Plan and monitors the implementation to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for the infant, parents, caregivers, and affected family at the following points: - Pre-natal; - Birth; - Neonatal; A Family Wellness and Support Plan shall not be initiated after a child has reached twelve months of age.	
Policy Administration	
The Child Welfare Services Safety Office is the owner of this policy. The Safety Director, or the Safety Director's designee, shall review this policy at least annually from the date published in the Child Welfare Manual, or as needed due to changes in law or practice.	
Policy Guidelines	
A. Intake	Upon receiving the referral, the intake case manager shall complete the Intake screening tool and document available information on conditions or behaviors and other factors that may indicate risk of harm and any presence or absence of protective factors per Policy 200: Intake.

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	2. In addition to the areas of family functioning outlined in policy, the intake case manager shall collect the following information: a. What substances were used by the caregiver? b. Does the caregiver or child have a positive drug screen? c. Was the substance prescribed or non-prescribed to the caregiver? d. Does the child have a suspected, probable, or confirmed medical diagnosis of fetal alcohol syndrome? e. Is the infant displaying symptoms of withdrawal? 3. Infants and their Families who are the subjects of a “substance affected infant” Child Welfare Services (CWS) investigation will receive the support of an assigned case manager who will team with other service providers (e.g., medical, substance use disorder treatment, public health, etc.) to offer the Family Wellness and Support Plan for the infant, parents, caregivers, and affected family. 4. If a substance affected infant enters Foster Care and the county participates in Safe Baby Court, the case manager shall assess the family’s interest in participating in the program.
B. Investigations	1. Investigations case managers shall be assigned to investigate and assess reports on substance affected infants for suspected abuse and neglect, if the intake referral is screened in. The investigation shall include: a. A thorough comprehensive assessment utilizing the Family Advocacy and Support Tool (FAST); b. Referrals for services based on the FAST assessment; c. Obtaining a copy of the infant’s discharge plan; d. A consultation with the Regional Nurse Care Coordinator; e. Review of any existing Family Wellness and Support Plan with the family and provider; f. Documentation of any existing Family Wellness and Support Plan on the Family Permanency Plan (FPP) in accordance with the following: i. If a Family Wellness and Support Plan is already in place with the family prior to agency involvement, it is the responsibility of the case manager to document those services and goals on the FPP along with any that have been identified by the agency. ii. If a Family Wellness and Support Plan is not currently in place with the family prior to agency involvement, it is the responsibility of the case manager to develop the FPP with the family and document it in the FPP tab in CAPSS per Policy 1647: Family Permanency Plan. iii. When developing the FPP in collaboration with the family, the FAST assessment must be utilized when finalizing. g. Identification of a protector and/or other caregivers who are part of the parent or caregiver’s Child and Family Team (CFT) (when the need has been identified);

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	h. Identification of CFT members who will support the protection and safety of the infant; and i. Case coordination with any current and potential provider partners. 2. Refer to Work Aid 1610.1: Family Wellness and Support Plan for additional practice guidance. 3. If the investigation reveals the infant tested positive for any amount of a controlled substance or metabolite of a controlled substance as the result of and in accordance with medical treatment administered to the infant or the infant's mother, and there are otherwise no indicators of child abuse, neglect, or harm, the infant shall not be identified as an abused or neglected child, and the case shall be unfounded. Reference S.C. Code Section 63-7-1660. 4. A Family Preservation Services or Foster Care case manager may be assigned for ongoing service planning and provision, progress monitoring, and comprehensive assessments at the conclusion of the investigation.
C. Family Preservation/ Foster Care	Family Preservation or Foster Care case managers conduct CFTMs with the family to continue to assess whether the FPP is addressing the needs of the infant and caregiver(s). The case manager shall continue to: 1. Assist the family in constructing a way to think about the identified safety concern that promotes positive behavior change. 2. Work collaboratively with the family, family supports, and providers to identify the behavioral change that needs to occur to reduce safety concerns and promote positive outcomes. 3. Collaborate with the family and identify family supports through Child and Family Team Meetings (CFTM) to facilitate goal development, rapport, and problem-solving in accordance with Policy 1642: Child and Family Team Meetings.

Forms and Related Documents	Family Advocacy and Support Tool (FAST) Reference Guide Child and Adolescent Needs and Strengths (CANS) Multipurpose Information Integration Tool Reference Guide Child Abuse and Prevention Act (CAPTA) Policy 200: Intake Policy 1647: Family Permanency Plan Work Aid 1610.1: Family Wellness and Support Plan DSS Brochure 1495 Family Wellness and Support Plan Resource
Related Management Reports	SC125-R01 - Unborn Child Detail BN360-R01 - BabyNet Referral Report

Glossary

Subject: Family Wellness and Support Plan

Family Wellness and Support Plan: is a written plan of safe care designed to address the health and substance use disorder needs of a Substance Affected Infant, parents, caregivers, and affected family. The plan of safe care is based on a comprehensive, multidisciplinary assessment coordinated across disciplines to determine the infant's, parents, caregiver(s), and affected family members' physical, social, emotional health and safety needs, as well as the caregivers' strengths and parenting capacity. The plan must be prepared with the participation of parents, caregivers, affected family members, and professional partners and shall address the risk of future maltreatment, resources available to the family to care for the infant and protective factors. The plan of safe care must identify the infant's primary caregiver and ensure the protective capacity of the parents, caregivers, or other affected family members is sufficient to care for the infant.

Substance Affected Infant: means an infant, birth to one year:

1. Who is born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal exposure to illegal substances;
2. Who is born with and identified as being affected by substance use or withdrawal symptoms resulting from misuse of legal substances, also referred to as Neonatal Abstinence Syndrome (NAS); or
3. Who is born with and identified as being affected by Neonatal Opioid Withdrawal Syndrome (NOWS) or prenatal alcohol exposure.

An infant is not identified as "substance affected" if the infant tests positive for any amount of a controlled substance or metabolite of a controlled substance as result of and in accordance with medical treatment administered to the infant or the infant's mother