

# Can a novel approach in identifying substance-exposed infants reduce unnecessary child welfare contact?

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## What can we learn from this study?

Infants with prenatal substance exposure (PSE) often are routed to the attention of a child protection agency. In compliance with federal Plan of Safe Care requirements, Connecticut became the first state to implement a de-identification notification system that tracks PSE births and the family safety plan *without* collecting identifying information. Using a three-question safety screen, the process protects against unnecessary child protective services (CPS) involvement while ensuring social services are accessible to families in need. This study examined the effects of the new Connecticut policy on PSE-related CPS reports at birth and foster care placements.

### Study details

- **Population:** 3,055 newborns reported by hospital staff within six days of birth and control group (n=1,481)
- **Data sources:** Screened-in CPS reports and vital records from eight Connecticut counties
- **Methodology:** Bayesian interrupted time series analysis, Poisson model
- **Dates:** March 2017 to July 2022

## What are the critical findings?

Previously, any newborn in Connecticut who tested positive for PSE was reported to CPS, regardless of the family's circumstances. After the implementation of the de-identification notification system, the three-question safety screen helps hospital staff determine which families need to be referred to CPS for intervention. A single "yes" response to any of the following questions triggers a CPS report:

1. Has the child tested positive because of maternal substance misuse?
2. Is there a concern that the mother's substance use will impact parental functioning?
3. Does the family present with suspicions of abuse or neglect?

Implementation of the new policy was associated with a **statistically significant decline**, sustained over time, related to:

### CPS reports

- PSE reports decreased 16% in the first year and 51% by the third year.

### Foster care placements

- Placements decreased by 57% by the end of the first year, and 68% by the end of the third year.

## Why is this important to our work?

A positive PSE screen alone is not definitive proof of child maltreatment or an untreated substance use disorder of the mother. Families may benefit from non-punitive interventions that minimize unnecessary CPS involvement and keep children safe with family while accessing essential services. Connecticut's experience suggests that shifting from identification-based reporting to a de-identified support pathway for PSE cases, paired with a family care plan, can meet federal requirements while decreasing CPS investigations or foster care placements in cases without evidence of child maltreatment. This study challenges child welfare leaders to reevaluate PSE reporting protocols and question assumptions that all PSE cases require CPS involvement. Further research to evaluate this alternative approach could inform efforts to balance child protection with keeping families safely together.

To learn more, see: [What are some developmentally appropriate interventions for infants and children affected by prenatal substance exposure?](#) and [How can Plans of Safe Care help infants and families affected by PSE?](#)

This summary synthesizes the findings from a single research study. For additional information, [access the article directly](#) or email: [KMRResources@casey.org](mailto:KMRResources@casey.org)