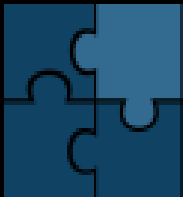




***CAPTA
Reauthorization 2021:***

***What Changes are
Around the Corner for
Plans of Safe Care***



National Center on
Substance Abuse
and Child Welfare

Overview

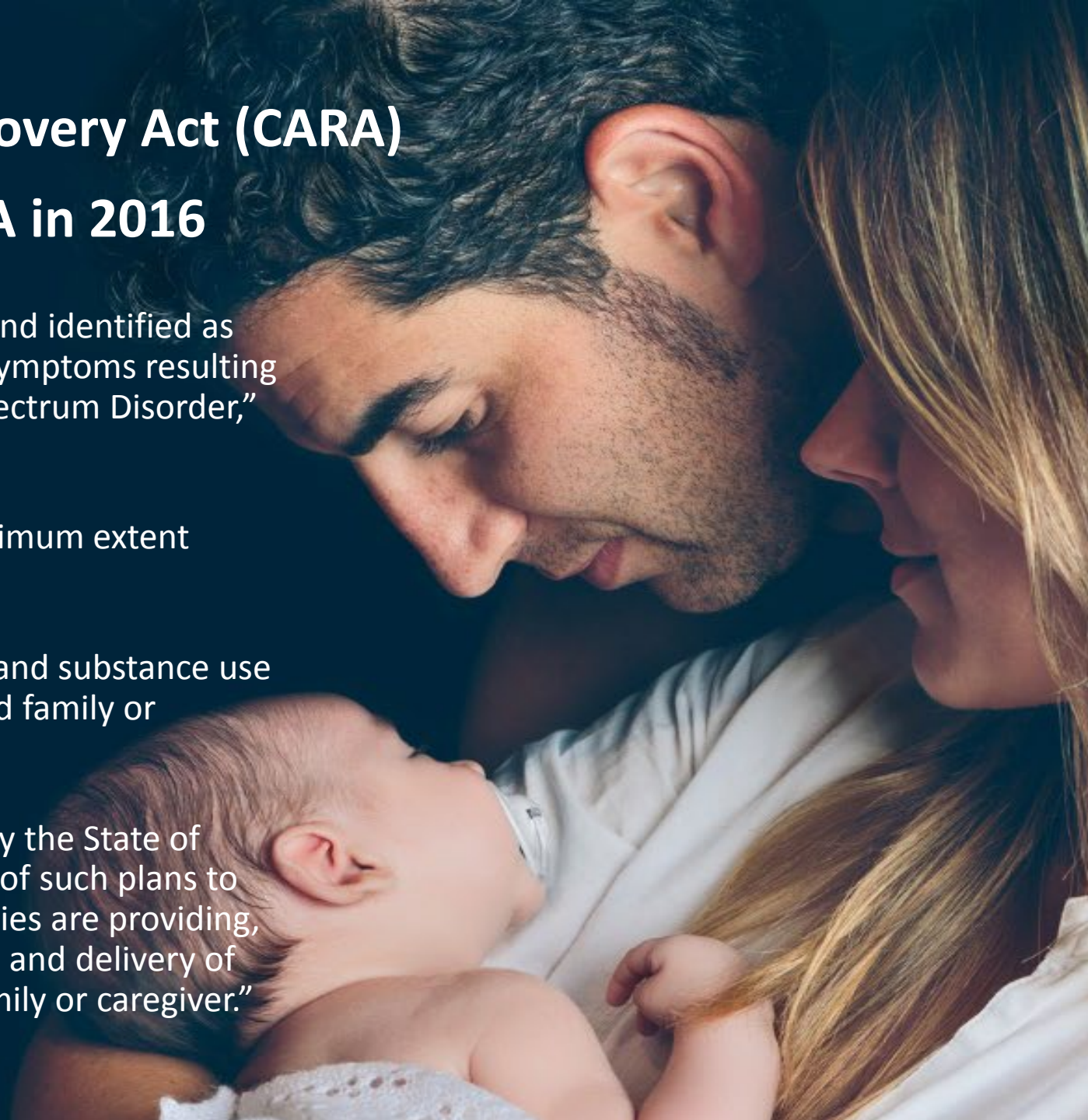


**Comprehensive Addiction and Recovery Act (CARA) amendments
to the Child Abuse Prevention and Treatment Act (CAPTA)**

Comprehensive Addiction and Recovery Act (CARA)

Primary Changes to CAPTA in 2016

1. Further clarified population to infants “born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
2. Specified **data to be reported** by States to the maximum extent practicable
3. Required **Plan of Safe Care** to address “the health and substance use disorder treatment needs of the infant and affected family or caregiver.”
4. Required “the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.”





Current Federal Policy and Guidance

CAPTA Substance Exposed Infant (SEI) Definition

- Healthcare providers involved in the delivery of care of an infant born “affected by substance abuse” must notify child protective services.
- A plan of safe care is to be developed for these infants and their families.
- The requirements are intended to provide the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure.
- Congress stated that these reports to CPS, on their own, are not grounds to substantiate child abuse or neglect.

Further Guidance from the Children’s Bureau(Program Instruction: ACYF-CB-PI-17-02...the development of a plan of safe care is required whether or not the circumstances constitute child maltreatment under state law.

CAPTA Notifications: 3 Key Points

1

Healthcare providers involved in the delivery of care of an infant born “affected by substance abuse” must notify CPS. These reports on their own, are not grounds to substantiate child abuse or neglect.

2

A plan of safe care is required for “infants affected by substance abuse” whether or not the circumstances constitute child maltreatment under state law.

3

CAPTA does not specify which agency or entity (such as hospitals or community-based organizations) must develop the plan of safe care.



Proposed CAPTA changes (S1927)

- Amend title to include “**Public health response** to infants affected by substance use disorder”
- Requires a comprehensive “**family care plan**”
- **The Governor of the State shall designate a lead agency to carry out the State’s public health response** to strengthen families and ensure the safety and well-being of 1) infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder; and “(2) the families and caregivers of such infants.



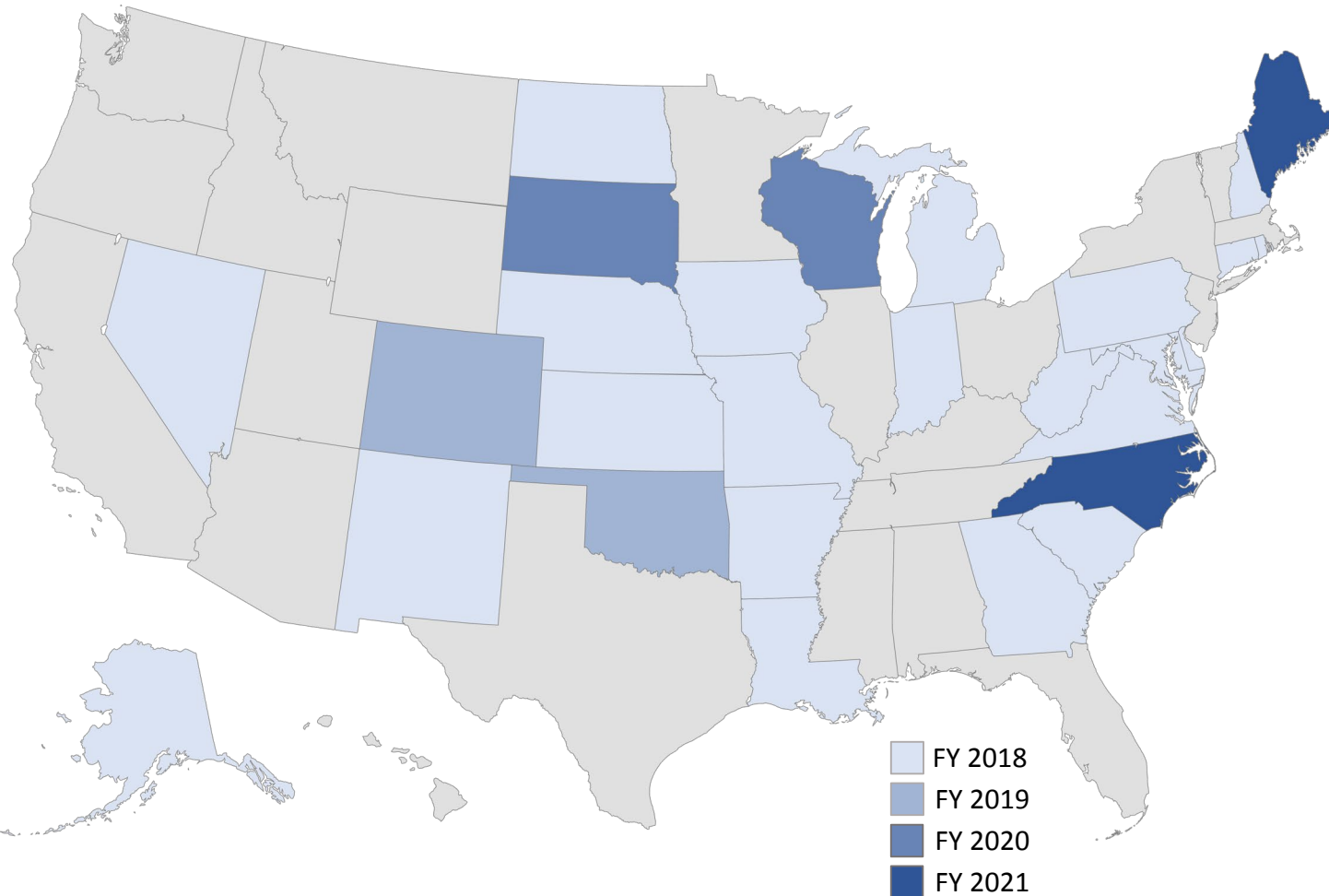
Proposed CAPTA changes (S1927)

- State plan to include “how the State is implementing and monitoring family care plans, **including by developing family care plans prior to the expected delivery of the infant;**
- Describe State’s plan to **develop a system for purposes of notifications that is distinct and separate** from the system used in the State to report child abuse and neglect, and designed to promote a public health response to infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder, **and not for the purpose of initiating an investigation of child abuse or neglect**



National Context: State Statutes

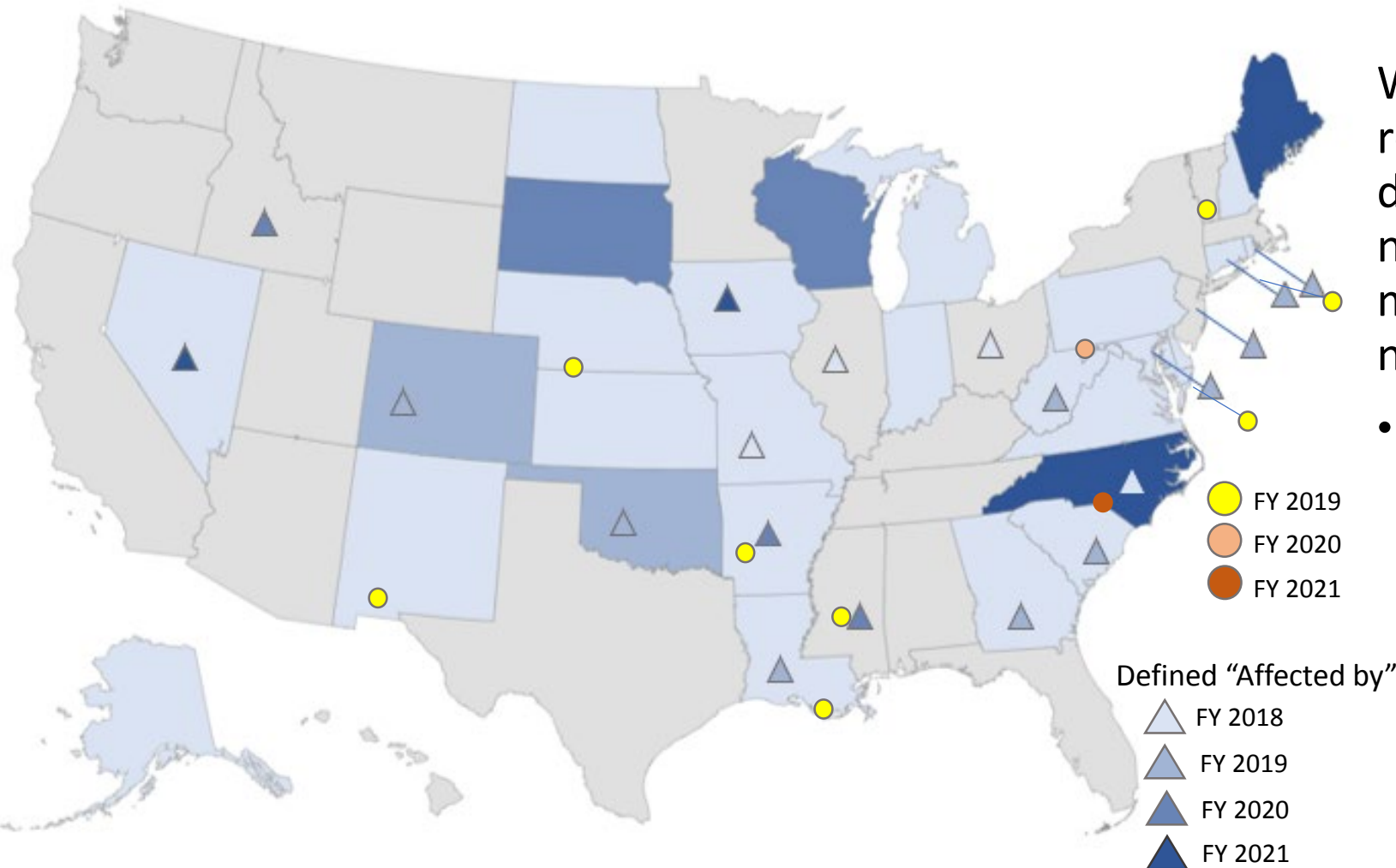
Modification to State Statute



Several states made [changes to their statutes](#) following the 2016 Comprehensive Addiction and Recovery Act (CARA) amendments to CAPTA

- A total of [28 states](#) described modifications in their APSRs since FY 2018:
 - FY 2018 APSR: n=22
 - FY 2019 APSRs: n=2
 - FY 2020 APSR: n=2
 - FY 2021 APSR: n=2
- The most described statute modifications involved:
 - The [process of notifying child welfare](#) of infants identified as being affected by prenatal substance abuse
 - [Including aspects of prenatal substance exposure](#) in the statutory definition of child maltreatment

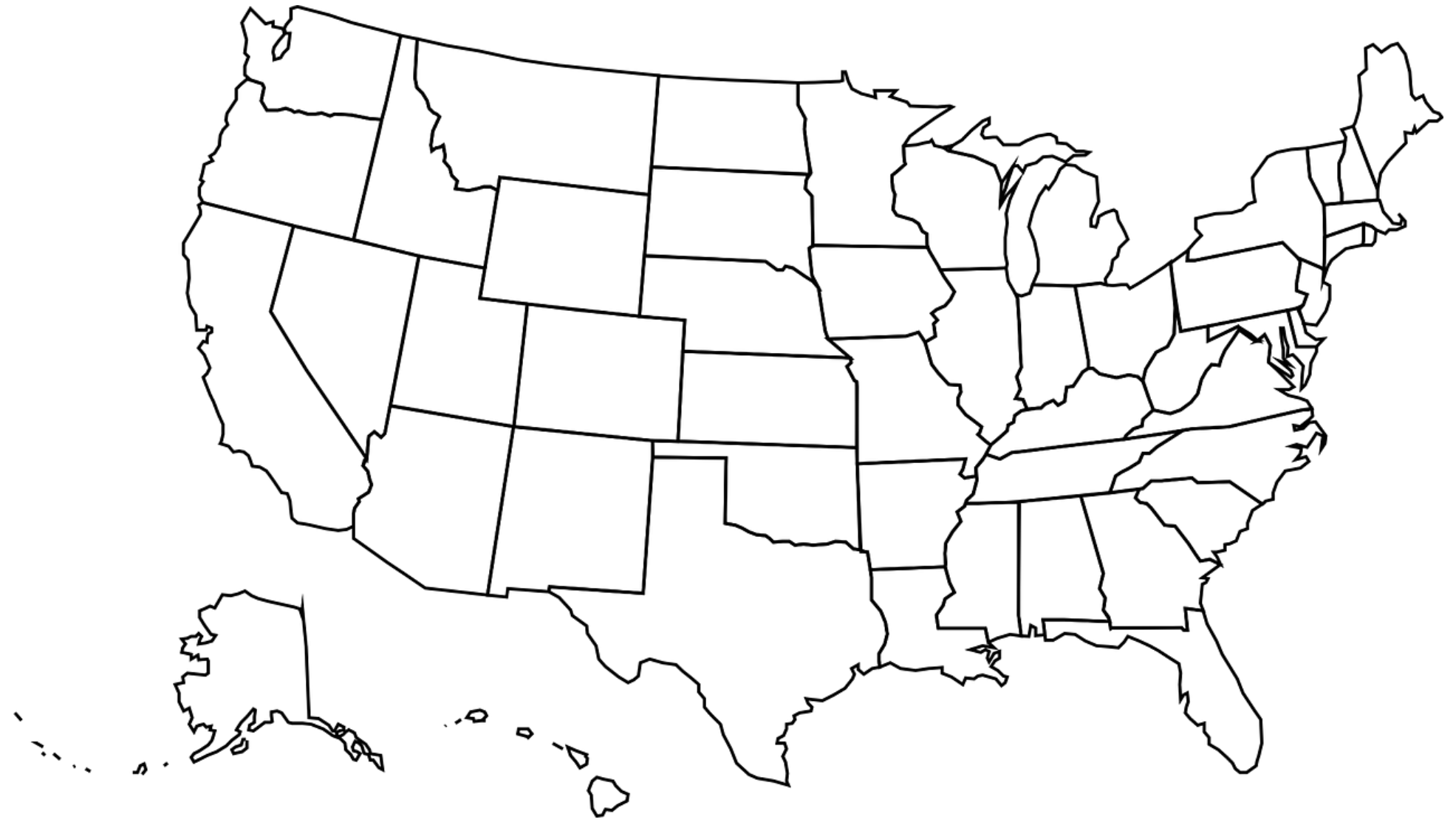
Notification Versus Report to Child Protective Services (CPS)



While notification to CPS is required by CAPTA, many states do not distinguish between notifying child welfare and making a report of child abuse or neglect.

- Since FY 2019, a total of **10** states described **distinctions between notification and report**:
 - FY 2019 APSR: n=8
 - FY 2020 APSR: n=1
 - FY 2021 APSR: 1

Don't need to wait for CAPTA changes Examples from other jurisdictions





Prenatal Plans of Safe Care

Promising Practice: Prenatal Family Care Plan in Oklahoma



Piloted in Tulsa and Okmulgee (2019-2020)



SUD Treatment Providers developed and monitored Family Care Plan



Plan to scale statewide in 2021 via new contract requirements



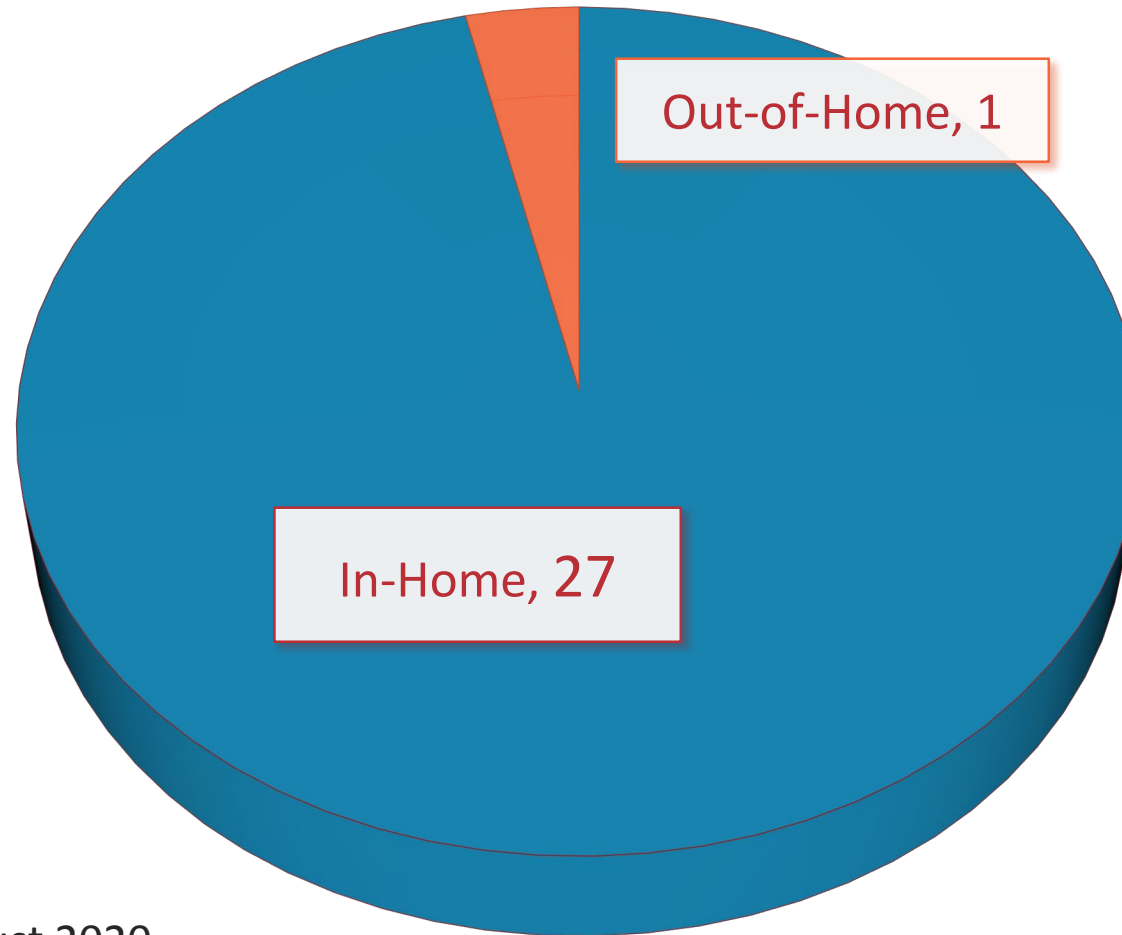
Prenatal Family Care Plan: Infant Placement Outcomes

S.A.F.E.R.
PROJECT



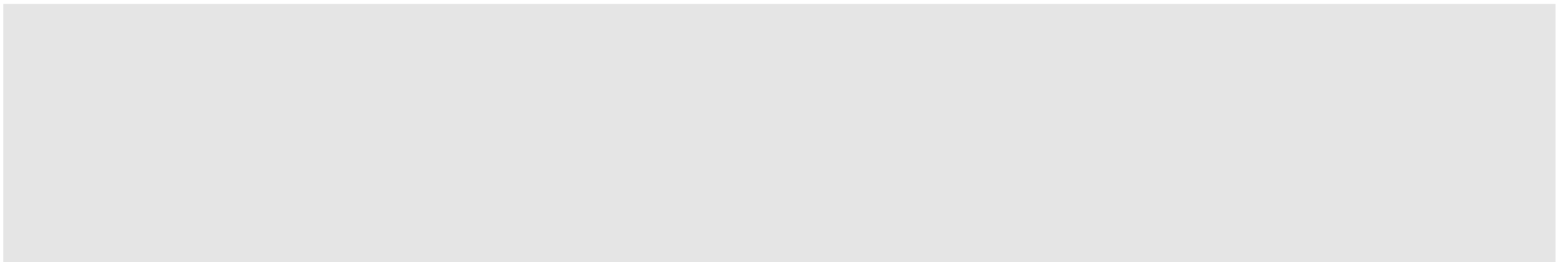
Beyond Families
A Preservation Program

PROGRAM BIRTHS



Through August 2020

CAPTA Notification Option

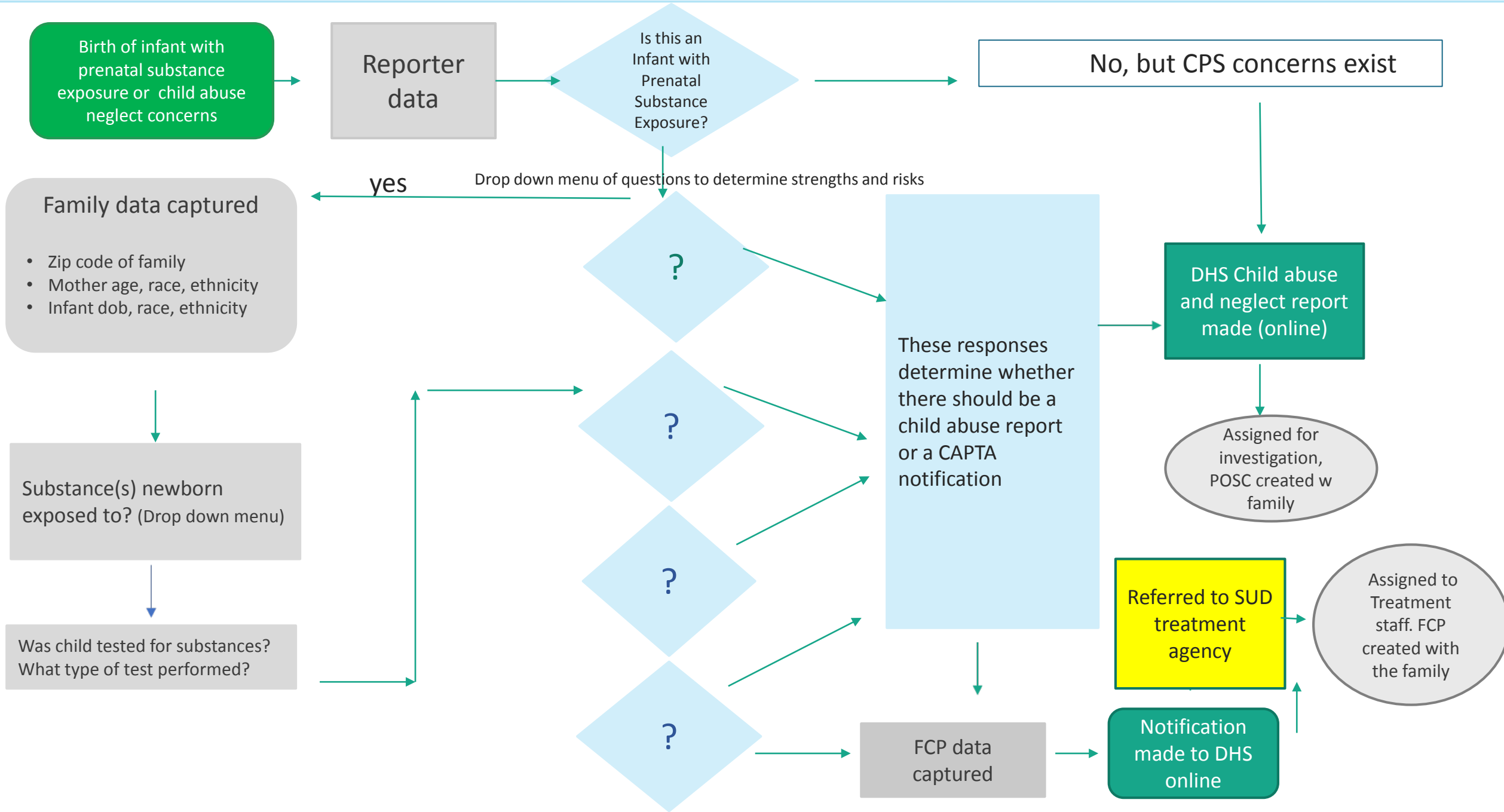


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Further Guidance from the Children’s Bureau(Program Instruction: ACYF-CB-PI-17-02...the development of a plan of safe care is required whether or not the circumstances constitute child maltreatment under state law.

Proposed Flowchart for Plan of Safe Care Notification Portal



Determining Report or Notification: Strengths and Risk Factors

Risk factors

Preparations for Newborn

Parent has not planned for safe sleep, does not have car seat, items for infant care...

Co-Occurring Disorder

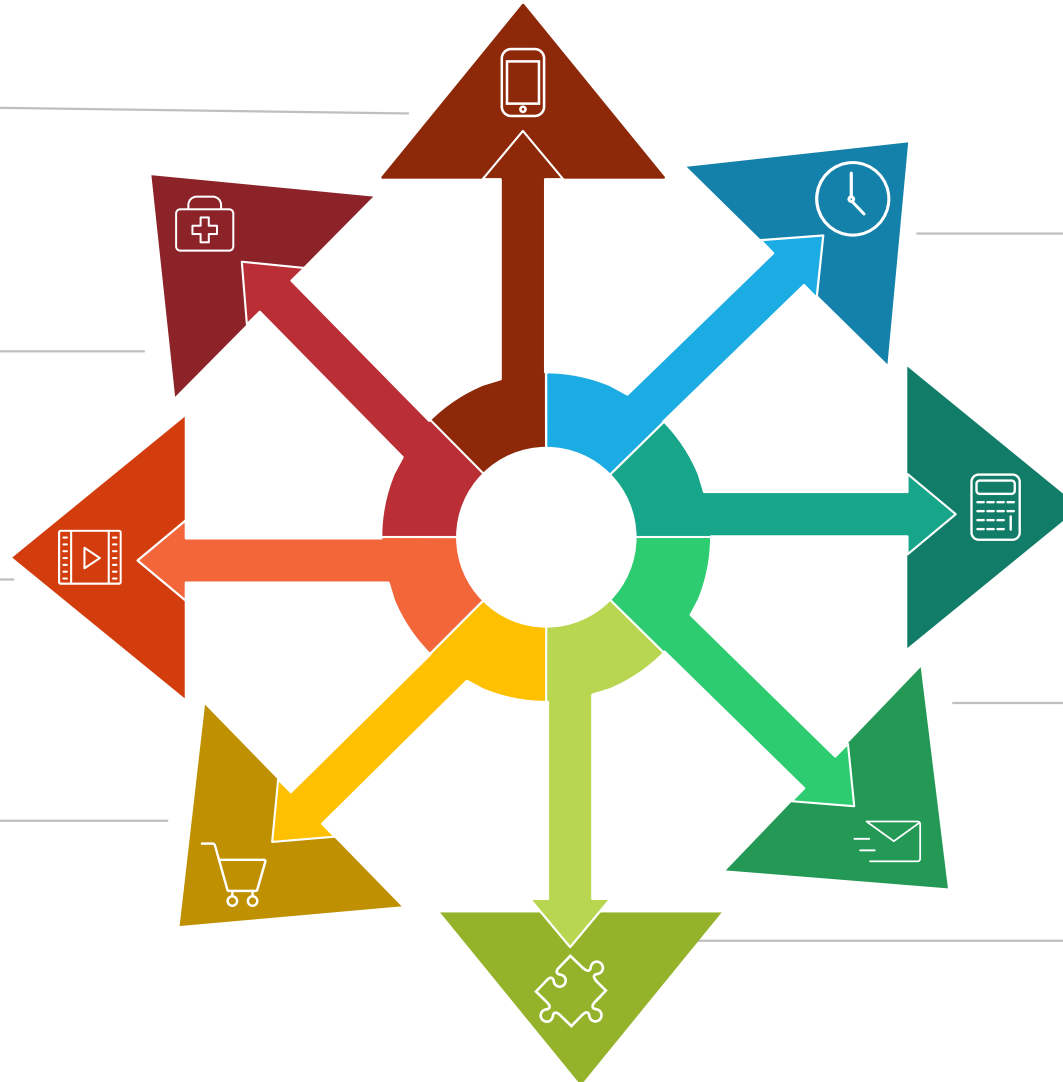
Untreated co-occurring mental health disorder that impairs parenting

Family and Community Supports

Not utilizing family or community supports

Infant care/Medically complex

Significant difficulty with care of the infant (e.g., not visiting or participating in care) and/ or infant has complex medical needs and parent hasn't received training or demonstrated caretaking capacity



Strengths

Preparations for Newborn

Parent planned infant care has a safe sleep plan, has obtained car seat and items for infant care

Co-Occurring disorder

Parent receiving treatment and supports for co-occurring disorder

Family and Community Supports

Family and community supports intact and actively providing support

Infant Care/Medically complex

Attentive care to infant, frequent visiting and/ or infant has complex medical needs, parent has received training and demonstrated capacity

State Highlight:
Delaware

1. Healthcare providers must notify DFS of infants born with and affected by substance abuse, withdrawal symptoms or FASD;

2. Plan of Safe Care prepared to address health and substance use disorder treatment needs of both the infant and affected family or caregiver;

3. Monitoring of the Plan of Safe Care to ensure referrals for and delivery of services to both the infant and the affected family or caregiver.

Aiden's Law (signed 6/7/18)

Delaware
Infants with Prenatal Substance
Exposure

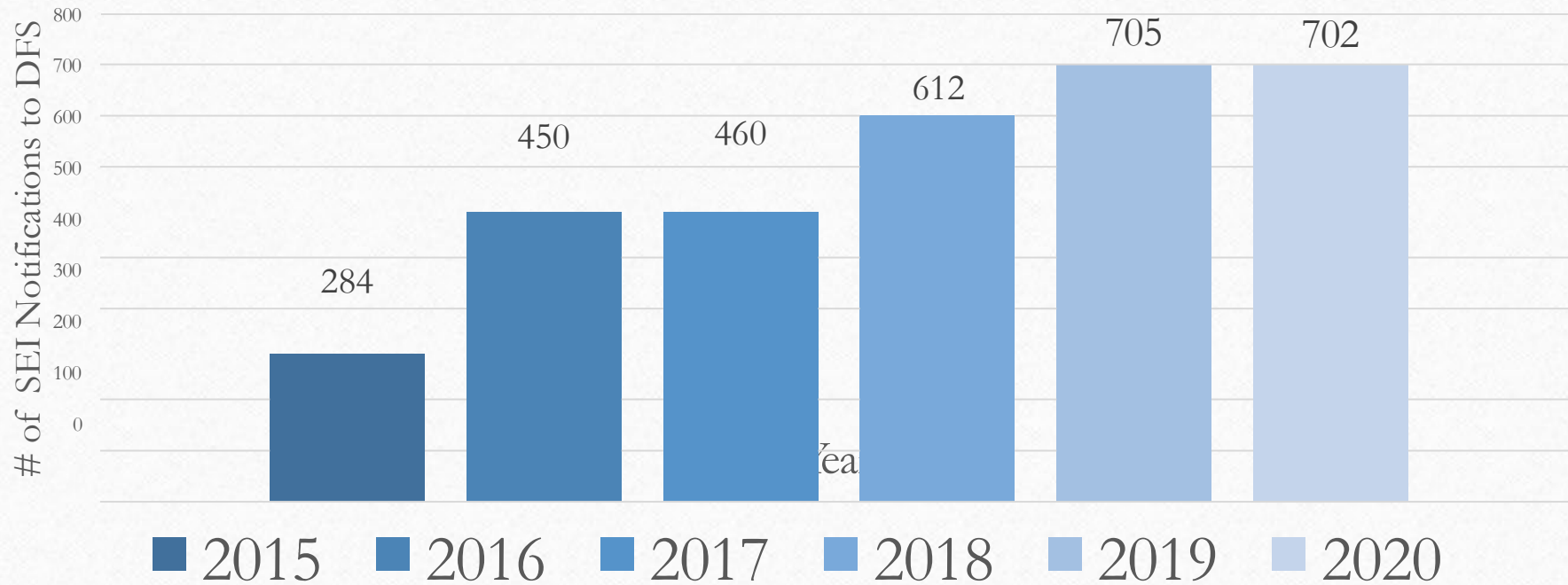
2020

YEAR IN REVIEW

Trenee Parker, MA, DFS Director
Jennifer Donahue, Esq., IC/OCA

6 Year Comparison of Notifications to DFS

(*includes cases that require a DFS notification at the birth event)

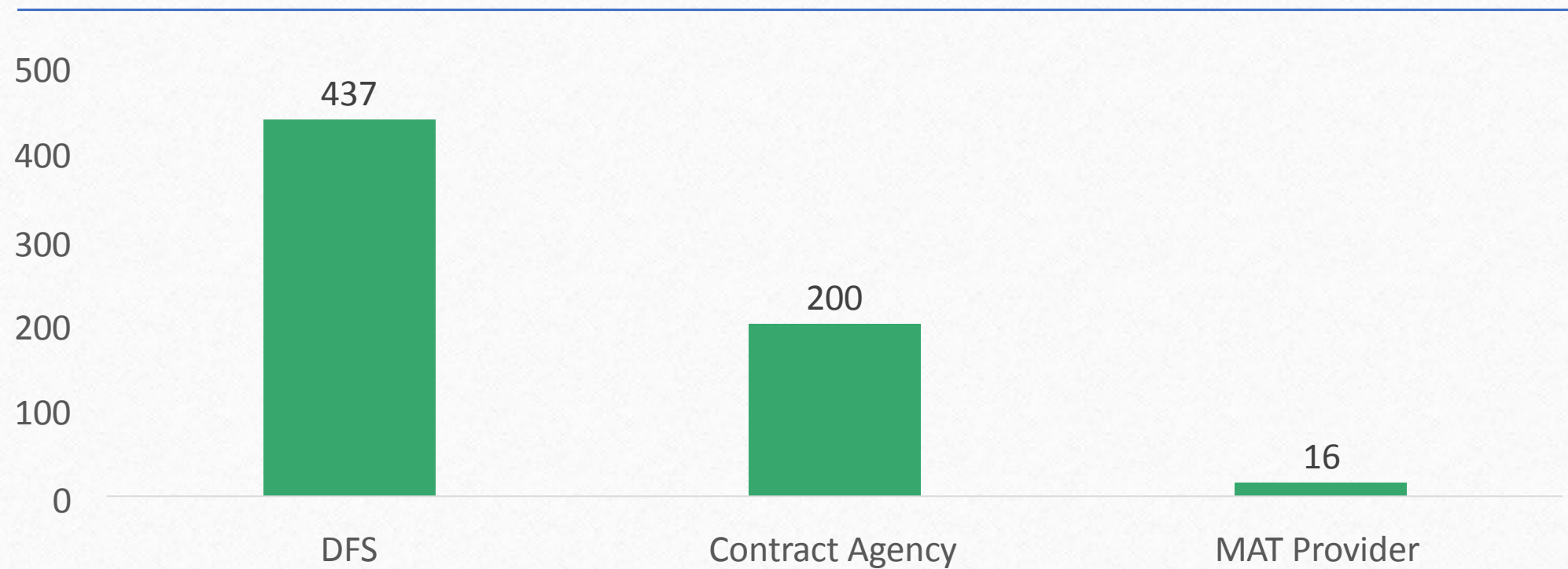


POSC Pathways

Type of Substance Exposure/ Risk Factors	Notification to DFS at birth event? (yes/no)	POSC Coordinator
Alcohol or Illicit Drugs (other than marijuana)	Yes	Division of Family Services
Misuse of legal/prescription drug	Yes	Division of Family Services
Any substance with high risk factors	Yes	Division of Family Services
Marijuana and no other risk factors	Yes	Contract Agency (ie. Holcomb)
Medication Assisted Treatment (ie. methadone, Subutex, suboxone) and no other risk factors	No (quarterly data exchange with DFS)	MAT provider
Legal prescription that can cause withdrawal symptoms in infant, no other risk factors and no diagnosis of substance use disorder	No (quarterly data exchange with DFS)	Hospital (“Medical POSC”)

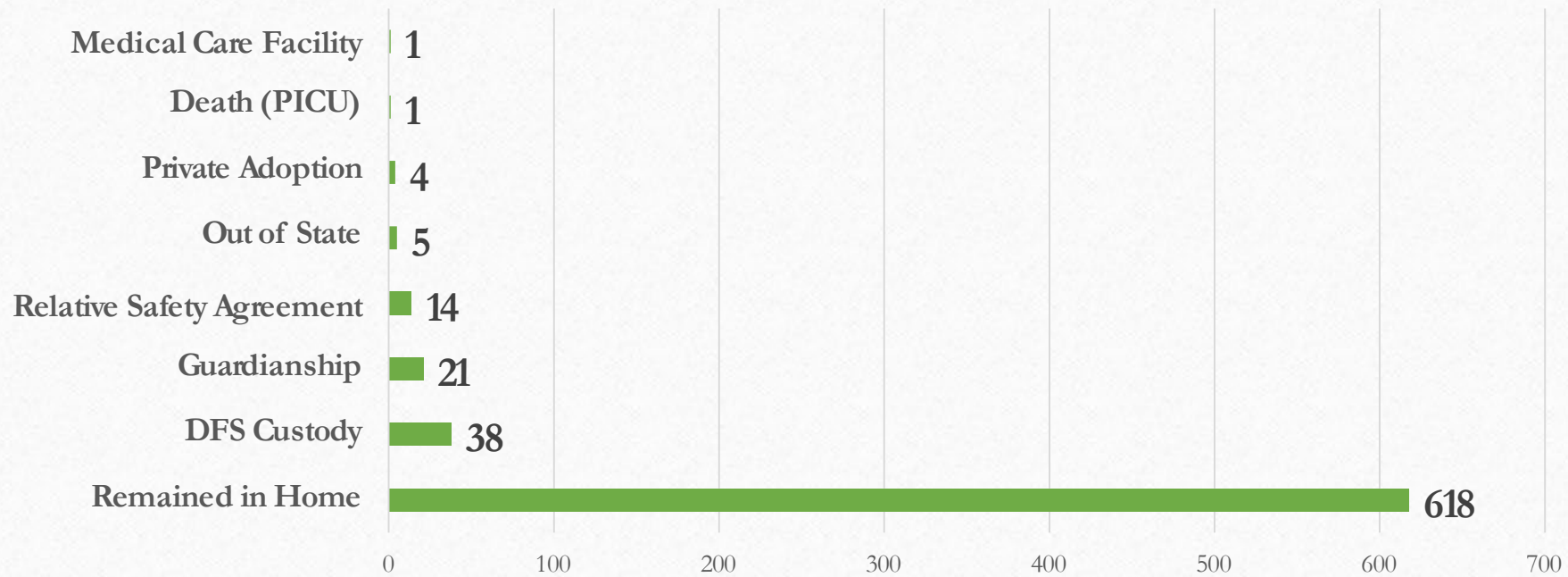
Plans of Safe Care Prepared: 653

(for cases that required a notification to DFS at birth event)



PLACEMENT

REMAIN IN HOME vs. OUT OF HOME (702 cases)





Questions?
