



National Center on  
Substance Abuse  
and Child Welfare

MODULE

# 1 PLAN OF SAFE CARE LEARNING MODULES

PREPARING FOR PLAN OF SAFE CARE IMPLEMENTATION




*Prepared by the National Center on Substance Abuse and Child Welfare (NCSACW), this module is one of a five-part series on Plans of Safe Care for infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder (FASD), and their affected family or caregiver. The series is intended to guide state, Tribal, and local collaborative partners who aim to improve systems and services for infants affected by prenatal substance exposure and their families. The policy and practice strategies included in these modules are derived from NCSACW's years of practice-based experience providing technical assistance to states, Tribes, and communities. Points of view or opinions expressed in this tool are those of the authors and do not necessarily represent the official position or policies of the Substance Abuse and Mental Health Services Administration or the Administration on Children, Youth, and Families.*

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### About This Module

In 2016, the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) was amended by the [Comprehensive Addiction and Recovery Act \(CARA\)](#).<sup>1</sup> This legislation created changes related to Plans of Safe Care for infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or an FASD, and their affected family or caregivers. This module provides a foundation for states to implement effective strategies that address the needs of infants affected by prenatal substance exposure and their families.


**TA GUIDANCE: STEPS TO PREPARE**




**COLLABORATE**



**EXPLORE YOUR STATE SYSTEMS**



**REVIEW STATE GUIDANCE**



**REVIEW FEDERAL LEGISLATION**

In 2016, Congress amended CAPTA; this amendment requires that states operate a statewide program that includes the development of a Plan of Safe Care for an infant born with and identified as being affected by substance abuse, withdrawal symptoms, or an FASD to ensure the safety and well-being of infants. The Plan of Safe Care addresses the health and substance use disorder (SUD) treatment needs of the infant and their affected family or caregiver. A cross-system, collaborative approach to develop Plans of Safe Care recognizes that infants have a wide range of needs, including the need to have a safe and stable caregiver. States are developing comprehensive approaches to Plans of Safe Care to meet CAPTA requirements and the needs of infants and their families in the context of the current opioid epidemic and the resurgence of methamphetamine across the United States. To devise an effective collaborative approach among child welfare, SUD treatment, courts, and healthcare system partners, states need a good understanding of state structures, statutes, legislation, policies, and procedures—and how state systems collaborate and communicate on strategies to support infants and families.

## KEY IMPLEMENTATION CONSIDERATIONS

### • State Administered versus County Administered Child Welfare Systems

In 43 states, a state child welfare system implements and oversees child protection and child welfare services using a single state agency that creates rules, policies, and procedures to guide child welfare practices and comply with federal and state requirements. These states' child welfare systems can be either state administered or county administered. In state-administered child welfare systems, county or regional child welfare offices often receive more direction on how to implement state and federal requirements and procedures. In county-administered child welfare systems, child welfare offices may have more autonomy to make operational decisions regarding state and federal policy implementation. Seven states administer child protection and welfare services by privatizing all or part of their child welfare system. In these states, the child welfare system is administered differently, and the level of direction received from the state agency varies.

<sup>1</sup> PL 114-198. The Comprehensive Addiction and Recovery Act of 2016, Section 503

### • **State Oversight of Substance Use Disorder Treatment Services**

Although most states provide child welfare services directly, SUD treatment services are usually contracted with community-based providers. The state's Single State Agency (SSA) for SUD treatment services administers state and federal funding through the federal Substance Abuse Prevention and Treatment (SAPT) block grant, state opioid response funds, and state general revenue funds. The SSA contracts with local substance use disorder prevention and treatment providers to ensure the quality and quantity of "slots" necessary for services to individuals who do not have private insurance. The populations to be served and the services to be provided are written into contracts and reflect funder requirements. For example, pregnant women and women with dependent children are a target population of the SAPT block grant. Changes to target populations or array of services written into contracts often reflect the requirements of specific funding mechanisms (such as grant funding or state appropriations/budget requirements, or Medicaid reimbursement rules) or administrative rules and licensing requirements promulgated by the SSA.

SSA's processes for changing policies and practices related to SUD treatment for families are critical to understand as states identify the best ways to access sufficient service capacity and explore the challenges treatment providers face. Seeking a deep understanding of these processes will enable states to better support the collaborative approach to Plans of Safe Care.

### • **Prenatal Substance Exposure as Child Maltreatment in Statute and Practice**

About half of the states in the U.S. include some aspect of prenatal substance exposure in their statutory definitions of child maltreatment. In addition, most states identify healthcare providers as mandatory reporters of suspected child maltreatment. All states provide an assurance that the state operates a statewide program that includes policies and procedures to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or an FASD. Defining the meaning of affected infant and delineating the child welfare notification process helps clarify for health care providers which infants require a notification to Child Protective Services (CPS). For states with a statute that defines prenatal substance exposure as maltreatment, the notification to CPS may constitute a report of child abuse or neglect. The state's policies may require CPS to conduct an assessment or investigation if they receive a notification. States that do not include prenatal substance exposure in their child abuse or neglect statute may have state policies that dictate how to notify CPS if they suspect child maltreatment or have child safety concerns.

In the absence of a statute that defines prenatal substance exposure as maltreatment and no suspicion of child maltreatment or safety concerns, states may have a policy that directs how healthcare professionals notify CPS systems about affected infants to ensure that an infant receives a Plan of Safe Care. In practice, many states and local communities have created new notification and reporting legislation, policies, procedures, or protocols to support their collaborative approach to Plans of Safe Care.

### • **Healthcare Providers Involved in the Delivery and Care of Infants**

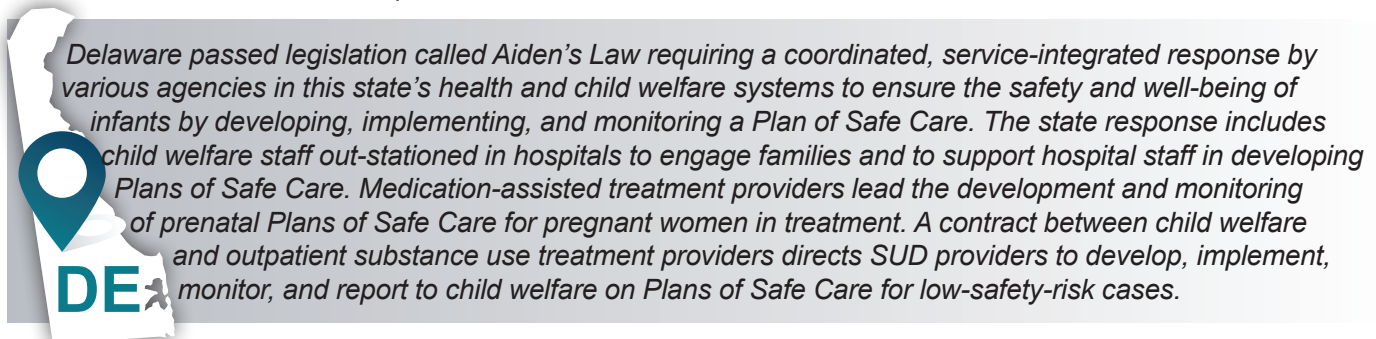
States that receive a CAPTA grant are required to provide an assurance that they have policies and procedures for healthcare providers involved in the delivery and care of infants. States must notify their child protective service systems of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or an FASD. CAPTA stipulates that identifying these infants and notifying CPS is not intended to establish a definition under federal law of what constitutes child abuse or neglect. State hospital and healthcare systems are organized, administered, and connected to state child welfare and SUD treatment agencies in a variety of ways, which affects how they implement policies, procedures, and protocols to identify infants born with and identified as being affected by prenatal substance exposure; notify CPS; and develop Plans of Safe Care.

*New Hampshire's [legislation](#) directs healthcare providers to develop a Plan of Safe Care for infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or an FASD. Healthcare providers must notify the Department of Children, Youth and Families (DCYF) of the aggregate number of infants and families for whom they have created a Plan of Safe Care. If hospital staff have a concern about infant abuse or neglect, they are mandated to report to DCYF. The Plan of Safe Care must be included with the report.*



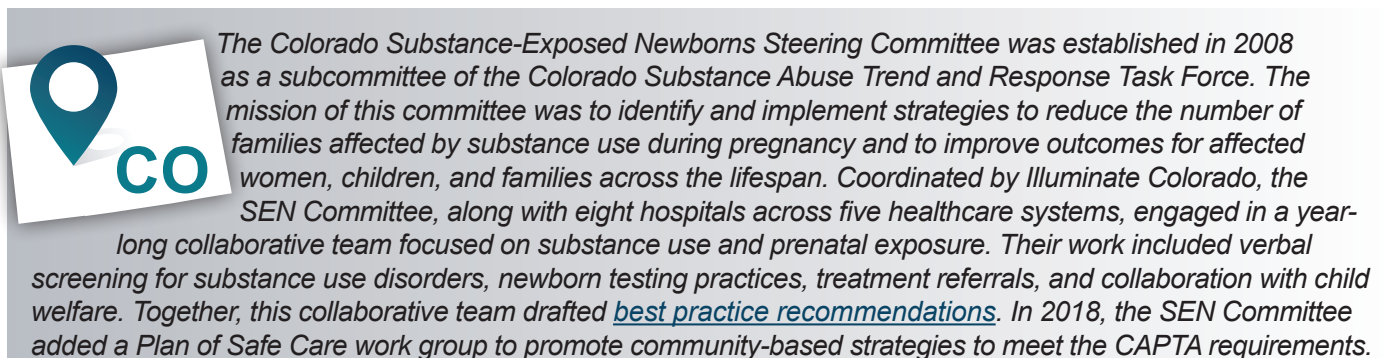
### • **Leadership and Responsibility in Plans of Safe Care**

Although legislation directs state child welfare agencies to submit data related to creating and implementing Plans of Safe Care to the federal government, states can engage other agencies or systems in developing policies and procedures to implement and oversee Plans of Safe Care. Jurisdictions with a history of cross-system collaboration and policy development among healthcare, SUD treatment, and child welfare providers have leveraged those relationships to create policies and procedures for Plans of Safe Care in their communities. Partners may share responsibility for leading the development and oversight of individual Plans of Safe Care based on the unique needs of families in their communities.



### • **Integration with Current Workgroups, Coalitions, and Taskforces**

Important partners already working with pregnant and parenting women with SUDs and infants affected by prenatal substance exposure in a community may include substance-exposed newborn collaboratives, perinatal quality collaboratives, opioid task forces, or maternal mortality review boards. These entities and their members are critical partners in guiding Plan of Safe Care policies, procedures, and implementation. In addition, these groups have critical expertise about providers, services, and capacity in state and local jurisdictions and how these systems and partners collaborate and share information. Integrating Plan of Safe Care efforts into existing collaborative teams can improve buy-in from multiple partners and create efficiencies. Building on existing structures avoids duplication of efforts and allows sites to leverage the support from governors, key stakeholders, and leadership of existing initiatives.



## PLANNING STEPS

**Review Federal Legislation**

Review the [CAPTA legislation](#) related to [Plans of Safe Care](#) and federal guidance provided through an [information memo](#) and [program instruction](#). Discuss what you have read with partners and identify areas where questions or confusion remain.

**Identify and Engage Key Partners**

Understand state and local systems involved in your collaborative team, how their initiatives and priorities are aligned with this work, and how they make changes to policy and practice in their field. Ask all partners about their values and why they were motivated to become involved in developing a comprehensive, collaborative approach to Plans of Safe Care.

**Understand State Statutes**

Review state laws, policies, and guidance related to infants with prenatal substance exposure and specific to Plans of Safe Care.

**Align with Parallel Initiatives**

Identify state or local collaborative teams working with pregnant and parenting women, infants with prenatal substance exposure, or Plans of Safe Care. Then, arrange to attend a meeting with these groups to identify how your work may align with theirs.

**QUESTIONS TO DISCUSS WITH YOUR COLLABORATIVE TEAM**

- Given that CAPTA is legislation focused on child welfare, what do key partners within and outside of the child welfare system know and understand about CAPTA as amended by CARA?
- What challenges and opportunities does your state have in including cross-system partners outside the child welfare system to develop a community-based approach to Plans of Safe Care? Aspects to consider in developing a community-based approach include:
  - Current state policies
  - Child welfare statutes
  - Hospital policies
  - Public health insurance coverage of services related to prenatal and postnatal care
  - Prioritization policies for state contracting with SUD treatment providers
  - Eligibility for early childhood services
- How can your state's Plan of Safe Care approach operate as a strategy to prevent child maltreatment or to prevent infants from being placed in foster care?
- How can your state involve other entities, such as perinatal quality collaboratives, opioid taskforces, or maternal mortality review boards, in the role of designing or implementing Plan of Safe Care efforts in your jurisdiction?
- How are child welfare partners involved in and/or informed about developing a collaborative and comprehensive Plan of Safe Care approach to addressing the safety and well-being of infants and providing services to their families or caregivers?



## RESOURCES

- The **National Center on Substance Abuse and Child Welfare** developed the [CAPTA Infants with Prenatal Substance Exposure Statutory Summary](#) to provide a history of the CAPTA prenatal exposure provisions, including CARA changes to the legislation from July 2016.
- To better understand structure and functioning of system partners:
  - The **Child Welfare Information Gateway (CWIG)** maintains a [State Statutes Series](#) and provides a fact sheet explaining the differences between [state and county-administered child welfare systems](#).
  - The **National Association of State Alcohol and Drug Abuse Directors (NASADAD)** produced [State Regulations on Substance Use Disorder Programs and Counselors: An Overview](#). This document provides an overview of structures in SUD treatment programs across the nation.
  - The articles in [Healthcare Regulation: Who Does What](#) provides information on oversight and policies that guide various healthcare organizations.
  - The document [Federal Agencies with Regulatory or Oversight Authority Impacting Hospitals](#) shows the lines of responsibilities among the four federal agencies that account for 629 regulatory requirements that health systems, hospitals, and post-acute care providers must comply with.
- The **Child Welfare Information Gateway's** *State Statutes Brief: Plans of Safe Care for Infants with Prenatal Substance Exposure and their Families*, the **National Institute for Children's Health Quality** self-study guide *State Legislation on Substance Use During Pregnancy*, and the **National Center on Substance Abuse and Child Welfare's** document [On the Ground: How States are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and their Families](#) provide information on state statutes, policies, and approaches to addressing substance use disorders in pregnant women and prenatal exposure.
- The **Centers for Disease Control and Prevention** supports [state-based perinatal quality collaboratives](#) that aim to improve the quality of care for mothers, babies, and families. Many of these collaborative teams focus on improving identification of and care for infants with neonatal abstinence syndrome and support for families affected by substance use disorders.

## THE PLANS OF SAFE CARE MODULES SERIES

Although federal and state policies, regulations, and decisions guide the implementation of Plans of Safe Care, local communities must determine how to interpret and operationalize state guidance. Additional modules in this series provide states and communities with the considerations for implementing Plans of Safe Care to support the safety and well-being of families in their jurisdictions. These modules include the following:

- [Module 2: Establishing Collaborative Partnerships](#), explores the steps states can take to build, grow, and sustain collaborative teams critical to a comprehensive approach to Plans of Safe Care.
- [Module 3: Determining Who Needs a Plan of Safe Care](#), explores the steps states can take to define affected infants as they roll out a statewide Plan of Safe Care.
- [Module 4: Implementing and Monitoring Plans of Safe Care](#), explores how collaborative teams can translate policy decisions into practice through implementation and case monitoring.
- [Module 5: Overseeing State Systems and Reporting Data on Plans of Safe Care](#), explores how to develop and monitor policies and procedures related to Plans of Safe Care and discusses the strategies to enhance collaborative teams' abilities to report data to the National Child Abuse and Neglect Data System.