Mandatory Child Welfare Reporting: What Behavioral Health Professionals Need to Know

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Mandatory Child Welfare Reporting: What Behavioral Health Professionals Need to Know

• Due to changes in The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act (CARA) of 2016, Title V, Section 503, health care providers, including behavioral health care providers, caring for prenatally substance exposed infants are now required to notify the child protective services (CPS) system of the occurrence of such condition of such infants.

• The impetus for changing the laws was due to the opioid epidemic which includes plans of safe care, notifications versus reports and family centered approaches which is the focus of this presentation.
Learning Objectives

1.) Understand what is meant by “plans of safe care” for an infant and the family or caregiver as required by the Child Abuse Prevention and Treatment Act

2.) Explain the parameters for notification of child protective services for infants who are identified as affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorders

3.) Develop family-centered plans of safe care that are responsive to the needs of a mother and her infant
Understanding Plans of Safe Care

Objective 1

About CAPTA: A Legislative History

The key Federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L. 93-247). This act has been amended several times and was last reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). It was amended in 2015, 2016, and 2018, and most recently, certain provisions of the act were amended on January 7, 2019, by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).
Understanding Plans of Safe Care

CAPTA provides Federal funding and guidance to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and establishes a national clearinghouse of information relating to child abuse and neglect.

Understanding Plans of Safe Care

To receive Child Abuse Prevention and Treatment Act (CAPTA) funds, States are required to ensure that they operate programs relating to child abuse and neglect that include the following:

Policies and procedures (including appropriate referrals to child protection services systems and for other appropriate services) to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder (FASD),
Understanding Plans of Safe Care

Including a requirement that health-care providers involved in the delivery or care of such infants notify the child protective services (CPS) system of the occurrence of such condition of such infants.

The development of a plan of safe care (POSC) for infants born and identified as being affected by substance abuse or withdrawal symptoms or FASD to ensure the safety and well-being of such infant following his or her release from the care of health-care providers, including through addressing the health and substance use disorder treatment needs of the infants and affected family or caregivers.

Understanding Plans of Safe Care

**Legal Authority:** The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act (CARA) of 2016, Title V, Section 503 makes several changes to CAPTA:

- Expands exposure criteria beyond “illegal substances” to include alcohol and prescribed medications
- Requires that the Plan of Safe Care addresses the needs of both the infant and the affected family or caregiver
- Development of policies and procedures to address the needs of infants identified as being affected by substance use or withdrawal symptoms
- Requires health care providers involved in the delivery and care of substance affected infants to notify the child protective services system

[Link to PDF]
http://www.centerforchildwelfare.org/kb/policymemos/memoCFOP170-8-PlanSafeCareForInfantsAffectedByPrenatalSubAbuse070618.pdf
Understanding Plans of Safe Care

In 2018, the State of Florida Department of Children and Families issued CFOP 170-8 Plan of Safe Care for Infants Affected by Prenatal Substance Use, with the purpose of providing guidance for incorporation of a Plan of Safe Care into Florida’s practice model.

CFOP 170-8 was created to reflect federal requirements for responding to infants and their family who have been affected by prenatal substance use and went into effect July 15, 2018.

http://www.centerforchildwelfare.org/kb/policymemos/memoCFOP170-8-PlanSafeCareForInfantsAffectedByPrenatalSubAbuse070618.pdf
Understanding Plans of Safe Care

Statute Modifications

States have a wide range of experiences implementing the CARA amendments to CAPTA as specific child maltreatment statutes guide agency policies, procedures, and strategies that states operationalize. Since 2018, 28 states, including Florida, have described modifications to their state statutes in their Annual Progress and Services Report (APSR). Most of these modifications took place in 2017 following the passage of the CARA amendments to CAPTA.


https://www.phe.gov/Preparedness/planning/healthcare/readiness/Pages/Florida.aspx

http://www.centerforchildwelfare.org/kb/policymemos/memoCFOP170-8-PlanSafeCareForInfantsAffectedByPrenatalSubAbuse070618.pdf
Understanding Plans of Safe Care

For many states, statute modifications were an initial step toward achieving compliance with CARA. The most common changes related to

- Modifying the statutory definition of child maltreatment to include aspects of prenatal substance exposure
- Changing the process for notifying CPS about infants identified as affected by prenatal substance abuse

http://www.centerforchildwelfare.org/kb/policymemos/memoCFOP170-8-PlanSafeCareForInfantsAffectedByPrenatalSubAbuse070618.pdf
Polling Question
Which statement is not correct?

The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act (CARA) of 2016, Title V, Section 503 makes several changes to CAPTA:

1. Expands exposure criteria beyond “illegal substances” to include alcohol and prescribed medications
2. Requires the Plan of Safe Care to address the needs of both the infant and the affected family or caregiver
3. Development of policies and procedures to address the needs of infants identified as being affected by substance use or withdrawal symptoms
4. Requires health care providers involved in the delivery and care of substance affected infants to notify the child protective services system only if they believe the infant is in danger
Reporting/Notification to Child Protective Services (CPS)

Objective 2

According to the National Center on Substance Abuse and Child Welfare’s (NCSACW) pregnant women may not seek health care, early prenatal care and substance use disorder treatment, to avoid a maltreatment report to CPS at the time of delivery.

Some states have modified their statutes to clarify identification, notification, and reporting; and to achieve broader engagement of other systems to meet the CARA amendments to CAPTA, including designating other systems beyond child welfare to develop a Plan of Safe Care.

Reporting/Notification to Child Protective Services (CPS)

NCSACW has found that a distinction between a report and notification to CPS can support parental engagement in services and increase provider engagement in the development of Plans of Safe Care. Implementing Plans of Safe Care for infants and their families or caregivers not involved in the child welfare system through partnerships with community-based agencies can provide access to needed services and supports while preventing future child welfare involvement.

The Difference Between Notification and Report To Child Protective Services

Although CAPTA includes a requirement that health care providers involved in the delivery or care of “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” notify the CPS system, it does not establish a definition under federal law of what constitutes child abuse or neglect.

Reporting/Notification to Child Protective Services (CPS)

The Difference Between Notification and Report To Child Protective Services

The ACYF Program Instruction from January 2017 (ACYF-CB-PI-17-02) notes that “the focus of the provision is on identifying infants at risk due to prenatal substance exposure and on developing a plan to keep the infant safe and address the needs of the child and caretakers. Further, the development of a Plan of Safe Care is required whether or not the circumstances constitute child maltreatment under state law.”

Reporting/Notification to Child Protective Services (CPS)

The Difference Between Notification and Report To Child Protective Services

Most states do not have a notification process separate from their reporting process for child abuse and neglect.

States with a distinct notification pathway for infants not at risk of child abuse or neglect (but which still require a Plan of Safe Care) have achieved this in a variety of ways.

- Health care provider makes the initial notification to CPS
- Staff at the hotline refers the family to a contracted agency to develop and implement a Plan of Safe Care

Reporting/Notification to Child Protective Services (CPS)

The Difference Between Notification and Report To Child Protective Services

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Reporting/Notification to Child Protective Services (CPS)

The Difference Between Notification and Report To Child Protective Services

States have reported stakeholder engagement has improved, including with health care providers, when notification and reporting pathways are clear. Lessons from states engaged with NCSACW show that standardization and clarity:

1) alleviate provider concerns about reporting infants and their families to CPS when they have not identified child maltreatment concerns; and

2) mitigate potential negative consequences for the infant and family, such as removing the infant from the mother when there are no immediate safety concerns for the infant.

Reporting/Notification to Child Protective Services (CPS)

The Difference Between Notification and Report To Child Protective Services

CAPTA does not define or provide a list of diagnostic criteria for “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.

States have flexibility to define this group, and the definition each state develops has implications for which infants and their families or caregivers receive a Plan of Safe Care.

Definitions of Infants “Affected BY” Prenatal Alcohol Exposure

The definition of “affected by” influences both families and the multiple providers and agencies they interact with—including prenatal care providers, birthing hospital staff, public health nurses, child welfare agencies, and substance use disorder treatment providers. Each system provides a unique and important perspective:

• Health care focuses on the physiological effects of exposure on the infant and mother

• Substance use disorder treatment focuses on parental substance use and recovery

• Child welfare focuses on risk, safety, and the well-being of children

Reporting/Notification to Child Protective Services (CPS)

Definitions of Infants “Affected By” Prenatal Substance Exposure

States report that having a clear definition of “affected by” offers an important starting point to determine which infants require a notification (or report) to CPS—and a Plan of Safe Care—to understand and resolve the health, social, and developmental needs of the infant and affected family or caregiver.

State collaborative teams that developed definitions of “affected by” achieved consensus from stakeholders by:

- including perspectives of representatives from these multiple systems, as well as from individuals with lived experience, and
- bringing stakeholders together early and often helped increase cross-system buy-in of the final definitions while supporting implementation and practice changes.

Responsive Family-Centered Plans of Safe Care

Objective 3

With this public health approach, Plans of Safe Care can be perceived as a supportive, not a punitive response, that is:

- Preventive
- Destigmatizing
- Strength-Based
Responsive Family-Centered Plans of Safe Care

Coordination of care works best when Plans of Safe Care are shared across all providers working with the family and progress updates are regularly shared across systems. This type of information sharing requires signed family member’s consent to release specified information and to specify the individual(s) and/or entities entitled to the information. Because the Plan of Safe Care includes SUD treatment information and health information, all consents must adhere to the Health Insurance Portability and Accountability Act (HIPPA) and 42 CFR Part 2 (Confidentiality of Substance Abuse Disorder) regulations.
Responsive Family-Centered Plans of Safe Care

Some states/counties develop implementation toolkits (Minnesota) to address regional differences and support local jurisdictions on how to roll out the Plans of Safe Care. The toolkits may include:

- Updated definitions along with a brief synopsis of the Comprehensive Addiction and Recovery Act (CARA) amendments to CAPTA Guidance language to support interpreting definitions, if needed
- Plans of Safe Care templates
Responsive Family-Centered Plans of Safe Care

• Guiding principles and policies for using and sharing the Plans of Safe Care
• Information on the importance of prenatal screening and examples of screening tools
  Information on child welfare responses to notifications and reports

Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Infant’s Components

Medical Care:

• Prenatal Exposure
• Hospital Care
• Other Medical or Developmental needs
• Pediatric Care Follow-Up
• Referrals for Early Intervention
Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Mother’s Components

Substance Use & Mental Health:

• Substance Use History
• Mental Health History
• Treatment/Trauma History
• Medication Assisted Treatment (MAT)
Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Mother’s Components

Referral For Services:

Assessment of mother’s past and current history indicates the need to initiate Treatment Services (by order of priority):

• 1) (Example) Mental health services
• 2) (Example) Substance abuse services
• 3) (Example) Peer Support

Identify and address challenges/barriers to service initiation
Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Mother’s Components

Medical Care

Prenatal Care History

• Describe mother’s participation in receiving prenatal care.
• Is the mother planning on breastfeeding infant?
• Has the mother considered family planning options?
Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Family Components:

- Child Welfare Involvement
- Risk Level
- Parent-Child Relationship (Early Childhood Court, Child-Parent Psychotherapy, Circle of Security)
- Living Arrangements
- Peer Support Groups
- Family Support
- Current Services
- Supports & Services Needed
Responsive Family-Centered Plans of Safe Care

Plan of Safe Care Mother’s Components

Medical Care:

- OB-GYN
  - Date and purpose for mother’s next scheduled follow-up visit?
- Referrals For Health Care Services
  - Assessment of Mother’s UNMET HEALTH CARE NEEDS indicates the following unresolved/ongoing issues need to be addressed (by order of priority need)
    1) 
    2) 
    3) 
- Identify and address challenges/barriers to service initiation.
Responsive Family-Centered Plans of Safe Care

- Parent(s) and Designated worker sign and date the Plan of Safe Care, which includes the goal: “The Plan of Safe Care is to ensure that you, your child and your family receive the services necessary to advance personal and family recovery and resiliency.”

- Emphasizes building on the strengths they have as an individual, family, and community;

- Emphasizes participation in a Plan of Safe Care is voluntary and is in keeping with 39.01(1)(b), F.S. and includes “we strive to work with you in a constructive, supportive and non-adversarial manner to provide you with the best prevention and intervention strategies to accomplish our mutual goals.”

Reference: Florida’s Center for Child Welfare
http://centerforchildwelfare.fmhi.usf.edu/PlanSafeCare.shtm
Responsive Family-Centered Plans of Safe Care

Video

Linking Mothers and Babies to Services: The Plan of Safe Care

Florida Perinatal Quality Collaborative

https://www.youtube.com/watch?v=RGjzhDk4r1w
Webinar Summary

• The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act (CARA) of 2016, Title V, Section 503, makes several significant changes to CAPTA including the development of a plan of safe care (POSC) for infants born and identified as being affected by substance abuse or withdrawal symptoms or FASD, as well as other significant requirements.

• States have reported stakeholder engagement has improved, including with health care providers, when notification and reporting pathways are clear.

• With this public health approach, Plans of Safe Care can be perceived as a supportive, not a punitive response, that is Preventive, Destigmatizing and Strength-Based.
Resources

Federal Legislation

- Child Abuse Prevention and Treatment Act (CAPTA)
- Comprehensive Addiction and Recovery Act of 2016 (CARA), Section 503
- Click to view other Federal Regulations and Guidance
Resources

DCF Memos and Operating Procedures

• [CFOP 170-8 Plan of Safe Care for Infants Affected by Prenatal Substance Abuse](#)
• [Memo: CFOP 170-8, Plan of Safe Care for Infants Affected by Prenatal Substance Abuse (7/6/18)](#)

• Click to view other [DCF Memos](#) or [Operating Procedures/CFOP](#).
Resources

Resources for Plan of Safe Care-Tip Sheets and Publications

• A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders (SAMHSA, 2016)
• Family-Centered Approach Modules | National Center on Substance Abuse and Child Welfare (NCSACW) (samhsa.gov)
• Plan of Safe Care - Assessment Components
• Plans of Safe Care | National Center on Substance Abuse and Child Welfare (NCSACW) (samhsa.gov) Trends in Investigative Practice - Maternal Opioid Use and Neonatal Abstinence Syndrome (NAS) (DCF, Feb '17)
• Trends in Investigative Practice - Substance Exposed Newborns (DCF, Jan'18)

Click to view additional Substance Abuse Resources
Resources

Videos

• Comprehensive Addiction and Recovery Act of 2016: Plans of Safe Care Training Video (2/5/19)

• Drug Endangered Children - Impact of Pre and Postnatal Substance Exposure on Development and Behavior in 0-3 Year Olds (Center Video, 2016)

• Fetal Alcohol Spectrum Disorders: Identification and Interventions (QPI Video, 2018)

• Understanding the Challenges of Parents with Substance Use Disorders in the Child Welfare System (Center Video, 2017)

• Click to view additional Training Videos
Questions/Comments
THANK YOU!
References

(Objective 1: Slides 1-10)


• Center for Child Welfare. Chttp://www.centerforchildwelfare.org/kb/policymemos/memoCFOP170-8-PlanSafeCareForInfantsAffectedByPrenatalSubAbuse070618.pdf

References

(Objective 2: Slides 11-22)
National Center on Substance Abuse and Child Welfare

(Objective 3: Slides 23-33)
(Slides 22-31)
Florida’s Center for Child Welfare
http://centerforchildwelfare.fmhi.usf.edu/PlanSafeCare.shtml
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