National Center on Substance Abuse and Child Welfare

MODULE 4

PLAN OF SAFE CARE LEARNING MODULES

IMPLEMENTING & MONITORING PLANS OF SAFE CARE

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4 IMPLEMENTING & MONITORING PLANS OF SAFE CARE

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. These technical assistance modules were developed by the NCSACW. 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

Section 503(B) of the Child Abuse Prevention and Treatment Act (CAPTA) stipulates that states provide an assurance that the state is operating 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, and their family or caregivers. This includes the development of a Plan of Safe Care to ensure the safety and well-being of such infants and that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. CAPTA further requires 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.[1] The law does not specify the state system that should be used to implement or oversee the Plans. States need to identify the appropriate agency or system to oversee Plans of Safe Care, and develop effective policies or practices to ensure the Plans are monitored on an ongoing basis. This module explores state decision points when implementing Plans of Safe Care, and how collaborative teams can translate policy decisions into practice through implementation and case monitoring.

KEY IMPLEMENTATION CONSIDERATIONS

The Child Abuse Prevention and Treatment Act allows for flexible implementation of the Plan of Safe Care. States working towards implementing and monitoring Plans of Safe Care can develop community pathways and state specific protocols that suit their communities. States can develop templates of the Plan of Safe Care, models for oversight of the plans, and strategies for broad implementation.

• *Developing a Template for the Plan of Safe Care*

CAPTA does not provide or require a template for the Plans of Safe Care, but the legislation requires that the plan address "the health and substance use disorder treatment needs of the infant and affected family or caregiver." States need to determine which domains they would like to include in a Plan of Safe Care. Although some states incorporate domains into existing safety plans, case plans, or assessments, states should consider developing a separate template for their Plan of Safe Care. A separate Plan of Safe Care template allows for increased cross-system coordination and develops a cohesive state response. Standalone plans are shareable and adaptable in ways that traditional assessments may not be. States may develop a single template for use across the state or provide guidance on plan content and allow jurisdictions to develop a local template. Common domains in a Plan of Safe Care include:

Primary Caregiver:	*Infant:*
• Health needs	• Health needs
• SUD treatment needs	• Withdrawal treatment
• Mental health needs	• Developmental needs
• Parental-Infant Attachment	• Risk and safety assessment
• Parenting Skills	
• Basic needs (food, housing, transportation)	

[1] Child Abuse Prevention and Treatment Act, P.L. 93-247, As Amended Through P.L. 114-198. Section 503(B)(iii)(II)

States may also develop a toolkit to support local implementation of the Plans of Safe Care. Toolkits can provide an overview of the changes to CAPTA, state definitions such as infants affected by substance abuse, Plans of Safe Care templates, and other resources. See the "Implementation" section below for additional information on toolkit approaches.

• Developing a Prenatal Plan of Safe Care

Timing can affect which of the partners are able to help develop and implement the Plan of Safe Care. For example, in most states, the child welfare agency will only develop a Plan of Safe Care after the infant's birth. However, a substance use disorder (SUD) treatment agency or prenatal care provider may be able to develop a Plan of Safe Care during the prenatal period and communicate with the child welfare agency about the plan after the infant's birth. CAPTA does not address having prenatal Plans of Safe Care, but they can be a helpful tool for pregnant women with SUDs whose infant may require a Plan of Safe Care at birth. Developing prenatal Plans of Safe Care may reduce the number families referred to child protective services or the need for an ongoing open child welfare case. A prenatal Plan of Safe Care with appropriate supports identified for the infant and affected caregiver or family member and accessed by the parent or caregiver may include safety and risk concerns, and SUD treatment needs, thereby preventing an infant and parent from entering the child welfare system or preventing the infant's removal at birth. Plans of Safe Care for Tribal families should incorporate the cultural context of the indigenous world view, addressing mind, body, spirit, and environment.

Suggested contents for a prenatal Plan of Safe Care:

- ✓ SUD treatment progress report
- ✓ History of urinalysis results
- ✓ Birth plan
- ✓ Prenatal care history
- ✓ Medication-assisted treatment progress and dosage
- ✓ Infant care plan
- ✓ Partners and supportive caregivers

Medication Assisted Treatment providers working with a pregnant woman should consider developing a prenatal Plan of Safe Care to help the woman prepare for the birth event and to address the needs of the infant, the caregiver, and family as early as possible. Prenatal Plans of Safe Care could be shared with other providers working with the pregnant woman. The plan could be collaboratively developed and updated between MAT providers, prenatal care providers/OBGYNs, home visitors, and other providers serving the family. CAPTA legislation does not require a prenatal Plan of Safe Care; however, developing a plan can be a supportive practice that:

- Engages the woman in treatment and preparing for the birth event
- Strengthens communication among the various providers working with the mother during the prenatal period
- Provides more information at the birth event to help hospital and child welfare staff determine the infant's and mother's or caregiver's health and safety needs
- Avoids a crisis at the delivery by informing all partners, including child welfare services of the infant's arrival, the mother's prenatal history, and her involvement in and adherence to her treatment program. It also allows time to assess and address the family's needs
- Provides an intervention opportunity that may prevent child maltreatment or prevent infants from being removed from their families for open child welfare cases

• Ensuring Oversight of Plans of Safe Care

As mentioned previously, the CAPTA legislation does not specify which agency should oversee the Plan of Safe Care. States determine the agency or system that oversees the Plan of Safe Care based on local practices and capacity. Some states currently have statutes or policies that identify agency roles and responsibilities for developing and implementing Plans of Safe Care, while other states may need to revise their statutes, policy manuals, or practice protocols to delineate roles and responsibilities across partners, as CAPTA does not specify which agency should perform these roles. States might consider assigning different organizations to partner with the Child Protective Services (CPS) agency and take on specific roles and responsibilities for implementing Plans of Safe Care based on the needs of the infants and their families, agency mandates, and services available in the community.

For most states, oversight of the Plans of Safe Care is based on which infants and families have a Plan of Safe Care, usually determined by infant risk and safety concerns, and family needs. The following chart identifies providers that could oversee Plans of Safe Care, based on the specific population of women, during pregnancy and at birth:

WHO COULD DEVELOP PLANS OF SAFE CARE

Population of Pregnant and Postpartum Women	Potential Agency/System to Oversee a Plan of Safe Care	
	Possible Developers of Plans of Safe Care in the Prenatal Period	Possible Developers of Plans of Safe Care at Birth
Mothers who use opioid medications for chronic pain or other legal medications (e.g., benzodiazepines) as prescribed by the healthcare provider. The medications can produce withdrawal symptoms. **These mothers do not have a substance use disorder.**	Prenatal care provider along with pain specialist or other physician.	Maternal and child health (MCH) service providers (e.g., home visiting programs and Healthy Start) and community-based child welfare agencies that provide substance use prevention services.
Mothers who receive medication-assisted treatment (e.g., buprenorphine or methadone) for an opioid use disorder **or who are engaged in treatment for a substance use disorder.**	Prenatal care provider along with medication-assisted treatment program provider and/or therapeutic SUDs treatment provider.	Medication-assisted treatment program provider or therapeutic SUDs treatment provider with MCH partners or child welfare agencies
Mothers who are misusing prescription or legal drugs or who are using illegal drugs, **meet criteria for a substance use disorder, and are not engaged in a treatment program.**	Prenatal care provider or high-risk pregnancy clinic along with SUDs treatment agency.	CPS and other child welfare service agencies.

Completing a resource mapping exercise can help states understand the capacity of their current state or community systems to oversee Plans of Safe Care for different populations of women. The following considerations may be helpful as states identify models for oversight of Plans of Safe Care:

- Child Welfare Oversight
  In most states, the child welfare system oversees the Plans of Safe Care for families that have safety concerns. Child welfare may also oversee Plans of Safe Care for families at lower risk through a differential response or other assessment tracks. Ideally, and with adherence to the appropriate consent policies, providers working with families could share the Plans of Safe Care across systems. Doing so helps ensure that all providers supporting the family are aware of the services the family receives to better coordinate care. Child welfare agencies can work with other partners to develop a format for the Plans of Safe Care to ensure it is easily shared and tracked.

Connecticut created an online notification portal for infants identified at the time of birth as affected by substance abuse, withdrawal or an FASD. The portal gathers aggregate information about the infant, including race, ethnicity, mother's age, zip code, and substances the infant was exposed to. Health care providers accessing the portal are asked a series of questions to determine if the infant requires further screening by child welfare and if a Plan of Safe Care was developed for the infant. The data collected by the portal is used for:

- *Federal reporting to the National Child Abuse and Neglect Data System (NCANDS)*
- *Local monitoring of Plan of Safe Care implementation*
- *Monitoring of the impacts of the Plans of Safe Care on racial disparity across the state*

- Oversight of Notifications
  A notification indicates that an infant is born affected by substance abuse, withdrawal, or an FASD and requires a Plan of Safe Care; it is not an indicator of child abuse or neglect. A report to child welfare indicates concerns about child abuse or neglect. Infants born affected by substance abuse, withdrawal, or FASD may require a notification or a report depending on their risk level, as determined by state policies and procedures. But both should require a Plan of Safe Care. For more information about the differences between a report and a notification, see Module 3, "Determining Who Needs a Plan of Safe Care." Some families of infants that require a Plan of Safe Care may not require child welfare services, such as a mother engaged in medication-assisted treatment with no risk or safety concerns. In these situations, families may benefit from Plans of Safe Care oversight by public health agencies, health care coordinators, pediatricians, or SUD treatment providers.

  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

Delaware passed legislation called Aiden's Law requiring a coordinated, service-integrated response by various agencies in this state's health and child welfare systems to ensure the safety and well-being of infants by developing, implementing, and monitoring a Plan of Safe Care. The state response includes child welfare staff out-stationed in hospitals to engage families and to support hospital staff in developing Plans of Safe Care. Medication-assisted treatment providers lead the development and monitoring of prenatal Plans of Safe Care for pregnant women in treatment. A contract between child welfare and outpatient substance use treatment providers directs SUD providers to develop, implement, monitor, and report to child welfare on Plans of Safe Care for low-safety-risk cases.

- ***Acquiring Consent***

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. Collaborative teams working with a family might implement a multiparty consent form or implement a memorandum of understanding that addresses the sharing of confidential information. States may also consider including a release of information embedded within the Plan of Safe Care to support information sharing while ensuring a patient's right to confidentiality. Attorneys who represent parents and/or children or the state/county in cases of child abuse or neglect are key collaborators in implementing consents for exchanging information across agencies.

• Training Support Needed for Statewide Implementation of Plans of Safe Care

As states begin implementing their Plan of Safe Care approach, whether statewide or in county or regional jurisdictions, they will likely encounter a variety of different practices (e.g., hospital notifications, child welfare systems response) across partner agencies and jurisdictions. As these practice differences are identified, and new state policies and practices are adopted, training needs will likely emerge:

- Healthcare providers may need training to understand the new reporting requirements and how to access publicly funded SUD treatment and other community services and supports.
- SUD treatment and medication-assisted treatment providers and attorneys who represent parents or children may need training to understand CAPTA, state policies and procedures, and the providers' role in implementing the Plans of Safe Care.
- SUD treatment providers and medication-assisted treatment providers also may need training on how to educate their patients that are at risk of giving birth to an infant affected by prenatal substance exposure.

Some states develop regional cross-agency training so collaborative teams can adapt their approaches to local needs while maintaining consistency with state mandates, policies, procedures, or recommended practices and guidance. Successful implementation typically occurs when state agencies work in partnership with local providers.
Other states develop implementation toolkits 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
- 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

Kentucky is implementing a "system of care" approach to support infants and families affected by substance use. The Kentucky Division of Behavioral Health is providing education on substance use for women of childbearing age both prior to and during pregnancy. Kentucky's collaborative team is also expanding prenatal services to include universal screening, brief intervention, and referral to treatment (SBIRT) as a routine part of care.

The Department of Health is working with hospitals across the state to inform statewide guidelines for hospital for treatment of infants with neonatal abstinence syndrome (NAS), multidisciplinary assessments, and discharge planning. Kentucky's collaborative team identified NAS as a condition that must be reported to the Department of Health, and data on NAS are included in an annual report to the state legislature. The collaborative team modified a hospital assessment tool, created a Plan of Safe Care template, and developed guidelines to codify state best practices. These were included in a shared Plan of Safe Care Toolkit.

PLANNING STEPS AND RELATED RESOURCES

Identify Implementation Strategies

Identify strategies for statewide implementation, using a phased-in approach when necessary.

- The webinar "A Framework for Intervention for Infants with Prenatal Exposure and Their Families" identifies strategies to consider for comprehensive reform to prevent prenatal substance exposure and respond to the needs of pregnant women, mothers, their families, and infants.The companion tool Infants with Prenatal Substance Exposure and their Families: Five Points of Family Intervention provides examples of policy and practice strategies at each of the intervention points that child welfare, substance use treatment, healthcare, and other community agencies can employ to effectively serve this population.

Develop a Plan of Safe Care Template

Develop a template for the Plans of Safe Care. Determine if the template will be used across the state, or if local jurisdictions will develop their own versions. Across the country, many templates have been created, which are tailored to the needs of tribes, states, and local jurisdictions.

- The **National Center on Substance Abuse and Child Welfare** developed a technical assistance tool entitled "On the Ground: How States are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and their Families." This short document provides Plans of Safe Care templates from several states.

Identify Who will Oversee the Plans of Safe Care

Identify the entities that can oversee the Plans of Safe Care based on the different populations of women an infants that are served.

- Delaware's House Bill 140 requires a "coordinated, service-integrated response by various agencies in this state's health and child welfare systems to work together to ensure the safety and well-being of [identified] infants...by developing, implementing, and monitoring a Plan of Safe Care." To support this coordinated response, Delaware developed a Plan of Safe Care implementation guide that outlines expectations of these systems.

Implement a Pilot

Consider implementing pilots to test the Plans of Safe Care approach before a statewide rollout. The pilot can test the Plan of Safe Care template and oversight models.

- The brief entitled In-Depth Technical Assistance: Infants with Prenatal Substance Exposure discusses how Plans of Safe Care models are implemented, and features the goals and accomplishments of the three states that pilot tested the Plans between 2016–2018.

Develop a Toolkit

Develop a toolkit to support local implementation of Plans of Safe Care. The toolkit can include Plan of Safe Care templates, prenatal verbal screening tools, updated policies on reporting or notification criteria, and other tools to support local implementation.

- The webinar Plans of Safe Care—What your Multidisciplinary Team Needs to Know is a valuable resource that identifies how diverse partners can collaborate to implement the Plan of Safe Care.
- Led by the **Virginia Department of Behavioral Health and Developmental Services**, Virginia's Handle with C.A.R.E. Initiative developed a Plan of Safe Care toolkit to provide guidance, information, and resources related to developing and implementing Plans of Safe Care toolkit[2] to their diverse, collaborative partners.
  - Virginia developed a series of online trainings for home visitors. Training topics include (1) understanding medication-assisted treatment, (2) using the Plans of Safe Care, and (3) implementing universal SUDs screening.

Additional resources are available at www.NCSACW.SAMHSA.gov.

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QUESTIONS TO DISCUSS WITH YOUR COLLABORATIVE TEAM

- How might a multidisciplinary, comprehensive assessment help the team develop Plans of Safe Care?
- What needs should the Plan of Safe Care address? Does the community have a sufficient array and quantity of services to meet the identified needs of infants and their families?
- Which agency or system are best suited to develop and monitor Plans of Safe Care?
- Which current information-sharing policies, protocols, and practices support or hinder how Plans of Safe Care are managed?
- What domains will be included in the Plan of Safe Care?
- Which Plan of Safe Care format best supports developing, sharing, and updating the plan? Is an electronic medical record, hard copy, or another format preferred?

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 1:*** *Preparing for Plan of Safe Care Implementation,* explores the steps states can take to understand existing statutes and structures as they strategize how to effectively address the needs of infants affected by prenatal substance exposure and their families.
- ***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 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.