

<p><b>Purpose</b></p>	<p>To inform County Department of Human Resources of amendments made to the Child Abuse and Treatment Act (CAPTA) by the Comprehensive Addiction and Recovery ACT OF 2016 (CARA) [Public Law 114-198].</p> <p>The amendments relate to the needs of infants born and identified as being affected by prenatal substance and alcohol exposure and the requirement that states have in place policies and procedures that address the needs of substance affected/exposed children.</p> <p><b>Note:</b> This release will reference policy and procedures already in CPS policy, with additional emphasis placed on CARA requirements for developing and documenting a plan of safe care for the affected children, family and/or caregiver.</p>
<p><b>Program Implications</b></p>	<p>The Comprehensive Addiction and Recovery Act (CARA) will require county departments, when working with substance affected/ exposed children to have procedures in place for immediate screening, risk and safety assessment, and prompt investigation of such reports.</p> <p>Amendments made to CAPTA per CARA [Public Law 114-198] will require DHR to implement the following:</p> <ul style="list-style-type: none"> <li>• Removal of the term “illegal” from <i>CA/N Allegations And Definitions, Positive Test for Drugs at Birth/Drug Withdrawal</i>. Refer to <i>Administrative Letter No. 7521</i>;</li> <li>• Require health care providers involved in the delivery or care of infants who are affected by substance use disorder, withdrawal symptoms resulting from prenatal substance exposure, or Fetal Alcohol Spectrum Disorder to report all cases to DHR for assessment. <b>This includes those infants who test positive for prescribed medications and over the counter medications.</b> Refer to September 14, 2016,</li> </ul>

	<p><i>Infant Safe Care Planning Memorandum, sent to Health Care Providers.</i></p> <p><u>Code of Alabama 1975 § 26-14-3</u> addresses mandatory reporting. Mandated reporters include, hospital doctor, nurse, physician office staff, etc. who must report known or suspected child abuse/neglect to a “duly constituted authority,” primarily DHR and Law Enforcement. Refer to <i>Child Protective Services Policy (CPS), CA/N Introduction, E. Child Abuse/Neglect Reporting, 1. Mandatory.</i></p> <ul style="list-style-type: none"><li>• County development of a plan of safe care that ensures the safety and well-being of an infant born and identified affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder. The plan of safe care <b>must</b> address the health and substance use disorder treatment needs of both the infant and the affected family or caregiver;</li></ul> <p>The Plan of Safe Care is required for infants affected by all substance abuse, not just illegal substance abuse, and must address the immediate safety needs of the affected infant, health and substance use disorder needs of the affected family or caregiver; and referrals to appropriate services that support the affected infant and family or caregivers.</p> <ul style="list-style-type: none"><li>• SDHR Office of Data Analysis reports to the National Child Abuse and Neglect Data System (NCANDS) the number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder; the number of such infants for whom a plan of safe care was developed; and the number of such infants for whom a referral was made for appropriate services including services for the affected family or primary caregiver. This information</li></ul>
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	<p>will be compiled from county data entered in FACTS.</p> <ul style="list-style-type: none"> <li>• Develop and implement as part of the Individualized Service Plan (ISP) monitoring systems regarding the implementation of plans of safe care to determine the appropriateness of services provided for the infant and affected family.</li> </ul>
<p><b>Substance Affected/ Exposed Children Allegations/Definitions</b></p>	<p>Present DHR policy lists the following allegations/definitions relative to drug/alcohol exposed children. Refer to <i>CA/N Allegations And Definitions</i>.</p> <p>A referral meets the criteria for investigation if one or more of the allegations listed are present.</p> <ul style="list-style-type: none"> <li>• <b>Positive Test For Alcohol At Birth/Fetal Alcohol Syndrome:</b> <p>Child tests positive at birth for alcohol and/or exhibits symptoms of fetal alcohol syndrome. Fetal alcohol syndrome is associated with growth, mental, and physical problems (e.g. low birth weight, facial abnormalities, organ dysfunction, etc.) that occur in a baby when a mother consumes alcohol during pregnancy.</p> </li> <li>• <b>Positive Test For Drugs At Birth/Drug Withdrawal:</b> <p>Infants who test positive at birth for drugs are considered to be abused/neglected. Infants who test positive at birth for prescription medication or over the counter medications due to the mother’s consumption and misuse of prescription medications or over the counter medications are considered to be abused/neglected. Misuse of prescription medications or over the counter medications is defined as an excessive amount of the medication in the infant’s system as determined by a medical professional.</p> </li> </ul>

	<p><b>Chemical Endangerment (Methamphetamine):</b></p> <p>Child(ren) are in a situation/environment where through direct or indirect exposure they ingest or inhale, a controlled substance (methamphetamine) or chemical substance (e.g., pseudoephedrine, Freon, sulfuric acid, etc.) used in the production of methamphetamine, and parents/primary caregivers’ purpose for being in possession of the chemicals is to produce or manufacture crystal meth for personal use or distribution.</p> <p><b>Note:</b> Per DHR policy “reports on unborn children are not accepted as CA/N reports. Child welfare staff shall provide reporters with information about other DHR programs and community resources as appropriate.” Refer to <i>CA/N Intake, IV. Analysis And Decision Making, B. Case Situations Not Accepted As CA/N Reports.</i></p> <p>A report may be taken if there are other children in the home who may be subjected to alleged abuse/neglect due to the mothers drug/alcohol use.</p>
<p><b>Screening At Intake</b></p>	<p>Upon receiving a referral from a hospital, doctor, nurse, etc., regarding a drug exposed infant, child welfare staff shall adhere to <i>CA/N Intake Policy.</i></p> <p>At intake County Departments shall accept and enter in the Family, Adult, and Child Tracking System (FACTS) all referrals from health care providers alleging that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure (legal or illegal substances). To enter in FACTS access the Client Detail screen. Check the Substance Affected/Exposed box. This checkbox was recently added and will be enabled to capture any substance affected/exposed children twelve (12) months of age or younger. If the child is less than twelve (12) months of age this intake cannot be taken as an I &amp; R and will have to be taken as a CA/N or a CPS Prevention to be assessed.</p>

	<p>Only referral information received that meets the department’s definition of alleged abuse/neglect (i.e., risk of serious harm) is accepted as CA/N reports. Refer to <i>CA/N Intake, IV. Analysis And Decision Making, A. CA/N Reports</i>.</p> <p>Referrals that do not meet the department’s definition of alleged abuse/neglect (i.e., no risk of serious harm) shall not be screened out and <b>must</b> be accepted as a CPS Prevention referral. “If during the assessment, safety threats are identified and a safety plan is needed, the CPS Prevention assessment stops and the case must be converted to an abuse/neglect report.” Refer to <i>Child Protective Services, CPS Prevention Policy And Procedures</i>.</p>
<p><b>Investigative Response to Reports Received at Intake Involving Substance Affected/ Exposed Infants</b></p>	<p>Child welfare staff shall follow standard <i>CA/N Assessment</i> or <i>CPS Prevention Policy</i> in all cases accepted for assessment.</p> <p>Upon receiving a referral involving a substance affected/exposed child(ren) investigative staff with the county department <b>shall respond immediately</b> to the hospital or any other location to see this child to assess the severity of or potential for physical, mental, or emotional harm to the child. Refer to December 1, 2016 Memo, Amended Timely Response to Intake Calls, from DHR Commissioner.</p> <p>Per policy (<i>CA/N Allegations And Definitions</i>), when the <b>report is received before the infant is discharged from the hospital</b>, child welfare staff must:</p> <ul style="list-style-type: none"> <li>• make in-person contact with the mother,</li> <li>• the infant,</li> <li>• hospital medical staff prior to the infants discharge,</li> <li>• the mother’s and infant’s address must be verified (e.g., relatives, Medicaid records,</li> </ul>

	<p>DHR records, postal service), and</p> <ul style="list-style-type: none"> <li>• a home visit <b>must</b> be made <u>within</u> twelve (12) hours after the infants discharge.</li> </ul> <p>Per policy (<i>CA/N Allegations And Definitions</i>), when the <b>report is received after the infants discharge from the hospital</b>, child welfare staff must collect and assess information about:</p> <ul style="list-style-type: none"> <li>• conditions and circumstances related to the substance use/misuse (e.g., type, frequency, duration, underlying conditions);</li> <li>• the presence of any other individuals (e.g., household members, friends) in the home who may also be using/misusing substances or influencing the parent’s substance use/misuse;</li> <li>• how the parent’s substance use/misuse is impacting caregiving knowledge and skills;</li> <li>• the parent’s ability to meet the infant’s unique needs;</li> <li>• adequacy of living arrangements and means of financial support; and</li> <li>• whether the mother has other children not living with her; if so, those children whereabouts, current living arrangement and legal status. Specifically assess whether there are safety and permanency needs (e.g., mother left child in an inappropriate or unsafe setting) in these children’s current living arrangement. If there is any indication that child safety is or was a concern for these children (e.g., parental rights terminated), consideration must be given as to whether the same or similar circumstances and safety issues may occur with this infant.</li> </ul> <p>During the investigative process it is necessary to determine whether the child may remain safely in the home while treatment and services are provided</p>
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	<p>to address the conditions which place the child at risk of serious harm.</p> <p>Safety assessment involves identifying and evaluating safety threats, and assessing parents' or primary caregivers' protective capacities. Child welfare staff shall be alert to safety threats and implement safety plans (in home, out-of-home [non foster care]) as needed at any time during the assessment. Refer to <i>Safety Assessment, I. Purpose, A. Determining Safety of Children.</i></p> <p>Per policy, "all counties shall develop local procedures for ensuring that, when a case is opened for on-going services, an ISP is developed within policy timeframes." Refer to <i>CA/N Assessment, VI. Review, Approval, And Assignment For On-going Services.</i></p>
<p><b>Developing And Monitoring Plans of Safe Care</b></p>	<p>A plan of safe care for any infant whom the Department determines to be affected by substance abuse or to be suffering from withdrawal symptoms resulting from prenatal drug exposure shall be developed with input from the following:</p> <ul style="list-style-type: none"> <li>• parents and caregivers,</li> <li>• health care providers involved in the mother's or child's medical or mental health care, and</li> <li>• other professionals and agencies involved in serving the affected infant and family.</li> </ul> <p>Developed as part of the Individualized Service Plan (ISP) process (refer to <i>Individualized Service Plans, II. The Individualized Service Planning Process, A. Assessment, 1. Plan of Safe Care</i>), a plan of safe care shall address the following:</p>

	<ul style="list-style-type: none"> <li>• the infant's ongoing health, development, and well-being;</li> <li>• the parent's/primary caregivers need for treatment for substance use and mental disorders;</li> <li>• appropriate care for the infant who may be experiencing neurodevelopmental or physical effects or withdrawal symptoms from prenatal substance exposure; and</li> <li>• Services and supports that strengthen the parent's capacity to nurture and care for the infant and to ensure the infants continued safety and well-being.</li> </ul> <p>A safety plan and plan of safe care may often address the same processes and issues. A safety plan will address identified and documented safety threats. The plan of safe care goes beyond immediate safety factors to address the affected caregiver's need for substance use and/or mental health treatment and the health and developmental needs of the affected infant.</p> <p>"To achieve identified goals and desired case outcomes requires the plan of safe care incorporated in the ISP be monitored and evaluated regularly by County Departments to determine its effectiveness in producing desired outcomes. Reviewing an ISP also includes reviewing the case narrative. Supervisors review narratives to evaluate the quality of casework practice and evidence of outcomes for children and families. Narrative entries must reflect elements of the ISP process, be directly related to steps and goals, and demonstrate that actions taken are supportive of the ISP and children's permanency goals." Refer to <i>Individualize Service Plan Policy, II. The Individualized Service Planning Process, C. Developing The Individualized Service Plan, 8. Monitoring And Evaluating ISPs, 11. Supervisory Review And Approval.</i></p> <p>Plans of safe care shall be entered in the contact/narrative in FACTS. A Plan of Safe Care will be added to the purpose box drop down pick list on the narrative screen. Neither closure nor case connect will be allowed without this narrative entry.</p>
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	<p>The State Department of Human Resources Office of Data Analysis shall monitor County Department's entry of plans of safe care in FACTS and provide monthly data updates to county departments. The Office of Data Analysis shall also make required data reports to the National Child Abuse and Neglect Data System (NCANDS).</p> <p>In addition SDHR Office of Child Welfare Quality Assurance as a normal part of onsite reviews will randomly select and review plans of safe care to ensure county staff is implementing steps outlined in the plan of safe care. SDHR Office of Child Welfare Quality Assurance will discuss findings with the County Director and Supervisory staff within the county department.</p>
<p><b>Supportive/Rehabilitative Services</b></p>	<p>Child welfare staff, under provisions in Child Abuse Prevention Act (CAPTA), shall refer <u>all</u> infants and toddlers from birth to 36 months, with indicated abuse/neglect reports received on or after June 25, 2004 to AEIS. AEIS, a division of Alabama Department of Rehabilitation Services, is funded under Part C of the Individuals with Disabilities Education Act (IDEA). Early Intervention Services identifies through evaluation infants and toddlers with a twenty five percent delay in the major areas of development (e.g., physical, social, adaptive, cognitive, or communication skills) and provides early intervention supports and services to eligible children. Refer to <i>Child Protective Services, Special CA/N Procedures, Referral of Infants And Toddlers (under 36 months) to Alabama Early Intervention Services (AEIS)</i>.</p> <p>CPS must also offer and/or make referrals for appropriate services. Preventive services include supportive and rehabilitative services that are provided to children and families to prevent out-of-home placements. Supportive and rehabilitative services for children and adults include, but are not limited to the following:</p>

	<ul style="list-style-type: none"> <li>• case management;</li> <li>• case planning;</li> <li>• child day care services;</li> <li>• family planning services; and</li> <li>• clinical services</li> </ul>
<p><b>Transfer of Substance Affected/Exposed Children Cases Within County Departments</b></p>	<p>It is important that there be minimal disruption in the provision of on-going services to families. Transfer of cases within a county department is guided by each county’s organization and caseload standards. Each county should develop a protocol for transferring cases between workers and units. Refer to <i>Child Protective Services, Family Services Case Record, II. Establishing And Maintaining Case Records, D. Transferring Case Records Within A County Department.</i></p>