ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
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	3. Originating Office: Children's Bureau	
	4. Key Words: Child Abuse Prevention and Treatment Act (CAPTA); Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)	

INFORMATION MEMORANDUM

TO: The State Office, Agency or Organization Designated by the Governor to Apply for a Child Abuse and Neglect State Grant

SUBJECT: NEW LEGISLATION- Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016

LEGAL AND RELATED: Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA).

PURPOSE: To inform states of the enactment of CARA and provide basic information on the resulting changes in CAPTA for child abuse or neglect prevention and treatment programs.

BACKGROUND: The President signed CARA into law on July 22, 2016. CARA aims to address the problem of opioid addiction in the United States. The law deals with various aspects of substance use disorder, particularly opioid use disorder. For the purposes of this IM, CARA adds various requirements to CAPTA.

CHANGES TO CAPTA: Section 503 of CARA (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants, children, and families. Section 503 also adds the following requirements to CAPTA:

- Requires the Secretary of Health and Human Services (the Secretary), through the national clearinghouse established under CAPTA, to maintain and disseminate information about the CAPTA state plan and best practices related to safe care plans for infants born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder.
- Modifies the CAPTA state plan requirement at 106(b)(2)(B)(ii) for the state to apply the policies and procedures to address the needs of infants born with and identified as being affected by all substance abuse (not just illegal substance abuse as was the requirement prior to this change).

- Modifies the CAPTA state plan requirement at 106(b)(2)(B)(iii) for plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to add requirements for the state to:
    - ensure the safety and well-being of infants following the release from the care of health care providers, by (1) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and (2) monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver (in accordance with state requirements); and
    - develop the plans of safe care for infants affected by all substance abuse (not just illegal substance abuse as was the requirement prior to this change).
- Requires states to report in the National Child Abuse and Neglect Data System (NCANDS), to the maximum extent practicable:
    - 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 infants with safe care plans; and
    - the number of infants for whom service referrals were made, including services for the affected parent or caregiver.
- Adds new section 114 to CAPTA requiring the Secretary to monitor states to ensure compliance with the requirements in section 106(b), and specifically the policies and procedures of sections 106(b)(2)(B)(ii)-(iii),which in addition to the state plan review may include:
    - a comparison of activities carried out by the state to comply with the requirements of section 106(b) with the state plan most recently approved under section 432 of the Social Security Act (title IV-B, subpart 2);
    - a review of information available on the website of the state relating to its compliance with the requirements of section 106(b);
    - site visits, as may be necessary to carry out such monitoring; and
    - a review of information available in the state's Annual Progress and Services Report (APSR).

BEST PRACTICES:

The rate of opioid misuse and dependence is escalating in many communities, including amongst pregnant and parenting women. In addition, many communities are experiencing high rates of overdose deaths and treatment for substance use disorders. Substance use disorder treatment systems are reporting increases in the number of individuals seeking treatment for opioid use disorders. Child welfare systems are reporting increases in caseloads, primarily among infants and young children coming into foster care, and hospitals are reporting increases of infants experiencing Neonatal Abstinence Syndrome associated with opioid use during pregnancy.

The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the U.S. Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and the Administration on Children, Youth, and Families, Children's Bureau's Office on Child Abuse and Neglect. This collaborative effort has supported a number of federal initiatives to support states' capacity to address families with infants affected by prenatal substance exposure. The NCSACW has identified best practices that reflect coordinated, multi-systemic approaches that are grounded in early identification and intervention, to assist child welfare, medical, substance use disorder treatment and other systems support families affected by opioid use disorders. Collaborative planning and implementation of

services are yielding promising results in communities across the country. Examples of best practices include the use of:

- Early identification, screening and engagement of pregnant women who are using substances. This includes universal screening for all pregnant women, ideally every trimester; and outreach and engagement to ensure women receive prenatal care and are connected to treatment.
- Appropriate treatment for pregnant women, including timely access to treatment; access to comprehensive medication assisted treatment; guidelines and standards for treatment that include preparing mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with Child Protective Services (CPS); and beginning the development of a plan of safe care prior to the birth event.
- Consistent hospital policies for screening pregnant women, postpartum women and their infants; if universal screening is not feasible, then clearly defined, non-biased criteria for who is screened; and hospital standards and practices for care of the infant and mother that promote infant/mother attachment and bonding (e.g., breastfeeding, rooming in, skin-to-skin contact).
- Consistent hospital notifications to CPS, including developing a set of questions and responses that will help CPS hotline workers assess risk and protective factors and safety concerns for the infant and mother; comprehensive assessments of the infant's physical health and the mother's physical and social/emotional health and parenting capacity, which will be used to develop a thorough discharge plan and inform a multi-disciplinary plan of safe care.
- Memoranda of Agreement that allow for timely information sharing and monitoring infants and families across multiple systems.
- Ongoing care plans for mothers and their infants that include home visitation, early intervention services and recovery supports; and plans of safe care that are of sufficient duration to ensure a greater likelihood of family stability and well-being, with sufficient monitoring of maternal depression and anxiety, continuing recovery and parental capacity to meet her infant's needs as well as her own.

Resources to help develop and implement these best practices are available in the document, *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical and Service Providers* (https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf).

The document includes a case study on the Children and Recovering Mothers (CHARM) Collaborative in Burlington, Vermont. The CHARM Collaborative is one example of a regional approach that incorporates best practice through a multidisciplinary group of agencies serving women with opioid use disorders and their families during pregnancy and through the first year of infancy. The CHARM Collaborative focuses on meeting the needs of pregnant and postpartum women who have a history of opioid misuse and their infants. The CHARM Collaborative includes several organizations that collectively provide this population of women and their infants with coordinated comprehensive care from child welfare, medical (including obstetrics and pediatrics) and substance use disorder treatment professionals across Vermont. The collaborative is based on a model of early and ongoing intervention, to include identification during pregnancy, engagement in prenatal care, medication assisted treatment, counseling, and preparing the mother and family for the birth of an infant prenatally exposed to opioids. Ongoing assessment of potential risk and safety factors informs whether a child welfare response is necessary. Under the authority of Title 33 VSA Chapter 51, the Vermont Department of Children and Families (DCF) may conduct an assessment within 30 days prior to the birth of the infant when the following criteria are met:

- Positive toxicology screen for illegal or non-prescribed substance, and

- Physician certifies use of illegal or non-prescribed substance

DCF also conducts an assessment when the infant is diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder.

For other examples of how jurisdictions have developed policy and protocols in working with pregnant women affected by opioid use disorders, their infants and families, please visit: https://ncsacw.samhsa.gov/default.aspx

EFFECTIVE DATE: CARA and the changes the law made to CAPTA were effective upon enactment (July 22, 2016).

INQUIRIES TO: Children's Bureau Regional Program Managers

/s/

Rafael López, Commissioner
Administration on Children, Youth and Families

Attachments:

A – Public Law 114-198
B – CB Regional Office Program Managers

Regional Program Managers – Children's Bureau

Attachment B

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2	**Region 2 - New York City** Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 **States and Territories:** New Jersey, New York, Puerto Rico, Virgin Islands	7	**Region 7 - Kansas City** Deborah Smith deborah.smith@acf.hhs.gov Federal Office Building Room 349 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 **States:** Iowa, Kansas, Missouri, Nebraska
3	**Region 3 - Philadelphia** Lisa Pearson lisa.pearson@acf.hhs.gov 150 S. Independence Mall West - Suite 864 Philadelphia, PA 19106-3499 (215) 861-4030 **States:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	8	**Region 8 - Denver** Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 1961 Stout Street Byron Rogers Federal Building Denver, CO 80294-3538 (303) 844-1163 **States:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
4	**Region 4 - Atlanta** Shalonda Cawthon shalonda.cawthon@acf.hhs.gov 61 Forsyth Street, SW Atlanta, GA 30303-8909 (404) 562-2242 **States:** Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee	9	**Region 9 - San Francisco** Debra Samples debra.samples@acf.hhs.gov 90 7th Street - 9th Floor San Francisco, CA 94103 (415) 437-8626 **States and Territories:** Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau
5	**Region 5 - Chicago** Kendall Darling kendall.darling@acf.hhs.gov 233 N. Michigan Avenue Suite 400 Chicago, IL 60601 (312) 353-9672 **States:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	10	**Region 10 - Seattle** Tina Naugler tina.naugler@acf.hhs.gov 701 Fifth Avenue, Suite 1600, MS-73 Seattle, WA 98104 (206) 615-3657 **States:** Alaska, Idaho, Oregon, Washington