

2050 Plan of Safe Care

A. Purpose

The enactment of the Comprehensive Addiction and Recovery Act of 2016 (CARA) added requirements to the Child Abuse Prevention and Treatment Act (CAPTA). CARA addresses the problem of the effects of substance abuse on infants, children and families with the intent of early identification and intervention, to support families affected by substance use disorders.

A Plan of Safe Care is required by CAPTA. The Plan of Safe Care differs from a safety plan which addresses the immediate safety. A Plan of Safe Care is a continuous and long-term plan for the family which focuses on the infant's ongoing health, development, safety and well-being. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs. The Plan of Safe Care incorporates the following needs of the infant and family:

1. The physical health, substance use disorder treatment needs, general functioning, development, safety and any special care needs of the infant who may be experiencing neurodevelopmental, physical effects or withdrawal symptoms from prenatal exposure
2. The physical/social/emotional health, substance use disorder treatment needs of the parent(s)/caregiver(s)
3. Services and supports to strengthen the parent/caregiver's capacity to nurture and care for the infant

The Plan of Safe Care requires monitoring of referrals to, and delivery of appropriate services for the infant and family. Plans of Safe Care may continue with community services and resources beyond DCF and Community Family Service Provider (CFSP)/CWCMP involvement with the family.

When identified early, the Plan of Safe Care ensures pregnant women using substances receive access to appropriate treatment, prenatal care, and preparation for the birth of an infant who may experience Neonatal Abstinence Syndrome; or ensures the safety and well-being of infants following release from the hospital.

B. Criteria

When a report is assigned Substance Affected Infant, FINA with the sub-type Infant Positive for Substances, or Pregnant Woman Using Substances (PWS), the CPS Specialist shall determine whether criteria is met for a Plan of Safe Care within the assigned response time, documented on the PPS 1002, Section IX. The CPS Specialist shall consult with the health care provider with knowledge of the effects of any prenatal substance abuse on the infant. A Plan of Safe Care is required when one or more of the following criteria are met:

1. Pregnant Woman Using Substances (PWS) or FINA assigned for a Substance Exposed Infant assignment which determines the mother has used/is using opioids or other substances during pregnancy.
2. Pregnant Woman Using Substances (PWS) or FINA assigned for a Substance Exposed Infant assignment which determines the pregnant woman is participating, or has participated while pregnant, in a medication-assisted treatment program (methadone, etc.).
3. Substance Affected Infant or FINA assigned for a Infant Positive for Substances, and a determination by a medical professional has been made the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

When criteria is unknown or not met for a Plan of Safe Care, the Family Based Assessment shall continue. If at any time, during the life of the case, additional information is available which meets criteria for a Plan of Safe Care, PPS/CFSP/CWCMP shall complete a Plan of Safe Care for the infant and family.

C. Engagement with the Family

When criteria is met requiring a Plan of Safe Care the pamphlet, PPS 2008 What is a Plan of Safe Care, shall be provided to the family. The purpose of identifying the needs

of the infant and family to provide services, with the goal of strengthening the family, and maintaining the child(ren) safely in the home, shall be explained to the family.

D. Plan of Safe Care

When criteria is met requiring a Plan of Safe Care, the PPS 2007 Plan of Safe Care shall be initiated with the family by completing Sections I-II, and listing the needs of the infant and family members in Section III. Whenever possible, to ensure the infant's continued safety and well-being and the family's successful engagement in services, the Plan of Safe Care should be initiated with the family prior to the infant's release from the hospital. When DCF receives the report after the infant has been released from the hospital, or if the case is assigned for a Pregnant Woman Using Substances (PWS), the Plan of Safe Care shall be initiated as soon as possible, and shall not exceed 3 working days from the initial contact.

Once the needs are identified, a referral for Family Preservation Services (FPS) shall be discussed with, and offered to the family to provide the services and/or assist the family in locating appropriate services to meet the needs identified in the Plan of Safe Care. If the family declines participation in FPS, the CPS Specialist shall discuss other options for a service provider, which may include the CFSP or other community services. Whenever possible, the service provider should be able to continue to monitor the Plan of Safe Care by identifying the services and make referrals for the services to meet the needs identified on the Plan of Safe care for the infant and family.

Depending on the circumstances of the case, Section III Services, and Referral Dates on the PPS 2007 Plan of Safe Care may be completed by either DCF, or either the CFSP or CWCMP, or both DCF and CFSP/CWCMP, based on the needs of the family to support successful engagement in services. The Plan of Safe Care is a continuous plan which is updated and monitored as needed.

The PPS 2007 Plan of Safe Care is completed with the family, and utilizes information gathered throughout the assessment from a multidisciplinary team. To develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but shall not be limited to:

1. Child welfare
2. Medical
3. Substance use disorder treatment
4. Mental health
5. Early childhood intervention
6. Home visitors
7. Public health
8. Other community supports, as appropriate

The Safety Assessment PPS 2030B, Family in Need of Assessment PPS 2030E, UNCOPE PPS 2005, and CWCMP or community partner assessments shall be used to inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may be used to assist in gathering information for the Plan of Safe Care.

If following concerted efforts of engagement, the family selects to not participate in the Plan of Safe Care, the CPS Specialist or CFSP/CWCMP shall document the family's decision to not participate in Section IV Signatures. The PPS 2007 Plan of Safe Care, containing the identified needs and recommended services, shall be provided to the family in the event they decide to utilize other community services on their own. The CPS specialist or CFSP/CWCMP shall explain to the family, that the Plan of Safe Care may be provided by the family to other community providers and resources. The family should be informed regarding the purpose of the Plan of Safe Care, which is to assist the family in identifying services for the infant's ongoing health, development, safety and well-being. The family along with other community services and resources may continue to monitor the Plan of Safe Care on their own.

E. Monitoring the Plan of Safe Care

A Plan of Safe Care is a continuous plan for the family which focuses on the infant's ongoing health, development, safety and well-being; and the caregiver and other family member's physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for the infant. The PPS 2007 Plan of Safe Care is updated as needed to continuously monitor additional needs identified and referrals for services.

The needs related to the safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as the objectives and activities are developed.

The Plan of Safe Care shall be monitored to determine whether referrals are made to appropriate services, and whether services are delivered to the infant and affected family or caregiver.

Upon closure of a Family Service/Family Preservation case, the Plan of Safe Care PPS 2007 shall be provided to the family. The family has the option to continue services and monitoring by community services and resources.