CD17-41

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

AUGUST 28, 2017

MEMORANDUM

- TO: CHILDREN'S DIVISION AND CONTRACTED STAFF
- FROM: TIM DECKER, DIRECTOR

SUBJECT: COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA)

DISCUSSION:

The purpose of this memorandum is to inform staff of the Comprehensive Addiction and Recovery Act (CARA). On July 22, 2016, President Barack Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198). This is the first major federal addiction legislation in 40 years and the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term "illegal" as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Division's policy manual include guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also include things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record. A Plan of Safe Care should be inclusive of the following:

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

Changes to FACES are underway to reflect if a Plan of Safe Care was developed. Currently this information is captured in a narrative format which makes reporting difficult. A System's Change Request for FACES has been submitted and staff will be notified upon implementation. Beginning in January 2018, the Children's Division will be required to report:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

NECESSARY ACTION

- 1. Review this memorandum with all Children's Division staff.
- 2. Review revised Child Welfare Manual chapters as indicated below.
- 3. All questions should be cleared through normal supervisory channels and directed to:

PDS CONTACT

Cari Pointer (573) 751-8930 Cari.A.Pointer@dss.mo.gov

MANAGER CONTACT

Christy Collins (573) 751-9603 Christy.Collins@dss.mo.gov

CHILD WELFARE MANUAL REVISIONS

Section 2 Chapter 6 Newborn Crisis Assessments

FORMS AND INSTRUCTIONS

REFERENCE DOCUMENTS AND RESOURCES

RELATED STATUTE

Public Law 114-198