



Office of Children and Family Services

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Local Commissioners Memorandum

Transmittal:	18-OCFS-LCM-06
To:	Local District Commissioners Directors of Services
Issuing Division/Office:	Child Welfare and Community Services
Date:	June 4, 2018
Subject:	Plan of Safe Care Forms
Contact Person(s):	See Section IV.
Attachments:	OCFS-2196, <i>Plan of Safe Care</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to notify local departments of social services (LDSSs) of the *Plan of Safe Care* form that must be used when developing the required plan of safe care for infants born and identified as affected by prenatal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Plans of safe care are required for infants who are named in a child protective services (CPS) report to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) and identified as affected by prenatal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD).

II. Background

The Comprehensive Addiction and Recovery Act (CARA)¹ was signed into law on July 22, 2016, with the purpose of addressing the nation's prescription drug and opioid epidemic. The enactment of CARA included several amendments to the Child Abuse Prevention and Treatment Act (CAPTA). These amendments relate to the needs of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or FASD.²

¹ ACYF-CB-PI-17-02

² ACYF-CM-IM-16-05.

The development of a plan of safe care is required to promote the safety and well-being of an infant born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or FASD. Where applicable, plans of safe care must be developed for infants. The plan of safe care must address the needs of both the infant **and** the affected family or caregiver. The plan of safe care addresses the actions and services that will meet the infant and family's needs and support the in family achieving long-term recovery.

On April 28, 2017, OCFS issued an LCM³ to provide LDSSs with information about CARA and its amendments to CAPTA, including details about the plan of safe care requirement. Pursuant to that LCM, LDSS must include in the case progress notes details of the plan of safe care, the identity of any other professionals who were involved in the development of the plan and indicate what other appropriate service referrals were made by either CPS or the other professionals involved with the family.

This release includes the OCFS-2196, *Plan of Safe Care*, a form created by OCFS with input from the New York State Department of Health (DOH) and the New York State Office of Alcohol and Substance Abuse Services (OASAS). LDSSs are required to use this form to develop and document a plan of safe care for any registered CPS report received on an infant reported by a health care professional as affected by substance abuse or withdrawal resulting from prenatal drug exposure or FASD as reported by a health care professional. While the plan of safe care form outlines the specifics of the plan, it is the responsibility of the LDSS to monitor the activities in the plan and document the implementation and progress of the plan in the case record.

III. Program Implications

When CPS receives a report transmitted from the SCR regarding an infant born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal substance exposure or a FASD, as required by 17-OCFS-LCM-03, CPS must develop a plan of safe care with the family and any service providers working with the family. Ideally, communication about a plan of safe care should take place prior to the infant and mother being discharged from the hospital.

The plan of safe care must address the immediate safety needs of the affected infant, and the health and substance use disorder needs of the infant and the affected family or caregiver. The plan of safe care is effective when it reflects the input of the family and professionals and provides relevant resources to address the family's needs. The plan of safe care should include referrals to appropriate services that support the affected infant and family or caregivers.

The focus of the plan of safe care is promoting the safety of an infant while developing a strategy to address the well-being of the family. Plans of safe care may require modification by the family and CPS post hospital discharge, as the implementation of the plan moves forward. Any modifications to the plan should occur in cooperation with the family and service providers, and where necessary, be documented in an amended OCFS-2196, *Plan of Safe Care* form.

³ 17-OCFS-LCM-03 *Amendments to the Federal Child Abuse Prevention and Treatment Act by the Federal Comprehensive Addiction and Recovery Act of 2016 and Corresponding State Requirements.*

IV. Required Actions

As required by 17-OCFS-LCM-03, following the receipt of a CPS report from the SCR that meets the criteria for a plan of safe care, CPS should inquire of the health care providers and any substance use treatment professionals involved with the family whether a plan of safe care has already been developed.

If a plan of safe care was developed prior to CPS involvement, CPS should obtain a copy of the plan of safe care for their records and review it to ensure the continuity of services or referrals.

If a plan of safe care was not developed prior to CPS involvement, CPS **must** develop and document the plan of safe care using form OCFS-2196, *Plan of Safe Care*.

Consistent with good casework practice, CPS must develop a plan of safe care with input from the parents, caregivers, and professionals and agencies involved in caring for the infant and family. To develop the plan of safe care, CPS must obtain the infant's medical records, including any diagnoses or other pertinent information that would assist in determining and addressing the specific care needs of the infant. CPS must assess the health care, developmental, and other needs of the infant. CPS must also gather information about the health and substance use of family members to determine its impact on general family functioning, including physical and mental health, life management, relationships, etc.

The securing of medical, mental health and substance abuse information is accomplished via interviews with collateral contacts, as part of the CPS investigation. It may be necessary to secure signed releases of information from the infant's parents or a court order to obtain medical, mental health or substance abuse records, including any plan of safe care developed by health care providers or substance use treatment professionals.⁴

OCFS-2196 Plan of Safe Care Form

The OCFS-2196, *Plan of Safe Care* form must be completed as indicated below and be stored in the family's case record.

1. Household Members and Affected Family or Caregivers of the Infant

Specify the demographic information on household members of the affected infant. Include all members who reside in the home: parents, other children, relatives, and non-relatives.

2. Post-Discharge Family Strengths and Goals

List the family's strengths and goals. Strengths and goals may include but are not limited to the following:

- Breastfeeding
- Parenting support
- Recovery

⁴ New York State Child Protective Services Manual, Chapter 6, page F-9

3. Identified Supports

List the family's current formal or informal supports. Identified supports may include but are not limited to the following:

- Stable living environment
- Employment
- Family and friends

4. Safety and Protective Factors Present

List the safety and protective factors. These may include but are not limited to the following:

- Parental Resilience
- Knowledge of Parenting and child development
- Presence of a supportive extended family willing and able to help
- Demonstrated ability of parents to accept responsibility for their behavior and willingness to change

5. Family is Currently Involved in the Following Services

List the family's current services.

6. New Family Services Referred or Recommended

Document referrals made or recommended services for the infant and/or the family/caregiver. Referrals to services may include, but are not limited to the following:

- Substance use disorder treatment services (outpatient/inpatient)
- Home visiting
- Early intervention
- Case management*
- Case planning*
- Child day care services*
- Homemaker services*

* Core preventive services: must be available to a child/youth and his/her family whom the LDSS is required to serve pursuant to OCFS regulations 18 NYCRR 423.4(d)(1), 18 NYCRR 430.9 and section 409-a (1) of the Social Services Law. Non-core services may be available to the extent set forth in the LDSS's comprehensive annual services plan.

V. System Implications

Several changes are pending for CONNECTIONS to reflect the new federal requirements for reporting. Until these CONNECTIONS changes are released, the steps taken to comply with CARA standards must continue to be recorded in the case record.

VI. Effective Date

The requirements in this LCM are effective immediately.

VII. Contacts

Questions concerning this release should be directed to the appropriate regional office, Division of Child Welfare and Community Services:

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Issued by:

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