

115TH CONGRESS
2D SESSION

S. 2696

To provide grants to States to improve and coordinate their response to ensure the safety, permanency, and well-being of children at high risk for abuse and neglect.

IN THE SENATE OF THE UNITED STATES

APRIL 18, 2018

Mr. CASEY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide grants to States to improve and coordinate their response to ensure the safety, permanency, and well-being of children at high risk for abuse and neglect.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Supporting Infant
5 Plans of Safe Care Implementation Act”.

6 **SEC. 2. PLANS OF SAFE CARE.**

7 (a) IN GENERAL.—Title I of the Child Abuse Preven-
8 tion and Treatment Act (42 U.S.C. 5101 et seq.) is
9 amended by inserting after section 107 the following:

1 **“SEC. 107A. GRANTS TO STATES TO IMPROVE AND COORDI-**
2 **NATE THEIR RESPONSE TO ENSURE THE**
3 **SAFETY, PERMANENCY, AND WELL-BEING OF**
4 **INFANTS AFFECTED BY SUBSTANCE USE.**

5 “(a) PROGRAM AUTHORIZED.—The Secretary shall
6 make grants to States for the purpose of assisting child
7 welfare agencies, social services agencies, substance use
8 disorder treatment agencies, public health agencies, and
9 maternal and child health agencies to facilitate collabora-
10 tion in developing, updating, and implementing plans of
11 safe care described in section 106(b)(2)(B)(iii).

12 “(b) DISTRIBUTION OF FUNDS.—

13 “(1) RESERVATIONS.—Of the amounts appro-
14 priated under subsection (h), the Secretary shall re-
15 serve—

16 “(A) no more than 3 percent for the pur-
17 poses described in subsection (g); and

18 “(B) up to 2 percent for grants to Indian
19 Tribes and tribal organizations for purposes
20 consistent with this section, as the Secretary
21 determines appropriate.

22 “(2) ALLOTMENTS TO STATES AND TERRI-
23 TORIES.—The Secretary shall allot the amount ap-
24 propriated under subsection (h) that remains after
25 application of paragraph (1) on a competitive basis
26 to States that apply for such a grant.

1 “(c) APPLICATION.—A State desiring a grant under
2 this section shall submit an application to the Secretary
3 at such time and in such manner as the Secretary may
4 require. Such application shall include—

5 “(1) a description of—

6 “(A) the impact of substance use disorder
7 in such State, including with respect to the sub-
8 stance or class of substances with the highest
9 incidence of abuse in the previous year in such
10 State, including—

11 “(i) the prevalence of substance use
12 disorder in such State;

13 “(ii) the aggregate rate of births in
14 the State of infants with prenatal sub-
15 stance exposure (as determined by hos-
16 pitals, insurance claims, claims submitted
17 to the State Medicaid program, or other
18 records), if available; and

19 “(iii) the number of infants identified,
20 for whom a plan of safe care was devel-
21 oped, and for whom a referral was made
22 for appropriate services, as reported under
23 section 106(d)(18);

1 “(B) the challenges the State faces in de-
2 veloping and implementing plans of safe care in
3 accordance with section 106(b)(2)(B)(iii);

4 “(C) the State’s lead agency for the grant
5 program and how that agency will coordinate
6 with relevant State entities and programs, in-
7 cluding the child welfare agency, the substance
8 use disorder treatment agency, and the public
9 health agency, programs funded by the Residen-
10 tial Treatment for Pregnant and Postpartum
11 Women grant program of the Substance Abuse
12 and Mental Health Services Administration, the
13 State Medicaid program, the maternal, infant,
14 and early childhood home visiting program
15 under section 511 of the Social Security Act,
16 the State judicial system, and other agencies, as
17 determined by the Secretary;

18 “(D) how the State will monitor local im-
19 plementation of plans of safe care, in accord-
20 ance with section 106(b)(2)(B)(iii)(II);

21 “(E) how the State meets the requirements
22 of section 1927 of the Public Health Service
23 Act (42 U.S.C. 300x-27);

24 “(F) how the State plans to utilize funding
25 authorized under part E, of title IV of the So-

1 cial Security Act (42 U.S.C. 670 et seq.) to as-
2 sist in carrying out any plan of safe care, in-
3 cluding such funding authorized under section
4 471(e) of such Act (as in effect on October 1,
5 2018) for mental health and substance abuse
6 prevention and treatment services and in-home
7 parent skill-based programs and funding au-
8 thorized under such section 472(j) (as in effect
9 on October 1, 2018) for children with a parent
10 in a licensed residential family-based treatment
11 facility for substance abuse; and

12 “(G) an assessment of the treatment and
13 other services and programs available in the
14 State, to effectively carry out any plan of safe
15 care developed, including identification of need-
16 ed treatment, other services and programs to
17 ensure the well-being of young children and
18 their families affected by substance use dis-
19 order;

20 “(2) a description of how the State plans to use
21 funds for activities described in subsection (d) for
22 the purposes of ensuring State compliance with re-
23 quirements under clauses (ii) and (iii) of section
24 106(b)(2)(B); and

25 “(3) an assurance that the State will—

1 “(A) comply with this Act and parts B and
2 E of title IV of the Social Security Act (42
3 U.S.C. 621 et seq.; 670 et seq.); and

4 “(B) comply with requirements to refer a
5 child identified as substance-exposed to early
6 intervention services as required pursuant to a
7 grant under part C of the Individuals with Dis-
8 abilities Education Act (20 U.S.C. 1431 et
9 seq.).

10 “(d) USES OF FUNDS.—Funds awarded to a State
11 under this section may be used for the following activities,
12 which may be carried out by the State directly, or through
13 grants or subgrants, contracts, or cooperative agreements:

14 “(1) Improving State and local systems with re-
15 spect to the development and implementation of
16 plans of safe care, which—

17 “(A) shall include parent and caregiver en-
18 gagement, as required under section
19 106(b)(2)(B)(iii)(I), regarding available treat-
20 ment and service options, which may include re-
21 sources available for pregnant, perinatal, and
22 postnatal women; and

23 “(B) may include activities such as—

24 “(i) developing policies, procedures, or
25 protocols for the administration of evi-

1 dence-based and validated screening tools
2 for infants who may be affected by sub-
3 stance use withdrawal symptoms or a fetal
4 alcohol spectrum disorder and pregnant,
5 perinatal, and postnatal women whose in-
6 fants may be affected by substance use
7 withdrawal symptoms or a fetal alcohol
8 spectrum disorder;

9 “(ii) improving assessments used to
10 determine the needs of the infant and fam-
11 ily;

12 “(iii) improving ongoing case manage-
13 ment services; and

14 “(iv) improving access to treatment
15 services, which may be prior to the preg-
16 nant woman’s due date.

17 “(2) Developing policies, procedures, or proto-
18 cols in consultation and coordination with health
19 professionals, public and private health facilities,
20 and substance use disorder treatment agencies to en-
21 sure that—

22 “(A) appropriate notification to child pro-
23 tective services is made in a timely manner;

1 “(B) a plan of safe care is in place, where
2 needed, before the infant is discharged from the
3 birth or health care facility; and

4 “(C) such health and related agency pro-
5 fessionals are trained on how to follow such
6 protocols and are aware of the supports that
7 may be provided under a plan of safe care.

8 “(3) Training health professionals and health
9 system leaders, child welfare workers, substance use
10 disorder treatment agencies, and other related pro-
11 fessionals such as home visiting agency staff and law
12 enforcement in relevant topics including—

13 “(A) State mandatory reporting laws and
14 the referral and notification process;

15 “(B) the co-occurrence of pregnancy and
16 substance use disorder;

17 “(C) the clinical guidance about treating
18 substance use disorder in pregnant and post-
19 partum women; and

20 “(D) appropriate screening and interven-
21 tions for infants affected by substance use dis-
22 order, withdrawal symptoms, or a fetal alcohol
23 spectrum disorder and the requirements under
24 section 106(b)(2)(B)(iii).

1 “(4) Establishing partnerships, agreements, or
2 memoranda of understanding between the lead agen-
3 cy and health professionals, health facilities, child
4 welfare professionals, substance use disorder and
5 mental health disorder treatment programs, and ma-
6 ternal and child health and early intervention profes-
7 sionals, including home visiting providers, peer re-
8 covery specialists, and housing agencies to facilitate
9 the implementation of, and compliance with section
10 106(b)(2) and paragraph (2) of this subsection, in
11 areas which may include—

12 “(A) developing a comprehensive, multi-
13 disciplinary assessment and intervention process
14 for infants and their families who are affected
15 by substance use disorder, withdrawal symp-
16 toms, or a fetal alcohol spectrum disorder, that
17 takes into account the unique needs of each
18 family and addresses differences between legal,
19 medically supervised substance use, and sub-
20 stance use disorder;

21 “(B) ensuring that treatment approaches
22 for serving infants, pregnant women, and
23 perinatal and postnatal women whose infants
24 may be affected by substance use, withdrawal
25 symptoms, or a fetal alcohol spectrum disorder,

1 are designed to, where appropriate, keep infants
2 with their mothers during both inpatient and
3 outpatient treatment; and

4 “(C) increasing access to appropriate evi-
5 dence-based medication assisted treatment serv-
6 ices for substance use disorders approved by the
7 Food and Drug Administration and behavioral
8 therapy, as appropriate, and counseling serv-
9 ices.

10 “(5) Developing and updating systems of tech-
11 nology for improved data collection and monitoring
12 under section 106(b)(2)(B)(iii), including existing
13 electronic medical records, to measure the outcomes
14 achieved through the plans of safe care, including
15 monitoring systems to meet the requirements of this
16 Act and submission of performance measures.

17 “(e) REPORTING.—Each State that receives funds
18 under this section, for each year such funds are received,
19 shall submit a report to the Secretary, disaggregated by
20 geographic location, economic status, and major racial and
21 ethnic groups as determined by the State, on the following:

22 “(1) The number of the infants identified under
23 section 106(b)(2)(B)(ii) who experienced removal
24 due to parental substance use concerns who are re-

1 unified with parents, and the length of time between
2 such removal and reunification.

3 “(2) The number of the infants identified under
4 section 106(b)(2)(B)(ii) who experienced substan-
5 tiated reports of child abuse or neglect, received dif-
6 ferential response while in the care of their birth
7 parents or within 1 year after a reunification has oc-
8 curred.

9 “(3) The number of the infants identified under
10 section 106(b)(2)(B)(ii) who experienced a return to
11 out-of-home care within one year after reunification.

12 “(f) SECRETARY’S REPORT TO CONGRESS.—The Sec-
13 retary shall submit an annual report to the Committee on
14 Health, Education, Labor, and Pensions and the Com-
15 mittee on Appropriations of the Senate and the Committee
16 on Education and the Workforce and the Committee on
17 Appropriations of the House of Representatives that in-
18 cludes the information described in subsection (e) and rec-
19 ommendations or observations on the challenges, suc-
20 cesses, and lessons derived from implementation of the
21 grant program.

22 “(g) RESERVATION OF FUNDS.—The Secretary shall
23 use the amount reserved under subsection (b)(1)(A) for
24 the purposes of—

1 “(1) providing technical assistance, including
2 programs of in-depth technical assistance, to addi-
3 tional States, territories, and Indian tribes in ac-
4 cordance with the substance-exposed infant initiative
5 developed by the National Center on Substance
6 Abuse and Child Welfare;

7 “(2) issuing guidance on the requirements of
8 this Act with respect to infants born with and identi-
9 fied as being affected by substance abuse or with-
10 drawal symptoms or fetal alcohol spectrum disorder,
11 as described in clauses (ii) and (iii) of section
12 106(b)(2)(B), including by—

13 “(A) clarifying key terms; and

14 “(B) disseminating best practices on im-
15 plementation of plans of safe care, on such top-
16 ics as differential response, collaboration and
17 coordination, and identification and delivery of
18 services, for different populations;

19 “(3) supporting State efforts to develop infor-
20 mation technology systems to manage plans of safe
21 care; and

22 “(4) preparing the Secretary’s report to Con-
23 gress described in subsection (f).

24 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out the program under this section, there are au-

1 thORIZED to be appropriated \$60,000,000 for each of fiscal
2 years 2018 through 2024.”.

3 (b) DEFINITION.—Section 3 of the Child Abuse Pre-
4 vention and Treatment Act (42 U.S.C. 5101 note) is
5 amended—

6 (1) in paragraph (7), by striking “; and” and
7 inserting a semicolon;

8 (2) by redesignating paragraph (8) as para-
9 graph (9); and

10 (3) by inserting after paragraph (7) the fol-
11 lowing:

12 “(8) the term ‘substance use disorder’ means
13 the abuse of alcohol or other drugs; and”.

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