2. CAPTA and Plans of Safe Care

Short description

Plans of Safe Care should connect infants affected by prenatal alcohol exposure and their families to appropriate services, treatment, and ongoing support. FASD United advocates for nonpunitive, family-centered implementation of the Child Abuse Prevention and Treatment Act, with stronger recognition of FASD, early intervention, and coordination across systems.

Our Position

Every infant affected by prenatal alcohol exposure, and every family caring for that infant, deserves a supportive, coordinated response that connects them to appropriate care. The Child Abuse Prevention and Treatment Act (CAPTA) requires states to address Plans of Safe Care for infants identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder (FASD). These plans must address the needs of the infant and affected family or caregiver.

FASD United supports Plans of Safe Care as a means of connecting infants and families to services, not as a pathway to punishment. Policies and practices should recognize prenatal alcohol exposure, respect the dignity and autonomy of families, and prioritize access to healthcare, developmental services, treatment, and ongoing support. Although Plans of Safe Care begin in infancy, they should help establish connections to services that remain available as a child grows and throughout adulthood.

Our Policy Goals

1. Strengthen recognition of prenatal alcohol exposure and FASD in Plans of Safe Care.

Ensure that state policies, professional guidance, and implementation practices appropriately address prenatal alcohol exposure and FASD, rather than focusing exclusively on exposure to other substances.

2. Prioritize family-centered, nonpunitive responses.

Promote approaches that connect families to healthcare, treatment, recovery resources, and other appropriate supports. Oppose the criminalization of alcohol use during pregnancy and discourage policies that deter families from seeking care or disclosing information to healthcare professionals.

3. Improve identification and connections to services.

Strengthen access to appropriate screening, developmental monitoring, diagnostic evaluation, early intervention, and family navigation. A child should not have to wait for a formal FASD diagnosis before receiving services for identified developmental needs.

4. Improve coordination across systems.

Support effective collaboration among healthcare providers, substance use treatment programs, early intervention services, child welfare agencies, and community organizations. Families should have meaningful opportunities to participate in planning and decisions affecting them.

5. Strengthen professional training and accountability.

Equip professionals responsible for developing and implementing Plans of Safe Care with FASD-informed, culturally responsive, nonstigmatizing training. Encourage states to evaluate whether plans result in meaningful connections to services and ongoing support.

Alignment with Community-Driven Policy Recommendations

The following community-driven recommendations align with this position:

- **Agency Collaboration:** Strengthen coordination and shared responsibility across the systems serving infants and families.
- **FASD Data:** Promote transparent, responsible data practices that protect privacy, respect consent requirements, and avoid stigmatizing or punitive uses of sensitive information.
- **Continuum of Care:** Connect early identification and family support to coordinated services across the lifespan.
- **Diagnosis and Screening:** Reduce barriers to appropriate identification, evaluation, and follow-up services.

FASD Respect Act Alignment

Section 104 of the SUPPORT for Patients and Communities Reauthorization Act of 2025 authorizes federal activities related to FASD identification, intervention, services, and state and Tribal capacity building. These activities can support stronger connections between systems serving infants with prenatal alcohol exposure and their families.

The enacted Respect Act provisions do not themselves amend CAPTA's Plans of Safe Care requirements. Improving implementation, expanding family supports, and ensuring that prenatal alcohol exposure is appropriately addressed require continued federal, state, and Tribal policy and program action.

Further Reading and References

- Child Abuse Prevention and Treatment Act, provisions concerning infants affected by prenatal substance exposure and Plans of Safe Care.
- National Center on Substance Abuse and Child Welfare, CAPTA Substance Exposed Infants Statutory Summary: https://ncsacw.acf.gov/files/CAPTA-SEI-Statutory-Summary.pdf
- SUPPORT for Patients and Communities Reauthorization Act of 2025, Public Law 119-44, Section 104: https://www.congress.gov/119/plaws/publ44/PLAW-119publ44.pdf
- FASD United, FASD Symposium White Paper 1.1 and White Paper 1.2.
- FASD United, Language and Stigma Guide.