

Plans of Safe Care Through an Implementation Lens

MAY 28, 2020



Objectives

1. Summarize updates to Plans of Safe Care (POSC) law, and implications for new policies.
 2. Differentiate between the roles home visiting and DCYF play as it relates to POSC.
 3. Compare the ways in which POSC are utilized by home visitors, DCYF staff, and other stakeholders interacting with pregnant or new mothers.
 4. Define at least two strategies to better align POSC implementation across various programs interacting with pregnant or new mothers.
 5. Identify other local agencies serving your target population, and the services they provide.
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Brought to you by...

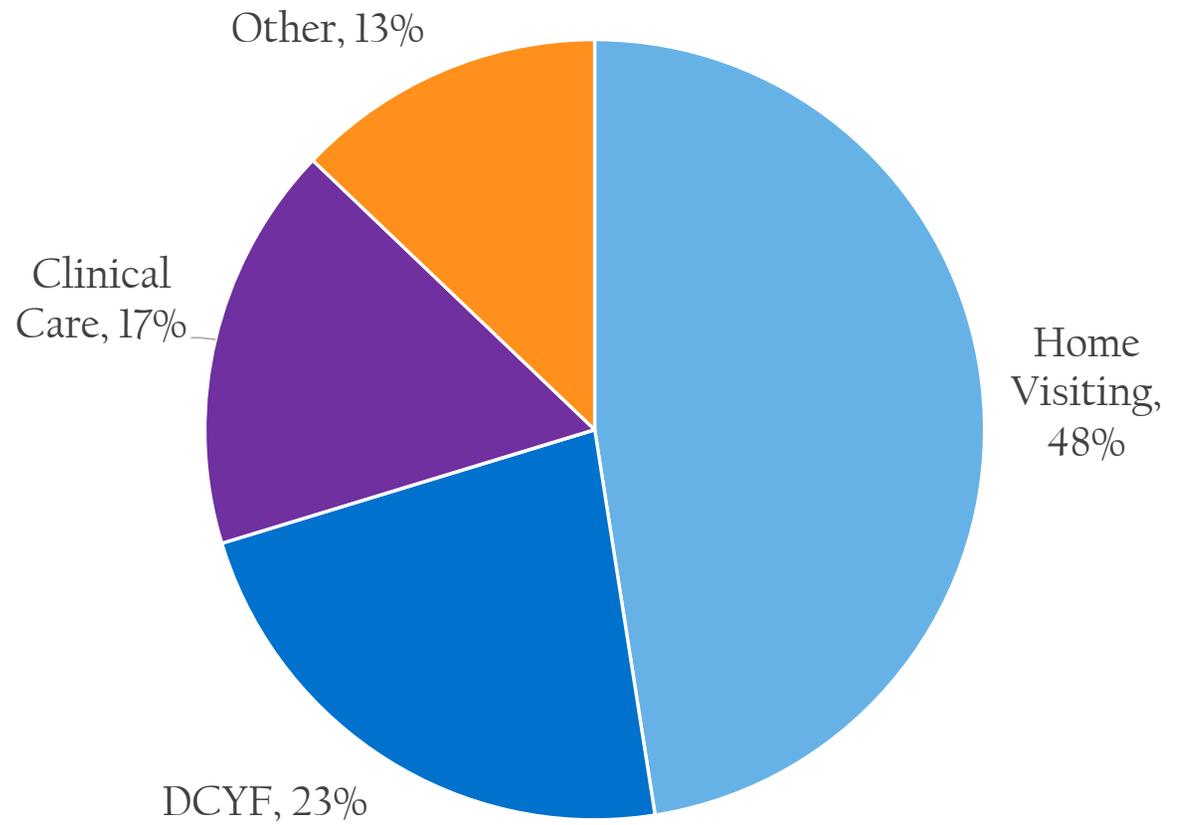


- NH Department of Health and Human Services
 - Maternal and Child Health Section
 - Division for Children, Youth, and Families
- NH Perinatal Substance Exposure Task Force
- University of New Hampshire, Institute for Health Policy and Practice, Franklin Pierce School of Law
- Home Healthcare, Hospice & Community Services, Keene
- Community Health Institute / JSI

Welcome, Presenters

- Lucy Hodder | UNH, Perinatal Substance Exposure Task Force
 - Jennifer Ross-Ferguson | DCYF
 - Kristi Hart | MCH Home Visiting
 - Penny Vaine | Home Healthcare, Hospice, and Community Services, Keene
-

Who's here?



Plans of Safe Care in New Hampshire: Regulatory Pathways

***Objective: Summarize updates to
Plans of Safe Care (POSC) law, and
implications for new policies.***

Lucy Hodder
Director of Health Law & Policy Programs

 **Franklin Pierce School of Law**
Institute for Health Policy & Practice
Health Law & Policy



What is a Plan of Safe Supportive Care?

A Plan of Safe Care also referred to as “*Plan of Supportive Care*” for mothers and infants is:

- developed by a care support provider;
- collaboratively with the mother
- coordinates existing supports and referrals to new services
- to help infants and families stay safe and connected when they leave the hospital.



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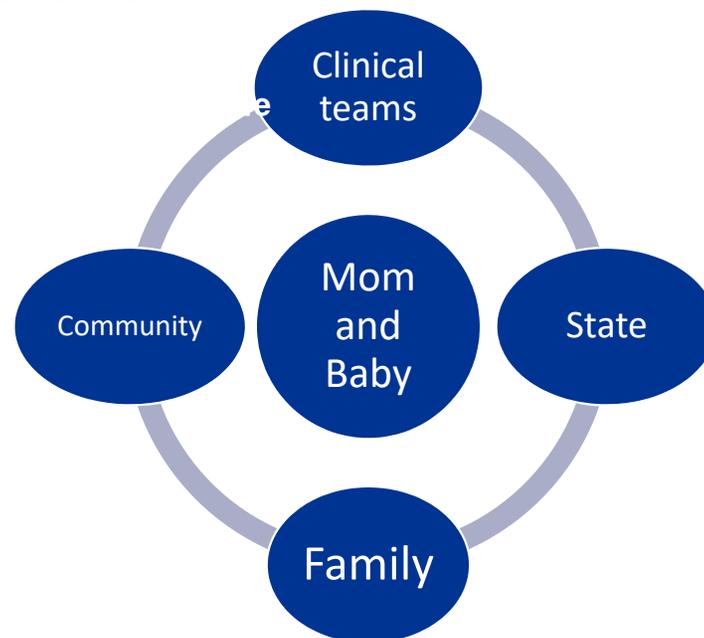


New Hampshire's Plan of Supportive Care Process - POSC

Our Goals

- Engage mothers in a collaborative process to plan for healthy outcomes
- Work with existing supports and coordinate new services for mother, infant and family
- Help POSC support mothers and infants during pregnancy, delivery, safe transition home and in parenting

Engaging Mother and Baby





Requirements and Best Practices

When is a POSC Required?

- POSCs are required to be developed for mothers and infants born exposed to substances under federal and state law
- Federal law requires states to have policies to address the needs of infants affected by prenatal substance use (CAPTA/CARA)
- State law requires a health provider develop a POSC when a child is born affected by substance use (RSA 132:10-e,f)
- (The law does not require a report of abuse and neglect when a POSC is developed).

What are Best Practices?

- Develop a POSC for all mothers and babies, especially those in need of special supports and services
- Begin the POSC prenatally
- Engage the mother and family in the POSC before, during and after the birth of the infant.



NH's POSC Template

<https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>



I. PLAN OF SAFE CARE (POSC)

This POSC, developed collaboratively with the mother and other involved caregivers, reinforces existing supports and coordinates referrals to new services to help infants and families stay safe and connected when they leave the hospital. The POSC must be given to the mother upon discharge and should go to the infant's primary care provider along with the infant's other medical records. Providers should encourage the mother to share the POSC with those who do and will provide her services and supports. The POSC includes private health information. For an electronic version of this form, visit: <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>.

II. DEMOGRAPHIC INFORMATION

Name of Mother:	Mother's Medical Provider:
Name of Father:	Infant's Medical Provider:
Name of Infant:	Mother's Admission Date:
Name of Other Caregiver (if relevant):	Mother's Discharge Date:
Infant's DOB:	Infant's Discharge Date:
Mother's Phone Number:	Father's Phone Number:
Mother's Health Insurance:	Other Caregiver's Phone Number:
Current Address:	

III. CURRENT SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

IV. STRENGTHS AND GOALS (e.g. breastfeeding, parenting, housing, smoking cessation, in recovery)

V. HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name	Relationship to Infant	Phone Number

VII. NOTES/HELP NEEDED (please time/date entries)



NH's POSC Template

<https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>

July 2019

Johns Hopkins University
 Center for Communications Programs
 Center for Health Policy & Practice
 Center for Law & Policy

VIII. SERVICES, SUPPORTS and NEW REFERRALS						
	Discussed	Active	Referred	Contact Name	Organization/Phone Number	
Visiting Nurse Association (VNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Women, Infants, and Children Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
health insurance enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Family Resource Center (FRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
safe sleep education/plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
other home visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Early Supports and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
voluntary child welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
smoking cessation/no smoke exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
personal security/Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
recovery support services (e.g. recovery coaching, meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Drug Court participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

IX. PRENATAL EXPOSURE		
	Y/N	Notes
Does the infant have prenatal substance exposure?		
Is the prenatal substance exposure a result of prescribed medication?		
Is there prenatal substance exposure in addition to prescribed medication?		

X. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?		
Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

XI. PARENT/CAREGIVER SIGNATURE	
I acknowledge I have participated in the development of this Plan of Safe Care, I have a copy of the Plan of Safe Care, I will share the Plan of Safe Care with my baby's primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed above.	
Signature: _____	Date: _____

XII. STAFF SIGNATURE	
I, _____ provided _____ with the Plan of Safe Care upon discharge.	
Signature: _____	Date: _____

This form complies with NH RSA 132:10-e and NH RSA 132:10-f.



NH Governor's Commission on Alcohol and Other
Drugs
Perinatal Substance Exposure Task Force



Federal CAPTA/CARA Requirements

Notification of Birth

Federal Data Reporting

POSC Development

Monitoring Referrals and Service
Delivery

Child Abuse and/or Neglect
Reporting Process – *not changed
by CARA*



What is Notification?



New Hampshire has a federal data reporting requirement, which is referred to as “notification”.



The state reports annually to the federal Children’s Bureau the aggregate number of infants born affected by prenatal drug and/or alcohol exposure for whom a POSC was created and for whom services were referred.



NH's Statutory Plan of Safe Care Process

SB 549: RSA 132:10-e and f

Infant Born...	Health Provider Shall..
“When an infant is born identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder...”	“... the health provider shall develop a Plan of Safe Care in cooperation with the infant’s parents or guardians and NH DHHS, Division of Public Health Services, as appropriate.”



DHHS Letter to Providers



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

July 15, 2019

Dear Healthcare Provider;

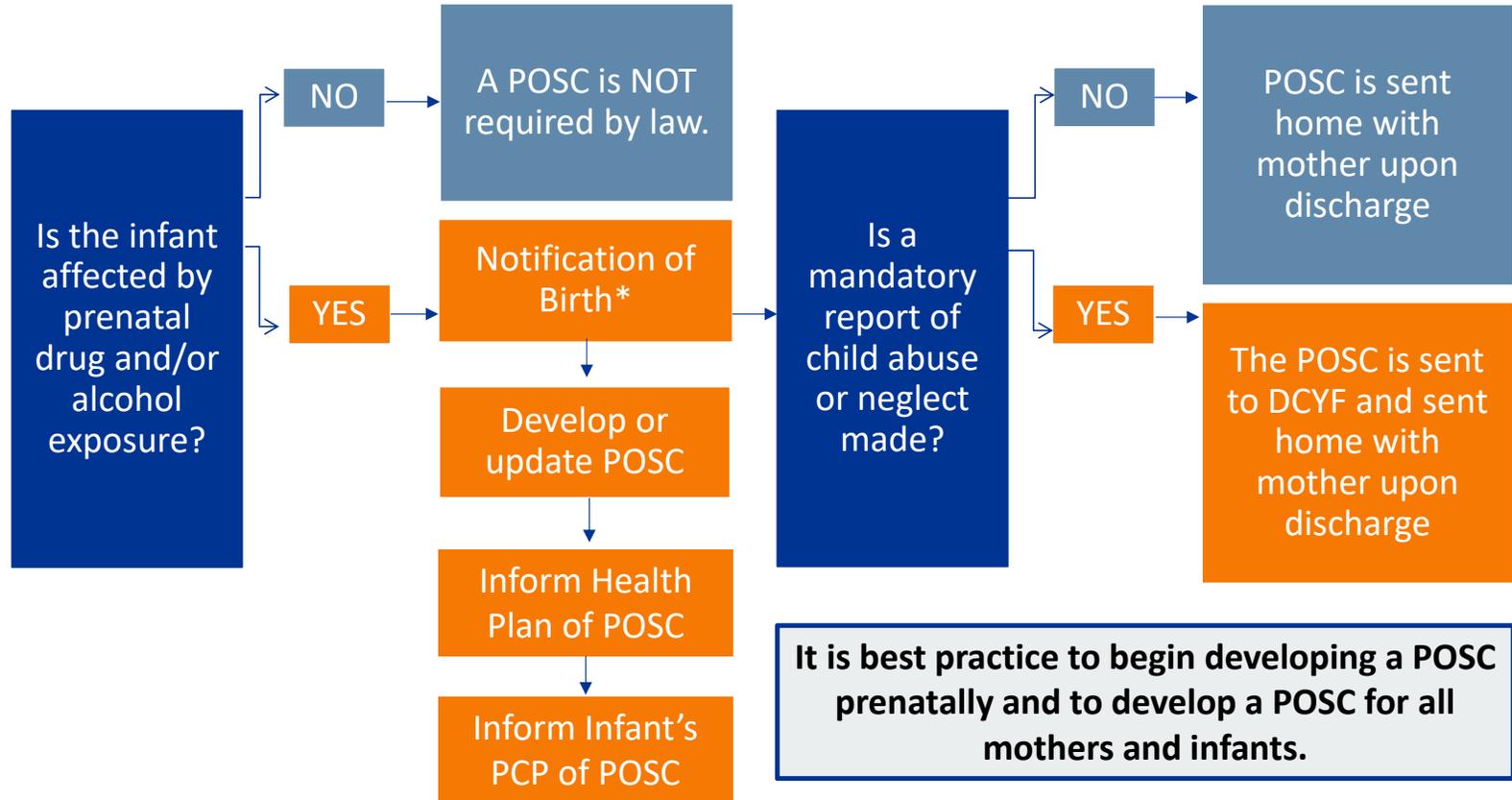
The New Hampshire Department of Health and Human Services, Division for Children, Youth, and Families (DCYF) and Division of Public Health Services (DPHS) seeks to inform healthcare providers that federal¹ and state² law now require the development of a Plan of Safe Care (POSC) for all infants born “affected by” substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder. The purpose of a POSC is to reinforce existing supports and coordinate referrals to new services to help infants and families stay safe and connected when they leave the hospital.



New Hampshire's POSC Process

As developed through the collaboration of the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and other Drugs

Baby Born



*Notification is captured through answering "Prenatal Substance Exposure" question 82B on the birth worksheet.



Informing Health Plans of the Birth

- Mothers, infants and families need health insurance for their ongoing care needs
- The health insurance plan may have special supports and services available to the mother and family
- Hospital providers should notify health insurance of the birth of an infant within 24 hours of delivery.
- Health insurance plans can help mothers and infants connect to services consistent with the POSC

What Can I do to Help?



Help the mother enroll in health insurance if she is uninsured



Check the number on the back of her health insurance card



Help the mother understand her health insurance plan



Connect with the mother's care manager at the health plan



New Hampshire Medicaid Care Management

AmeriHealth Caritas New
Hampshire:

1-833-704-1177

1-855-534-6730 (TTY)



NH Healthy Families:

1-866-769-3085



Well Sense Health Plan*:

1-877-957-1300





How Can Managed Care Organizations Help?



Special benefits and incentives for pregnant and parenting mothers!

Diapers
Meals
Transportation to medical appointments
Car seats



Health benefits for the new baby



Care management services



Resources and follow-up care



Does the POSC contain confidential information? YES!



The POSC is developed with the mother. She is encouraged to share the plan with others who can support her.



Use best practices to avoid stigma and encourage access to supports and services.



The POSC includes patient information and can be shared consistently with your privacy practices.



If a report of child abuse and/or neglect is made, the POSC must be shared with DCYF.

The POSC contains identifying information about the mother and infant that is private and is protected from disclosure by health privacy laws, and even substance use disorder record confidentiality laws if the developing provider is a SUD program (42 CFR Part 2)



What is Reporting?

Reporting	Guidance
<ul style="list-style-type: none">• A provider may determine circumstances warrant a mandatory report to DCYF.• A report must be made when a provider ‘has a reason to suspect’ an infant has been abused or neglected pursuant to RSA 169-C:3.• If a report is made to DCYF, a copy of the POSC must accompany the report.	<p>Mandatory reporting is required under NH RSA 169-C:29 whenever anyone has a reason to suspect child abuse and/or neglect.</p> <p>The fact an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report.</p>



Considerations: Abuse and Neglect

NH does not have a bright line rule



Has the child's health suffered or is it likely to suffer serious impairment?



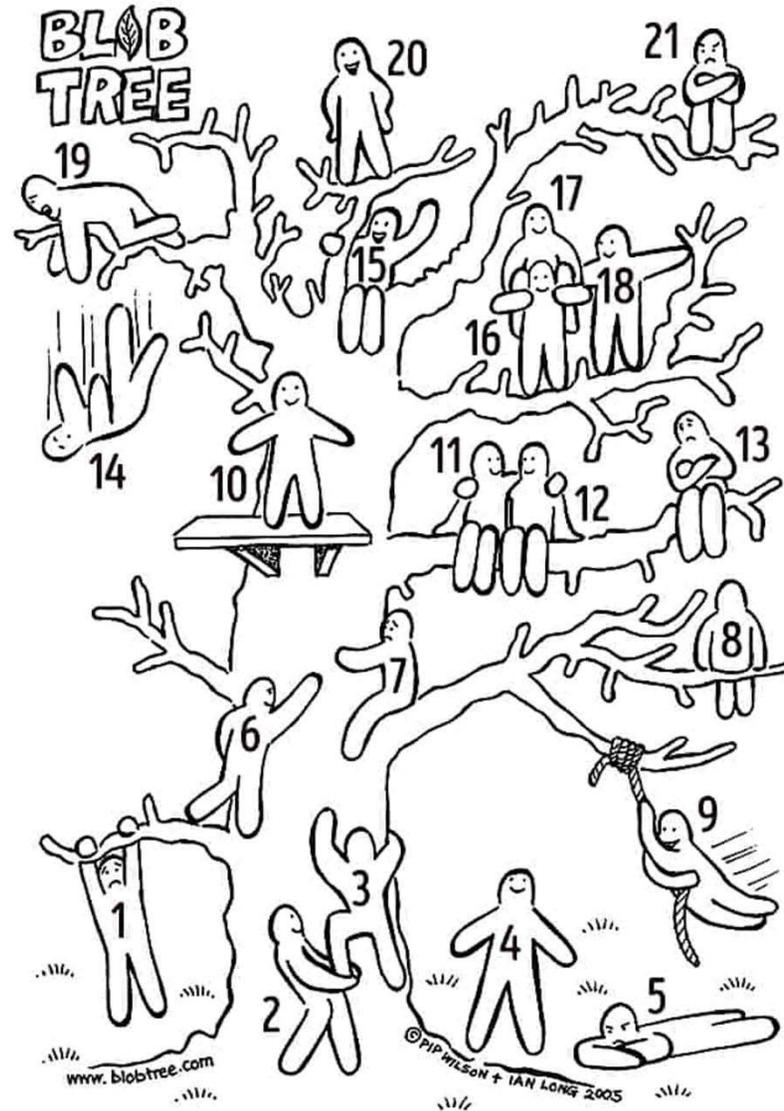
Are the parents unable to discharge responsibilities to or for the child because of hospitalization or mental incapacity?



What is the infant's contact with other persons involved in the illegal use or sale of controlled substances or the abuse of alcohol?

BREAK

- While you're waiting...vote for the "blob" that most represents your current state of mind.
- (Optional) Chat in your reason!



Intersecting to Support Plans of Safe Care: Home Visiting and DCYF

Objective: Differentiate between the roles home visiting and DCYF play as it relates to Plans of Safe Care.

Jennifer Ross-Ferguson
Child Protection Field Administrator



Kristi Hart
Home Visiting Program Coordinator



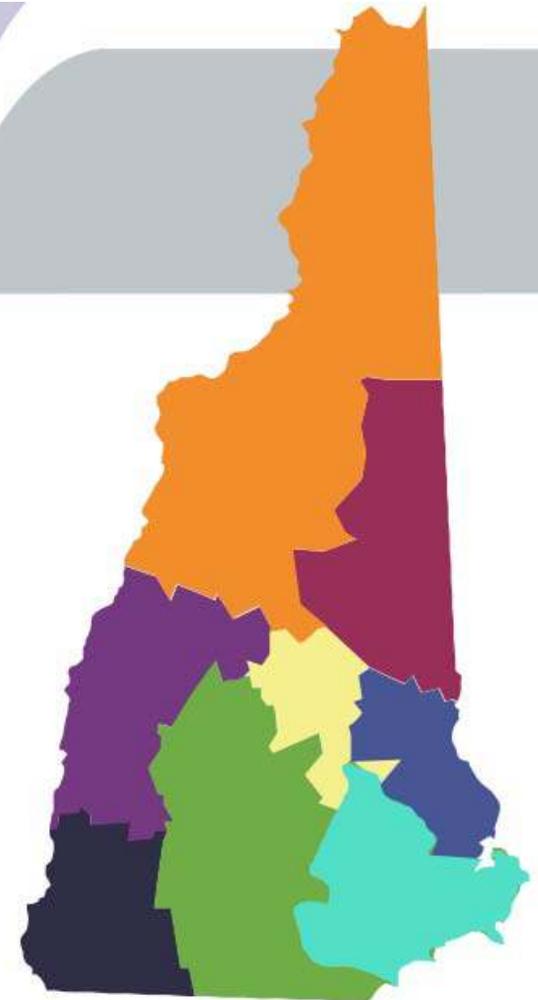
Call to find a Home Visiting Program Nearest You

Agencies:

*Indicates Healthy Families America Only

**Indicates Comprehensive Family Support Services Only

- *Central New Hampshire VNA & Hospice
(603) 596-2729
- **Children Unlimited
(603) 447-6356 ext. 0
- Community Action Partnership of
Strafford County
(603) 435-2500
- *Community Action Program
Belknap-Merrimack Counties, Inc.
(603) 528-5334 ext. 125
- **Families First
(603)422-8208
- The Family Resource Center
(603) 466-5190
- **Family Resource Center of
The Lakes Region
(603) 524-8811
- Home Healthcare Hospice &
Community Services
(603) 352-2253
- TLC Family Resource Center
(603) 542-1848
- Waypoint
1(800)640-6486 or (603)518-4000



Home Visiting Outcomes

- Reduced child injuries, abuse & neglect
- Maternal & newborn health
- Child development, school readiness & achievement
- Reduced crime and family violence
- Increased positive parenting practices
- Improved family economic self-sufficiency
- Improved coordination and referrals for community resources

¹ <https://homvee.acf.hhs.gov/models.aspx>



- Intensive evidence-based home visiting model, uses evidence-based curriculum Parents as Teachers or Growing Great Kids
 - Serves families prenatal through age 3
 - Eligibility determined by parent survey
 - Focus on the family system, parent-child interaction, building community and capacity
 - Provide anticipatory guidance around upcoming milestones
 - Maternal Depression Screening, Screen for family violence
 - Voluntary & Free!
-

Comprehensive Family Support Services (CFSS) / Home Visiting NH (HVNH)

- Medicaid Eligible pregnant women and parents/guardians of children 0-21
 - Home visiting using an evidence based curriculum with families with young children (Parents at Teacher/Growing Great Kids)
 - Weekly/bi-weekly home visits
 - 3 prenatal nurse home visits
 - Minimum of 3 postnatal nurse visit
 - Maternal depression screenings
 - Child development screening
 - Connection to resources/referrals
-
- 

POSC to Inform DCYF

Info on caregivers' current support network can help DCYF assess child safety & engage others in supporting the family



Supported Care for Mothers and Infants

July 2019

I. PLAN OF SAFE CARE (POSC)
 This POSC, developed collaboratively with the mother and other involved caregivers, reinforces existing supports and coordinates referrals to new services to help infants and families stay safe and connected when they leave the hospital. The POSC must be given to the mother upon discharge and should go to the infant's primary care provider along with the infant's other medical records. Providers should encourage the mother to share the POSC with those who do and will provide her services and supports. The POSC includes private health information. For an electronic version of this form, visit: <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>.

II. DEMOGRAPHIC INFORMATION

Name of Mother:	Mother's Medical Providers:
Name of Father:	Infant's Medical Providers:
Name of Infant:	Mother's Admission Date:
Name of Other Caregiver (if relevant):	Mother's Discharge Date:
DOB:	Infant's Discharge Date:
Phone Number:	Father's Phone Number:
Health Insurance:	Other Caregiver's Phone Number:
Address:	

III. SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

IV. STRENGTHS AND GOALS (e.g. breastfeeding, parenting, housing, smoking cessation, in recovery)

V. HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name	Relationship to Infant	Phone Number

VII. NOTES/HELP NEEDED (please time/date entries)

DCYF can assess what referrals are complete/in-progress/needed and help implement

Clarifies nature of infant's substance exposure concerns

VIII. SERVICES, SUPPORTS and NEW REFERRALS

	Discussed	Active	Referred	Contact Name	Address/Phone Number
Visiting Nurse Association (VNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Women, Infants, and Children Program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
health insurance enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Resource Center (FRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
safe sleep education/plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
other home visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early Supports and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
voluntary child welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
smoking cessation/no smoke exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
personal security/Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
recovery support services (e.g. recovery coaching, meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drug Court participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IX. PRENATAL EXPOSURE

	Y/N	Notes
Does the infant have prenatal substance exposure?		
Is the prenatal substance exposure a result of prescribed medication?		
Is there prenatal substance exposure in addition to prescribed medication?		

X. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?

Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

XI. PARENT/CAREGIVER SIGNATURE

I acknowledge I have participated in the development of this Plan of Safe Care, I have a copy of the Plan of Safe Care, I will share this Plan of Safe Care with my baby's primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed as follows:

Signature: _____ Date: _____

XII. STAFF SIGNATURE

I, _____ provided _____ with the Plan of Safe Care upon discharge.

Signature: _____ Date: _____

Indicates who DCYF may consult to better understand family's needs

This form complies with NH RSA 132:10-e and NH RSA 132:10-f.

DCYF > POSC > Home Visiting

The POSC lets DCYF staff know if a family is or is not engaged in HFA or other home visiting. . .

If a family isn't yet engaged in home visiting...



...DCYF might make a community referral to HFA, etc.

OR...

If a family is already engaged in home visiting...



DCYF may contact HFA or other Home Visitor for info on the child's safety.

The New Mom's Journey: Plans of Safe Care in Action

Objective: Describe the ways in which Plans of Safe Care are utilized by home visitors, DCYF staff, and other stakeholders interacting with pregnant or new mothers.

*Penny Vaine
Home Visiting Program Manager*



*Jennifer Ross-Ferguson
Child Protection Field Administrator*

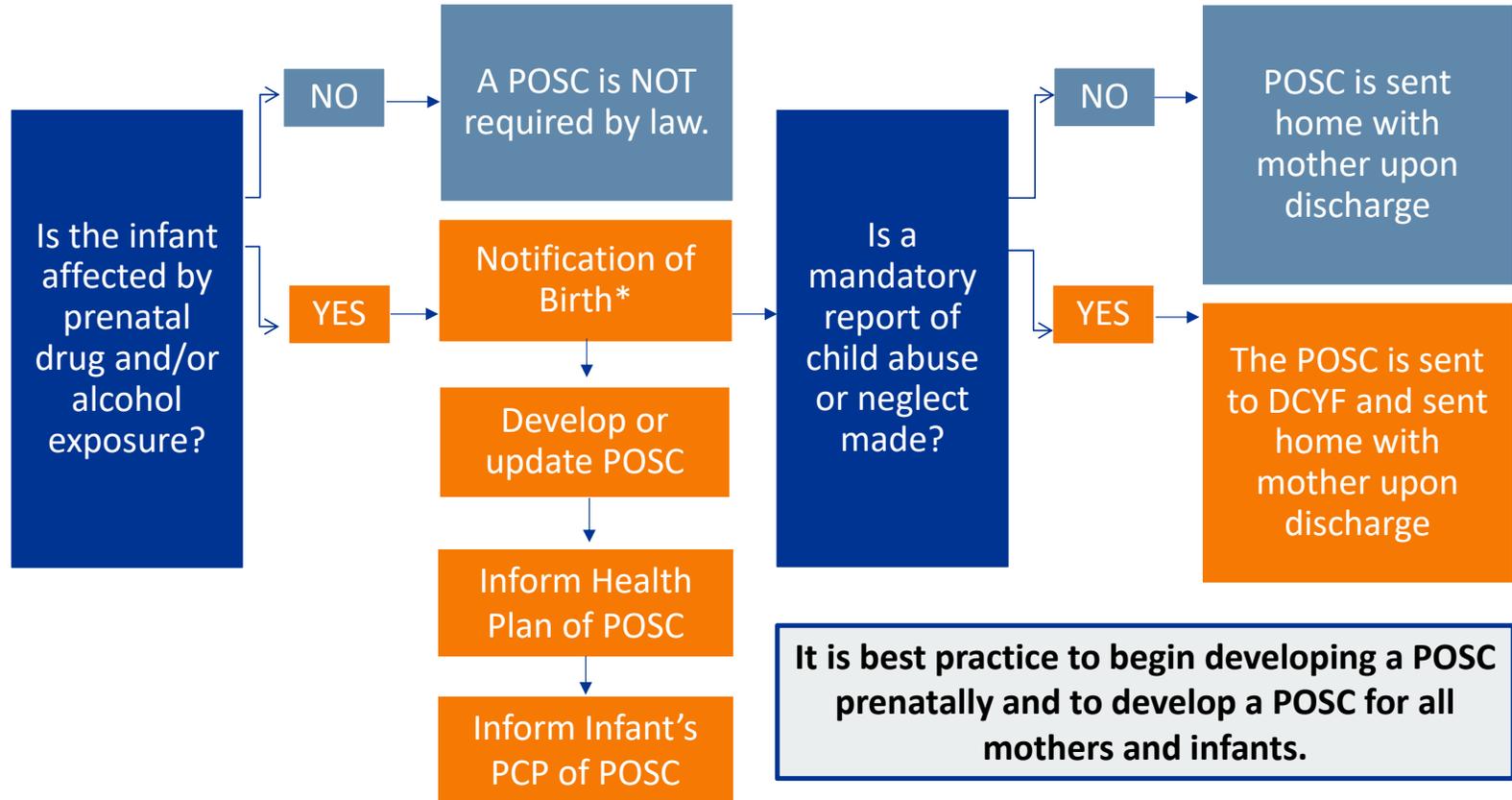




New Hampshire's POSC Process

As developed through the collaboration of the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and other Drugs

Baby Born



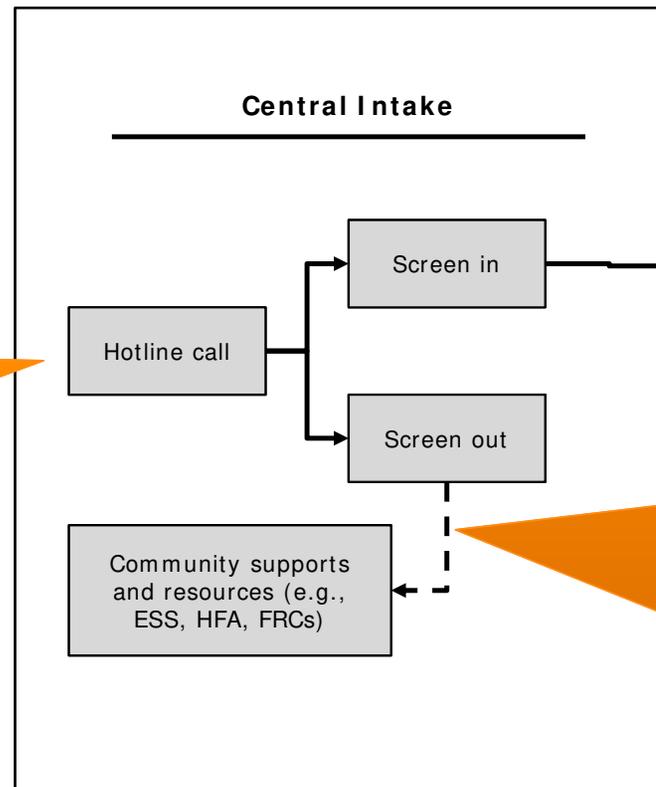
*Notification is captured through answering "Prenatal Substance Exposure" question 82B on the birth worksheet.

POSC: DCYF Lens

Stage I: Intake

- DCYF only receives Plans of Safe Care IF a family is referred to DCYF

DCYF's POSC role begins at Intake: Hotline workers should receive POSC for all Substance Exposed Infant reports

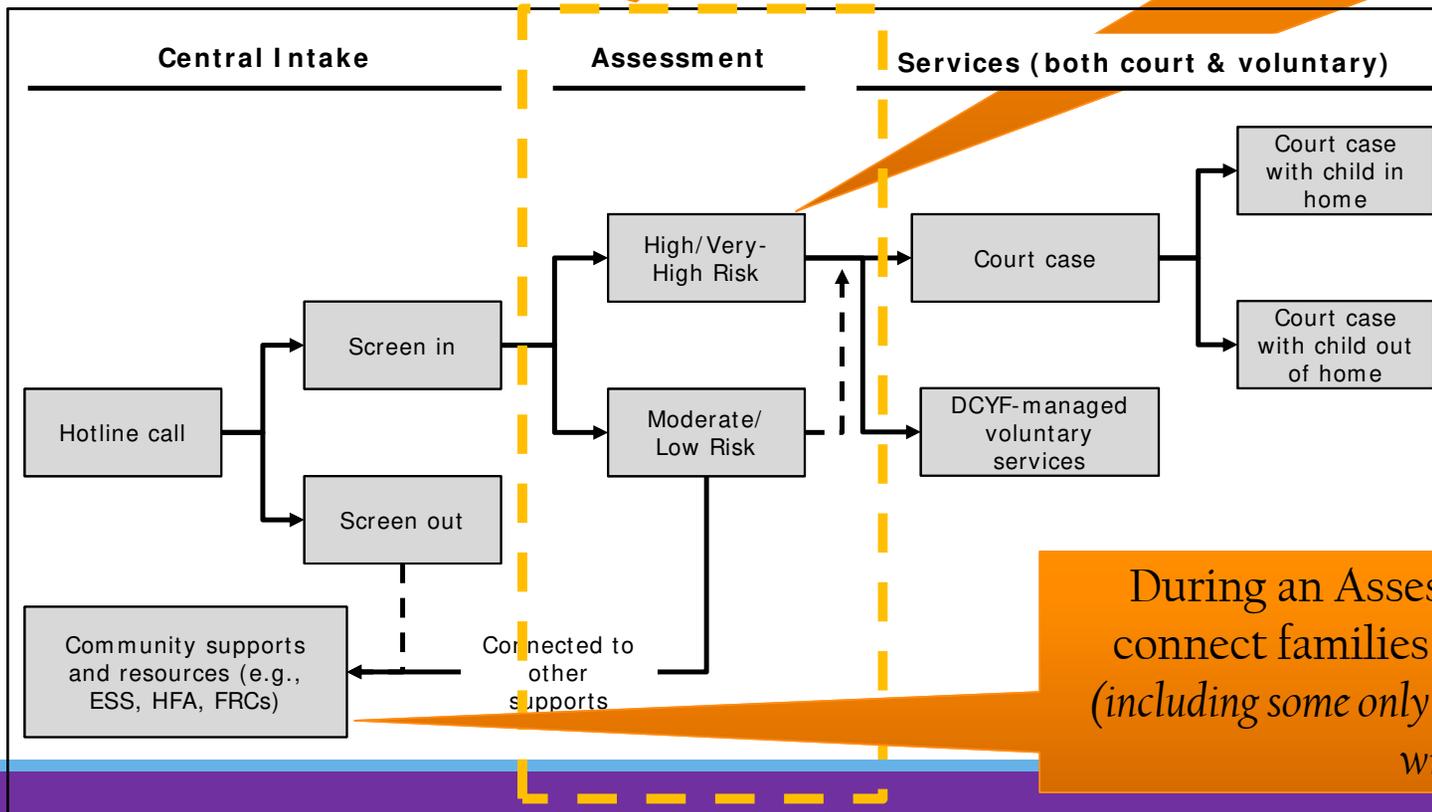


DCYF Intake staff have begun sharing info about HV with reporters calling about pregnant women with substance use concerns
(DCYF cannot become involved with a family until a child is born)

POSC informing DCYF's assessment

All families with Substance Exposed Infants receive a DCYF "Enhanced Assessment"

IF danger for infant is identified . . . DCYF may
a) Create safety plan
b) If necessary, remove the child



**Stage 2:
Assessment**

During an Assessment DCYF staff may connect families to community supports (including some only available to families involved with DCYF)

DCYF Enhanced Assessment Policy for Substance Exposed Newborns

Stage 2: Assessment

- Applies to all infants (under 1 y/o) born with prenatal exposure to substances not prescribed by a physician
 - Requires CPSWs to perform an “enhanced” DCYF Assessment, including:
 - Minimum of 3-4 “face-to-face” visit cadence
 - Required referrals, using Plan of Safe Care, & action plan
 - Safe Sleep & other education
 - Consultation with other professionals working with the family to understand diagnosis, POSC, & other needs
 - If danger is identified → Required Safety Plan OR if necessary, DCYF will remove the infant
-

Plan of Safe Care vs. DCYF Safety Plan

Plan of Safe Care	DCYF Safety Plan
<p>Required For: All new parents of substance exposed infants</p> <p>Purpose:</p> <ul style="list-style-type: none">• Support safety and wellbeing of family• Address health and substance use TX needs• Make appropriate referrals + deliver appropriate interdisciplinary health & social services• Account for whether the infant's prenatal exposure is due to prescribed medication and/or if the mother will be actively engaged in treatment upon discharge	<p>Required For: Any family involved with DCYF for whom danger has been identified</p> <p>Purpose:</p> <ul style="list-style-type: none">• Address a serious and imminent safety concern for the child, while preserving the family unit• Ensure the parent has a concrete plan and consistent support to assure the child's safety<ul style="list-style-type: none">• Often includes 24 hr. secondary caregiver <p><i>NOTE: Safety Plans should incorporate any supports or referrals identified in the POSC</i></p>

Other DCYF services to support POSC

Stage 2: Assessment

STRENGTH TO SUCCEED



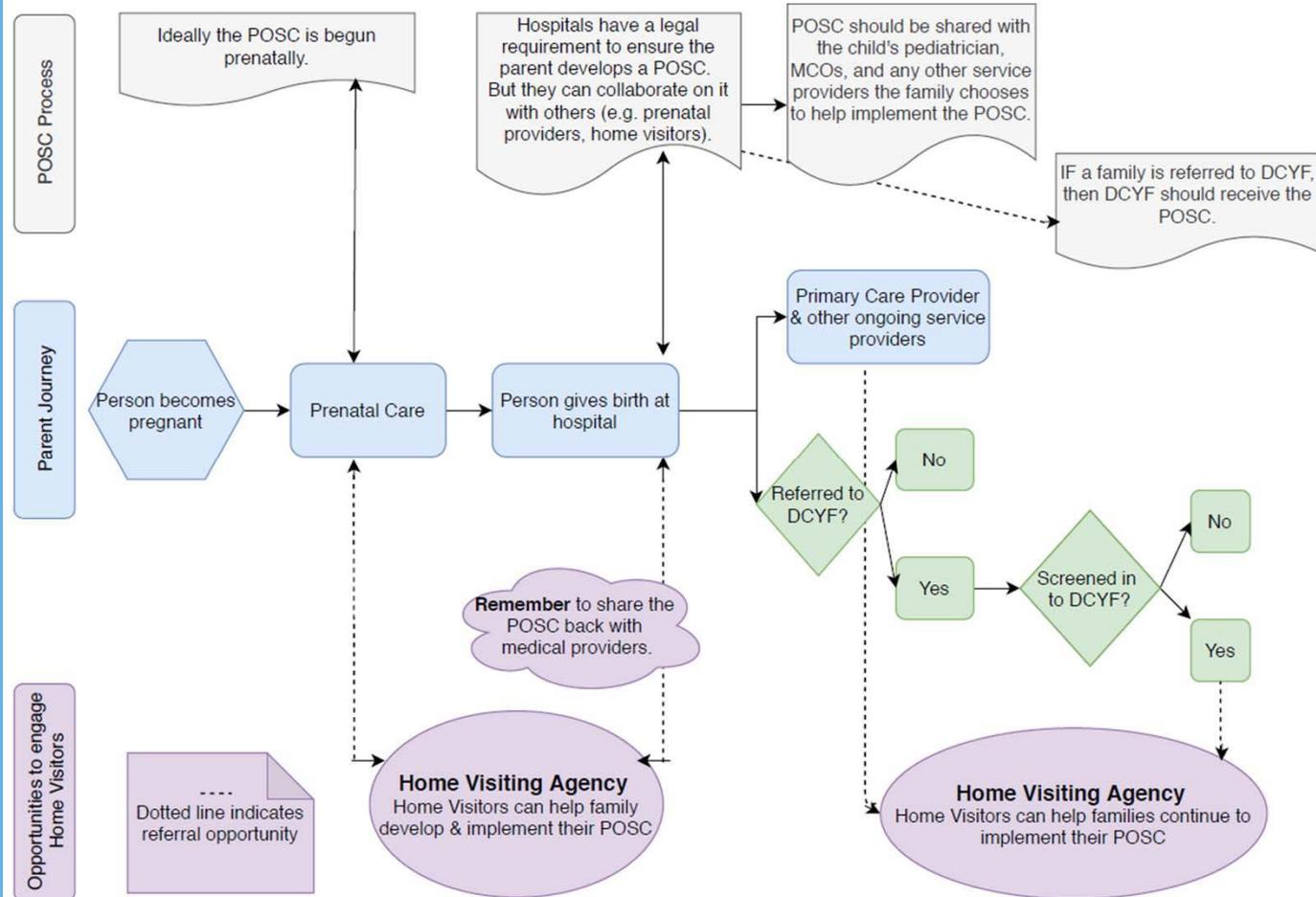
-
- Strength to Succeed Program
 - DCYF-contracted Peer Recovery Support Program
 - DCYF-contracted MLADCs
 - DCYF-managed Voluntary Services
 - Coming soon: Community-Based Voluntary Services

POSC: Through the Home Visiting Lens



- Healthy Starts Home Visiting Program, a program of HCS in Keene
 - Promotes health, stability and resiliency for local families
 - Connects local families to critical services
 - Parenting education
 - Play groups
 - WIC, housing support

How can Home Visitors support a Family's Plan of Safe Care Journey?



POSC: Developed prenatally with HV

Meet Emily...

- First time mom in active recovery
- Actively engaged in SUD treatment and with recovery supports
- Employed part-time, living with parents
- Goals: maintain sobriety, become financially independent, find safe housing near her parents, learn about child development.

Timing of POSC

- Developed prenatally with home visitor; provided to hospital at time of labor and delivery.
- POSC reviewed regularly throughout pregnancy with OB.

DCYF Involvement

- Hospital does not have concern for baby's safety, so no referral to DCYF.

Outcome

- Baby not born exposed to substances.
- Mom goes home with baby.
- Continues engagement with HV.
- Actively uses POSC.

POSC: Developed after delivery with HV

Meet Shannon...

- Second time mom in active recovery
- Actively engaged in SUD treatment and with recovery supports
- Unemployed; couch surfing
- Referred to home visiting upon baby's delivery

Timing of POSC

- Immediately after delivery, hospital refers to HV program.
- POSC developed with HV while mom still in hospital.

DCYF Involvement

- Hospital refers to DCYF after mom nods off while caring for baby.
- DCYF conducts assessment.

Outcome

- DCYF investigation closed with recommendation for voluntary HV enrollment, and a safety plan
 - Baby goes home with mom
-

POSC: Developed after delivery, no HV

Meet Jamie...

- Transient housing status
- First time mother
- In active use
- No connections to local services; declined home visiting referral upon delivery

Timing of POSC	<ul style="list-style-type: none">• POSC developed while mom still in hospital with social worker.
DCYF Involvement	<ul style="list-style-type: none">• Hospital refers to DCYF because of baby's exposure and mom's active substance use.• DCYF conducts an assessment.
Outcome	<ul style="list-style-type: none">• DCYF reports concern of imminent danger. Child removed from mom's care for safety concerns because no supports currently in place.• Mom enrolls in HV for support through reunification process.

How prenatal clinics and hospitals can leverage HV to develop POSC

- Send prenatal referrals to HV programs
 - Discuss benefits of HV in prenatal appts
 - Include discussion of HV in prenatal education
 - Add HV referral to prenatal care/education checklist
 - Add HV referral to discharge planning/transition to home checklist
 - Invite local HV organization to speak with staff
 - Invite local HV organization to visit prenatal and pp groups / recovery groups
 - Invite moms who have had experiences with HV to share their stories at groups
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What makes the POSC work well?

- Community connectedness and cooperative relationships between agencies serving families.
 - Long-standing personal relationships among service providers.
 - When new providers are given education on POSC implementation
 - When POSC are developed as a “conversation”, and not simply as a checklist.
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BREAK

• **ATTENDANCE CHECK!** For CEU documentation purposes, please type your name and organization if you are still with us.

Poll Question: Are you feeling more or less confident in your understanding of how Plans of Safe Care work?



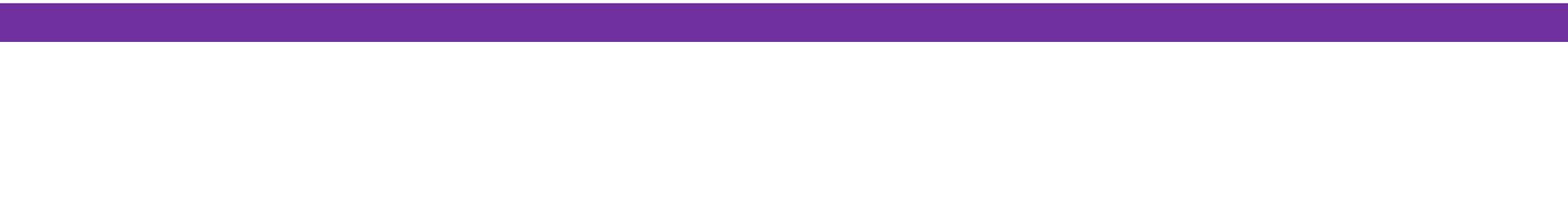
Breakout Groups

25 minutes

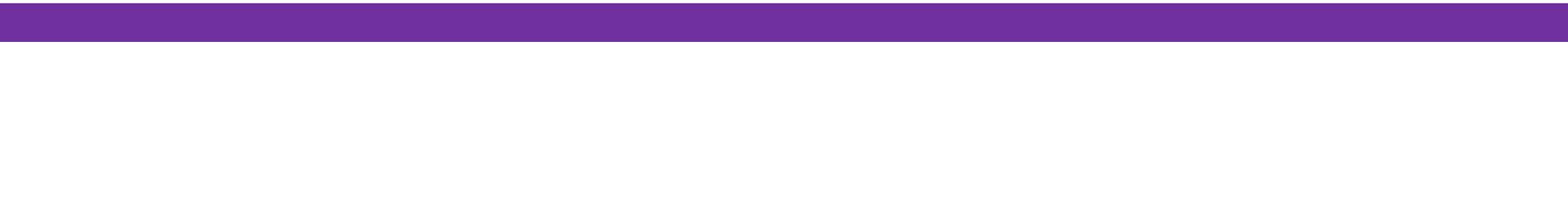
Objectives:

- *Define at least two strategies to better align Plans of Safe Care implementation across various programs interacting with pregnant or new mothers.*
- *Identify other local agencies serving your target population, and the services they provide.*

Report Out

- Facilitators share high-level themes and selection of identified strategies
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What's Next for NH Plans of Safe Care?

- New partners
 - Updates to forms?
 - Other training resources
 - Supporting POSC in a virtual world?
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Additional Resources

- [POSC Website](#)
- [Guidance Document](#)
- [Q and A](#)
- Trainings
- Pregnant & Parenting Services and Supports:
[List](#) & [Map](#)
- Questions about POSC, email:
2019POSC@gmail.com



THANK YOU!

- Evaluations and certificates will be sent via email ASAP following the close of our session.
- Session materials will be posted online at a later date, and communicated with participants.