

Plans of Safe Care New Hampshire

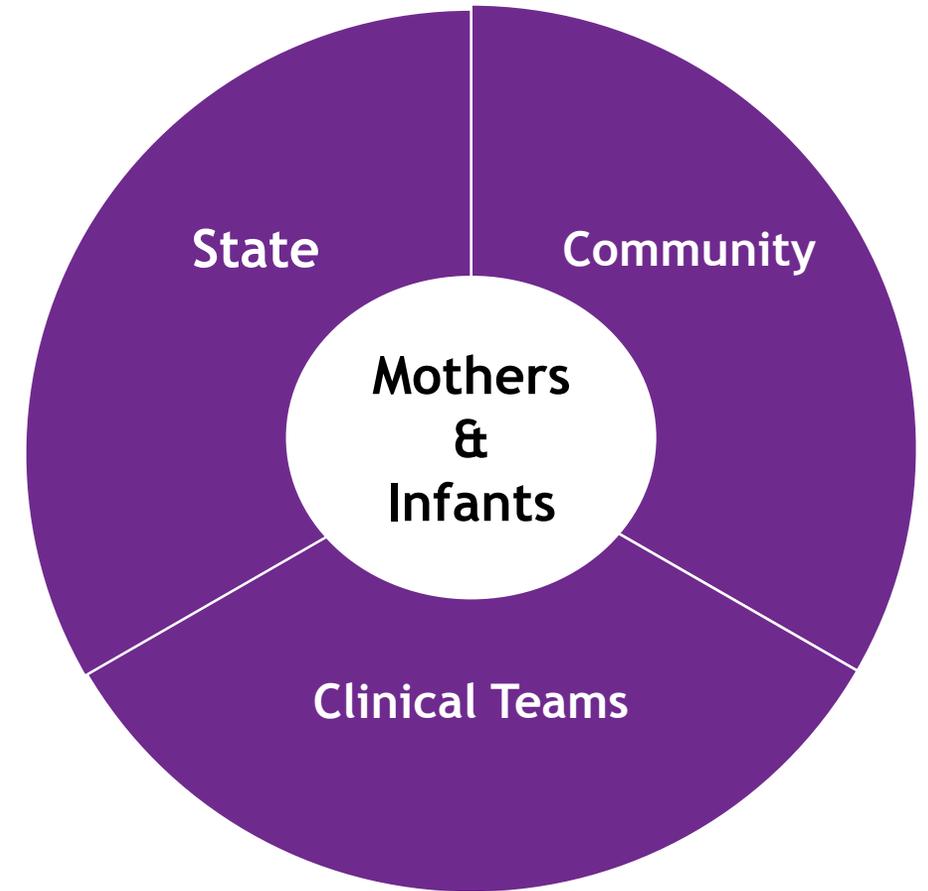
A patient-centered and multi-disciplinary
tool for healthy outcomes

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Framework to Support Mothers & Infants

- How can you engage mothers in a collaborative process to plan for healthy outcomes?
- How will you work with existing supports and coordinate new services to help infants and families stay safe and connected?
- How can Plans of Safe Care support mothers and infants during pregnancy, delivery, safe transition home and in parenting?



Introduction to Plans of Safe Care

- **WHAT** is a Plan of Safe Care?
- **WHY** does NH require Plans of Safe Care?
- **WHAT** are the goals of a Plan of Safe Care?
 - When and where is it developed?
 - Who is it for? Who creates it?
- **WHERE** does the Plan of Safe Care go?

What is a Plan of Safe Care?

A **Plan of Safe Care** also referred to as “*Supported Care for Mothers and Infants*” is developed collaboratively with the mother and coordinates existing supports and referrals to new services to help infants and families stay safe and connected when they leave the hospital.

Why does NH use Plans of Safe Care?



Federal Law

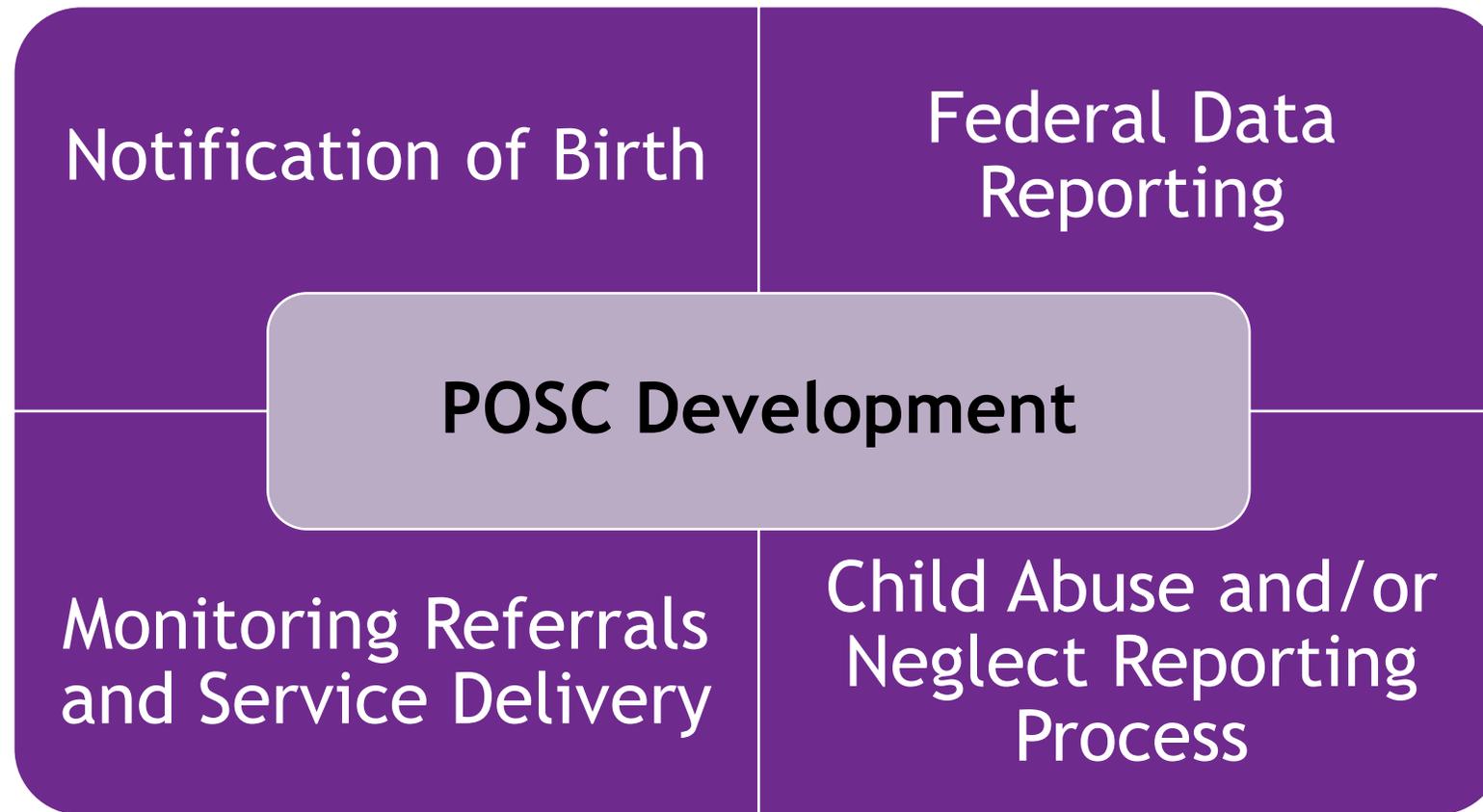
- Child Abuse Prevention and Treatment Act (CAPTA)
 - Amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA)
 - CAPTA/CARA requires the development of a POSC



State Law

- NH RSA 132:10-e; 132:10-f
 - SB 549 (2018) explains how POSC will be developed in NH

Federal CAPTA/CARA Requirements



NH's Implementation Plan for Mothers-Infants

Identified Need
for enhanced
communication
and coordination

SB 549 (2018)
introduced,
revised, and
passed

Task Force
Develops POSC

NH's Plan of Safe Care Process

SB 549: RSA 132:10-e and f

Infant Born...

“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...”

Health Provider Shall..

“... 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.”

What are the Goals of NH's POSC?

RSA 132:10-e and f

- Ensure the **safety and well-being** of the infant
- Address the **health and substance use treatment needs** of the infant and affected family members or caregivers
- Ensure that **appropriate referrals** are made and services are delivered to the infant and affected family members or caregivers

What Should the POSC “take into account?”



Whether infant's prenatal exposure is due to prescribed medication



Whether the mother is/will be actively engaged in treatment upon discharge

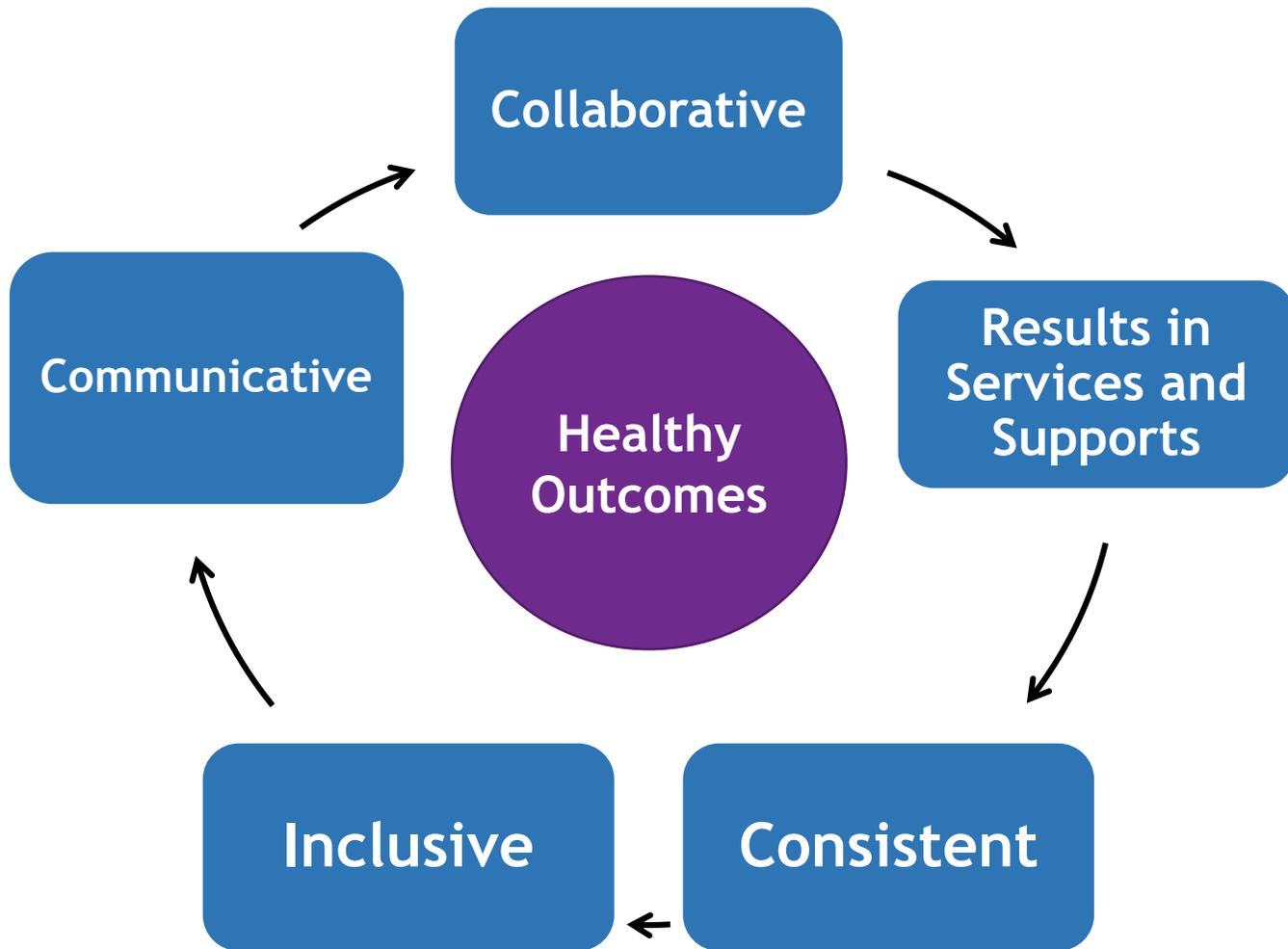
RSA 132:10-e

Questions? Email: 2019POSC@gmail.com

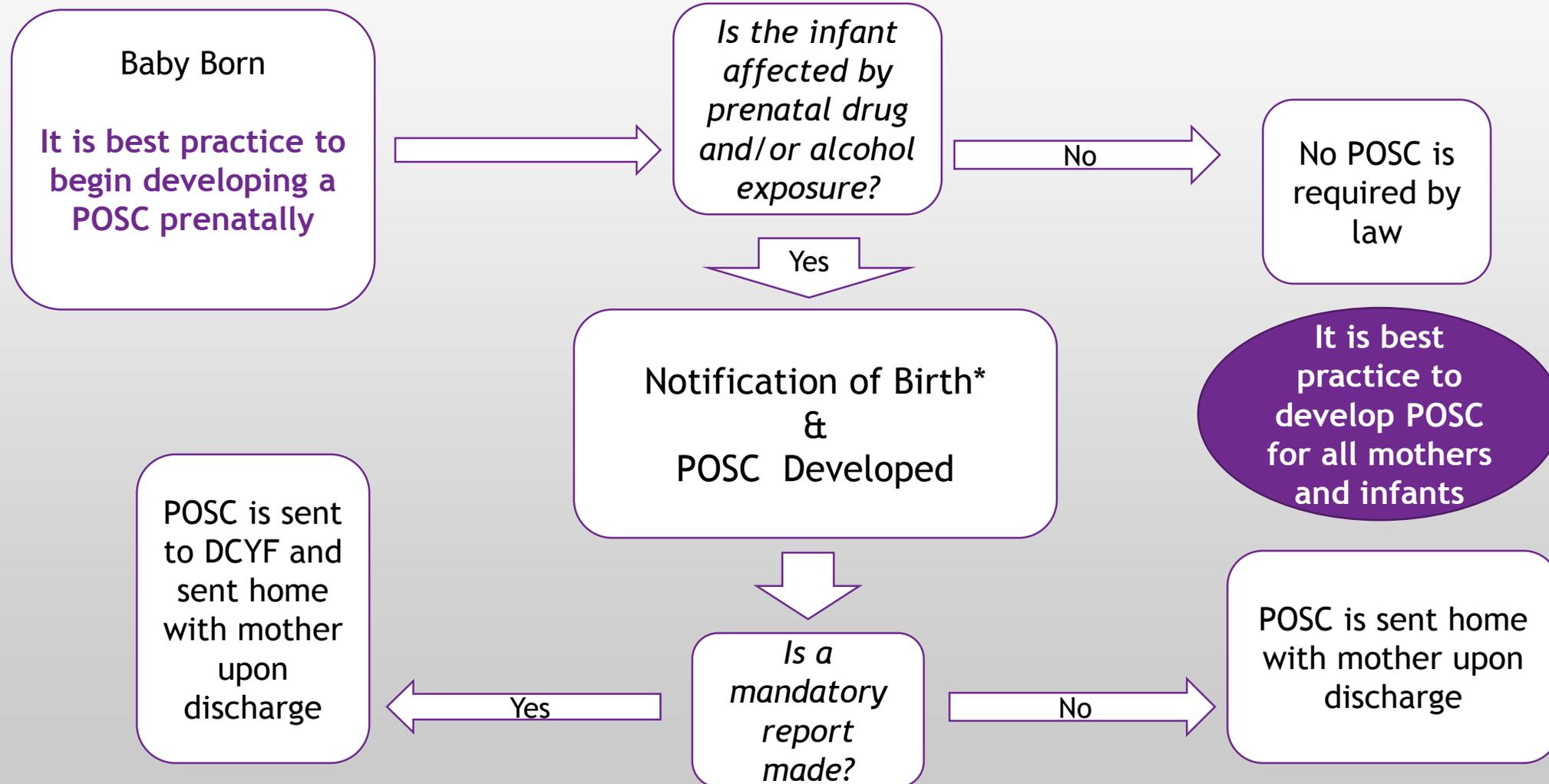
NH's Hope for Provider Engagement

- Notify public health of the birth of an exposed infant as requested.
- Develop Plan of Safe Care with all mothers or caregivers - *required when infant is born identified as being affected*
- Provide the POSC to the mother upon discharge.
- Facilitate the mother's referrals and access to appropriate supports and services.
- Provide the POSC to the Department if requested.
- Provide the POSC to DCYF if a report of child abuse or neglect is made.
- Include the POSC in information provided to mother's supports and services as authorized.

What are the goals of a POSC?



How is NH determining its POSC process?



*Notification is captured through two situational surveillance questions on the birth certificate.

Where does the Plan of Safe Care go?

Reporting	Guidance
<ul style="list-style-type: none">• A provider may determine circumstances that 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?

Where does the Plan of Safe Care go?

- When a healthcare provider suspects that an infant has been abused or neglected pursuant to RSA 169-C:3, the provider shall report to DHHS in accordance with RSA 169-C:29. (RSA 132:10-e,f)
- The POSC shall be submitted with the report. (RSA 132:10-f)
- The POSC is *not* submitted to DHHS unless there is a report of abuse and neglect or it is requested.

Does the POSC contain confidential information?

- The mother may, and is encouraged to, share this POSC with others.
- The POSC contains information identifying about the mother and infant that is private and may be protected from disclosure by health and substance use disorder record confidentiality laws (42 CFR Part 2)
- The POSC should be treated like other patient information and shared consistently with your privacy practices.
- If a report of child abuse and/or neglect is made, the POSC must be shared with DCYF.

Guidance Questions & Answers

- What is a Plan of Safe Care? What is its purpose?
- Who needs a POSC?
- Who develops the POSC? When is it developed?
- What is “Notification”? How is it different than a mandatory report?
- Are hospitals required to make a mandatory report for all infants exposed prenatally to drugs and/or alcohol?



Guidance Questions & Answers (continued)

- What happens to the POSC when a report of child abuse and/or neglect is made?
- What types of information about infants exposed prenatally to drugs and/or alcohol is shared and with whom?
- Where does the POSC go?
- Does the POSC contain information protected by 42 CFR Part 2 (Part 2)?
- What types of services are included in the POSC?
- What if a mother declines to participate in developing a POSC?