

WHAT IS A PLAN OF SAFE CARE?

*AN INTRODUCTION TO BEST PRACTICES
IN NEW HAMPSHIRE*

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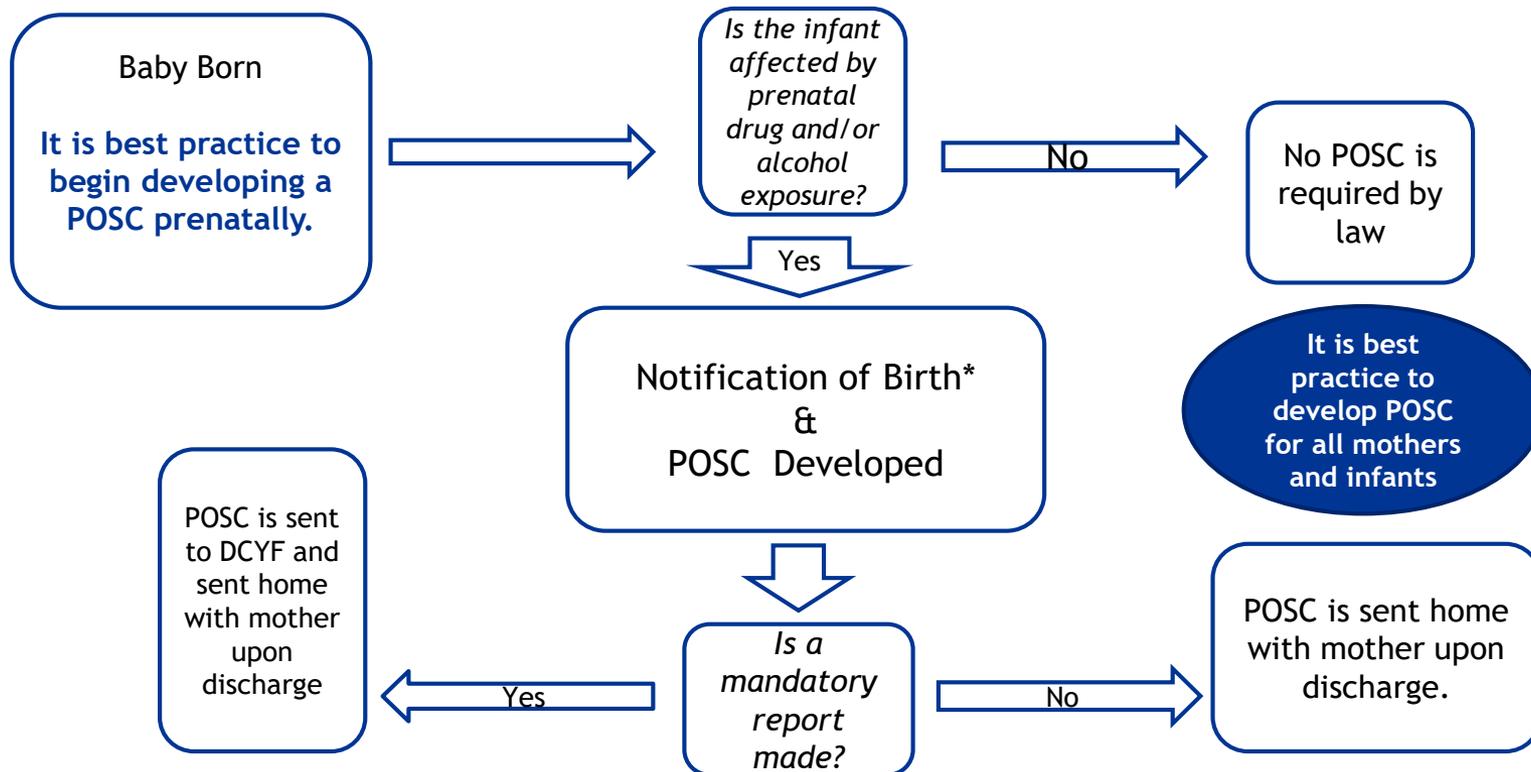
January 6, 2020



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

Plans of Safe Care (POSC)

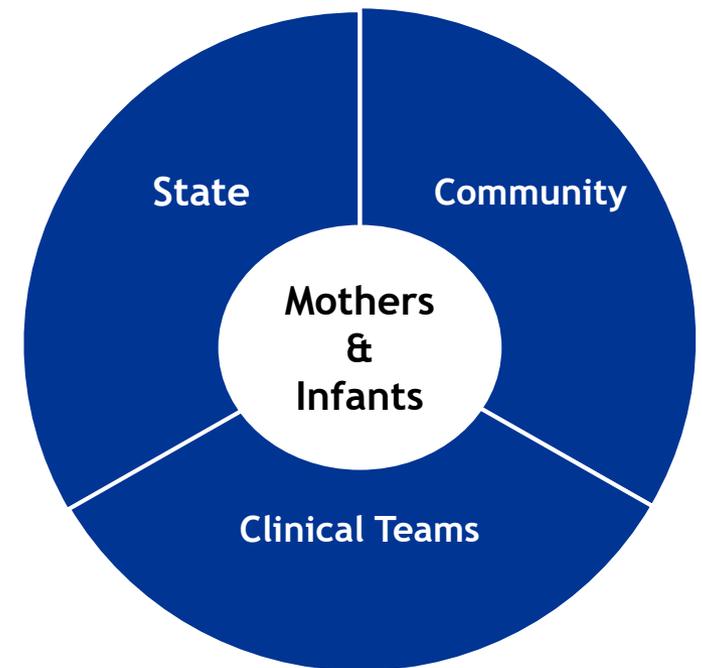
Overview of POSC Process



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

Framework to Support Mothers & Infants

- How can we engage mothers in a collaborative process to plan for healthy outcomes?
- How can we 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?



What is a Plan of Safe Care?

A **Plan of Safe Care** also referred to as “*Plan of Supportive Care*” for mothers and infants is developed by a health care provider 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.

When is the POSC developed with a mother?

POSC must be developed 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.” See RSA 132:10-e.

However, best practices support developing POSCs prenatally to serve as a living document throughout the pregnancy and after birth, especially when there is a risk of prenatal exposure to substance use.

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

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."

What is the purpose of a POSC?

RSA 132:10-e and f

Infant and Parent(s)

- Safety and well-being of family
- Address health and substance use treatment needs
- Make appropriate referrals and deliver appropriate interdisciplinary health and social services

The POSC must account for:

- Whether the infant's prenatal exposure is due to prescribed medication
- Whether the mother is or will be actively engaged in treatment upon discharge

What is Notification?

- New Hampshire has a federal data reporting requirement, which is referred to as “notification”.
- The state is required to report 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.

Notification Questions

Exposure

Was there documented opioid exposure at any time during the pregnancy?

Aim: Determine the number of infants exposed to opioids in utero.

Yes No Unknown

Concern

Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome (NAS)?

Aim: Determine the number of infants considered to be at risk for withdrawal by the medical team.

Q2 (*Concern*) was defined to include alcohol and drugs other than opioids to provide information that better aligns with the aggregate reporting obligation (CAPTA).

Notification Questions

Exposure

Was there documented opioid exposure at any time during the pregnancy?

3.6%

(400/11,236)

Concern

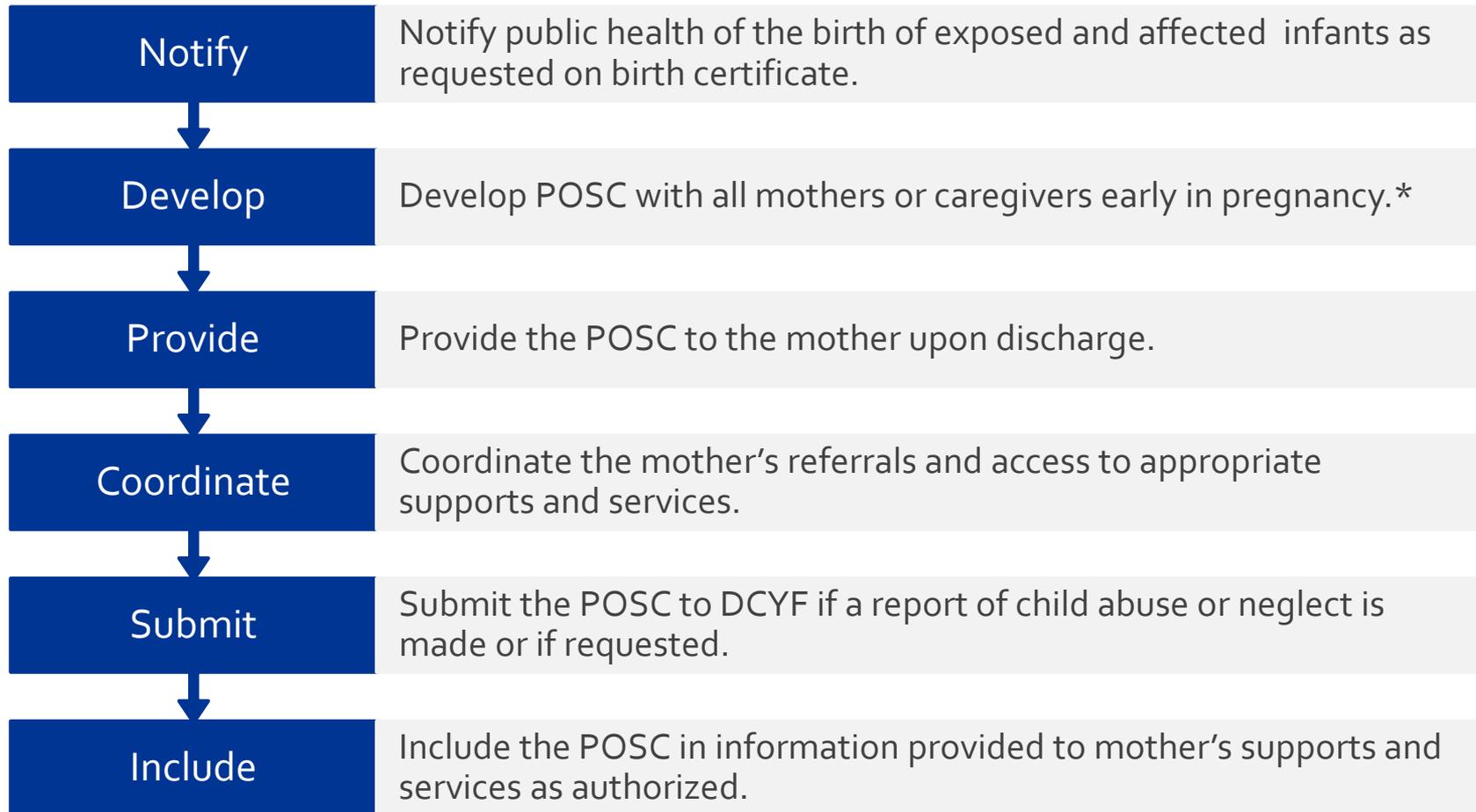
Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome (NAS)?

3.2%

(359/11,236)

Excluded: Missing and Unknown per item (1 hospital and non-hospital birth locations most common) As recorded in vital records as of Jan 6, 2020 (infants born Jan 1 – Dec 31, 2019).

Best Practices: POSC Process



*POSC must be developed when an infant is born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.

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?

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.



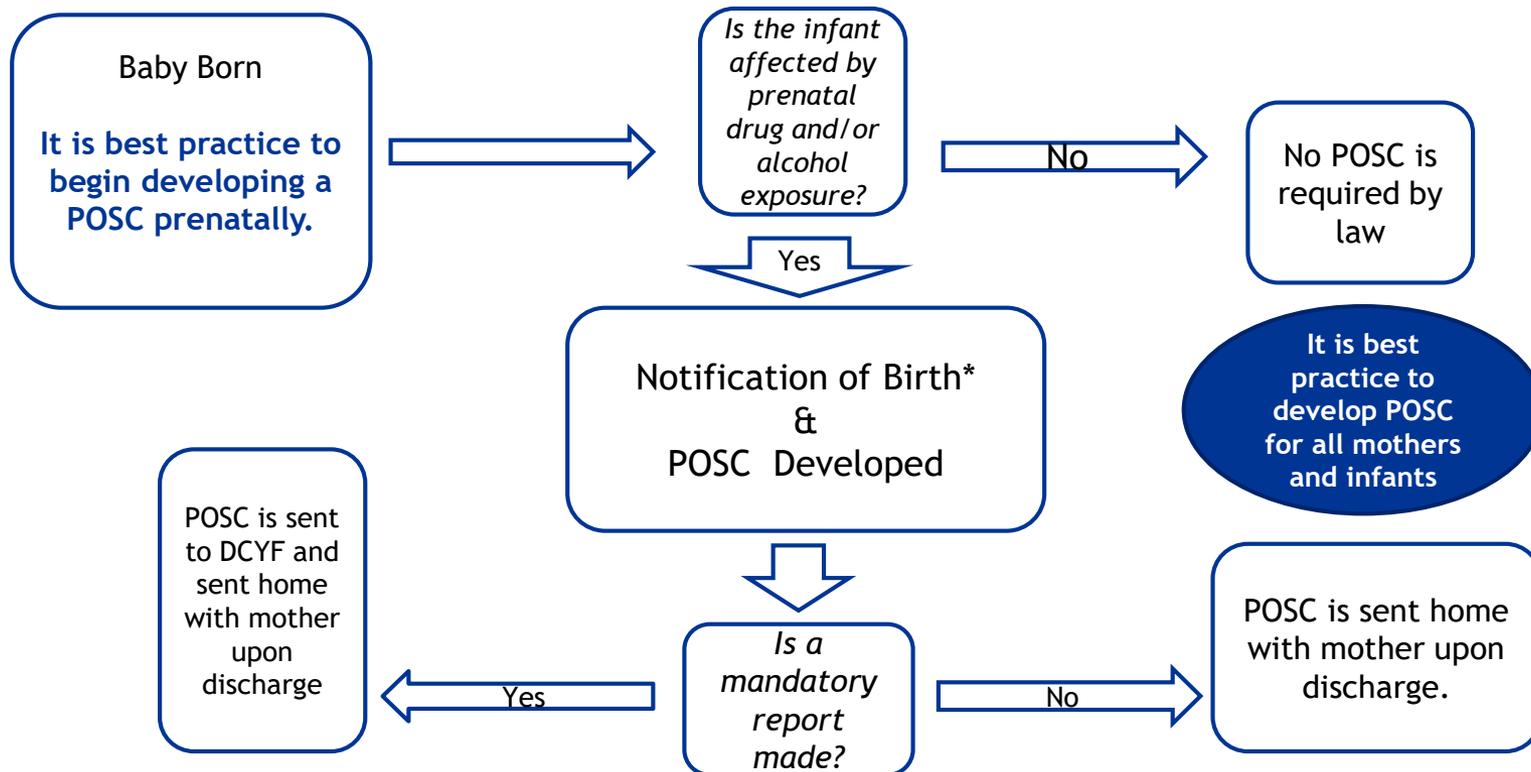
The POSC includes patient information and can be shared consistently with your privacy practices.



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)

Overview of POSC Process



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



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 CHILD CARE 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/>

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: _____

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.

POSC Question and Answers

What happens to the POSC when a report of child abuse and/or neglect is made?

What is "Notification"?
How is it different than a mandatory report?

What if a mother declines to participate in developing a POSC?

Does the POSC contain information protected by 42 CFR Part 2 (Part 2)?

Guidance Document: http://1viuwo4ok2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/POSC_FAQ_v.6-1.pdf

Additional Question and Answers:
http://1viuwo4ok2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/POSC_Questions_5.24.19.pdf



Additional Resources

POSC Website

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



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