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

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

NEW HAMPSHIRE JUDICIAL BRANCH

Developing Plans of Safe and Supportive Care for High-Risk Families in New Hampshire

Legal Update

Supporting mothers and infants born exposed to substances

December 17, 2020

12-1:15 PM

With Support from the New Hampshire Charitable Foundation

Webinar Instructions

1) Please enter your name in the "chat" button to introduce yourself and so that we may document your attendance for continuing education credit
2) Please use the "chat" button to ask a question or make a comment

Presenters

Lucy Hodder, JD
Director of Health Law and Policy
Professor, UNH School of Law
Institute for Health Policy and Practice
Lucy.Hodder@unh.edu

These thoughts and observations are our own and are informed by the data and information referenced

Presenters

Daisy Goodman, DNP, MPH, CNM, CARN-AP
Assistant Professor of Obstetrics & Gynecology
Geisel School of Medicine
Director of Women's Health Services
Moms in Recovery Program, DHMC
Daisy.J.Goodman@hitchcock.org

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Presenters

Jennifer Ross-Ferguson, MSW
Child Protection Field Administrator
NH Division of Children, Youth and Families
Jennifer.J.Ross-Ferguson@dhhs.nh.gov

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Moderator

Lauren LaRochelle, JD
Health Law & Policy Senior Associate
UNH Institute for Health Policy and Practice

These thoughts and observations are our own and are informed by the data and information referenced

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

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- The mission of the Perinatal Substance Exposure Task Force is to identify, clarify, and inform the Governor's Commission about issues related to perinatal substance exposure: including ways to lessen barriers pregnant women face when seeking quality healthcare; aligning state policy and activities with best medical practices for pregnant and newly parenting women and their children; and increasing public awareness about the dangers of exposure to prescription and illicit drugs, alcohol and other substances during pregnancy.
- https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force

Perinatal Task Force Team

Rekha Shreedhara
JSI

Adriana Lopera
JSI

Melissa Schoemmell
JSI

Hannah Lessels
JSI

Today's Agenda

Topic		Timing
01	**Speaker Introductions and Objectives**	**5 mins**
02	**Prenatal Opioid Exposure & Best Practices for Treating Moms and Babies** – Daisy Goodman	**15 mins** w/ 5 for Q&A
03	**State and Federal Statutory Requirements for Plans of Safe Care** – Lucy Hodder	**20 mins** w/ 5 for Q&A
04	**NH DCYF Processes in Abuse and Neglect Cases and Services and Supports to Help Families** – Jennifer Ross-Ferguson	**20 mins** w/ 5 for Q&A
05	**Q&A** – moderated by Lauren LaRochelle	**15 mins**

Purpose and Goals

Mistrust is a Barrier to Accessing Care

For women with SUD, concerns about being reported to child protective services is a significant barrier to accessing care.

2017 Survey Results

Perinatal Provider Practices	**78%** identified "concerns about being reported to child protective services" as a serious or moderate barrier
Substance Use Treatment Provider	**92%** cited "concerns about being reported to child protective services" as a top barrier to accessing care
Continuum of Care Facilitators	**91%** cited "concerns about being reported to child protective services" as a serious or moderate barrier

COVID-19 Anxiety

United States

- The CDC reported, for the week of Oct. 14 - Oct. 26:
  - 32.8% of the United States reporting population with Symptoms of Anxiety Disorder;
  - 26.0% with Symptoms of Depressive Disorder;
  - 37.8% with Symptoms of Anxiety Disorder or Depressive Disorder.

New Hampshire

- The CDC reported, for the week of Oct. 14 - Oct. 26:
  - 26.5% of the New Hampshire reporting population with Symptoms of Anxiety Disorder;
  - 20.8% with Symptoms of Depressive Disorder;
  - 31.0% with Symptoms of Anxiety Disorder or Depressive Disorder.

Source: U.S. Census Bureau, household Pulse Survey, 2020 https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

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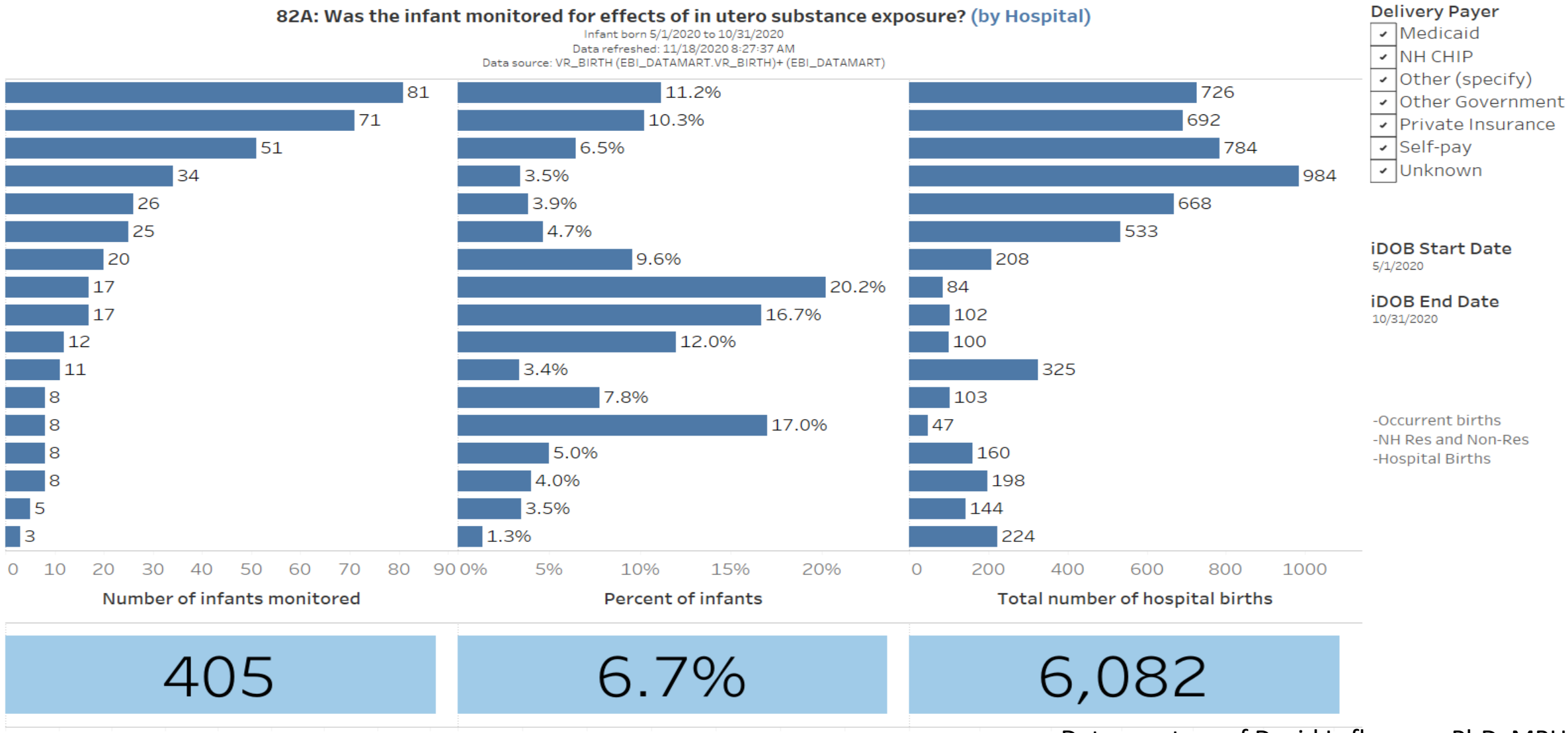
Prevalence of Prenatal Substance Exposure in New Hampshire

- **6.5%** of infants born in NH hospitals between May 1 and Oct 31, 2020 were **monitored after birth** due to prenatal substance exposure
  - Cannabis was the most common exposure, followed by opioids

- **2.6%** of infants were identified as being **affected by substance misuse or withdrawal symptoms** resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder

- The **leading cause** of pregnancy-associated deaths in NH is **accidental drug overdose, the overwhelming majority occuring postpartum**

Proportion of Newborns With Prenatal Substance Exposure, by New Hampshire Birth Hospital



David.Laflamme@unh.edu

Data courtesy of David Laflamme, PhD, MPH

Sequelae of Prenatal Substance Use

Medical/Obstetric

- HIV, Hepatitis C, Hepatitis B
- High rates of sexually transmitted infection
- Cardiac conditions
- Skin infections
- Blood clots
- Placental problems
- Fetal loss
- Overdose

Psychiatric

- Anxiety
- PTSD
- Depression
- Substance-related psychosis
- Concurrent tobacco use

Neonatal

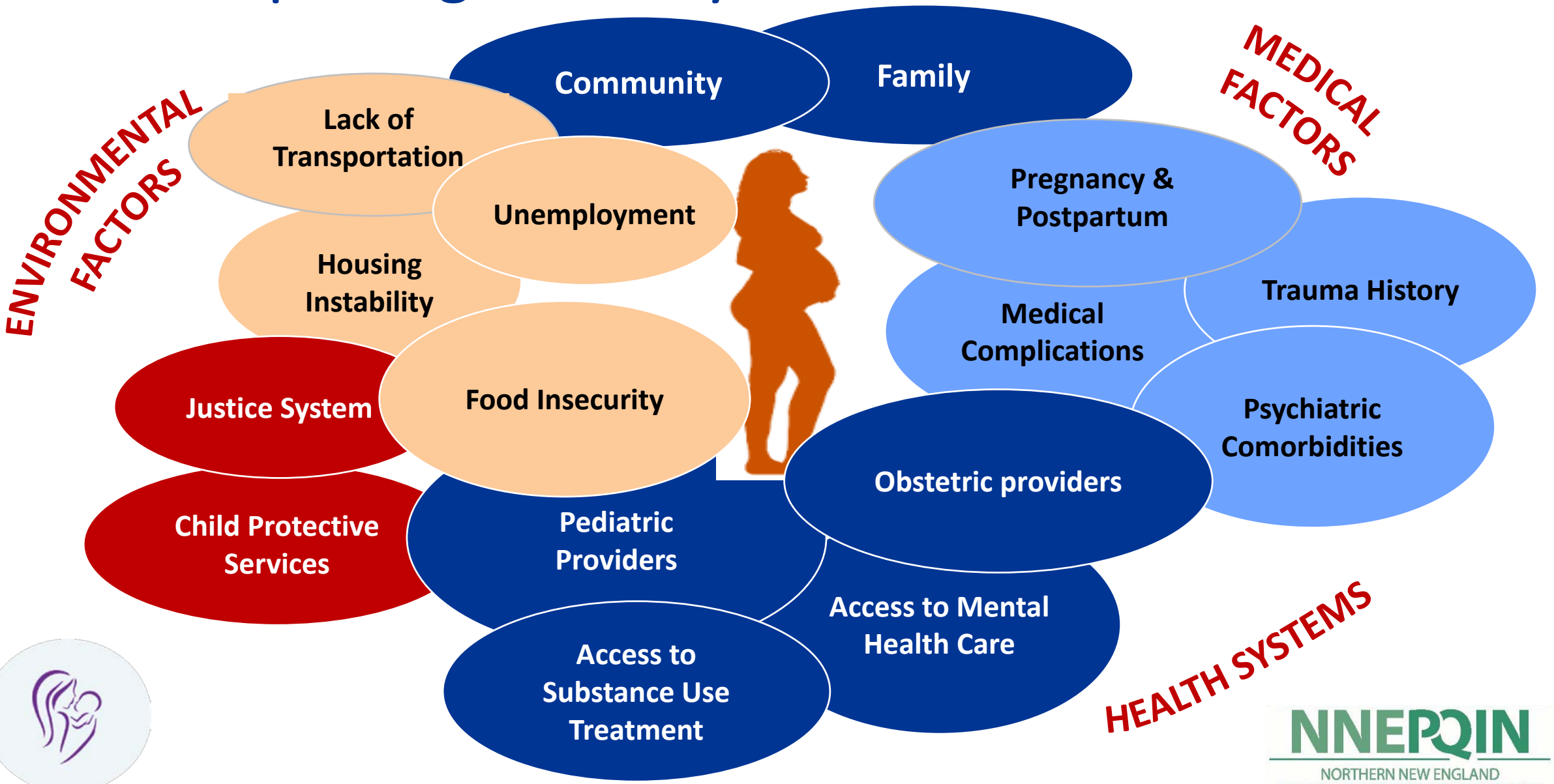
- Low birth weight
- Prematurity
- Neonatal abstinence syndrome (NAS/NOWS)

NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

Access To Behavioral Health Services During Pregnancy and Postpartum

- Pregnancy is strongly associated with SUD treatment initiation,
  - Rates of SUD treatment participation is > 90%
  - Some treatment providers are reluctant to treat pregnant people
- More than 80% of pregnant people with OUD/SUD have at least one additional mental health diagnosis
- Of perinatal patients with OUD/SUD and concurrent mental health conditions seen at Dartmouth-Hitchcock, less than 40% receive mental health care
- Less than 40% of postpartum people with OUD/SUD participate in postpartum care
  - Missed opportunities for screening and linkage to Behavioral Health care
- Loss of child custody is associated with treatment initiation, but also with treatment discontinuation

Factors Impacting Recovery



NNEPQIN
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Challenges Associated With Justice System Involvement For Pregnant And Postpartum People Who Use Substances

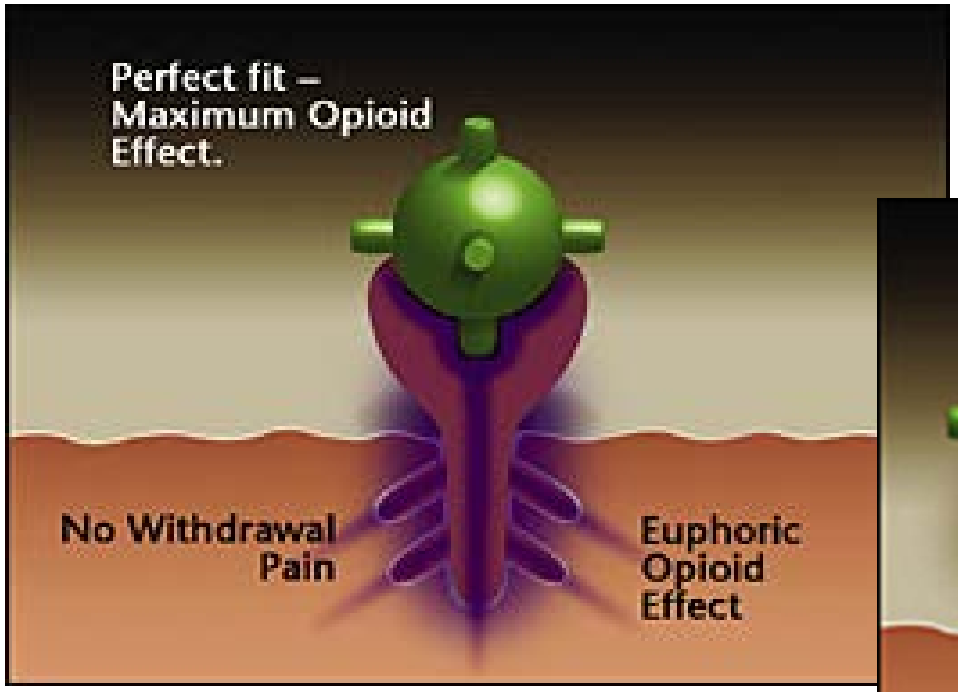
- Logistical barriers to attending hearings (lack of phone, transportation, or a permanent address)
- Access to MOUD when incarcerated
  - Delays in initiation during pregnancy
  - Continuation of treatment (methadone)
  - Discontinuation of MOUD postpartum
    - HB 1369 mandates MOUD in NH county jail system starting 7/2021
  - Linkage to outpatient treatment following release
- Interruption of parenting and/or loss of custody while incarcerated
- Impact on future employment eligibility

Newborn Sequelae Of Prenatal Substance Exposure

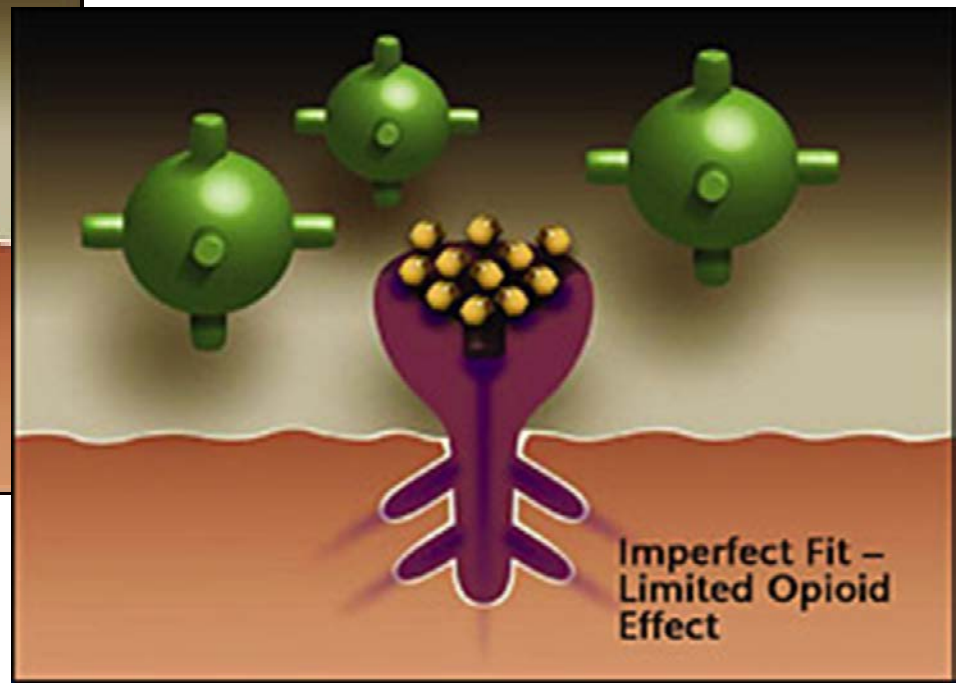
- Neonatal abstinence syndrome (NAS) is a treatable condition that newborns may experience as a result of prenatal exposure to certain substances
  - Neonatal Opioid Withdrawal (NOWS) refers to neonatal withdrawal from opioids specifically
- NAS symptoms typically include irritability, difficulty feeding, and weight loss, and may include respiratory problems and seizures
- What happens during pregnancy strongly impacts NAS/NOWS intensity. Factors associated with decreased NAS/NOWS duration and severity include:
  - Maternal treatment with medication for OUD (MOUD) rather than use of street drugs
  - Tobacco cessation
  - Breastfeeding
  - Rooming in and skin-to-skin contact with infant

Medications for OUD (MOUD)

Methadone



Buprenorphine



(Images: National Institute on Drug Abuse)

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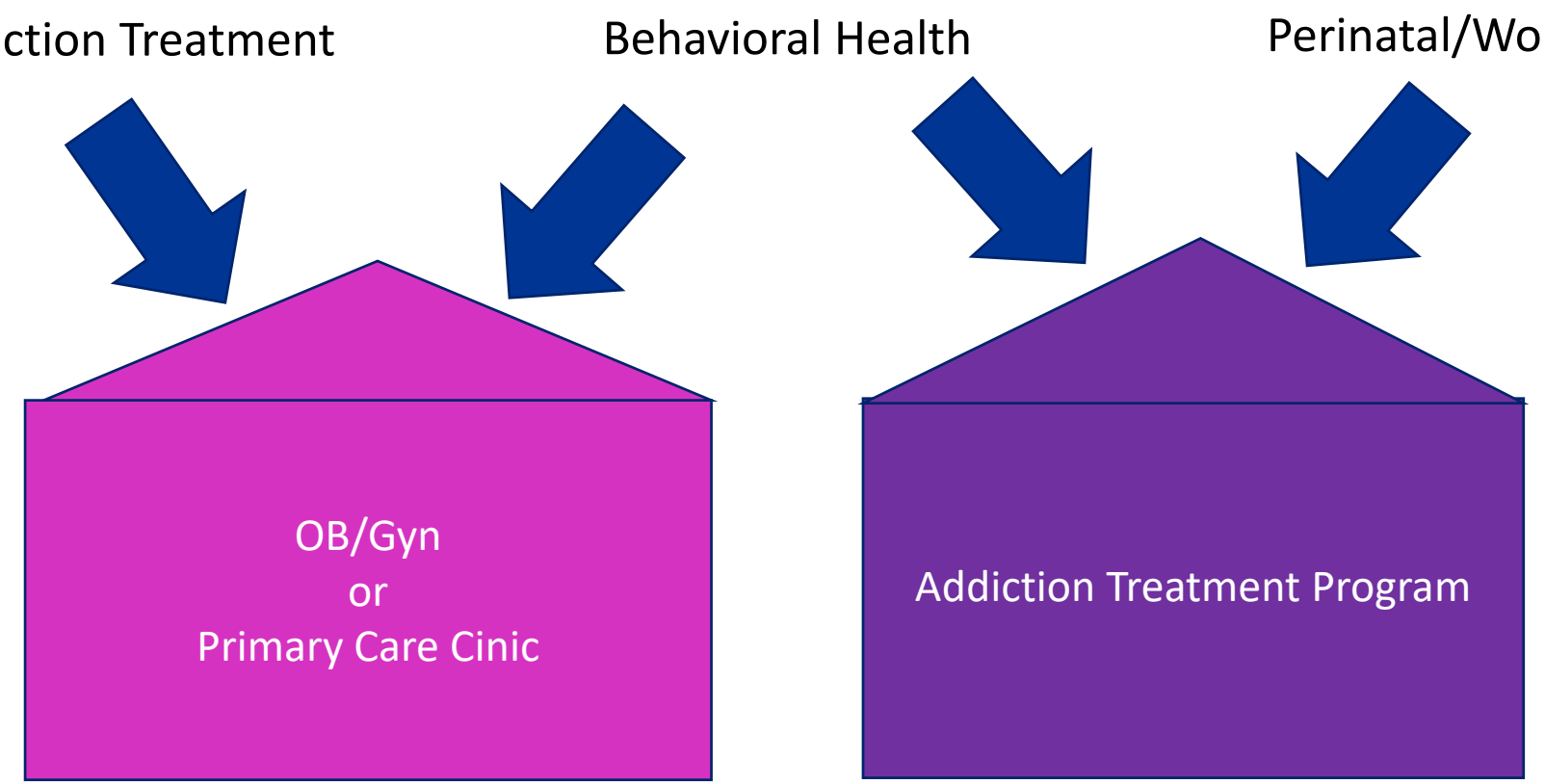
Integrated Models Deliver MOUD Co-Located With Prenatal And Postpartum Care



"Traditional" Integrated Care

"Reverse" Integration

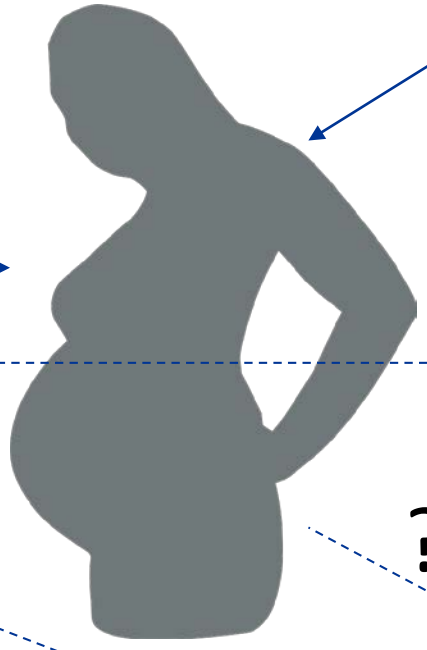
Key elements of Integrated Models

- Team-based care
- MOUD
- Mental health care
- Medical care
- Case management
- Recovery support

Traditional Models

Postpartum Care?

SUD Treatment



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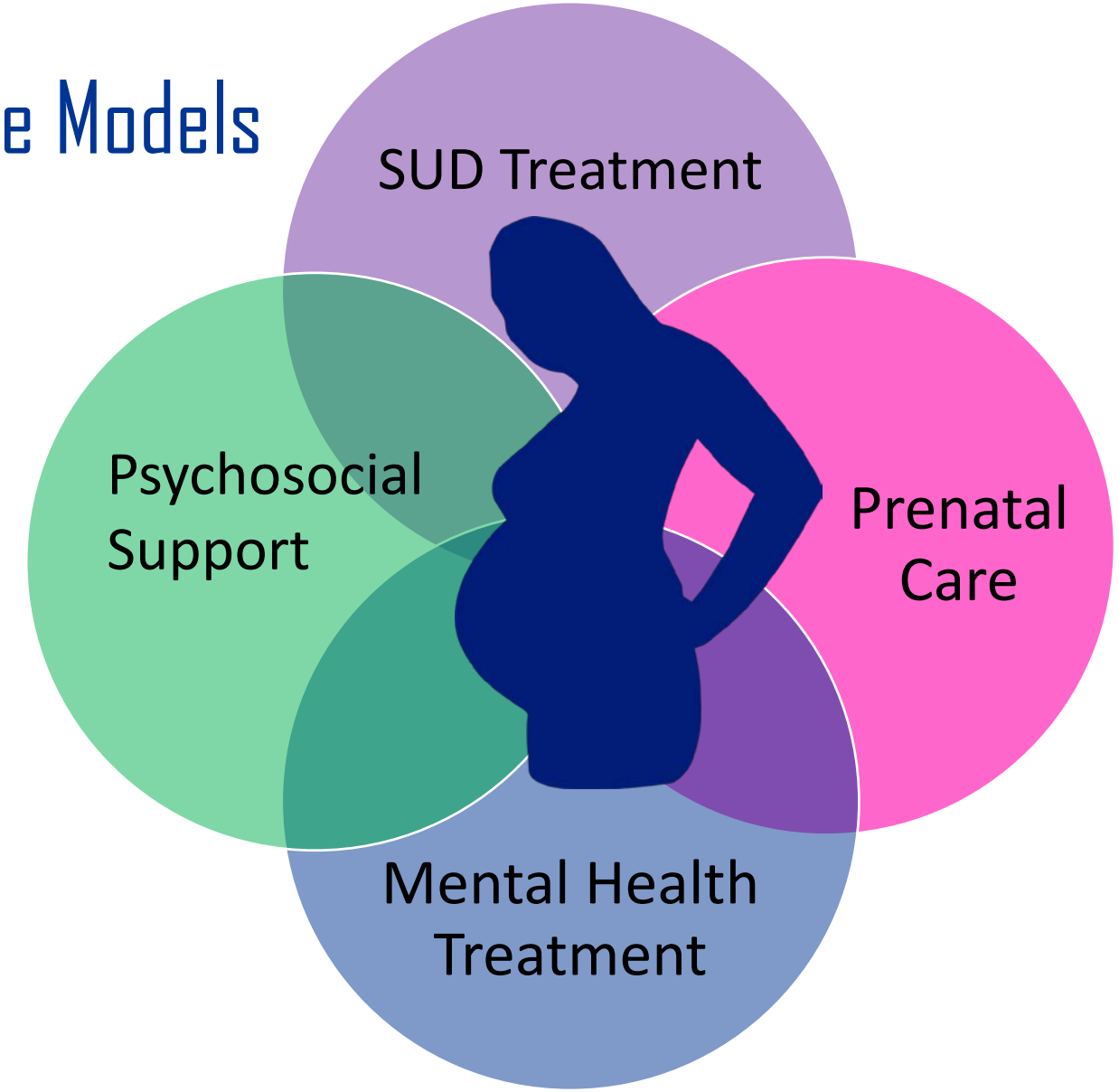
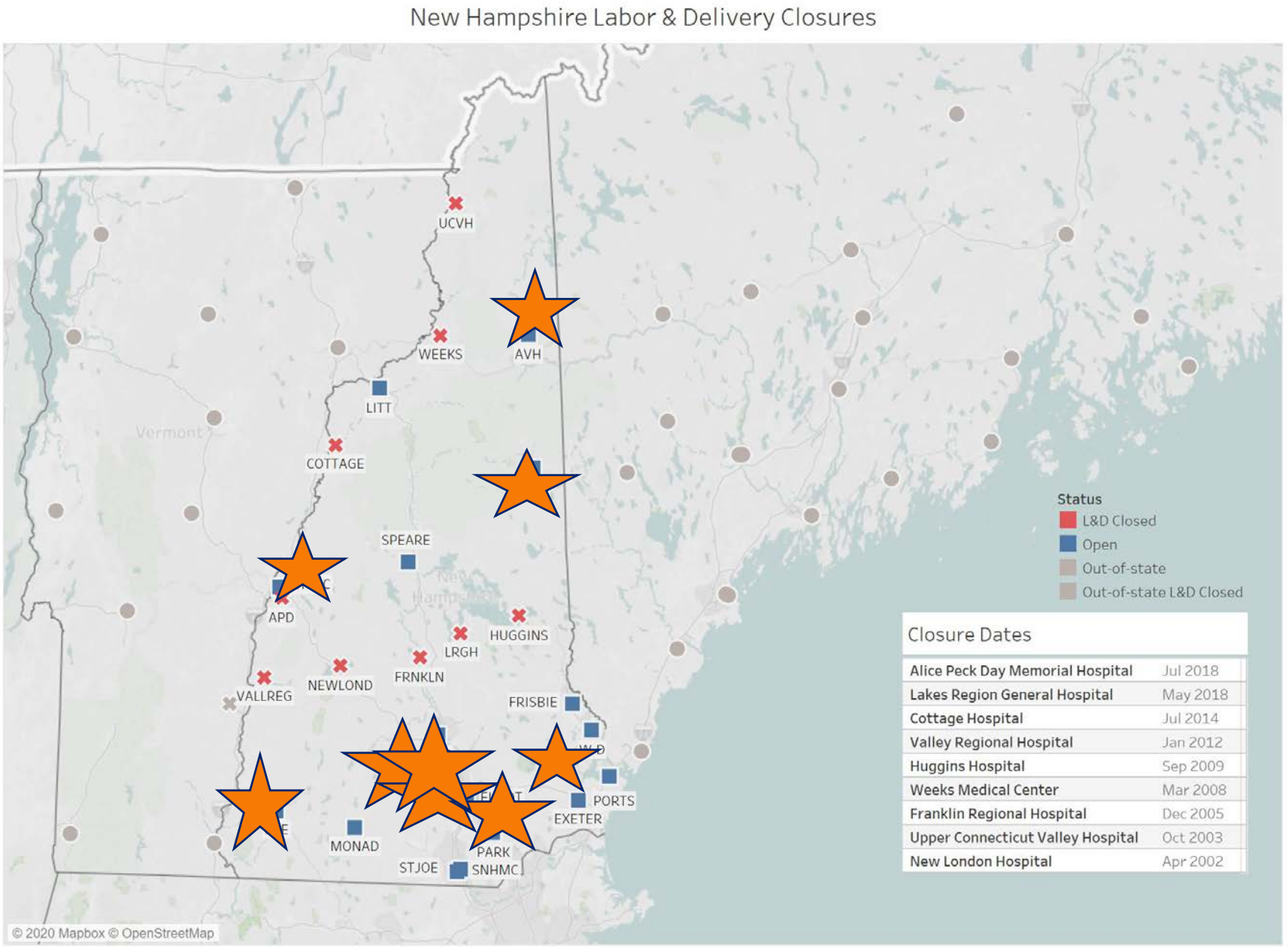
Mental Health Treatment

Psychosocial Support

Integrated Care Models





David Laflamme (David.Laflamme@unh.edu)

Integrated Perinatal Programs In New Hampshire

Today's Agenda

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Goals

- Update regarding changes in federal law
- Explain New Hampshire legislation directing the development of Plans of Safe/Supportive Care when an infant is born exposed to substances
- Highlight New Hampshire's POSC process developed through multi-stakeholder engagement
- Explain New Hampshire law and how it can be used as a resource for those representing mothers, parents, caregivers and their children
- Highlight where and when the POSC process connects with child and family services

Overview – Plans of Safe Supportive Care

- 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)

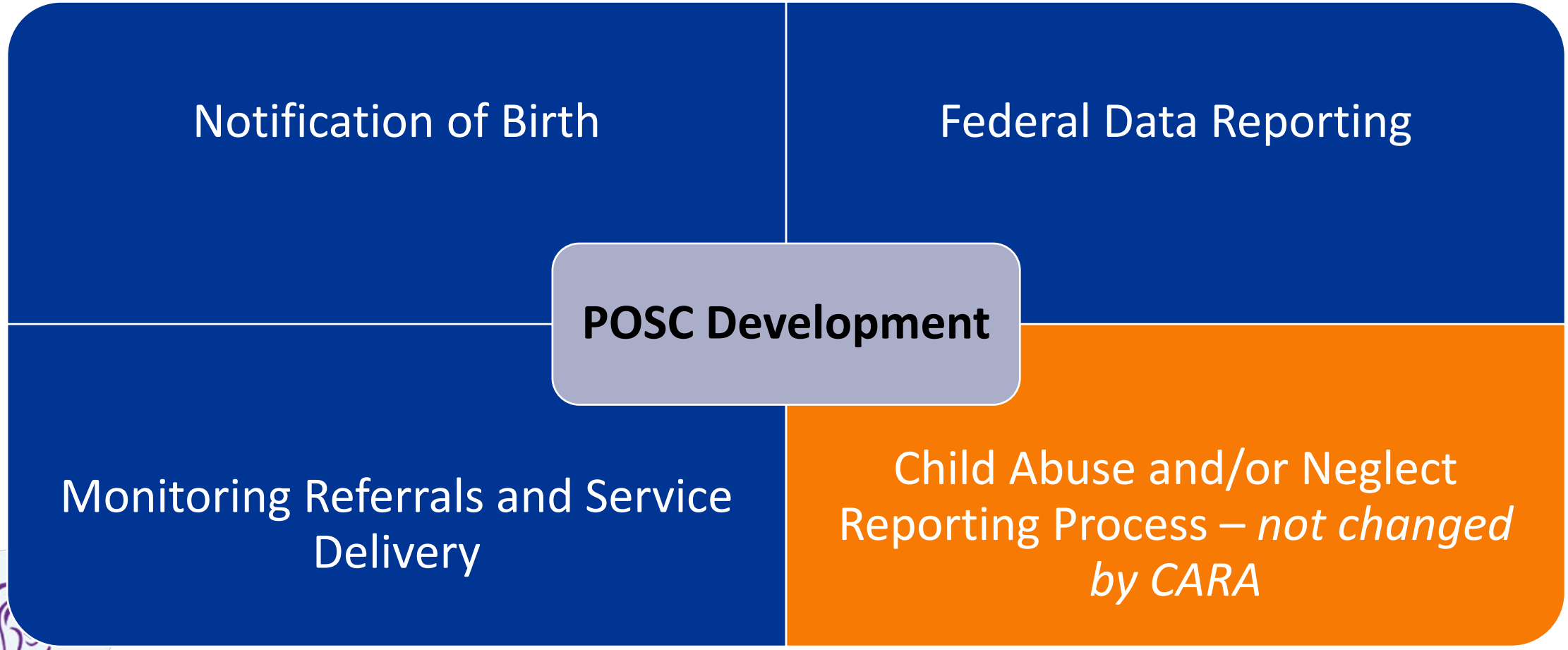
(The law **does not** require a report of abuse and neglect when a POSC is developed).

2016 Comprehensive Addiction and Recovery Act, amending the Child Abuse Prevention and Treatment Act

Plan of Safe and Supportive Care Project

- A Plan of Safe Care must be developed for all infants affected by prenatal drug or fetal alcohol exposure in order to support mothers, infants and their families per federal and state requirements.
- A Plan of Safe Care is a critical tool – not only for every infant born exposed to prenatal substance exposure but for all mothers and their infants.

Federal CAPTA/CARA Requirements



CAPTA's Amendments (Child Abuse Prevention and Treatment Act)

1974

Enacted to provide **federal funding** for prevention, assessment, investigation, prosecution, and treatment **activities related to child abuse and neglect**.

2003

Amended to require governors assure policies and procedures exist to address the needs of infants "**born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure**."

2010

Amended to clarify the **definition** of substance exposed infant includes **Fetal Alcohol Spectrum Disorder**.

2016

Amended to remove the word "illegal" and require a Plan of Safe Care for all infants **"born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder."**

CARA's Changes to CAPTA
(Comprehensive Addiction and Recovery Act)

Notification 1

Healthcare providers caring for affected infants must "notify" child protective services

Affected Infants 2

A POSC must be developed for affected infants

Annual Reporting to Children's Bureau 3

- Affected infants born
- Infants for whom a POSC was developed
- Infants for whom a referral was made for appropriate services

NH's Statutory Plan of Safe Care Requirements

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."

Statutory Language Continued

Development of a Plan of Safe Care 132:10-e

Purpose of Developing the POSC

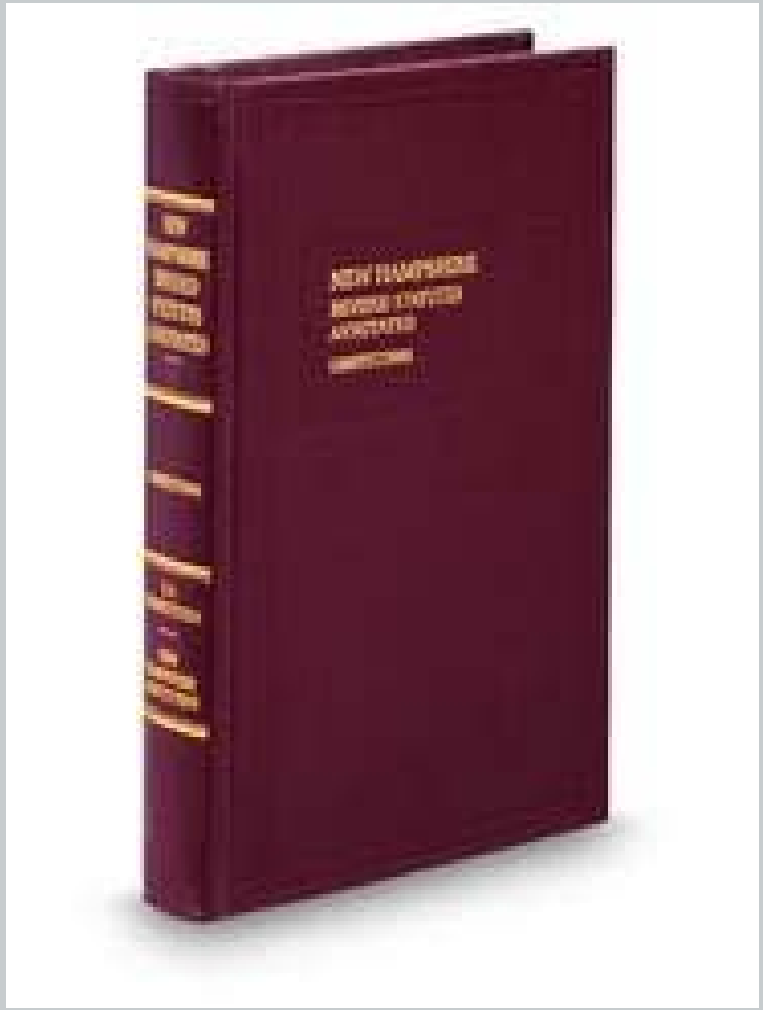
"to ensure the **safety and well-being** of the infant, to address the **health and substance use treatment needs** of the infant and affected family members or caregivers, and to ensure that **appropriate referrals** are made and services are delivered to the infant and affected family members or caregivers."

Considerations in Developing the POSC

"The plan shall take into account whether the infant's prenatal drug exposure occurred as the **result of medication assisted treatment, or medication prescribed for the mother by a health care provider**, and whether the infant's mother **is or will be actively engaged in ongoing substance use disorder treatment following discharge** that would mitigate the future risk of harm to the infant."

Dissemination of the POSC

"A copy of the plan of safe care shall be included in the **instructions for the infant upon discharge from the hospital or from the health care provider** involved in the development of the plan of safe care. The plan of safe care **shall not be submitted to the department of health and human services unless** it is pursuant to **RSA 132:10-f** or the department makes an **official request** for a copy of the plan in compliance with confidentiality requirements."



Statutory Language Continued Abuse and Neglect? 132-10-f

"When a health care provider suspects that an infant has been **abused or neglected pursuant** to RSA 169-C:3, the provider **shall report** to the department of health and human services in accordance with RSA 169-C:29. If the infant has a plan of safe care developed under RSA 132:10-e, **a copy of the plan shall accompany the report**."

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;

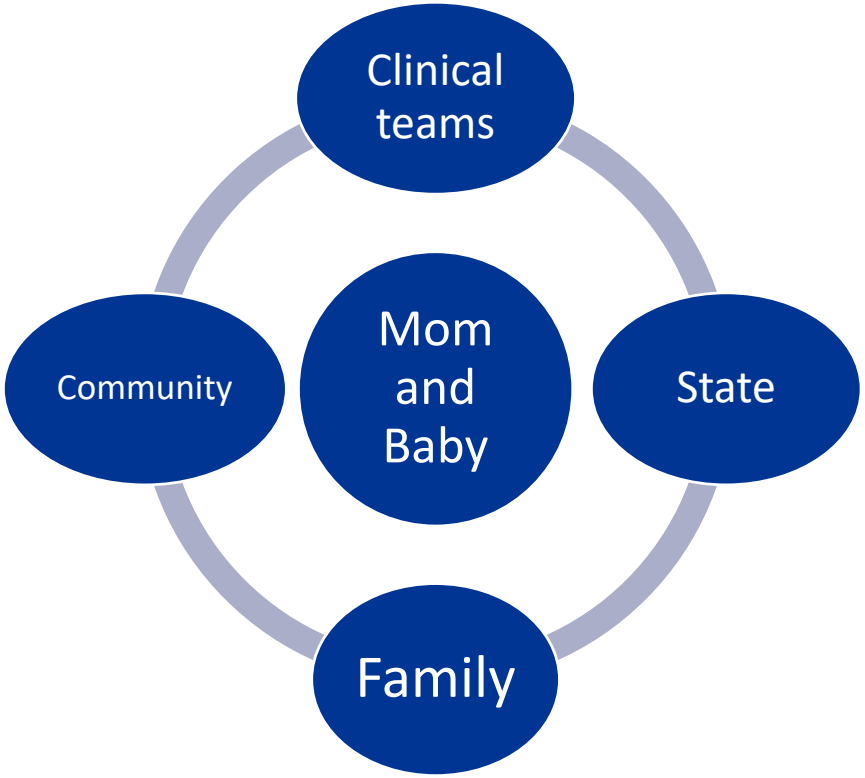
The New Hampshire Department of Health and Human Services, Division for Children, Youth, and Families (DCYF) and Division of Public Health Services (DPHS) seeks to inform healthcare providers that federal[1] and state[2] law now require the development of a Plan of Safe Care (POSC) for all infants born "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 Plan of Supportive Care Process

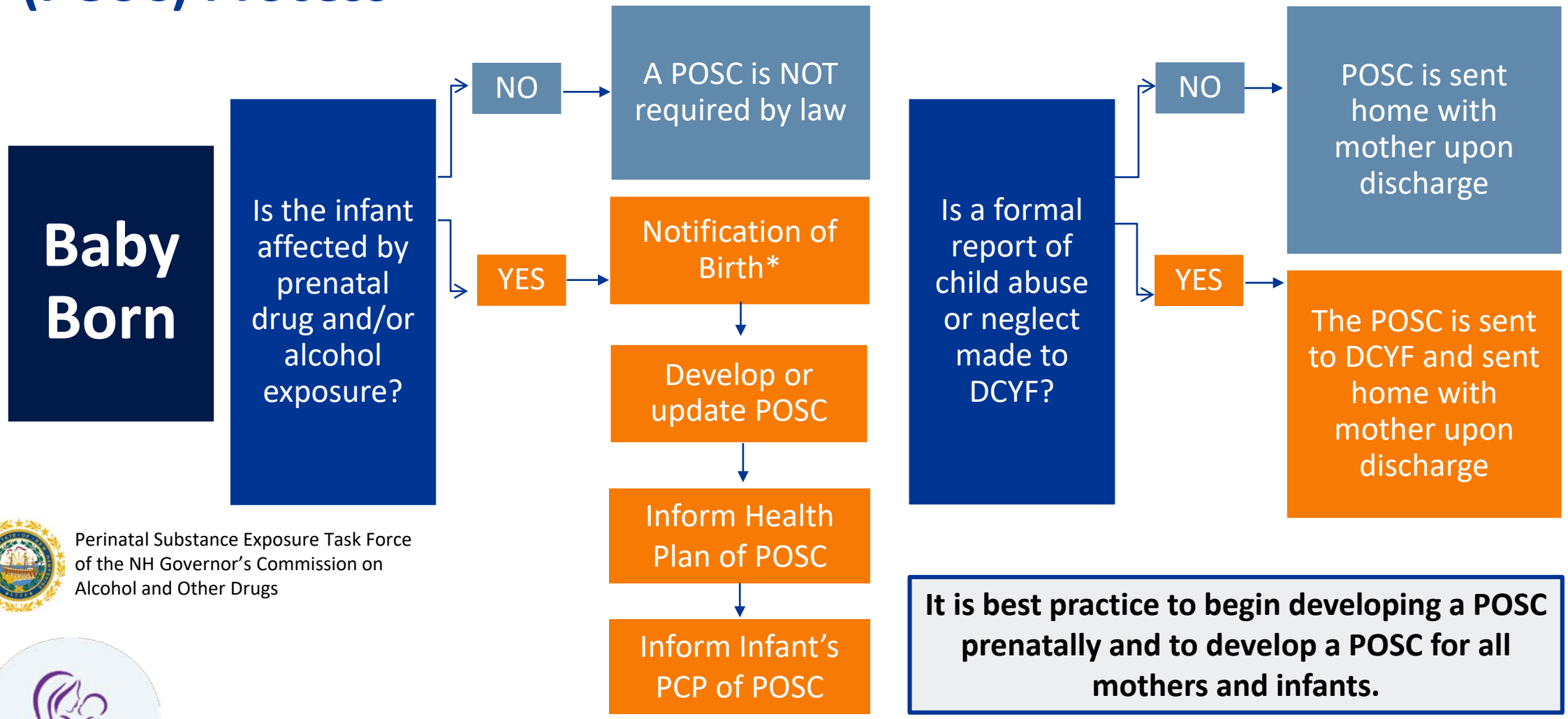
Our Goals

- 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



New Hampshire's Plan of Safe/Supportive Care (POSC) Process



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

It is best practice to begin developing a POSC prenatally and to develop a POSC for all mothers and infants.

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

What is the "Notification" Requirement?

Notification is NOT the same as Reporting

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.

New Hampshire Medicaid Care Management

Health Insurance companies often have maternal health care management coordinator and access to other supports – your client can call the number on the back of their insurance card.

AmeriHealth Caritas New Hampshire:	NH Healthy Families:	Well Sense Health Plan*:
1-833-704-1177 1-855-534-6730 (TTY) AmeriHealth Caritas New Hampshire	1-866-769-3085 nh healthy families	1-877-957-1300 WELL SENSE HEALTH PLAN

What exactly is a 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/perinatalsubstance-exposure-task-force/plans-of-safe-care-posc/

NH's POSC Template

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

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:
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

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

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.

What Are Best Practices?

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

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
• 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.	Mandatory reporting is required under NH RSA 169-C:29 whenever anyone has a reason to suspect child abuse and/or neglect. **The fact an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report.**

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?

Why does a POSC matter to your client?

ENGAGE

SUPPORT

AFFIRM

CONTINUE CARE AND TREATMENT

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

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

Jennifer Ross-Ferguson
Child Protection Field Administrator

NH DCYF
NH Department of Health & Human Services
Division for Children, Youth & Families

What is Reporting?

Reporting	Guidance
• 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.	Mandatory reporting is required under NH RSA 169-C:29 whenever anyone has a reason to suspect child abuse and/or neglect. **The fact an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report.**

What are DCYF's goals in 2021?

DHHS Mission Statement: To join communities and families in providing opportunities for citizens to achieve health and independence.

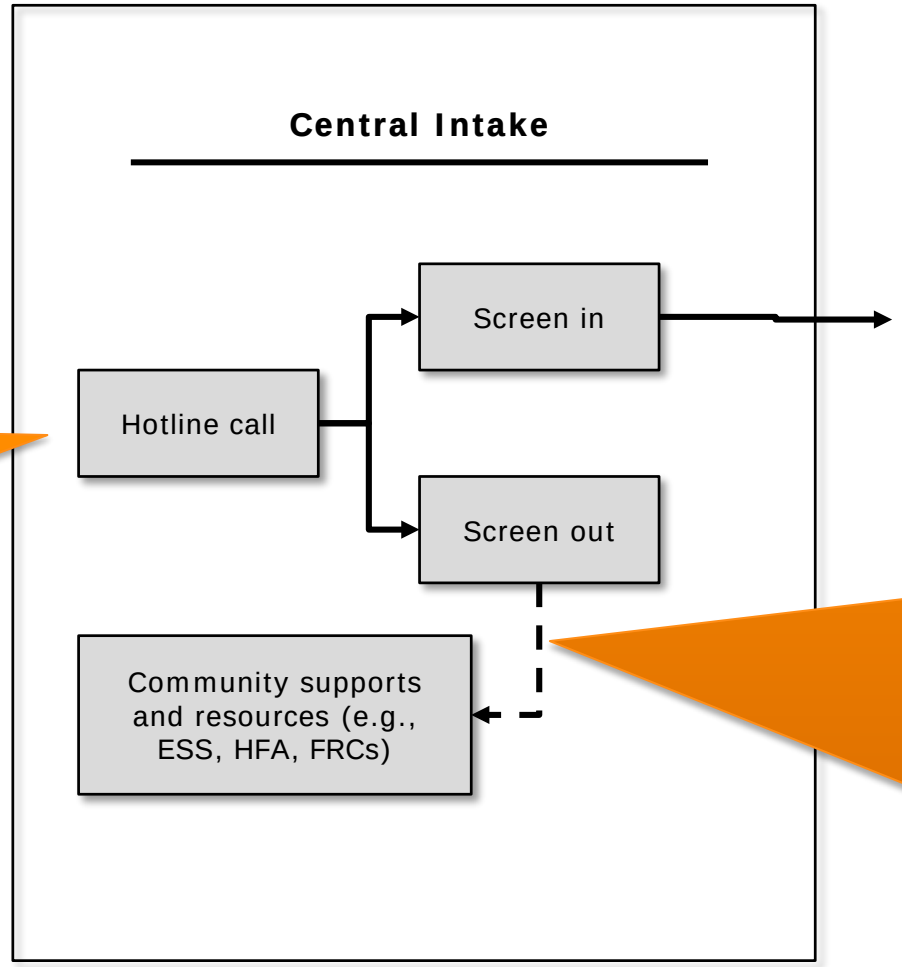
- Community connectedness and cooperative relationships between agencies serving families.
- "The 21st Century child welfare vision has served as a driving force for DCYF and the system transformation efforts, focusing on moving from a reactionary stance to a more proactive approach. The 21st Century child welfare vision has three major goals: developing technical excellence, strengthening population based prevention efforts and defining safety."

POSC: DCYF Lens

Stage 1: 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)*

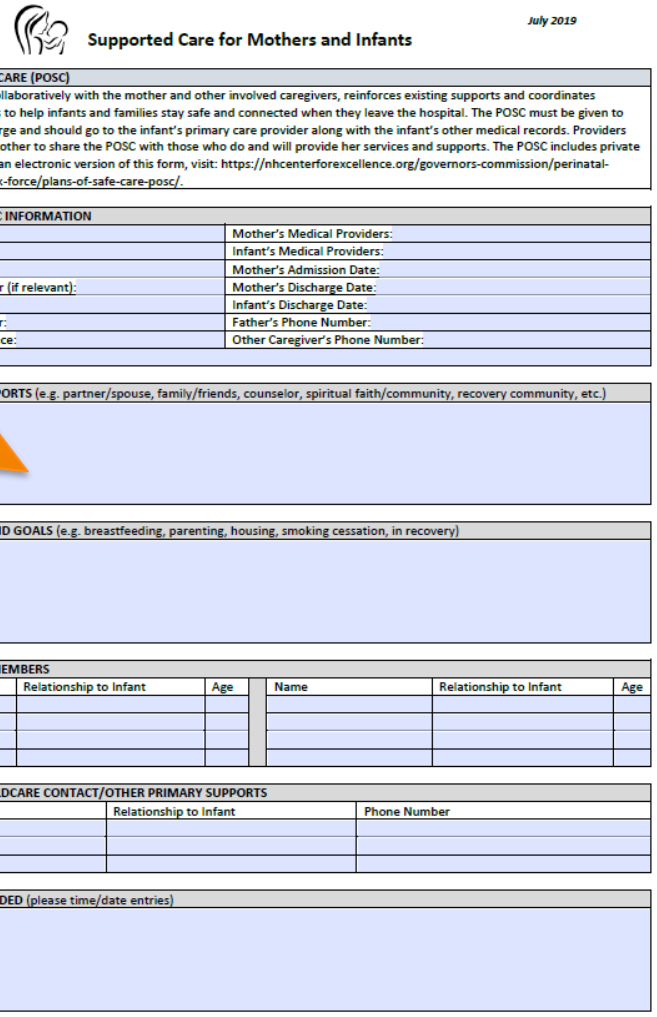
POSC to Inform DCYF

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

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

Clarifies nature of infant's substance exposure concerns

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



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:
me of Infant:	Mother's Admission Date:
e of Other Caregiver (if relevant):	Mother's Discharge Date:
DOB:	Infant's Discharge Date:
Phone Number:	Father's Phone Number:
alth Insurance:	Other Caregiver's Phone Number:
ss:	

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)

VIII. SERVICES, SUPPORTS and NEW REFERRALS

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

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 Safe Care with my baby's primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed a

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.

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...

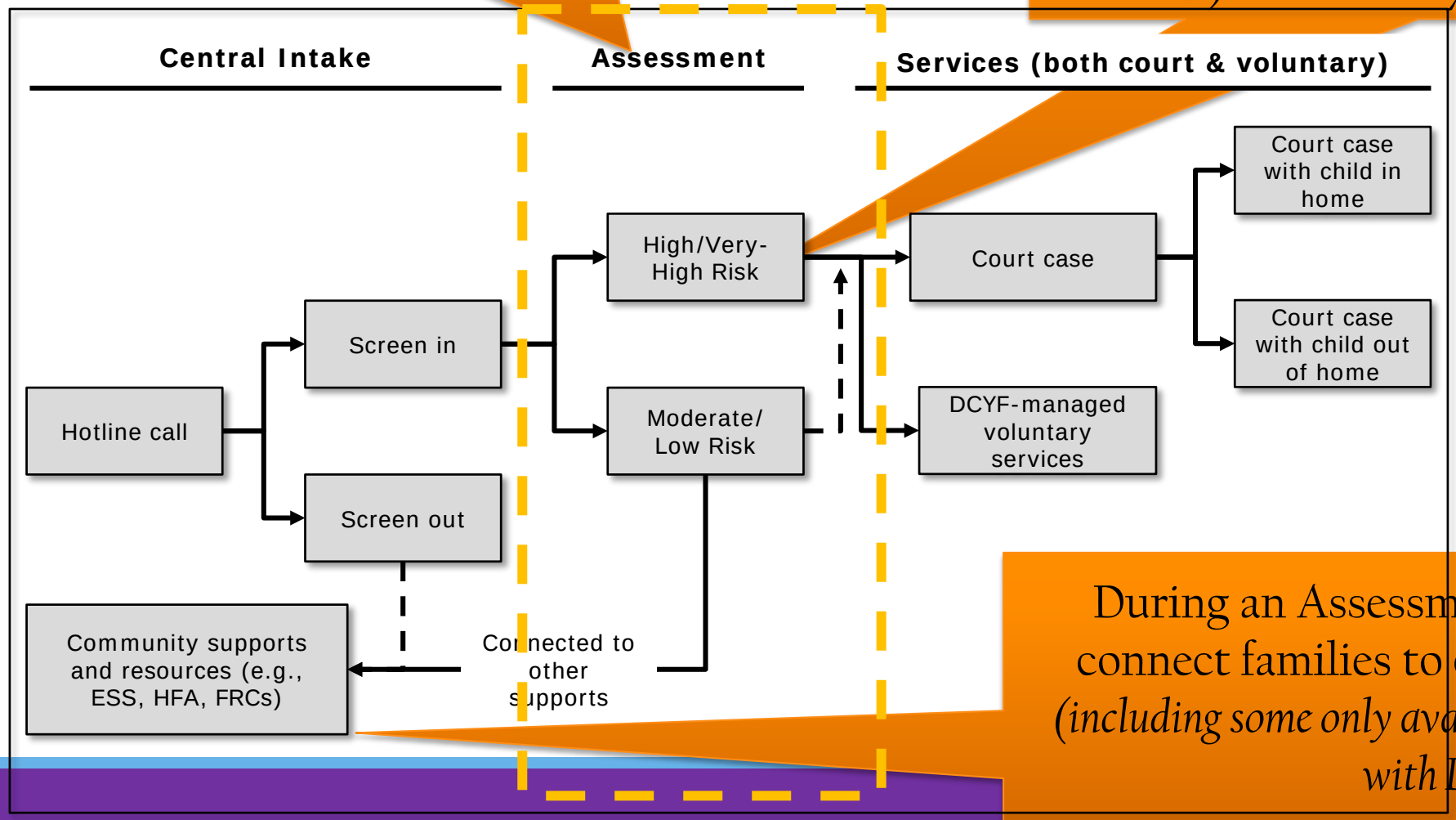
DCYF may contact HFA or other Home Visitor for info on the child's safety.

The POSC can inform DCYF Assessment

Stage 2: 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



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

Stage 2: Assessment

Plan of Safe Care	DCYF Safety Plan
Required For: All new parents of substance exposed infants Purpose: • 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	**Required For:** Any family involved with DCYF for whom danger has been identified Purpose: • 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 • Often includes 24 hr. secondary caregiver *NOTE:* Safety Plans should incorporate any supports or referrals identified in the POSC

The fact an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report.

DCYF supports women in recovery

Other DCYF services to support POSC

Stage 2: Assessment

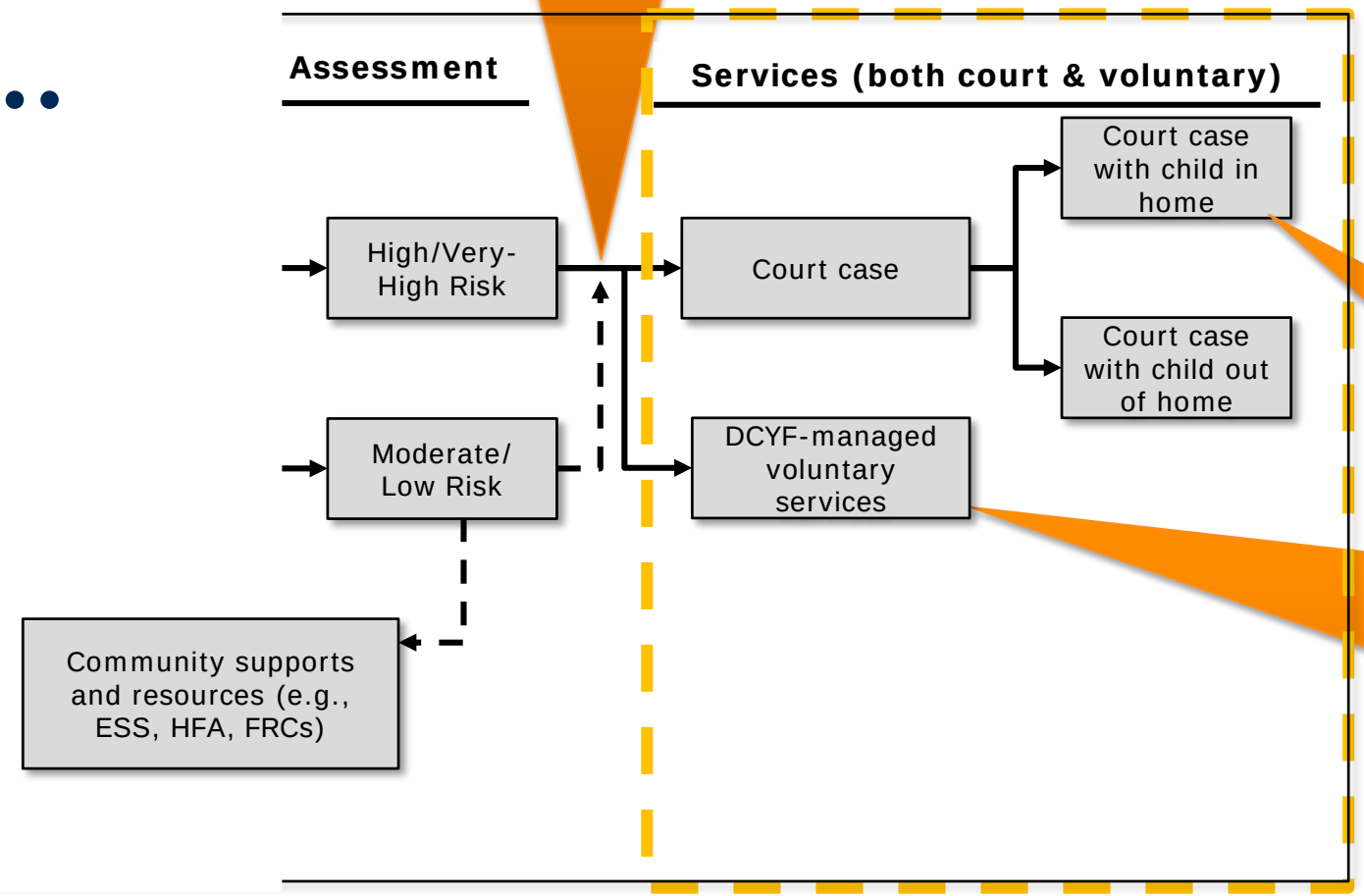
STRENGTH TO SUCCEED

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

If continued DCYF Involvement is needed…

If imminent danger necessitates a child's removal, the courts become involved

Stage 3: DCYF Case (court or voluntary)



HFA can stay engaged with families who have DCYF-managed voluntary services or an open DCYF case with the child in the home

State of New Hampshire
Department of Health and Human Services

House Bill 1162 – Amendments the Child Protection Act

House Bill 1162 – Amendments to Child Protection Act

Background –

- This section of House Bill 1162 was developed in collaboration with many community stakeholders.
- House Bill 1162 was signed into law and includes several statutory changes that will support children, youth, families throughout New Hampshire.
- House Bill 1162 included a training mandate that is to include HB1162's Statement of Findings and Purpose, Changes in Definitions to the Child Protection Act and the Rebuttable Presumption of Harm.
- In addition to the training mandate, we are including training on available services to treat trauma in New Hampshire, specifically Child-Parent Psychotherapy.

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

Rebuttable presumption

An assumption made by a court that is taken to be true *unless* someone comes forward to contest it and prove otherwise.

*en.wikipedia.org/wiki/Rebuttable_*

presumption

https://www.fixfamilycourts.com/daily-tool-rebuttable-presumption/

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

This provision completely replaces the prior rebuttable harm provision that was in RSA 169-C:12-e (opioids only)

What's different?

Scope – this provision includes:

1. Substance misuse beyond opioids including impaired driving,
2. Exposure to physical violence, and
3. Exposure to psychological maltreatment

Why?

Focus on activities known to have long-term impacts on children and youth

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

How does it work?

It's an evidentiary tool to establish a neglected child under RSA 169-C:XIX (b)

XIX. "Neglected child" means a child:

(b) Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, when it is established that the child's health **has suffered or is likely to suffer serious impairment**; and the deprivation is not due primarily to the lack of financial means of the parents, guardian, or custodian

The rebuttable presumption helps establish that the child has or is likely to suffer serious impairment by allowing the court to find that the identified conduct is assumed to be harmful.

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

RSA 169-C:3 XXVII-a:

"Serious impairment" **means a substantial weakening or diminishment of a child's emotional, physical, or mental health or of a child's safety and general well-being**.

The following circumstances **shall** be considered in determining the likelihood that a child may suffer serious impairment:

(a) The age and developmental level of the child.
(b) Any recognized mental, emotional, or physical disabilities.
(c) School attendance and performance.
(d) The child's illegal use of controlled substances, or the child's contact with other persons involved in the illegal use or sale of controlled substances or the abuse of alcohol.
(e) Exposure to incidents of domestic or sexual violence.
(f) Any documented failure to thrive.
(g) Any history of frequent illness or injury.
(h) Findings in other proceedings.
(i) The condition of the child's place of residence.
(j) Assessments or evaluations of the child conducted by qualified professionals.
(k) Such other factors that may be determined to be appropriate or relevant.

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

How does the RSA 169-C:12-f rebuttable presumption help demonstrate a child is **likely to suffer serious impairment** as necessary prove neglect?

"There shall be a rebuttable presumption that

a child's health has suffered or is likely to suffer serious impairment

by exposure to any of the following conduct."

- **If** DCYF can establish the facts to demonstrate that the child has been exposed to substance misuse, DV or psychological maltreatment,
- **Then** the court **shall find** the child's health **has suffered or likely to suffer serious impairment,**
- **Unless,** the parent can present evidence to prove otherwise

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

What are the areas where there can be a rebuttable presumption?

1. Substance misuse (effective 7/20/20);
2. Impaired driving (effective 7/20/20);
3. Exposure of a child to domestic violence (effective 1/1/21); and
4. Exposure of a child to psychological maltreatment (effective 1/1/21).

Rebuttable Presumption of Harm - RSA 169-C:12-f (2020)

Establishing the Substance Misuse Rebuttable Presumption

1) Evidence of a parent's, guardian's, or custodian's substance misuse,
2) Evidence that the substance misuse is adversely affecting a child's care or supervision, **and**
3) Evidence that parent, guardian, or custodian **is not** actively engaged in treatment.

Establishing the Impaired Driving Rebuttable Presumption

- Evidence that the parent, guardian, or custodian was impaired while driving or operating of a motor vehicle (boats, ATVs…), **and**
- Evidence that the child was in the vehicle

Today's Agenda

Topic		Timing
01	**Speaker Introductions and Objectives**	5 mins
02	**Prenatal Opioid Exposure & Best Practices for Treating Moms and Babies** – Daisy Goodman	15 mins w/ 5 for Q&A
03	**State and Federal Statutory Requirements for Plans of Safe Care** – Lucy Hodder	20 mins w/ 5 for Q&A
04	**NH DCYF Processes in Abuse and Neglect Cases and Services and Supports to Help Families** – Jennifer Ross-Ferguson	20 mins w/ 5 for Q&A
05	**Q&A** – moderated by Lauren LaRochelle	**15 mins**

- Pregnant & Parenting Services and Supports – List & Map
- https://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/06/PregnantParentingServicesList_6-20-19.pdf
- Resource Guide for Consumers: How to Access Mental Health and Substance Use Disorder Benefits: https://chhs.unh.edu/institute-health-policy-practice/focal-areas/health-law-policy#collapse_2911

•Resources

https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force

Wrap Up- Thank you!

EVALUATIONS

OPPORTUNITIES FOR ONGOING DIALOGUE

FUTURE LEARNING