Plans of Safe Care:

A Review of Innovative Tools and Strategies

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NEW HAMPSHIRE CHARITABLE FOUNDATION

CENTER FOR EXCELLENCE ON ADDICTION

NEW HAMPSHIRE Perinatal Substance Exposure Collaborative

JSI

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INTRODUCTION

JSI Research and Training Institute, Inc. (JSI) is a global public health consulting agency that aims to identify and find solutions to public health issues through management consulting. With the support of funding from the New Hampshire Charitable Foundation (NHCF), JSI's Perinatal Substance Exposure (PSE) Team has provided leadership, training, and technical assistance to a multidisciplinary collaborative of health professionals. This collaborative group, now referred to as the New Hampshire Perinatal Substance Exposure Collaborative, meets regularly to share information and promote activities to support those impacted by perinatal substance exposure in New Hampshire.

JSI, on behalf of the PSE Collaborative, has supported the State of New Hampshire in ensuring state compliance with federal Plan of Safe Care (POSC) requirements. Activities have included:

- Facilitating a webpage
- Developing a standard POSC template, POSC process map, FAQ resources, and state-wide community resource lists
- Hosting a summit for 350 multidisciplinary professionals
- Providing training and technical assistance for various audiences including home visitors, attorneys, and healthcare providers

In 2022, NHCF granted funding that has allowed JSI to continue supporting New Hampshire's POSC implementation processes through four key deliverables:

1. **Researching state POSC tools and strategies,**
2. **Developing animated videos to introduce POSCs to parents and providers,**
3. **Continuing training and technical assistance efforts; and**
4. **Leading NH PSE Collaborative meetings**

The research process and findings summarized in this document comprise the first of JSI's contracted deliverables to support POSC implementation in New Hampshire: a review of POSC materials, tools, and strategies developed and utilized in various states. The purpose of this research is to allow the PSE team to maintain an updated understanding of innovative practices that may be applicable to New Hampshire's POSC processes. A preliminary literature review found that literature relating to POSC is mostly related to state POSC policy development and analysis, indicating a gap in literature documenting and comparing state tools, materials, and strategies related to POSC implementation and innovation. An updated understanding of POSC tools and strategies will enable JSI and its New Hampshire partners to potentially build upon New Hampshire's established POSC practices and inform JSI's deliverables and technical assistance efforts.

Foundational research conducted between 2018 and 2020 directly supported the development of New Hampshire's current POSC policy and processes. The intention of JSI's POSC research is not to investigate POSC policies in other states or supplant foundational knowledge underlying New Hampshire's POSC policy, but to complement and support New Hampshire's current processes by providing an updated understanding of relevant POSC tools and strategies.

The following research question and objectives guided JSI's process:

Research Question: Are there innovative tools, materials, and strategies developed by various states since 2020 that may be applicable to New Hampshire's current POSC processes?

Objectives:

1. Investigate innovative state and county POSC materials and strategies through a literature review of web sources and meetings with state POSC experts
2. Develop a better understanding of POSC challenges shared across states and how states are attempting to mitigate these challenges
3. Inform New Hampshire's current POSC processes and identify potentially applicable tools and strategies
4. Inform JSI's scope of work related to POSC implementation (i.e., POSC video project, continuing TA work, and meetings for the Perinatal Substance Exposure Collaborative)

The following research summary includes background on POSC policy, state research findings, and a discussion of implications for JSI work with the PSE Collaborative. Findings indicate that states have taken diverse approaches to supporting POSC development and implementation in three key areas: use of information technology, provider engagement and training, and care coordination.

BACKGROUND

According to the Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA) reforms, all states are required to develop a POSC for "all infants born and identified as being affected by substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder" (National Center on Substance Abuse and Child Welfare [NCSACW], 2019). A POSC is a personalized tool intended to identify health services, connect with community resources, and coordinate new service referrals for infants and their families to ensure that they are healthy, and supported upon the infant's delivery (Hodder and LaRochelle, 2020). CAPTA requires healthcare providers involved in the birth of an infant meeting the criteria notify the state's Child Protective Service (CPS); notably, a notification to CPS is not automatically considered to be a child abuse or neglect report (NCSACW, 2020). A report to CPS, in contrast to a notification, occurs when a health care provider identifies that a child may be at risk of abuse or neglect.

Notification, reporting, and workflow procedures surrounding state implementation of POSC become more complex when accounting for state laws and practices (See Figure 1). However, there is limited data summarizing all state policies, including New Hampshire. Most states do not have a notification process that is separate from their reporting process, meaning that both processes are received and addressed through the state's designated child welfare systems (NCSACW, 2020). New Hampshire, in addition to 19 other states, does not require healthcare providers to report all instances of suspected or diagnosed prenatal substance use to child protective agencies (Guttmacher Institute, 2022; Hodder and LaRochelle, 2020).

STATE POLICIES ON SUBSTANCE USE DURING PREGNANCY				
STATE	SUBSTANCE USE DURING PREGNANCY CONSIDERED:		WHEN DRUG USE DIAGNOSED OR SUSPECTED, STATE REQUIRES:	
	Child Abuse	Grounds for Civil Commitment	Reporting	Testing
Alabama	X*			
Alaska			X	
Arizona	X		X	
Arkansas	X		X	
California			X	
Colorado	X			
Connecticut				
Delaware				
District of Columbia	X		X	
Florida	X			
Georgia	X			
Illinois	X		X	
Indiana	X†			X
Iowa	X		X	X
Kansas				
Kentucky	X		X	X
Louisiana	X		X	X
Maine			X	
Maryland				
Massachusetts			X	
Michigan			X	
Minnesota	X	X	X	X
Missouri	XΩ			
Montana			X	
Nebraska				
Nevada	X		X	
New York				
North Carolina				
North Dakota	X		X	X
Ohio	X		X	
Oklahoma			X	
Oregon				
Pennsylvania			X	
Rhode Island	X		X	X
South Carolina	X*			
South Dakota	X	X	X	X
Tennessee				
Texas	X			
Utah	X		X	
Virginia	X		X	
Washington	X			
West Virginia				
Wisconsin	X	X	X	
TOTAL	**24+DC**	**3**	**25+DC**	**8**

Figure 1: This table is adapted from the Guttmacher Institute's 2023 report on Substance Use During Pregnancy

In New Hampshire healthcare providers are responsible for implementing POSC, as opposed to the state agency (The General Court of New Hampshire, 2018). Providers must notify the Department of Children, Youth, and Families (DCYF) of "the aggregate number of infants and families for whom they have created a Plan of Safe Care" (NCSACW, 2020). If the provider has a concern of child abuse or neglect, they are legally required to make a report to DCYF with the POSC included in the report (NCSACW, 2020). In other words, "the POSC is not shared with DCYF unless a report of child abuse and/or neglect is made" (Hodder and LaRochelle, 2020).

One of the biggest challenges with implementing a POSC is that it is predominantly a physical document that may get lost or forgotten about. There is also limited or incomplete national data regarding POSC completion rates, which presents challenges in evaluating the document's efficacy over time. Under the US Children's Bureau, the National Child Abuse and Neglect System hosts a voluntary data collection system of reports from all states. In the 2020 Maltreatment Report, 27 states reported that 71% of infants with prenatal substance exposure had a POSC (Children's Bureau, 2020, p. 49). With the exception of the NCSACW's report on state approaches to POSCs, there is limited research that identifies and compares specific strategies stakeholders in different states are employing to effectively implement POSC, train providers and health professionals, and engage families to ensure that the health service referrals and resources are being utilized to their fullest extent (NCSACW, n.d.a.). Lastly, in a report from the American Journal of Obstetrics and Gynecology, Ecker et. al (2019) lists stigma surrounding perinatal substance use as a major barrier to fostering trusting and transparent relationships between patients, families, and providers. As a result, it is necessary for all perinatal health professionals to consider how to mitigate stigma and distrust when implementing POSC.

METHODOLOGY

In October 2022, the PSE team began researching POSC materials, tools, and strategies developed and utilized in various states. JSI employed a multimethod research approach which included an initial literature review, an informational meeting with the National Center on Substance Abuse and Child Welfare (NCSACW), and discussions with representatives from six selected states.

1. Literature Review

JSI began by conducting a literature review of various state POSC tools and strategies using web searches. The primary search engine used was Google. Search terms included "plans of safe care," "state plans of safe care," "state POSC," "family care plans," "web tools," "digital health," and "inter-utero substance exposure." These search terms were combined with state names when searching for specific states. A document titled On the Ground: How States Serve Infants and Their Families Affected by Prenatal Substance Exposure outlines POSC processes and resources developed by individual states (NCSACW, n.d.a.). This document provided an organizational framework which helped guide the JSI team when compiling materials and resources by state.

2. Informational Call with the National Center on Substance Abuse and Child Welfare (NCSACW)

NCSACW provides a variety of training and technical assistance related to improving outcomes for families affected by substance use. After completing the literature review of web sources, JSI met with consultants from NCSACW to discuss the national POSC landscape and state-specific development and implementation efforts. Based on their research and work assisting states with POSC development and implementation, NCSACW identified several states with innovative POSC practices. These states were identified for numerous reasons, but most notably for their innovative approaches to care coordination, patient engagement, and use of information technology.

The following states were highlighted by NCSACW for their innovative approaches to POSC development and implementation:

- Oklahoma
- New Mexico
- Texas
- Maine
- Connecticut
- Vermont

NCSACW also mentioned that the pending reauthorization of CAPTA may significantly impact how states implement POSC. In 2021, the proposed CAPTA Reauthorization Act (S. 1927) identified plans to make several changes to the language surrounding identification and provider response processes, including re-titling plans of safe care to "family care plans," which emphasizes the document's function to support the mother-infant dyad and surrounding family networks. Additionally, the act requires that states develop an implementation plan to ensure that the family care plan is created as early as possible during the prenatal period (Lloyd Sieger et al., 2022). Lastly, the proposed reauthorization will include requirements for states to form a notification process that is separate from channels for reports of child abuse and neglect (Congress.gov, 2021).

3. State Discussions

From November 2022 through January 2023, JSI scheduled and held informational meetings with POSC experts from Oklahoma, New Mexico, Houston, Texas, Maine, Connecticut, and Vermont. As mentioned above, JSI scheduled meetings with Oklahoma, New Mexico, Houston, TX, and Connecticut based on feedback from NCSACW identifying innovative POSC practices within these states. JSI also scheduled and met with two additional states, Maine and Vermont, after receiving feedback from members of the NH Perinatal Substance Exposure Collaborative. Members thought it would be worthwhile to meet with Maine and Vermont, as these neighboring states share somewhat similar demographic and political landscapes with NH.

Attendees from each state included representatives from numerous state organizations, such as the Department of Health, Child Protective Services, and universities. Before each call, JSI researched core components of each state's POSC process and potentially innovative materials. This research guided the conversation and informed JSI's questions to states, which generally revolved around the development and implementation process for specific tools, materials, and programs, as well as successes and challenges.

Information gathered from the literature review and discussions with state experts were categorized into themes. Information was grouped based on similar strategies and the intended audiences for tools and resources. Themes include collaborative groups and programs, POSC formatting and delivery, provider facing digital portals, provider engagement and education, and care navigation strategies.

The following categories emerged:

1. Technology and Health Information Use
2. Provider Engagement & Training
3. Care Coordination

FINDINGS

The state stakeholders who informed this research include state agency representatives and multidisciplinary health professionals that all aim to improve the health and wellbeing of families, birthing individuals, and infants affected by substance exposure. While each state has a unique policy that adheres to CAPTA/CARA guidelines, all of the state stakeholders identified challenges with POSC implementation that are congruent with NH during JSI's discussions.

Current Challenges

- ***Funding*** – While each state designates the responsibility of POSC implementation to a wide spectrum of agencies and state sponsored organizations. Each state representative reported that finding consistent funding sources continues to serve as a major barrier to funding entities that play vital roles in POSC delivery.
- ***Technology*** – Providers and health professionals that play a central role in supporting families affected by PSE operate in a wide spectrum of settings (i.e., hospitals, community health centers, outpatient facilities) that have different electronic health records and IT infrastructure. This presents challenges in tracking and monitoring information outlined in POSC documents, including patient health information, care plans, and service referral follow up. As health IT advances, clinicians and other health professionals are facing an unprecedented influx of digital tools that require frequent training and workflow adoption that present barriers to implementing digital tools promoting POSC implementation.

- ***Inconsistent Language*** - Written policy includes inconsistent language and colloquial use there are multiple synonyms for POSCs (i.e., Family Care Plans, Plan of Care, Safety Care Plans).
- ***Care Coordination*** - It remains a challenge for health systems and providers across the perinatal care continuum to develop preventative care plans, share information between specialists and other health professionals, and continuously assess birthing parents' needs and goals over time.
- ***Staffing Shortages*** - Not exclusive to perinatal and addiction services, national staffing shortages at all levels of care have disrupted health care delivery systems and patient access to timely, affordable care.

The states included in this research have all produced similar POSC templates that are accompanied by supplemental online resources including, provider and patient facing informational brochures, videos, toolkits, and state policy guidelines surrounding POSC notification and reporting. These resources are hosted by different entities because state's have flexibility in appointing which agency is responsible for POSC delivery according to CAPTA and CARA policy requirements. For instance, some materials are published in child and family service agencies, while others are located in bureaus relating to substance use or addiction. Other states sponsor entire web platforms solely dedicated to POSC implementation and related materials. Educational video content and delivery methods vary by state, some of which are available through a self-paced learning module series while others are longer in length and published as a webinar recording.

TECHNOLOGY AND HEALTH INFORMATION USE

More and more healthcare systems are expanding the use of health information technology (HIT) to provide more personalized, integrated care to patients. Throughout state discussions, several state representatives identified HIT as a vital resource to improve POSC delivery by addressing common barriers to implementation, such as POSC data reporting and monitoring follow-ups to service referrals.

Digitized Plans of Safe Care

Texas and New Mexico

Currently, New Mexico and Texas representatives shared that they are working on developing digitized POSC, which are both in early stages of development. Ideally, this interface will enable families and their care teams to include updates and revise information. Texas stakeholders identified technology burnout as one of the key barriers to implementation, further stating that many providers are already engaging with several health portal logins on a daily basis. During discussions with patient advisory groups, Texas stakeholders found that families had mixed responses to the idea of a digital POSC. This suggests the need to weigh the benefits and limitations of implementing a new digital tool into providers' workflow in addition to considering family preferences.

Healthy Families Portal

New Mexico

The Healthy Family portal is a state-led tool that helps capture Plan of Care (or Plan of Safe Care) data and identify a patient's outstanding need for referrals. This tool enables providers to enter patient data on topics that may be included in the Plan of Care document. The data is private and not interactive; it can only be viewed by MCO care coordinators postnatally to create a plan to refer birthing parent to additional follow up services. The state currently has plans to digitize the Plan of Care for ease of access.

Undoubtedly, state guidelines surrounding notification and reporting are highly varied and complex. In a patient bedside setting it is equally challenging for state-wide health systems to incorporate mandated data collection practices into clinician workflow. During state stakeholder discussions, all participants expressed ongoing challenges in data collection processes, specifically in determining who is responsible for collecting POSC reporting data, where data is stored, and how to engage health professionals who may be involved at different points across the patient's care journey.

In New Hampshire, per federal data reporting requirements, all birthing providers are required to complete surveillance questions on the infant's birth certificate. These questions address whether there was documented prenatal opioid exposure and whether the infant was monitored for signs of opioid withdrawal or neonatal abstinence syndrome (NAS). The state is also required to annually report to the federal Children's Bureau the aggregate number of POSC that were created for infants who were born affected by prenatal substance exposure (Hodder, et al., 2020). Moreover, data tracking and monitoring both serve as a legal necessity and an evaluation strategy for POSC implementation practices across all states. Connecticut's notification portal serves as a unique example of using HIT portals to fulfill the state's reporting requirements and guide providers on how to distinguish between notification and reporting procedures.

Notification Portal

Connecticut

In 2019, Connecticut implemented the first de-identified, online hospital notification system where notification data on POSC for infants who are deemed safe are not automatically identified to CPS (also known as "diverted"). This portal helps providers determine if a newborn meets the threshold for a child welfare investigation (NCSACW, 2020). NCSACW identified Connecticut's portal as one of the best examples of data collection surrounding POSC notification and reporting. Based on a provider's answers to questions about child risk, the system will confirm one or more of the following situations: 1) If the affected infant requires a notification or a CPS report, 2) If the infant only requires a notification, the healthcare professional develops a POSC, 3) If the infant requires a report, the healthcare provider contacts the local CPS office, who will then initiate a formal screening process for child abuse or neglect, 4) If an investigation is deemed to be necessary, an automated report is generated through the online portal.

An evaluation published by the American College of Pediatrics, the authors found that during the first 28 months of tracking, half of hospital submitted notifications (n=4700) with substance exposure were diverted (Lloyd-Seiger, et al., 2022b). Type of substance exposure (i.e., marijuana, opioids, alcohol) was a strong predictor of infant-mother outcome (i.e., CPS diversion with POSC, CPS report with POSC, or report without POSC). Lastly, the authors found that Black mothers were disproportionately represented among notifications and all other racial groups were underrepresented compared to state population demographics.

When developing a new digital tool, like a log-in portal, be mindful of how this technology will interact with health professionals' existing IT infrastructure and workflow activity. Specifically, if the tool has data storing capabilities, consider who will be reviewing this information, where it will be stored, and how it will be used to support the birthing parent or improve their quality of care. If the tool is primarily patient-facing, consider how to address and respond to any data or privacy concerns a parent may have.

ENGAGING AND TRAINING PROVIDERS

Engaging providers and other health professionals across the continuum of care in perinatal services and substance use recovery remain an essential component of POSC implementation and follow up, however it also constitutes a key challenge. State representatives cited frequent workforce turnovers and a lack of standardization in implementation across provider organizations as key barriers to workforce engagement and training. In the literature review, JSI found that the majority of states have developed a variety of training webinars, e-Learning modules, and toolkits for providers working with families and infants affected by substance exposure. Yet, all of the state stakeholder discussions revealed that efforts to engage both providers and other health professionals (e.g., clinicians, care coordinators, addiction professionals, etc.) can be resource-intensive and challenging. Specifically, it requires identifying

which stakeholders should be involved and how this information should be disseminated, which efforts are sustainable. To address these challenges, some states have employed assessment surveys to better understand and evaluate health providers' capacity to implement POSC.

Hospital Assessment Surveys

Connecticut, New Jersey, Vermont

These states have developed and circulated hospital assessment surveys in birthing hospitals to improve understanding of protocols and practices surrounding substance-exposed infants and their mothers. The assessment results are used to inform workflow operations and POSC implementation, including educational and training support efforts for providers. As a quality improvement effort, Vermont surveyed birthing hospitals to collect information about POSC development and use. The state learned that POSC are implemented inconsistently across various birthing hospitals, indicating a need to further standardize practices and continue educating and training providers.

Oklahoma stakeholders advised that education initiatives should ultimately create a sense of urgency, or rather a call to action, that demonstrates the value of POSC. This helps generate 'buy-in' from providers when operationalizing POSC as early as possible during prenatal stages. In their education initiatives, Oklahoma stakeholders aim to include diverse audiences in their training, including front desk personnel. They shared that It is important to consider who families are interacting with because all staff have the power to destigmatize POSC and promote trust between the healthcare team and birthing parents. Both Texas and Oklahoma representatives also recommend that education activities be delivered in various formats, including videos, webinars, and in-person training, to meet the needs of diverse audiences. During discussions with New Mexico, representatives shared that in their experience, hospital providers prefer live training so audiences can talk through policy logistics and nuances in POSC delivery. Iowa and Virginia's Department of Public Health and the Texas Brain Health Initiative have approached provider education using self-directed e-Learning.

Learning Module Series

Virginia and Iowa

The Institute for the Advancement of Family Support Professionals aims to advance professional knowledge and skills using module learning and personal dashboard profiles to track provider engagement. This 45-minute-long series was developed in partnership with the Iowa and Virginia Departments of Public Health to train providers and family support professionals how to implement and maintain POSC during and after pregnancy. The series also provides supplemental information including a learning objective guide and resource list (Institute for the Advancement of Family Support Professionals, n.d.).

Training Network

Texas

The Texas Brain Health Initiative Network offers training materials and a video module series for provider groups who register for the network on an electronic form. The three core training modules include a POSC background, document, and implementation overview that range from 12 to 26 minutes in length. There are also two additional modules, "Introducing Plans of Safe Care to a Client" and "Demystifying Child Protective Service Investigations" that supplement the series. The POSC binder registration form prompts organizations to note whether they have reviewed the Network's training materials.

Plan of Safe Care Nurse

Maine

Sitting at the Office of Child and Family Services (CFS) within Maine's Department of Health and Human Services (DHHS), the POSC nurse serves as a liaison and educator for hospitals and providers. She holds two meetings a month which are open to anyone working on the development of POSCs. Meeting attendees are invited to share their experiences of POSC development and ask any questions they may have. The role of the POSC nurse has been filled by a registered nurse in the past, however, this role could be filled by a medical social worker, a team of providers, or even someone with lived experience. Maine's POSC nurse also maintains a POSC database at CFS and can access various statistics upon request.

CARE COORDINATION

Care coordination, simply defined, is the organization of a patient's care across multiple health care providers (Centers for Medicaid and Medicare Services, n.d.). The POSC serves as a tool that helps initiate conversations between birthing parents and providers to connect the parent with new services either prenatally or postpartum. Additionally, birthing parents can use the POSC document to share choice information with their primary care team as well as new services that support care for both the parent and infant. State representatives identified that it is challenging to engage birthing parents with referred services and programs. In many instances, families are unaware of the resources that are available to them. State representatives shared a wide range of health system delivery models, collaboratives, and tools to ensure that birthing parents' interactions with health care services and supportive resources are coordinated, beginning with the development of a POSC.

Children and Recovering Mothers (CHARM) Collaborative

Vermont

Composed of representatives from various state agencies and organizations, the CHARM Collaborative promotes cross-disciplinary collaboration to provide a range of support to families affected by perinatal substance use. A primary focus of the Collaborative involves proactive case reviews to connect patients to community resources as early as possible and avoid emergency decision-making. This happens in the form of virtual monthly meetings, during which members review about 20 cases. The facilitator compiles a list of cases, which typically includes all patients who have delivered since the last meeting, as well as anyone specifically prioritized by Collaborative members. Most cases are reviewed very quickly - often within the span of a few minutes. Rather than reviewing cases in high detail, the Collaborative focuses on quickly problem-solving to identify how to support the patient, and who amongst themselves will follow-up to ensure the loop is closed. For further information, please refer to a detailed report about the history and organization of the CHARM Collaborative.

Child Abuse Recovery Act (CARA) Plan of Care Program

New Mexico

The CARA Plan of Care Program "coordinates a network of health care providers, health insurance companies, and community-based programs that provide services that promote healthy pregnancies, healthy parenting and improved outcomes for newborns and young children who experienced substance exposure prenatally". This delivery model incorporates Medicaid MCO plans that render care coordination services to link families to specialized perinatal providers and programs, such as prenatal home visiting. In partnership with care providers, birthing parents create Plans of Care (or Plans of Safe Care) that identify supportive services.

The 2021 program evaluation outlines key goals of the initiative, namely ensuring that hospital staff understand Plan of Care (or "plan of safe care") reporting and collecting data on referral follow ups and care coordination outcomes. CMS and Medicaid MCOs provide annual training on Plan of Care requirements to birthing facility staff, while each field office for NM's child and family welfare agency receives recurring training on CARA program and federal law requirements. For further information on this evaluation report, the New Mexico Department of Health published its findings in a full version of the 2021 report.

POSC Binder

Texas, Oklahoma, New Mexico

Also referred to as a "family care portfolio" or "recovery resume," the POSC Binder was initially developed as part of the Houston-based program Texas Safe Babies by researchers at Baylor University. The binder is intended to act as a comprehensive tool for families affected by substance use. The binder contains various materials, such as a screener form, lists of providers and corresponding contact information, appointment and communication logs, questions to ask providers, a certificate and accomplishment journal, and the POSC itself. This program initially received funding from Texas' child welfare agency to purchase binder materials. Currently, a designated team assembles the binders on a volunteer-basis and they are available to order for any professional organization, program, or provider to disseminate for birthing families. A QR code label on the binder cover links providers to an online registration form to order more binders. Approximately 1,500 binders were distributed in 2022.

The binders were first implemented in a pilot program that occurred January 2020 to August 2021, during which families and providers were given the binders and provided feedback on areas for improvement. During short-term interviews that were conducted after two to three months of use, families indicated they found the binder to be a helpful tool used to organize and transport all materials and documents received at various appointments. Later during the pilot, participants voiced that the binder also served as an advocacy tool or 'resume' of milestone recovery stages that families can quickly reference during appointments. Notably, some families shared that they found the binder to be a helpful resource during child and family court hearings. The POSC binder approach has since been adopted and distributed in Oklahoma and New Mexico.

Texas stakeholders highlighted that POSC-related resources should be as easy for providers and other professionals to access and implement as possible. For example, in the Houston, Texas binder pilot program they collected feedback from multi-disciplinary health care professionals to ensure that key audiences informed both the development of the binder and training initiatives. Subsequently, the program changed the language of POSC to "family care plan" because providers had difficulties distinguishing it from the child welfare agency's "safe care plan". They also started using QR codes labels so that providers could quickly order more materials by simply filling out an online registration form.

Recovery Navigators

Connecticut and New Mexico

While recovery navigators are widely used in best practices to support individuals affected by substance exposure or SUD, Connecticut and New Mexico have established Connecticut has an established system of recovery navigators who use their own personal recovery journey to help others by using recovery coaching techniques and case management services to support women in their community. The Connecticut REACH program comprises 15 Recovery Navigators in 5 regions across Connecticut and is run under the Connecticut Department of Mental Health and Addiction Services. Under New Mexico's CARA program, MCO-employed care navigators are utilized to follow up with families after POSC development to ensure that all of the patient's information is accurately documented and act as a liaison for assigned care coordinators.

2-1-1 Resource Navigator

Connecticut

2-1-1 Child Development is a widely known state program that provides a wide range of tools and information to connect users to state resources. Connecticut's Department of Children and Families (DCF) and Department of Mental Health and Addiction Services (DMHAS) worked closely with United Way to develop an electronic POSC screener tool which was launched two years ago. Users begin by completing a questionnaire and are then presented with a map of local resources based on their individual needs and geographic location (e.g., substance-specific treatment and recovery supports, mental health resources, financial and job support services, and food and housing resources). The 2-1-1 live chat tool connects the user to a resource coordinator based on zip code, and the "My 2-1-1 Account" allows users to organize personalized resources and contact information.

NEW HAMPSHIRE RECOMMENDATIONS SUMMARY

Based on literature review findings and discussions with representatives from varying state agencies and work groups, the following recommendations highlight potential approaches professionals can take while developing resources and performing activities that support the implementation of POSC:

1. Expand state agency and MCO representation in New Hampshire work groups, such as the Perinatal Substance Exposure Collaborative.
2. Develop and implement hospital assessment surveys as a tool to assist providers to conduct internal reviews of strengths and opportunities for growth within their organization.

3. Incorporate diverse, multi-disciplinary perspectives when piloting training tools and resources (i.e., video development, learning modules, etc). This would ideally include perspectives and feedback from both families and providers, when appropriate.
4. When considering adopting new digital technology, it is critical to gather stakeholder input to assess the benefits and limitations of these tools. Specifically, engaging with healthcare professionals to understand how health IT can assist with their scope of work, workflow, and existing IT infrastructure (e.g., Electronic Health Record systems).
5. Consider the following factors if completing or revising POSC documents:
    - Formatting and contents should ultimately serve the families' individual needs
    - During discussions with patients or between health providers frame the POSC as a "portfolio" or advocacy resource – because every family deserves access to an individualized plan for the infant and birthing parent
    - POSC should 'live' with the family, but the content should help guide them on how to connect with providers so that these providers can help facilitate their care plans
    - POSC can be a vital resource for families not necessarily affected by substance exposure, but may benefit from additional support (i.e., navigating affordable housing, home visiting, care navigation in low access communities)

CONCLUSION

The strategies and tools summarized in this report are intended to alleviate barriers to POSC implementation. Ultimately, JSI identified key challenges that persist both within New Hampshire and across several states indicating the need for an ongoing effort to improve patient and provider engagement. Several of the states that JSI had discussions with shared they were currently conducting similar research. Vermont, for example, was also working on reviewing literature and provider feedback and looking at challenges within their POSC system. Texas representatives also shared that they are currently developing a literature review on POSC delivery in outside states. Moreover, these examples demonstrate a continued need for research on state-level POSC implementation strategies and highlight potential opportunities for cross sharing information between states to better support families affected by perinatal substance exposure.

QUICK LINKS TO STATE RESOURCES

New Jersey Hospital Assessment Survey Instructions

Texas Plan of Safe Care Binder

211 of Connecticut POSC Resource Navigator Survey

Connecticut State Department of Children and Families Online Notification Portal

Notification Portal Evaluation Report

New Mexico Comprehensive Addiction and Recovery Act (CARA) Program Evaluation Report

Institute for the Advancement of Family Support Professionals Substance Exposed Infants Learning Module Series Sign Up

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