

WHAT IS A PLAN OF SAFE CARE?

*AN INTRODUCTION TO BEST PRACTICES
IN NEW HAMPSHIRE*

Presented by:

Lucy C. Hodder, JD

David J. Laflamme, PhD, MPH

Kali Giovanditto, DCYF

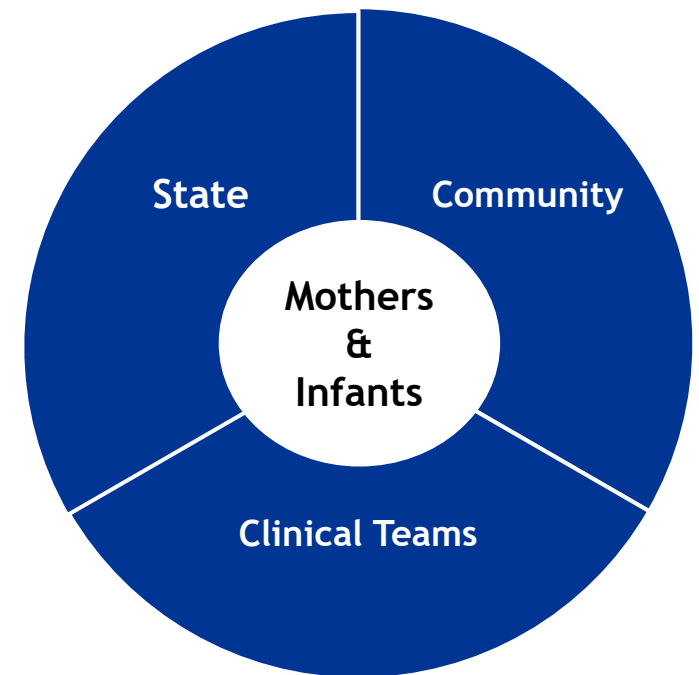


NH Governor's Commission on Alcohol and Other Drugs
Perinatal Substance Exposure Task Force

Plans of Safe Care (POSC)

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?

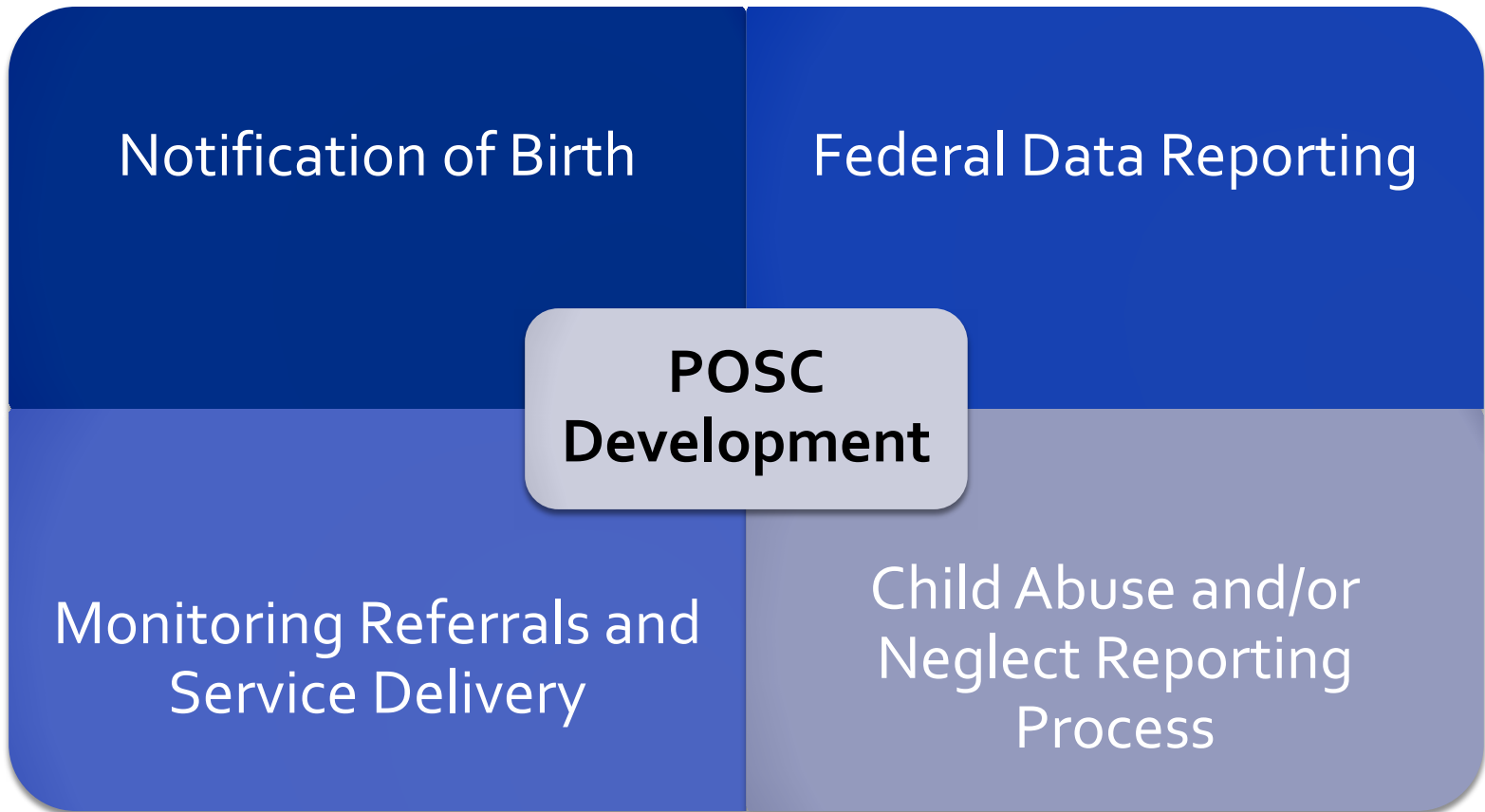
A **Plan of Safe Care** also referred to as "*Plan of Supportive Care*" for mothers and infants is developed by a health care provider collaboratively with the mother and coordinates existing supports and referrals to new services to help infants and families stay safe and connected when they leave the 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.” However, POSCs can be developed prenatally and serve as a living document throughout the pregnancy and after birth.

See RSA 132:10-e

Federal CAPTA/CARA Requirements



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

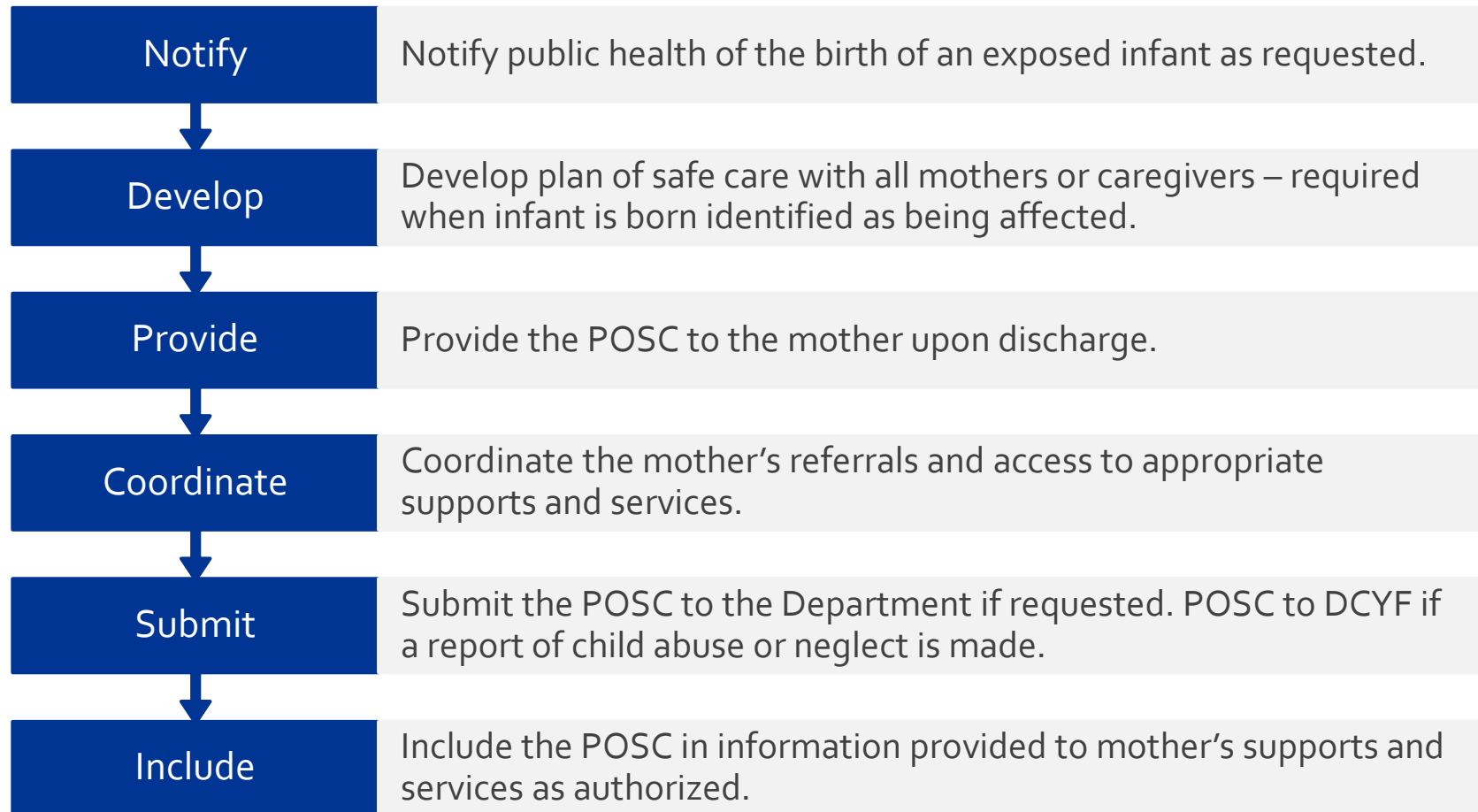
Infant and Parent(s)

- Safety and well-being
- Address health and substance use treatment needs
- Make appropriate referrals and deliver appropriate 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

NH POSC Process



What is Notification?

- New Hampshire has a federal data reporting requirement, which is referred to as “notification”.
- The state reports annually to the federal Children’s Bureau the aggregate number of infants born with 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.

Results of Notification Questions

Births in New Hampshire (residents and non-residents)
Infant births recorded in vital records July 1, 2018 through June 30, 2019

Exposure

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

4.0%

(448/11,288)

Concern

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

3.8%

(434/11,288)

Excluded: Missing and Unknown per item
(1 hospital and non-hospital birth locations most common)
As recorded in vital records as of July 2, 2019.

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)

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



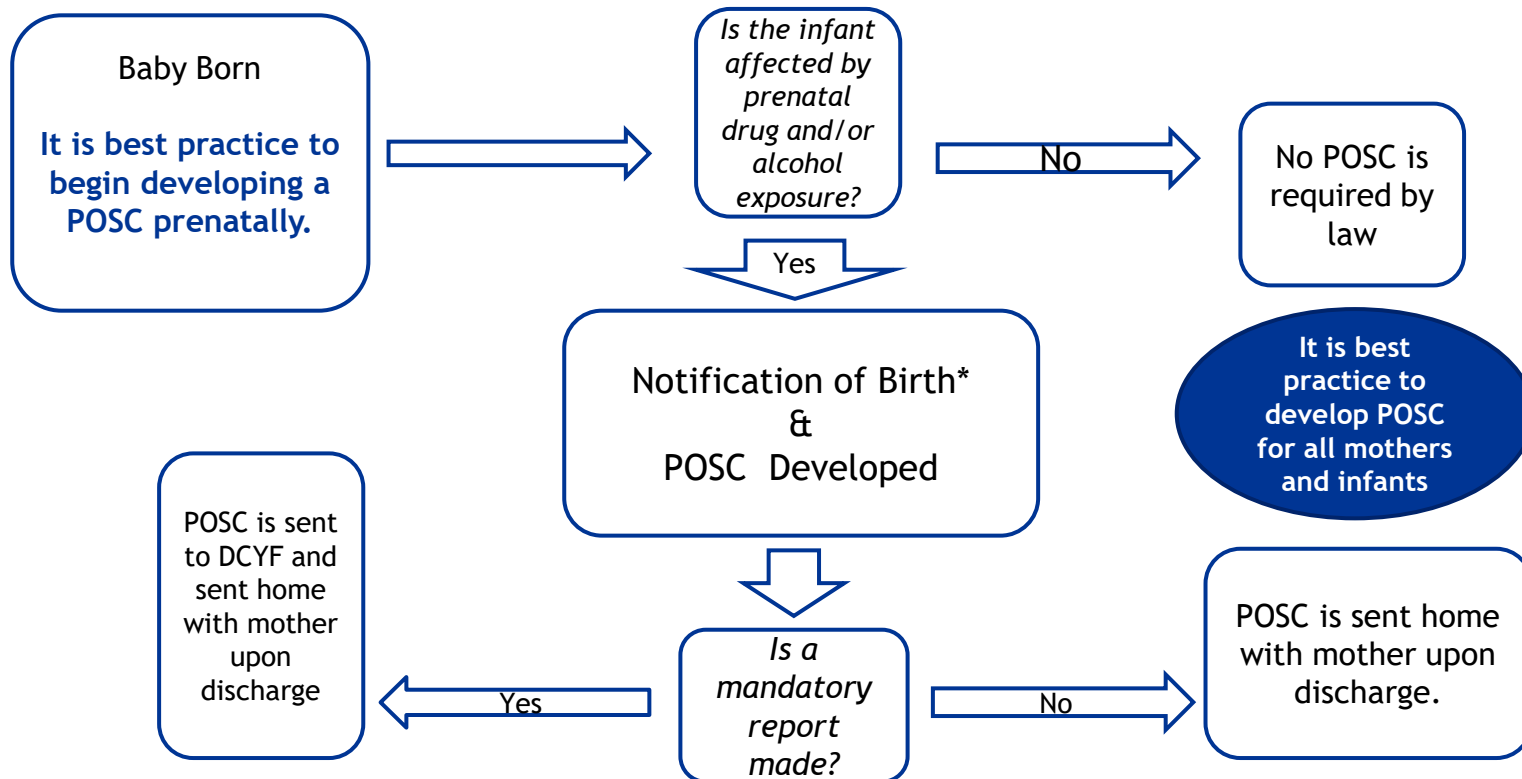
POSC Form

- Introduction
- Demographics
- Current Supports
- Strengths & Goals
- Household Members
- Emergency Childcare Contact/Other Primary Supports
- Services, Supports and New Referrals
- Prenatal Exposure
- Is the Infant discharged in the care of someone other than the mother?

The image shows two overlapping forms titled 'Parent-Observer Support Scale (POSC)'. The forms are white with black text and lines. The top form is partially obscured by the bottom one. The forms contain various sections and fields for data entry, including:

- SECTION I: PARENT INFORMATION** (Name of Mother, Home Address, Phone Number, Date of Birth, etc.)
- SECTION II: CURRENT SUPPORTS** (Emergency Childcare Contact, Other Primary Supports, etc.)
- SECTION III: HOUSEHOLD MEMBERS** (Name, Relationship to Mother, Date of Birth, etc.)
- SECTION IV: SERVICES, SUPPORTS AND NEW REFERRALS**
- SECTION V: PRENATAL EXPOSURE**
- SECTION VI: IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?**

Overview of POSC Process



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

Additional Resources

POSC Website

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



Slides Developed and Modified by:

Lucy C. Hodder, JD, Professor of Law, Director of Health Law and Policy, Institute for Health Policy and Practice at UNH School of Law

David J. Laflamme, PhD, MPH, UNH Institute for Health Policy & Practice, NH DHHS Maternal & Child Health Epidemiologist

Kali Giovanditto, Community and Family Support Specialist, Division for Children, Youth and Families

Rekha Sreedhara, MPH, JSI Research and Training, NH Center for Excellence

Melissa Schoemmell, MPH, JSI Research and Training, NH Center for Excellence

Developed in collaboration with the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and Other Drugs with funding provided by the New Hampshire Charitable Foundation.

