

Plans of Safe Care in New Hampshire

Helpful Question and Answers

What is a Plan of Safe Care? What is its purpose?

A Plan of Safe Care (POSC), developed collaboratively with the mother, coordinates existing supports and referrals to new services to help infants and families stay safe and connected when they leave the hospital. The POSC is to be shared with the infant's and the mother's providers and supports.

Who needs a POSC?

A POSC must be developed for any infant exposed to drugs and/or alcohol prenatally and the affected caregiver.¹ One POSC is developed for both the mother and infant. Many providers may decide to develop POSCs with all new mothers and infants.

Who develops the POSC? When is it developed?

The POSC is developed collaboratively by a healthcare provider and the mother before the mother's discharge from the hospital. According to best practices, the POSC should be started prenatally and serve as a living document throughout the pregnancy and after birth. If that is not possible, the POSC must be developed after birth and completed before the mother's discharge.

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

New Hampshire has a federal data reporting requirement, which means 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. This federal data reporting requirement is called "notification."

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.

Are hospitals required to make a mandatory report for all infants exposed prenatally to drugs and/or alcohol?

No. A provider may determine it is not necessary to make a report of child abuse and/or neglect to the Division for Children, Youth & Families (DCYF) even though a POSC is developed for the infant due to the infant's prenatal drug and/or alcohol exposure. For example, an infant exposed prenatally to drugs due to prescribed medication under a clinician's direction AND without any child safety concerns does not need to be reported to DCYF.

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

If providers make a report of child abuse and/or neglect, the POSC must be shared with DCYF according to New Hampshire's Plan of Safe Care development law.

¹ New Hampshire's Plan of Safe Care development law for the protection of maternity and infancy, effective June 26, 2018, can be found at RSA 132:[10-e](#) and [10-f](#).

What types of information about infants exposed prenatally to drugs and/or alcohol is shared and with whom?

Birth Certificate Worksheet Data

Upon the infant's birth, the birthing center or hospital will answer the birth certificate worksheet or other required questions about the infant's substance exposure. New Hampshire will then fulfill its federal data reporting requirements by aggregating data received and submitting de-identified data to the federal Children's Bureau on an annual basis.

POSC

The POSC must be given to the mother upon the mother's discharge. In addition, the POSC should go to the infant's primary care provider along with the infant's other medical records. The POSC is not shared with DCYF unless a report of child abuse and/or neglect is made. When a provider reports child abuse and/or neglect, the POSC must be shared with DCYF.

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

The mother may, and is encouraged to, share this POSC with others. The POSC, however, contains information identifying the mother and child that is private and may be protected from disclosure by health and substance use disorder record confidentiality laws. However, if a report of child abuse and/or neglect is made, the POSC may be shared with DCYF. Otherwise, the POSC should be treated like other patient information and shared consistent with your privacy practices.

What types of services are included in the POSC?

A POSC may include referrals for both the infant and caregiver. Referrals for caregivers may include family resource centers, parenting support groups, home visiting, mental health counseling, substance use counseling, peer recovery coaching, medication assisted treatment, and Drug Court, as well as others.

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

Even though the goal is for all mothers to engage in the development of a POSC, there will be times a mother will decline to participate. Absent child protection concerns, the refusal to develop a POSC does not itself warrant a mandatory report under NH RSA 169-C:29.

This document was drafted in collaboration with the Perinatal Substance Exposure Task Force of the New Hampshire Governor's Commission on Alcohol and other Drugs.