WHAT IS A PLAN OF SAFE CARE?

AN INTRODUCTION TO BEST PRACTICES IN NEW HAMPSHIRE

Lucy C. Hodder, JD
David J. Laflamme, PhD, MPH
Kali Giovanditto, DCYF

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

Plans of Safe Care (POSC)
Overview of POSC Process

Baby Born
It is best practice to begin developing a POSC prenatally.

Is the infant affected by prenatal drug and/or alcohol exposure?

No POSC is required by law

Yes

Notification of Birth* & POSC Developed

Is a mandatory report made?

No

POSC is sent home with mother upon discharge.

Yes

It is best practice to develop POSC for all mothers and infants

*Notification is captured through two situational surveillance questions on the birth certificate.
Framework to Support Mothers & Infants

- How can we engage mothers in a collaborative process to plan for healthy outcomes?
- How can we work with existing supports and coordinate new services to help infants and families stay safe and connected?
- How can Plans of Safe Care support mothers and infants during pregnancy, delivery, safe transition home and in parenting?
What is a Plan of Safe Care?

A Plan of Safe Care also referred to as “Plan of Supportive Care” for mothers and infants is developed by a health care provider collaboratively with the mother and coordinates existing supports and referrals to new services to help infants and families stay safe and connected when they leave the hospital.
When is the POSC developed with a mother?

POSC must be developed when “an infant is born identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.” See RSA 132:10-e.

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

- Notification of Birth
- Federal Data Reporting
- Monitoring Referrals and Service Delivery
- Child Abuse and/or Neglect Reporting Process – not changed by CARA
# NH’s Statutory Plan of Safe Care Process

**SB 549: RSA 132:10-e and f**

<table>
<thead>
<tr>
<th>Infant Born…</th>
<th>Health Provider Shall…</th>
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<tbody>
<tr>
<td>“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…”</td>
<td>“… 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.”</td>
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What is the purpose of a POSC?

Infant and Parent(s)

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

The POSC must account for:

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

*RSA 132:10-e and f*
What is Notification?

• New Hampshire has a federal data reporting requirement, which is referred to as “notification”.

• The state is required to report annually to the federal Children’s Bureau the aggregate number of infants born affected by prenatal drug and/or alcohol exposure for whom a POSC was created and for whom services were referred.
Notification Questions

**Exposure**

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

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

- Yes
- No
- Unknown

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

**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.
Notification Questions

**Exposure**

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

3.6%  
(400/11,236)

**Concern**

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

3.2%  
(359/11,236)

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Notify</td>
<td>Notify public health of the birth of exposed and affected infants as requested on birth certificate.</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop POSC with all mothers or caregivers early in pregnancy.*</td>
</tr>
<tr>
<td>Provide</td>
<td>Provide the POSC to the mother upon discharge.</td>
</tr>
<tr>
<td>Coordinate</td>
<td>Coordinate the mother’s referrals and access to appropriate supports and services.</td>
</tr>
<tr>
<td>Submit</td>
<td>Submit the POSC to DCYF if a report of child abuse or neglect is made or if requested.</td>
</tr>
<tr>
<td>Include</td>
<td>Include the POSC in information provided to mother’s supports and services as authorized.</td>
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*POSC must be developed when an infant is born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.*
### What is Reporting?

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Guidance</th>
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<tr>
<td>• A provider may determine circumstances warrant a mandatory report to DCYF.</td>
<td>Mandatory reporting is required under NH RSA 169-C:29 whenever anyone has a reason to suspect child abuse and/or neglect.</td>
</tr>
<tr>
<td>• 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.</td>
<td>The fact an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report.</td>
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<tr>
<td>• If a report is made to DCYF, a copy of the POSC must accompany the report.</td>
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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.

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

Use best practices to avoid stigma and encourage access to supports and services.

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)
Baby Born

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Yes

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NH’s POSC Template

NH’s POSC Template

DHHS Letter to Providers

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.
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)?


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

Bonny Whalen, MD, Dartmouth Hitchcock Medical Center

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