

On the Ground:

How States Are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families



National Center on
Substance Abuse
and Child Welfare

This technical assistance tool provides on-the-ground examples from states across the country that have implemented comprehensive approaches to Plans of Safe Care (POSC) for infants with prenatal substance exposure (IPSE) and their families and caregivers.

These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.



Implementing Plans of Safe Care to Support the Safety and Well-Being of Families

In 2016, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) through the Comprehensive Addiction and Recovery Act (CARA). New requirements emphasize that Plans of Safe Care address the needs of infants who are identified as affected by substance abuse, experience withdrawal symptoms, or have fetal alcohol spectrum disorders (FASD). It also stipulates development of a services plan for the infant and their family/caregiver. In order to provide an array of diverse services and strong policies to support these infants and their families, diverse stakeholders play critical roles in detecting and responding to their needs.

Plans of Safe Care Learning modules make up a five-part series on Plans of Safe Care (POSC) for infants affected by prenatal substance exposure and their affected family or caregiver. The series is intended to guide state, tribal, and local collaborative partners in improving their systems and services for this population. The policy and practice strategies included in these modules are derived from NCSACW's years of practice-based experience providing technical assistance to states, tribes, and communities.



- 1 **Module 1: Preparing for Plan of Safe Care Implementation**
- 2 **Module 2: Collaborative Partnerships for Plans of Safe Care**
- 3 **Module 3: Determining Who Needs a Plan of Safe Care**
- 4 **Module 4: Implementing and Monitoring Plans of Safe Care**
- 5 **Module 5: Overseeing State Plans of Safe Care Systems and Reporting Data**

The following state examples represent cross-systems efforts within many of these key planning steps. Most of these changes were made through state child welfare policy or practice guidance.

Connecticut

Connecticut has developed state legislation that directs providers involved in the delivery or care of affected newborns to make a notification to the Department of Children and Families (DCF) through an online portal. The portal includes questions for the provider designed to identify whether the threshold for child welfare investigation is met. If, based on these questions, an investigation is deemed to be necessary, the report is made through the same online portal. Through the Recovery, Engagement, Access, Coaching & Healing (REACH) Program, the Connecticut Department of Mental Health and Addiction Services has 15 Recovery Navigators available in all 5 regions of the state that, in addition to their support and services navigation roles, assist in the development and implementation of POSC.

Links to State Tools

- [Plan of Safe Care Provider FAQs](#)
- [DCF Provider Bulletin on Plan of Safe Care](#)
- [Plan of Safe Care Template](#)
- [Online Notification Portal](#)
- [Plan of Safe Care Client FAQs](#)
- [Women's REACH Program Brochure](#)

Connecticut's use of an online notification portal with standard questions provides accessibility and standardization for identifying families in need of Plans of Safe Care and child welfare services.

Delaware

Delaware's House Bill (HB) 140, Aiden's Law, requires that healthcare providers involved in the delivery or care of infants determined to be affected by substance exposure notify the child welfare division of such infants. HB 140 requires a "coordinated, service-integrated response by various agencies in this state's health and child welfare systems to work together to ensure the safety and well-being of [identified] infants ... by developing, implementing, and monitoring a Plan of Safe Care." To support this coordinated response, child welfare staff are assigned out-stationed posts in hospitals to engage families and to support hospital staff in the development of POSC. Medication-assisted treatment providers are leading the development and monitoring of prenatal POSC for pregnant women in treatment. Through a contract with the Department of Children and Families, an outpatient substance use treatment provider is developing, implementing, monitoring, and reporting to the child welfare division on POSC for low-safety-risk cases.

Links to State Tools

- [HB 140: Aiden's Law](#)
- [Plan of Safe Care Template](#)
- [RFP for Community Plan of Safe Care Partners*](#)

Delaware provides a strong example of collaboration with diverse partners to create statewide legislation and policy, as well as to implement individual Plans of Safe Care.

Kansas

Kansas modified its child welfare policy to implement a detailed process to define and respond to pregnant women using substances and infants with prenatal substance exposure. This process includes definitions of the populations included in the policy, notification to child protective services of women during pregnancy or at birth, and detailed guidance on how to assess families for assignment to a services track or further investigation. Regardless of the track, direction is provided for how a POSC is to be developed by child welfare staff or a community service provider.

Links to State Tools

- [Plan of Safe Care Policy](#)
- [Plan of Safe Care Brochure](#)
- [Plan of Safe Care Template/Form](#)
- [Assessment Guide for Plan of Safe Care Development*](#)

Kansas has detailed written documents that outline child welfare policy and standardize assessment and documentation for individual Plans of Safe Care.

Kentucky

Kentucky is using a "system of care" approach to substance use by having developed policy and is implementing coordinated services. It is providing education to women of child-bearing age, both prior to and during pregnancy, as well as expanding treatment services to include universal screening, brief intervention, and referral to treatment (SBIRT) services as a routine part of prenatal care. Kentucky is working with hospitals through the Department of Public Health on guidelines for treatment of infants with neonatal abstinence syndrome (NAS), multidisciplinary assessments, and discharge planning. NAS is a condition that is reportable to the Department of Health, which is included in an annual report to the state legislature. Kentucky modified a hospital assessment tool and a POSC template and best practice guide to codify state best practices and train each region on implementing these tools.

Links to State Tools

- [Plan of Safe Care Implementation Toolkit](#)
- [Systems of Care Implementation Plan Newborn Assessment Tool*](#)
- [Universal Release of Information for Case Collaboration*](#)

Kentucky has implemented a specific dissemination strategy for their guidance toolkit to move the Plan of Safe Care from policy to local implementation.

Louisiana

Louisiana has used their current system's statutes and child welfare data monitoring processes, paired with expanded legislation and data collection, to ensure that physicians notify the child welfare division about infants in need of a POSC, as well as those that need a report to child protective services based on concerns about child maltreatment. Infants and families that are appropriate for a notification versus a report are identified on the Department of Children and Family Services [web page](#) and in the Louisiana Child Welfare Policy Manual. Louisiana captures and maintains data about POSC in separate data collection systems for notifications versus reports. Louisiana developed a brochure that outlines the state's POSC approach to support statewide implementation of this legislation and policy change. POSC implementation has been strongest in cases being managed by Family Preservation Court teams due to strong collaboration among partners.

Links to State Tools

- [Physician Notification Legislation](#)
- [Substance Exposed Newborns Reporting and Notification Policy & Process](#)
- [Substance Exposed Newborns Mandated Reporting and Notifications Brochure](#)

Louisiana's two-pronged notification and reporting system, codified in legislation, policy, and data collection, was developed to meet the needs of child welfare, as well as healthcare partners.

Minnesota

The Department of Human Services awarded state funding to five northern Minnesota Tribes to deliver Integrated Care for High Risk Pregnancies (ICHRP) through collaborative, community-driven approaches to serving American Indian families affected by substance use disorders (SUDs) and providing wraparound supports for women with high-risk pregnancies. With support from ICHRP funding, these five tribes developed community-driven approaches to care for pregnant women with SUDs and IPSE that incorporate traditional healing modalities and integrated services across multiple tribal, local, and state partners. While these tribal communities are not bound by federal CAPTA legislation to implement POSC, the work of these tribal ICHRP grantees offers considerations that may be helpful for tribal communities as they determine how to develop a collaborative approach to planning for the safe care of infants and families affected by substance use in their communities.

Links to State Tools

- [Tribal and Urban Resources for Native Americans in Minnesota](#)
- [Tapping Tribal Wisdom: Listening Sessions*](#)

Lessons from five tribal grantees in Northern Minnesota provide unique insights into collaboration within and among tribal communities and the importance of embedding cultural practices in systems integration efforts.

New Hampshire

New Hampshire legislation directs healthcare providers to develop a POSC for infants affected by substance abuse, prenatal drug exposure, or FASD and to notify the Department of Children, Youth and Families (DCYF) of the aggregate number of infants and families for which a Plan of Safe Care has been developed. If a concern about abuse or neglect is present, hospital staff are required to make a mandatory report to DCYF and include the Plan of Safe Care that hospital staff have developed along with that report. New Hampshire provides collaborative partners that are supporting the Plan of Safe Care with a checklist designed to identify partners, clarify roles, and assess progress on the development and monitoring of Plans of Safe Care. Detailed information, forms, and presentations are accessible to partners and the community through the Center for Excellence in Addressing Alcohol and Drug Misuse in New Hampshire's Plan of Safe Care [page](#).

Links to State Tools

- [Health Provider Plans of Safe Care Legislation](#)
- [Infant Plan of Safe Care Template](#)
- [Plan of Safe Care FAQs](#)
- [Plan of Safe Care Implementation Checklist](#)
- [Pregnant and Parenting Services and Supports Map](#)

New Hampshire's legislation is unique in directing healthcare providers to be the primary developer of Plans of Safe Care.

New Jersey

New Jersey is developing a comprehensive, unified plan coordinating multiple initiatives to respond to the opioid epidemic, including a focus on NAS and IPSE. The emphasis is on considering the entire spectrum of IPSE needs and improving collaboration across multiple points of intervention. The state developed a hospital survey to better understand values and practices in birthing hospitals as a first step. Survey results allowed the collaborative team, including child welfare partners, to better understand the education and support the hospitals need for screening and treating women with SUDs and infants with NAS. New Jersey's collaborative team then worked to define the populations of infants and families that needed a POSC and developed regulations for the child welfare system and hospitals to ensure that notification was occurring. These definitions and regulations were adopted into the New Jersey Administrative Code in January 2018. To support implementation of these policies, New Jersey developed the Maternal Wraparound Program (M-WRAP), jointly funded by state child welfare and substance use treatment agencies. M-WRAP provides intensive case management, home visits, and recovery coaching to pregnant and post-partum women with SUDs.

Links to State Tools

- [Administrative Codes Related to Substance-Affected Infants](#)
- [Child Welfare Policy](#)
- [Maternal Wraparound Program Request for Proposals](#)
- [Hospital Survey Overview](#)

New Jersey has developed a strong, collaborative system integrated at the policy level through extensive work with hospital, substance use treatment, and child welfare partners. This system integration is apparent at the local level, with a strong array of services available for implementation of comprehensive Plans of Safe Care.

New York

New York developed a strong collaborative partnership that supports a comprehensive approach to POSC, beginning during pregnancy for women with SUDs. The team developed a POSC template and flowchart to determine which newborns are appropriate for a report to the statewide central registry for POSC development led by child protective services, versus those newborns who will have the POSC developed by hospital staff and other community partners. For infants and mothers who have a POSC developed by hospital staff, non-identifying information provided to the child welfare system, in aggregate, is shared to ensure that the child welfare system is able to meet federal reporting requirements. Guidance for child welfare staff on policies and the use of these tools has been provided through a series of Local Commissioners Memoranda. The collaborative team created a POSC brochure to educate the wider community and clarify who receives a POSC. They launched POSC implementation prior to birth in four counties. The American College of Obstetricians and Gynecologists (ACOG) and the Department of Health are launching prenatal screening and referral to treatment for pregnant women in 15 counties. All implementation counties will support the plan for statewide implementation.

Links to State Tools

- [Local Commissioners Memorandum, April 2017](#)
- [Local Commissioners Memorandum, June 2018](#)
- [Office of Children and Family Services' Plan of Safe Care Template](#)
- [Plan of Safe Care Brochure – Draft*](#)
- [CAPTA Notification Form – Draft*](#)
- [Plan of Safe Care Eligibility Flow Chart*](#)

New York's involvement of child welfare, substance use treatment, and healthcare partners, including local ACOG partners in policy development, has created commitment to and consistency in implementation in all initial pilot sites.

North Carolina

The North Carolina Plan of Safe Care Interagency Collaborative (POSCIC) has addressed the requirements of CAPTA legislation related to IPSE and their families in a variety of ways. North Carolina's Division of Social Services Child Welfare Policy Manual provides the state's definition of infants affected by substance abuse, FASD and/or withdrawal, notification requirements for individuals involved in the delivery and care of these infants, and the state's unique public health approach to POSC. North Carolina's unique approach requires referrals for all affected infants to Coordinated Care for Children (CC4C), a collaboration of Community Care of North Carolina, the Division of Public Health, and the Division of Medical Assistance, for development and management of all POSC, regardless of maltreatment concerns. CC4C develops and monitors the POSC for all identified infants and their families and communicates with the Division of Social Services and substance use treatment agencies. They created FAQs to share the state's POSC approach with the public. POSCIC created an array of materials, including brochures, guidance documents, and webinars to educate various agency and community partners. Materials are available through the North Carolina Department of Health and Human Services Infant Plan of Safe Care [website](#).

Links to State Tools

- [Child Welfare Policy Manual: Substance Affected Infants Policy Tapping Tribal Wisdom: Listening Sessions](#)
- [POSC Letter to County Social Services Directors](#)
- [CC4C Referral Form for Child Welfare](#)
- [Plan of Safe Care Brochure](#)
- [Infant POSC FAQs for Families](#)
- [Plan of Safe Care FAQs for Hospital Staff](#)
- [Webinar: The Role of Hospitals in Plans of Safe Care](#)

North Carolina has a unique, public health-focused approach to Plans of Safe Care through their partnership with the state's coordinated care agency.

Vermont

The Vermont Department for Children and Families, Family Services Division, issued a memorandum in December 2017, providing protocols and guidance to Vermont State and Community Hospitals and Family Practice Providers on implementing the CAPTA requirements for IPSE and their families. The memorandum identifies a number of tools for supporting these protocols, including a flowchart, notification form, POSC template, and FAQs. Vermont has a long-standing practice of providing collaborative services, including child welfare services, to women and their families in the prenatal period through postpartum services by means of the Children and Recovering Mothers (CHARM) Collaborative, which supports families with SUDs. The protocols were first implemented in Burlington as part of the CHARM model. Team members subsequently have provided training and guidance to hospitals and providers across the state to support statewide implementation of this approach.

Links to State Tools

- [Department for Children and Families Memo](#)
- [CAPTA Flowchart](#)
- [Notification Form](#)
- [Plan of Safe Care Template](#)
- [Plan of Safe Care and Notification FAQs](#)
- [CHARM Collaborative Case Study](#)

Vermont's practice of allowing child welfare to work with women 30 days prior to the birth of their infant supports advanced planning in the development of effective Plans of Safe Care.

Virginia

Virginia updated the state code in 2017 to clarify mandated reporting expectations for reports to the local child welfare department by healthcare professionals for infants who are identified as affected by substance abuse or experiencing withdrawal from prenatal substance exposure. The code requires that the local child welfare department conduct a family assessment and develop a POSC for these families, regardless of whether the child welfare department makes a finding of abuse or neglect. Virginia's Handle with C.A.R.E. Initiative, led by the Virginia Department of Behavioral Health and Developmental Services, has developed a POSC toolkit that provides guidance, information, and resources related to development and implementation of POSC. The package includes a brochure to educate healthcare partners and a POSC template. In conjunction with the child welfare department, the Virginia Institute for Family Support Professionals developed education and training materials about how home visitors, parent educators, and peer support providers can encourage a comprehensive approach to POSC. This training highlights legislative requirements related to POSC and child welfare, and defines their scope of practice in developing, implementing, and monitoring individual POSC. The Institute has developed an array of cross-training modules to integrate SUD education into home visiting across the state and to improve prenatal SUD screening practices.

Links to State Tools

- [Code of Virginia](#)
- [Plan of Safe Care Child Welfare Policy and Template \(Appendix D\)](#)
- [Brochure on IPSE and POSC: A Guide for Healthcare Providers](#)
- [Virginia Institute for Family Support Professionals: Plan of Safe Care Online Module](#)
- [Plan of Safe Care Toolkit*](#)

Virginia has provided strong training to diverse family support professionals about the needs of infants and families affected by SUDs and Plans of Safe Care. This clear and accessible training has supported consistent implementation of Plans of Safe Care by defining the scope of practice for each professional involved.

***Note:** These items are not currently posted online but can be accessed by contacting NCSACW by email at ncsacw@cffutures.org.

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