



Maternal Health
Learning & Innovation Center™

State and Local Implementation of Plans of Safe Care

May 16, 2023

MaternalHealthLearning.org





Acknowledgement Statement

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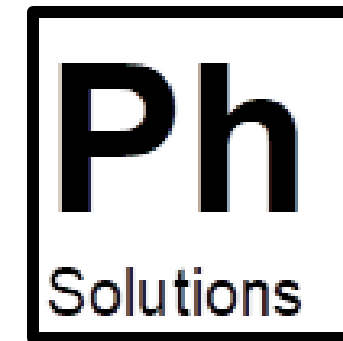


Welcome

- You are muted upon entry
- Submit all questions via the chat Q&A
- 10 minutes of Q&A
- Please complete an evaluation survey at the end
- www.maternalhealthlearning.org



Who We Are



Objectives & Overview

- Learn different state and local approaches to implementing plans of safe care and connecting families to appropriate services
- Discuss interdisciplinary approaches to optimize plan of safe care implementation
- Highlight tools for implementing plans of safe care

- I. Introduction
- II. Brief review of Plan of Safe Care
- III. Washington State Implementation
- IV. San Francisco Implementation
- V. Houston Implementation
- III. Q&A, Wrap-up, & Evaluation Survey



Speaker Introduction



**Heather Briscoe,
MD**



Alissa Copeland, MA



Jill Gresham, MA



**Sarah Holdener,
MPA**

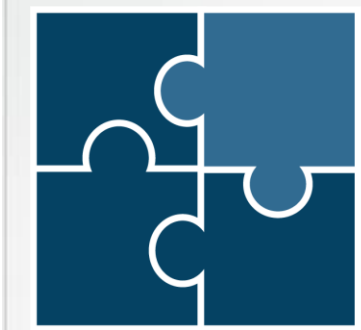


**Marcy Spaulding, RN,
MS, PHN**



**Bethanie ("Beth")
Van Horne, DrPH,**





National Center on
Substance Abuse
and Child Welfare

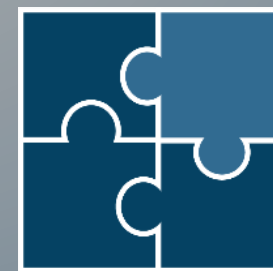
SUPPORTING FAMILIES WITH THE PLAN OF SAFE CARE (POSC)

May 16, 2023

1:00 – 2:00 PM ET

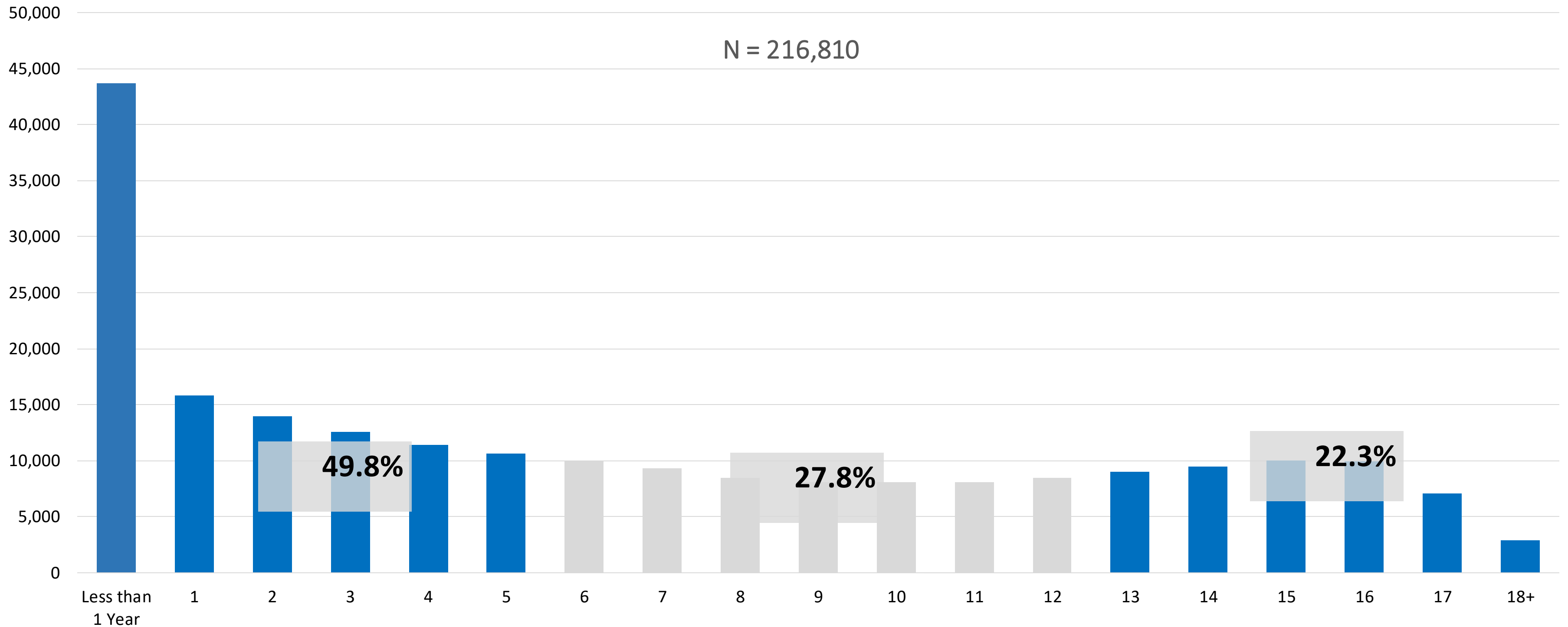
Acknowledgement

This content is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



National Center on
Substance Abuse
and Child Welfare

NUMBER OF CHILDREN WHO ENTERED OUT OF HOME CARE, BY AGE AT REMOVAL IN THE UNITED STATES, 2020*



Note: Estimates based on children who entered out of home care during Fiscal Year

*2020 Estimates may be influenced by the COVID-19 pandemic

OVERVIEW



**COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA) AMENDMENTS
TO THE CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**

1974

CAPTA

2003

The Keeping Children and Families Safe Act

2010

The CAPTA Reauthorization Act

2016

CARA

Primary
Changes in
CAPTA
Related to
Infants with
Prenatal
Substance
Exposure

CARA PRIMARY CHANGES TO CAPTA IN 2016

- Further clarified population to infants “born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
- Specified **data to be reported** by States to the maximum extent practicable
- Required **POSC** to address “the health and substance use disorder treatment



What Healthcare Providers Need to Know

- Who Needs a POSC in your state
- Are there different pathways for different populations of infants?
- Who oversees the POSC when CPS is not needed/required?
- Is there a POSC template to use?



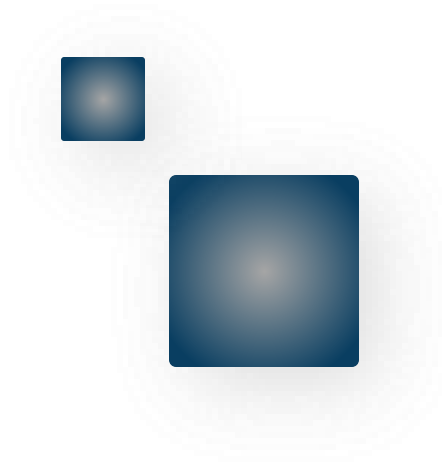
HOW IS POSC DIFFERENT?

Child
Welfare
Services
Safety Plan

SUD
Treatment
Plan

Hospital
Discharge
Plan

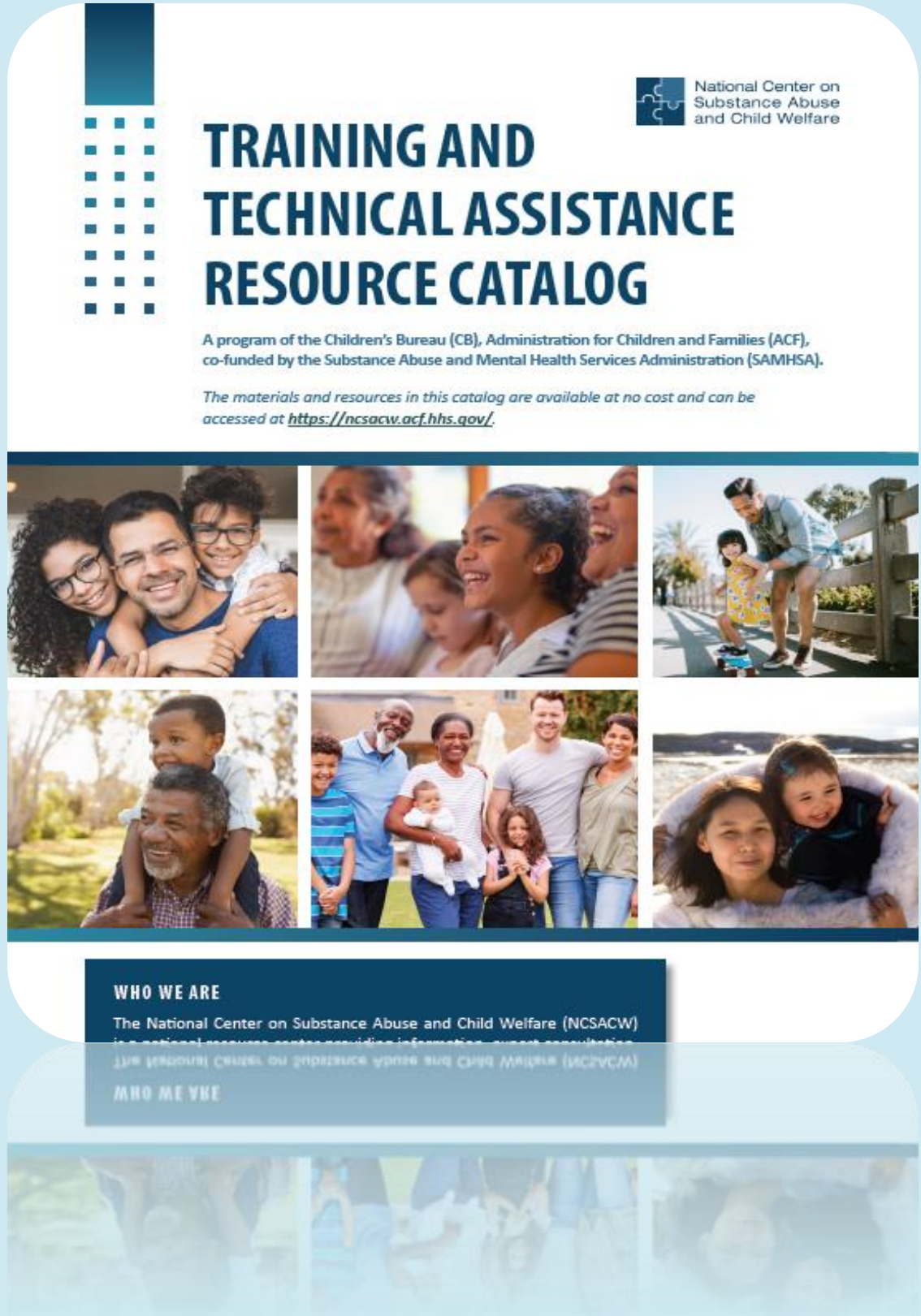
RESOURCES



Learn more about resources from ncsacw!



Use this QR code to access *The Training and Technical Resource Catalog* which includes all the most recent materials from NCSACW to help professionals best serve families.



PLAN OF SAFE CARE LEARNING MODULES

Five Learning Modules

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

Available @ <https://ncsacw.acf.hhs.gov/topics/plans-of-safe-care-learning-modules.aspx>



How States Serve Infants and Their Families Affected by Prenatal Substance Exposure

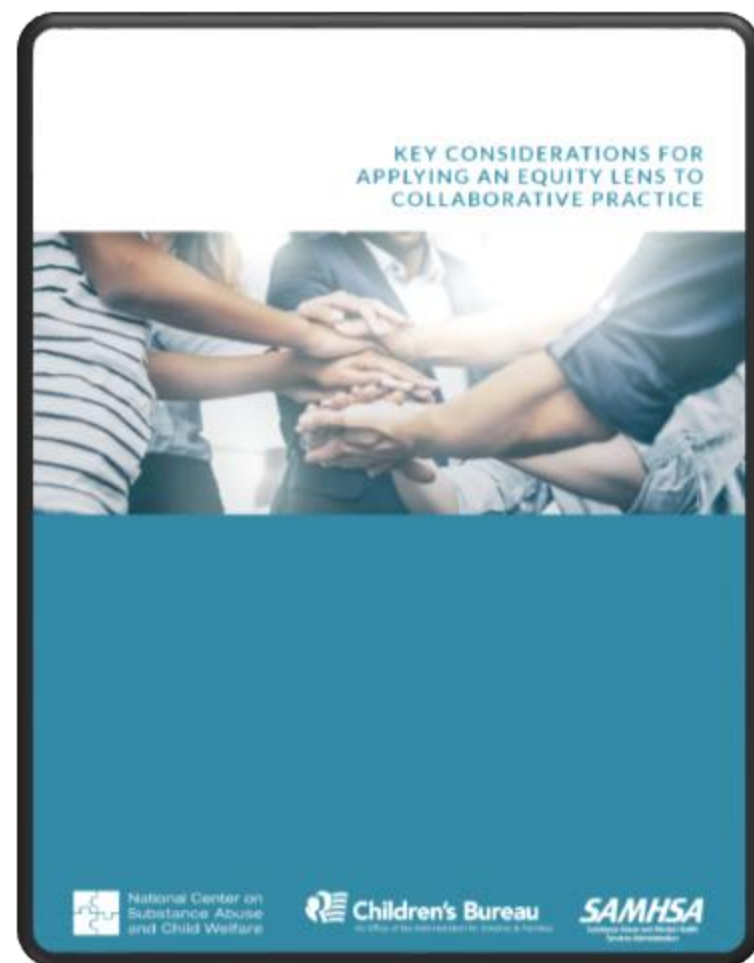


- ❖ Brief 1: Identification and Notification

- ❖ Brief 2: Plan of Safe Care Data and Monitoring

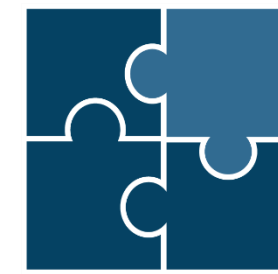
- ❖ Brief 3: Lesson from Implementation of Plans of Safe Care

Key Considerations for Applying an Equity Lens to Collaborative Practice



This brief helps collaborative teams formally **assess existing policies** to determine if and how they **contribute to disproportionate and disparate outcomes for families** being served.

By working through the “Questions to Consider”, teams begin applying an **equity lens** to collaborative policies and practices.



National Center on
Substance Abuse
and Child Welfare

Safety & Risk Video Series

This video series provides child welfare professionals with details on child safety and risk factors related to parental substance use disorders (SUDs). The series highlights strategies to promote parent engagement and support a coordinated approach—across systems—that helps families mitigate child safety and improve family well-being. It includes considerations when planning for safety with families.

- *Engagement and Safety Decision-Making in Substance Use Disorder Cases*
- *Planning for Safety in Cases When Parental Substance Use Disorder is Present*



@ <https://ncsacw.acf.hhs.gov/training/videos-and-webinars/webinars.aspx>

Washington State Plan of Safe Care

Development of a Community-Based Pathway & Child Welfare Alignment
with Federal Plan of Safe Care Changes

May, 2023

Alissa Copeland, MA

DCYF Early Learning Program Manager

Sarah Holdener

DCYF Help Me Grow Lead



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: May 9, 2023

Revised Date: Month XX, 20XX

Partnership, Prevention, and Services Division

*Approved for distribution by Alissa Copeland,
Early Learning Program Manager*

www.dcyf.wa.gov

Initial Implementation



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Cross-System Collaboration

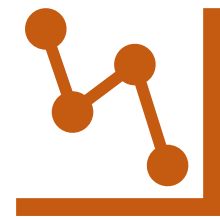
Washington Department of Children, Youth, and Families (DCYF) – state agency serving children, youth, and families across all stages of development.

Washington Department of Health (DOH) – state agency supporting health equity, optimal health, and public health services in WA

Washington State Healthcare Authority (HCA) – state agency supporting whole-person health care across WA including providing Medicaid health care coverage for nearly a third of WA residents.



The Healthcare Provider identifies an infant as substance exposed. Via the online portal, the provider provides de-identified data related to every instance of prenatal substance exposure.



If a **notification** is required, the online portal's algorithm will then direct the provider to complete the POSC referral, which is sent to Help Me Grow.



Help Me Grow will reach out to the family and refer them to services based on the POSC, as well as other wrap-around supports.



If a **report** is needed, the online portal's algorithm will then direct the provider to call DCYF Intake. DCYF will complete the POSC.



When are Reports Required to DCYF Intake?

The following situations require a report to the DCYF Intake Line and a POSC:

- Any case of a newborn with safety concerns
- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).
 - **Infants exposed to marijuana only do not require a report**
- A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure
- A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.

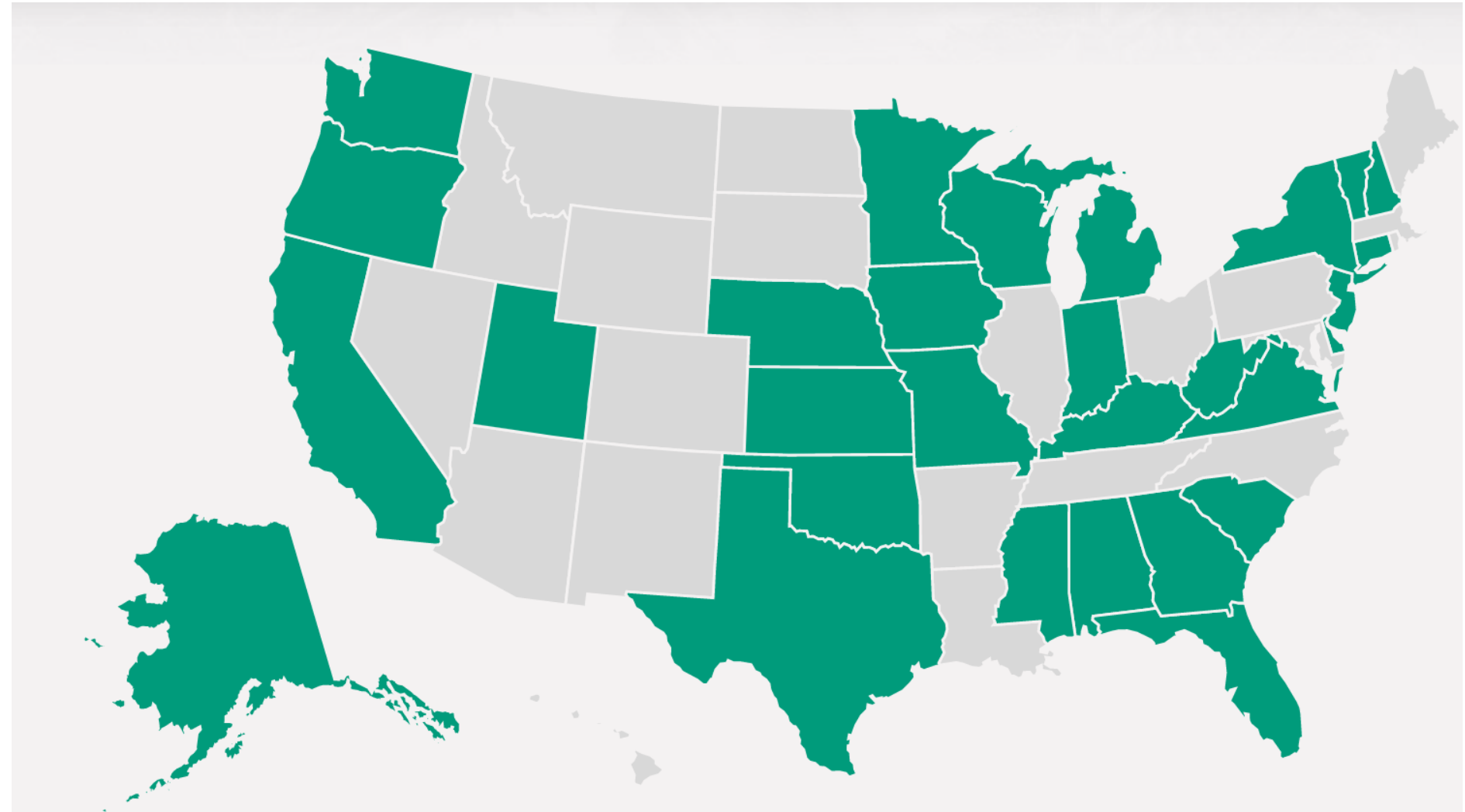
When are Notifications Required?

The following situations require a notification and a POSC:

- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking any medication or combination of medications with abuse potential as prescribed by her clinician, and there are no safety concerns
- A newborn is prenatally exposed to marijuana and there are no safety concerns

What is Help Me Grow Washington?

Help Me Grow Washington is a comprehensive system, based in community, to connect young children and their families to the resources they need.



Help Me Grow Washington Connects Families to...

- Health Insurance Applications
- Food Stamps Applications & Food Resources
- WIC
- Early Intervention
- Home Visiting Programs
- Ages & Stages Questionnaire
- Immunizations & Child Profile
- Parent Support & Early Childhood Resources
- Post-Partum Mental Health
- Newborn Baby Supplies



Collaborations, Learnings, & Next Steps for Implementation



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2021-2022 Implementation Accomplishments

- **Cross-sector stakeholders are driving the work forward**

- DCYF is coordinating with state-level agencies, Within Reach/Help Me Grow, Washington State Hospital Association, and a multitude of community partners and providers
- Plan of Safe Care is a recommendation of both the WA Opioid and Overdose Response Plan (2021) and the WA Maternal Mortality Review Report (2023)
- National recognition – held up as example POSC work by both the BUILD Initiative and the Center for Children and Family Futures
- Plan of Safe Care is the largest project in the WA CAPTA State Plan and a primary focus of the Citizen Review Panels

- **Pilots**

- Launched initial two pilot sites in June 2021
- 2022 implementation and engagement strategies included targeting hospitals engaged in aligned work (e.g. eat sleep console)
- 2023 statewide implementation includes targeting specific communities and hospitals with robust collaborations serving this population for engagement

- **Infrastructure**

- Developed online portal
- Established HMG WA's Mental and Behavioral Health Team
- Gathered 1100+ resources across the 39 counties in Washington (SUD, MAT, peer-support, parenting classes, baby supplies, etc.)
- Exploring statewide and community referral partnerships



Collaboration with Hospitals and Communities

- Cross-sector partners developed definitions and designed the POSC system in our state
 - Aligned initiatives addressing perinatal SUD
- Strong relationship with Washington State Hospital Association
 - Recommendations for Hospital policy
- Meeting communities where they are
 - Bringing together existing community collaborations
 - Identifying aligned work in each community
 - Providing tailored support

Hospital Listening Sessions ~ What We've Learned

- Clarity needed around identifying “safety concerns”
- Hospital policies around screening and testing for substances as well as reports to CPS vary and may not be consistent with the POSC body of work
- Concerns noted around equitable access as a result of inconsistency across hospital reporting
- Need/requests for FAQ and a higher degree of technical assistance



Training for Hospitals & Providers ~ Consent & Transparency

- Supporting healthcare providers to be transparent about calling DCYF Intake
- Obtaining consent for a referral to Help Grow for all families can facilitate the referral going back to Help Me Grow if it is Screened-Out by DCYF
- Explaining this possibility to families provides them with information and an opportunity to ask questions about both pathways



Addressing Racial Equity ~ What we've Found & Want to Learn

- Hospitals' policies and practices vary widely regarding the testing of newborns for evidence of substance exposure
- The Plan of Safe Care initiative collects data on hospital reporting practices around screening, testing, and referring to Child Protective Services
- The implementation team can identify opportunities for anti-bias & Mandatory Reporting training and support policy that standardizes screening, testing, and referral practices



2023 Implementation Goals

Child Welfare Policy/Practice

- Revisions to policy related to intake screening & POSC
- Data collection & reporting
- POSC Targeted Case Review
- Routing screened-out intakes to Help Me Grow
- Utilizing POSC as a family-centered case planning tool



2023 Implementation Goals

Hospital engagement strategies target champion user communities

- Opportunities to strengthen collaboration in the field with birthing hospitals
- Opportunities to engage regional child welfare staff in implementation efforts in their communities
- Hospital training is closely tied to Mandatory Reporting for this population of reporters
- Hospitals are supported to implement aligned efforts



2023 Implementation Goals

POSC Online Referral Portal Improvements

- Gathering user experience data
- Opportunities to develop a risk assessment tool (strengthen the current algorithm)
- Exploring ways to build out functionality of the portal (e.g. child-welfare referrals)



Thank you!

Visit <https://www.dcyf.wa.gov/safety/plan-safe-care> or email dcyf.plansofsafecare@dcyf.wa.gov for more information



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Plan of Safe Care in San Francisco, CA

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Charge Nurse, Birth to Five
Program, SF Family & Children's
Services / SF Dept. of Public Health

Dr. Heather Briscoe, MD
Associate Professor of Clinical
Pediatrics, UCSF / Zuckerberg San
Francisco General Hospital



Photo by Noun Project from Noun Project

CA's Response to CAPTA/CARA: 2017

Counties notified of requirement to notify CPS of all SENs

Up to individual counties to decide who develops a POSC, oversight, etc.

Data Requirements in State CWS/CMS database

Essentially no change to current practice - CW Case Plan or Safety Plan counts as POSC

Additional POSC Guidance in CA: 2020

POSC may come from outside of CW and be used to inform CW case plan/safety plan

Reason for notification requires an element of risk, not only concern for prenatal exposure

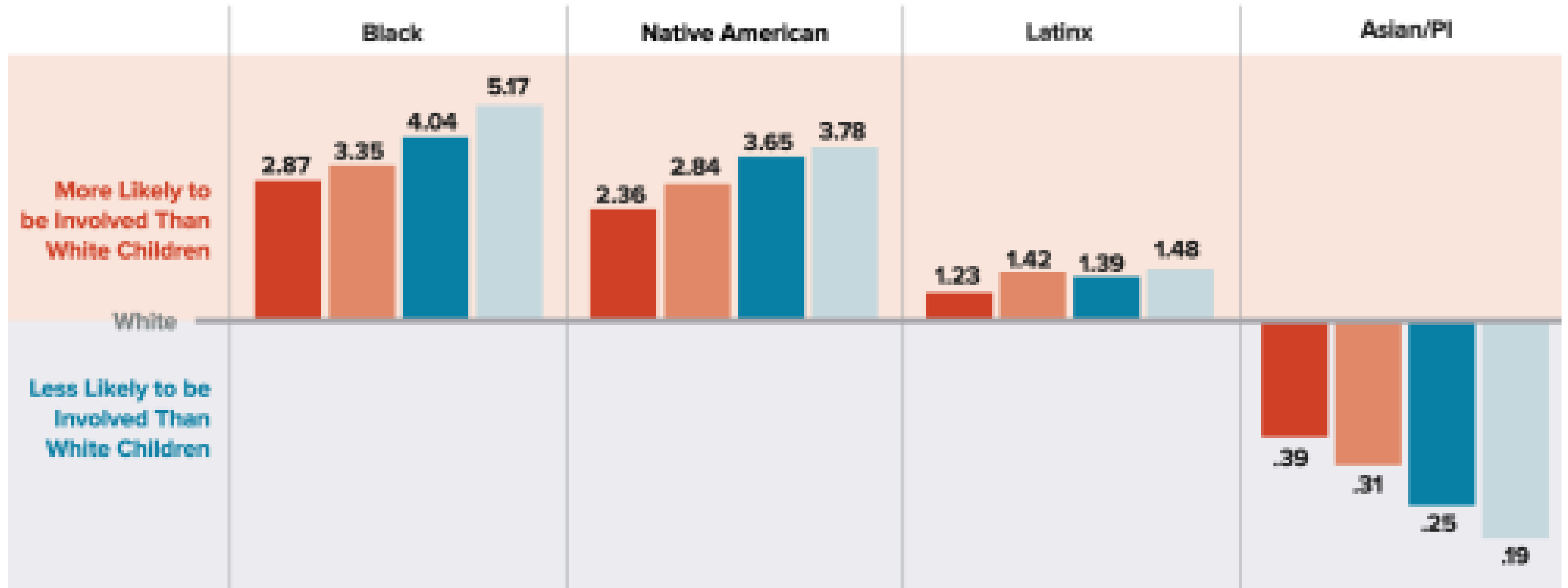
Anticipated withdrawal symptoms due to MAT do not necessitate CPS referral

Importance of coordination and collaboration with healthcare providers

Racial Disparity Indices, January-December 2020

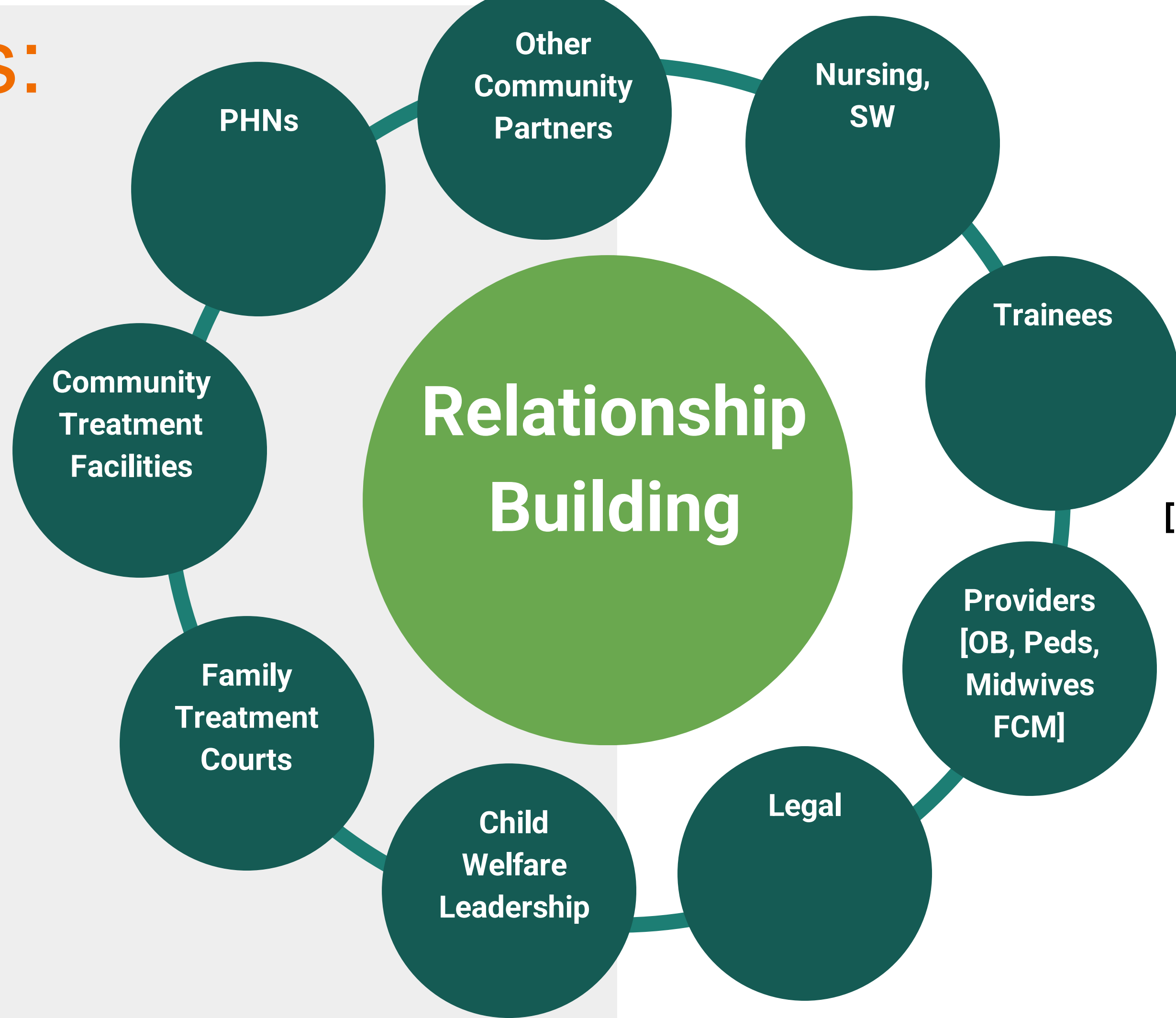
(General Population)

Baseline California Data Trends: Ethnic Group Disparity Compared with White Children Along Child Welfare Continuum



Solutions: Our Experience

[External Partners]



[Internal Partners]

Building the Plan of Safe Care Collaborative

- Collaborative Values Inventory (CVI)
- Process Mapping through Human-Centered Design



Using Human-Centered Design to Address Transitions of Care during Pregnancy to Age 3 at ZSFG



June 2020



Timeline



Family Care Plan (POSC)

- Care team: trusted contacts
- Birth goals
- Strengths and challenges
- Referrals/linkages
- Discharge plan



Photo by Noun Project from Noun Proj



Photo by Noun Project from Noun Project

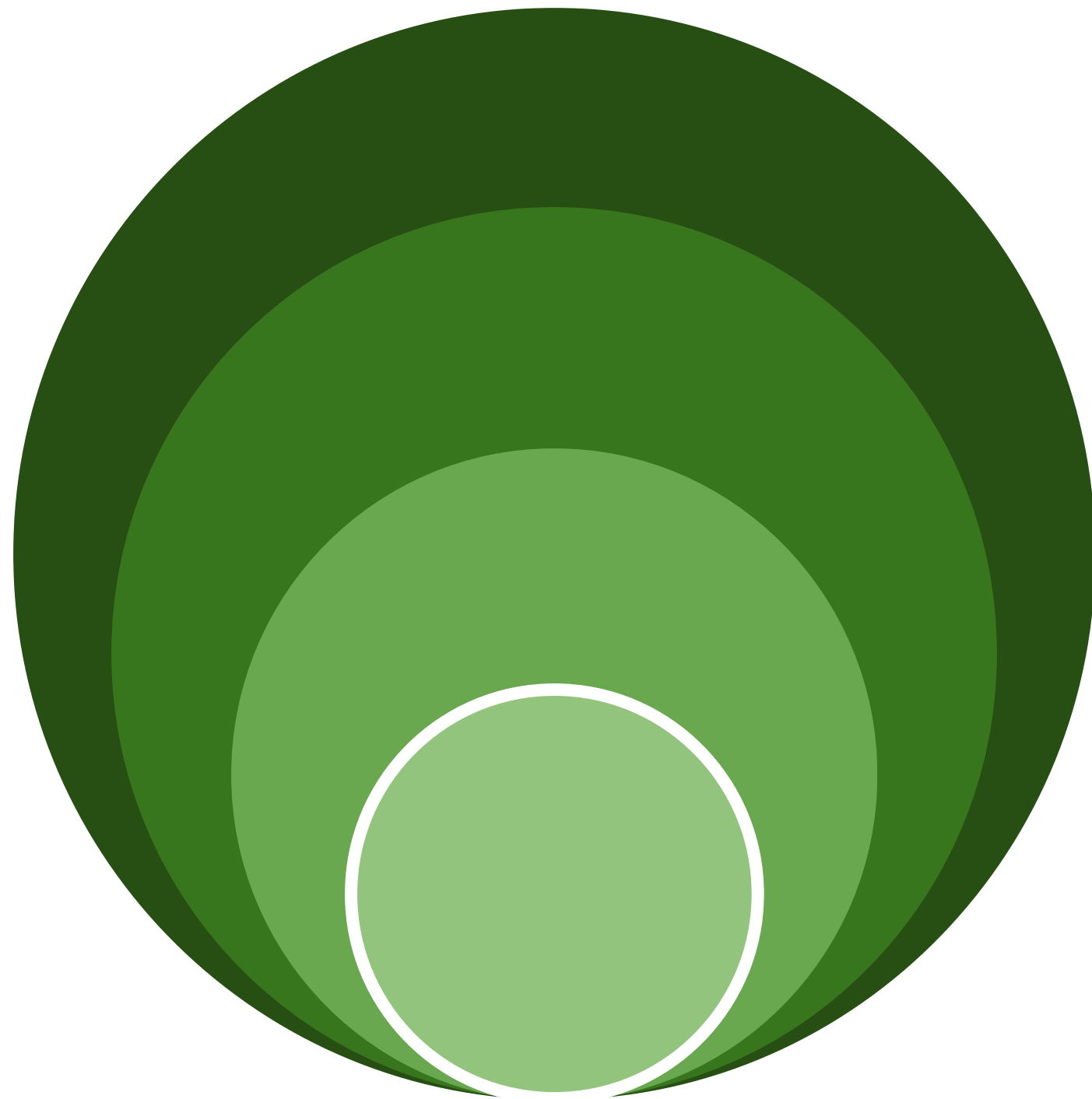
What is a Plan of Safe Care?

"THE WORK IS NOT THE DOCUMENT"

- A document
- A concept; or, the sum of many collective efforts
- A child welfare case/safety plan?
- A collaboration
- An aspiration

Solutions:

Our Experience

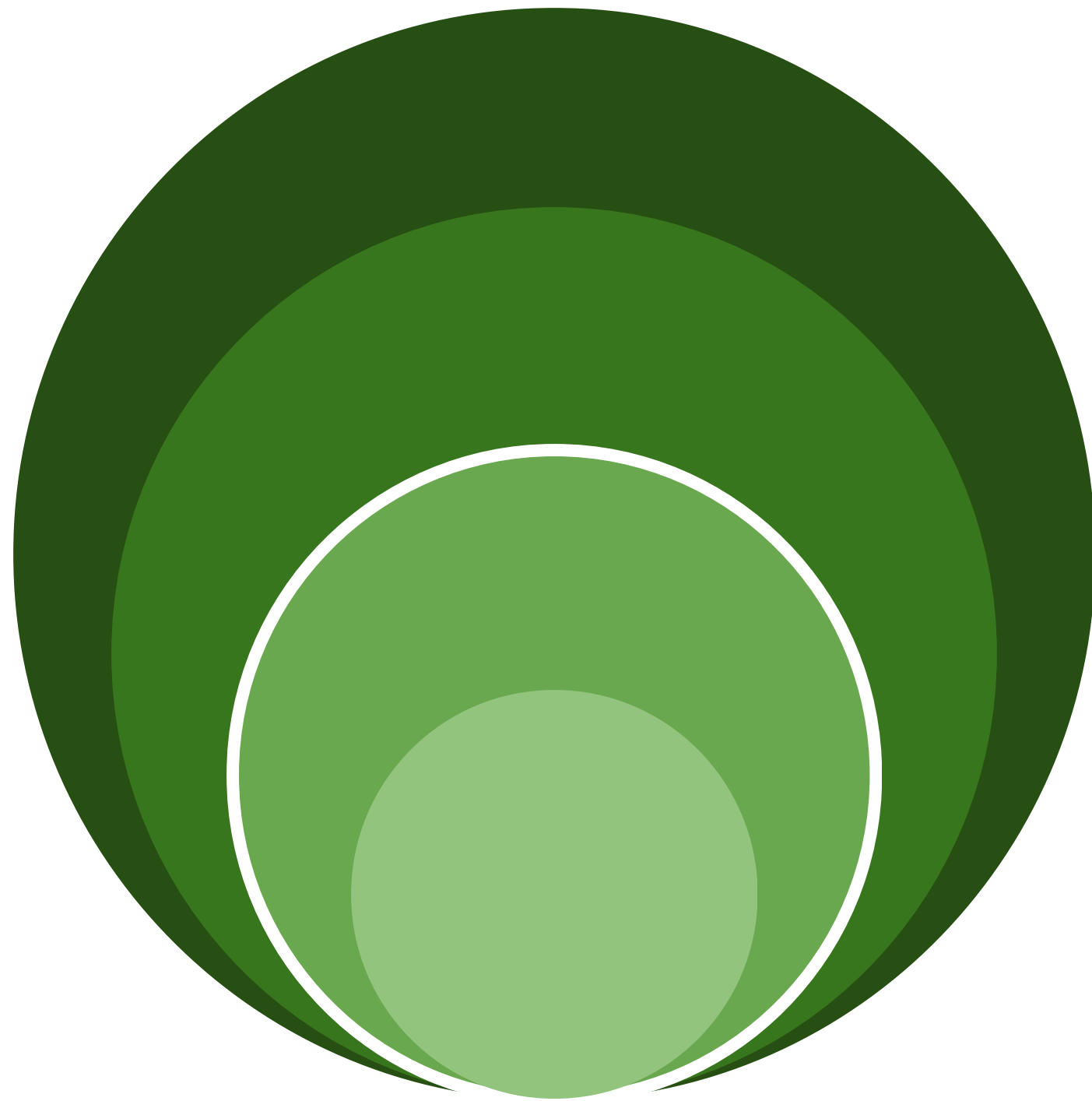


Individual (Parent)

- Patient centering
 - Removing barriers to access*
 - Seeking & compensating individual expertise
- Team Lily - care innovation, dignity
- Centering parent in Plans of Safe Care
- Relationship Centered Communication

Solutions:

Our Experience



Institutional/Community

- Need for relationship building
- Hospital Policies
 - Urine toxicology testing
 - Substance use and chestfeeding
 - Family Safety Time Out
 - Plan of Safe Care
 - Equity toolkit



Dyad Care Coordination Time Out

- Family Care Plan (POSC) Reviewed/Updated/Created (if useful, import to Care Coordination note)
- Topics to address:
 - Discussed strengths of patient
 - Discussed challenges to parenting patient is facing
 - Identified patient's social support
 - Discussed comments of care-team members not present at meeting
 - How do identities, power, privilege, bias & structural/social determinants of health impact this case? (racism-language barriers-differential access to healthcare-stigma poverty)
 - CPS referral needed / not needed (circle one)
 - Rationale for decision:
 - Next steps if notification will be made (who will notify & support family, what additional resources can be offered, who will file the report and when)

Ongoing Collaborations



Photo by Artem Varnitsin from Noun Project

Family Treatment Court

Weekly case conferences

Family & Children's Services

Family Centered Treatment Collaborative

Shortcomings/Lessons Learned

- Plan is a misleading word. It creates room for disappointment when the unexpected happens.
- It creates additional documentation burden and isn't easily discoverable, universally modifiable, or easily shared.
- There is no way to share across many key stakeholders in a secure, compliant way
- Patients would prefer to grant and rescind ROIs, and we lack such a system
- There is no funding to support implementation or oversight of POSCs
- As a patient-centered plan, it can feel inflexible if in the hands of CPS

Future Directions



Photo by Jacob Lund from Noun Project

Design a model for broader implementation

Include all perinatal care providers in SF

Enhance collaborations to leverage resources

Tech solution for POSC and related communication

Resources

PREGNANCY AND SUBSTANCE USE:

A HARM REDUCTION TOOLKIT

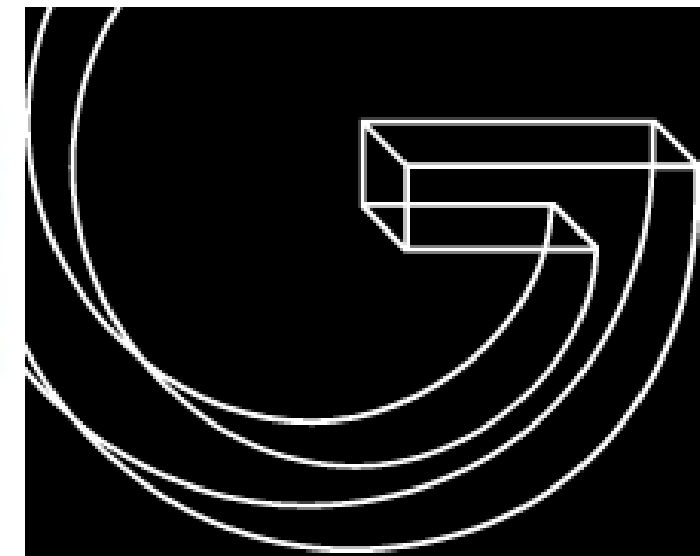
**NATIONAL
HARM REDUCTION
COALITION**



CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes



National Center on
Substance Abuse
and Child Welfare



GUTTMACHER
INSTITUTE

Thank You!

Contact info:

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Marcy Spaulding

Email: marcy.spaulding@sfgov.org

Photo by [Lawrence Crayton](#) on [Unsplash](#)





Development of the Plan of Safe Care Houston, Texas

Beth Van Horne

Division of Public Health Pediatrics

Baylor College of Medicine & Texas Children's Hospital

**SUPPORTING MOTHERS AND INFANTS
IMPACTED BY PERINATAL OPIOID USE:**

A CROSS-SECTOR ASSESSMENT

HOUSTON AND SAN ANTONIO, TEXAS



MARCH 2019

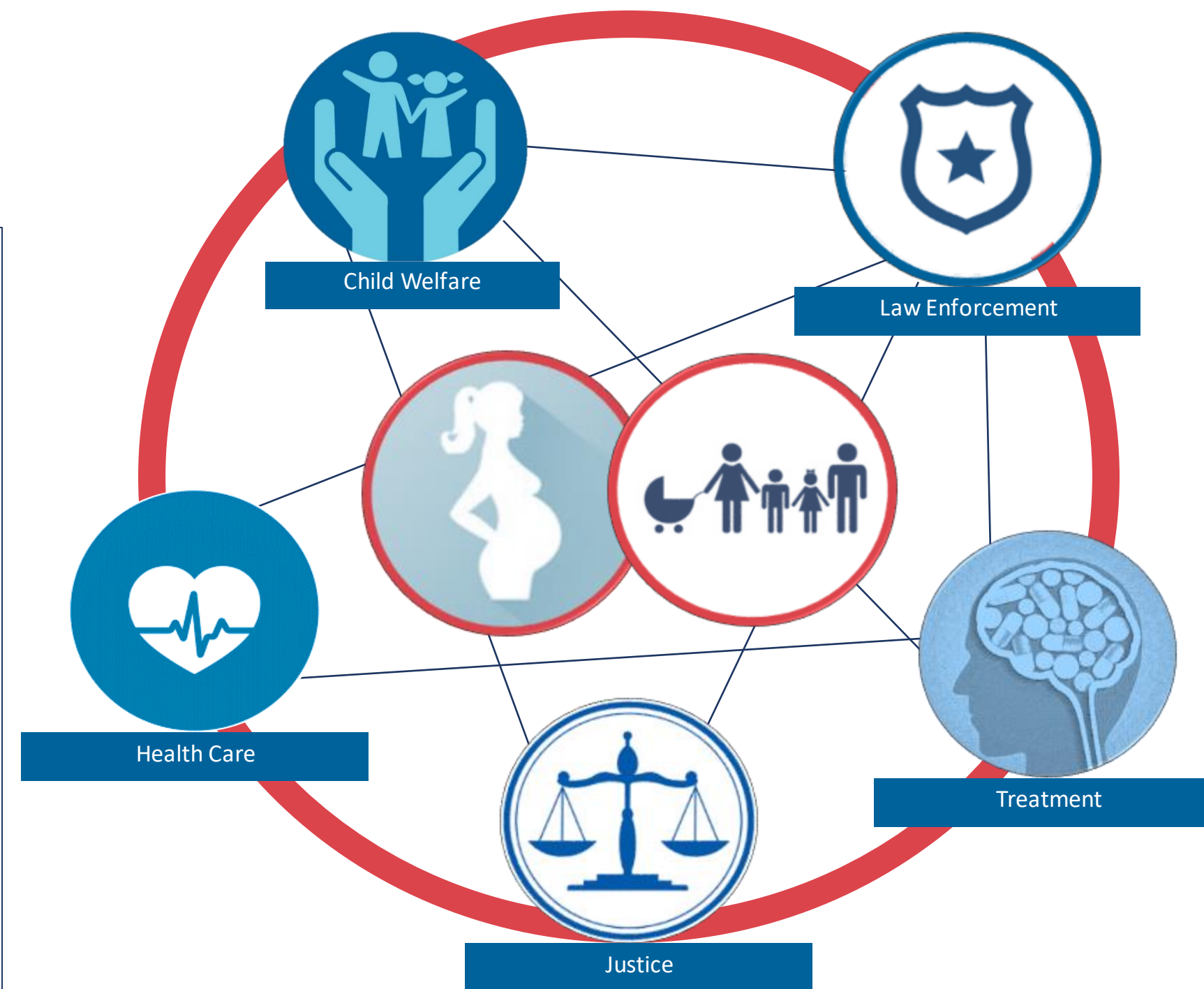
2018 Needs Assessment

-
- Policy review
 - Data analysis
 - Interviews
 - Collaborative meetings in San Antonio and Houston
 - Journey Mapping
 - Readiness and implementation assessment of collaboratively created recommendations

The Harris County Plan of Safe Care Steering Committee

- Intentional selection
- Met 9 times over 21 months
- Partners in pilot

Guiding Vision Statement:
All pregnant and postpartum women with identified substance use issues to be offered a plan of safe care, and connection to the resources listed within, as early as possible to ensure the health and safety of mom and baby.



What we did: PDSA Summary

COLLABORATIVE/PILOT ORGANIZATIONS

9 meetings- collectively identified needs, developed and reviewed materials

PILOT MATERIALS DEVELOPED

Brochure

Plan of Safe Care Portfolio

PILOT DISTRIBUTION

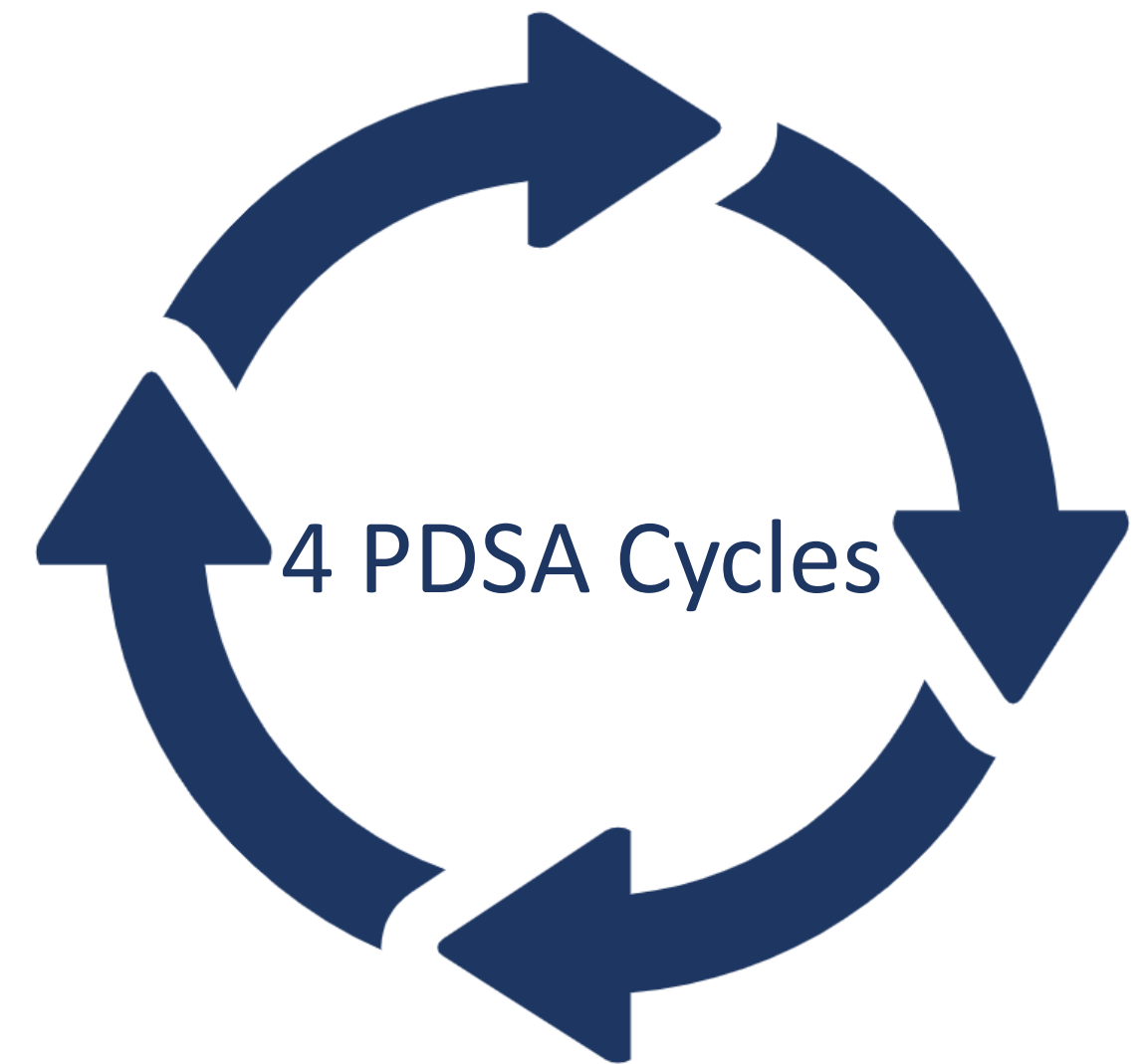
170 Portfolios initiated through 5 Steering Committee organizations

6 implementation workflows from Steering Committee organizations

FEEDBACK

28 client interviews (9 feedback, 12 short- and 7 long-term experience)

19 interviews with 27 providers (8 feedback, 12 implementation)



Resources Developed to Support Adoption

Online, Self-Paced Trainings:

- Overview
- Document Review
- Implementation
- Case studies

Supportive Resources:

- Provider Toolkit
 - Provider Script (English & Spanish)
 - Implementation Guide
- Introducing the Plan of Safe Care Virtually- Exemplar Video
- Texas Child Protective Investigations Overview
- “What do providers have to say” Video Collection
- Family Testimonials

Tools and Resources are FREE



Quotes from Pilot Providers

“I think other unexpected ways....bring all of their medical information and kind of have it serve as a **repository** and a way to **organize and capture** things that they might not have otherwise. I've also seen women start to become **more engaged** and feel as though they **have control** over what happening with their medical care... that's definitely not something that I think I expected at least with this...”

“I don't think they expect it....it demonstrates we actually care [about] more than just how the baby is doing.”

“Giving them the **tools** that they need and deserve to be able to **organize their medical care and take ownership** of it is really important.”

Quotes from Pilot Moms

“Plan of Safe Care saved me. I had a previous CPS case with my two-year-old so I knew they would be checking on me. My caseworker was so impressed.”

“It keeps me focused and organized.”

“It's very helpful in court.”

“This is helping me reach my goals.”

“I felt there was a team backing me up.”



The “Texas” Plan of Safe Care
Now called “Family CARE Portfolio”

How we defined The Family **CARE** Portfolio

Coordinate care
Advocate for themselves
Record important info
Empowered to take charge of their health and wellbeing.

The Family **CARE** Portfolio:

- Is an **organizational *tool*** to support families with complex social needs
- ***Belongs to the family***
- Helps **demonstrate and communicate** a family's strengths, needs, and accomplishments

The goal of a Family **CARE** Portfolio is to strengthen the family, promote healthy pregnancies and family health, and keep child(ren) safely at home.



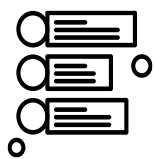
Who is it for?

- Pregnant individuals and families with young children that need additional support
- This may include families experiencing:
 - Families w/ child welfare & court involvement
 - Pregnant w SUD =>recovery resume
 - Domestic violence
 - Incarceration
 - Homelessness
 - Teen Pregnancy
- Families working multiple providers, such as:
 - Case managers
 - Doctors
 - Coaches (recovery, parent, etc.)
 - Counselors



PORTFOLIO

Family CARE Portfolio Tabs



Family Health & Supports



Contacts



Consent & Release of Information Forms



Resources



Appointments & After Visit Summaries



Accomplishments



Notes & Additional Information

Successes and Challenges

- Individualization and Flexibility
- Dissemination
- Adoption
- Ownership and Accountability
- Evaluating and Demonstrating “Success”/Outcomes





THANK YOU



Family CARE Portfolio Requests
<https://redcap.link/posc.request>



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QUESTIONS?

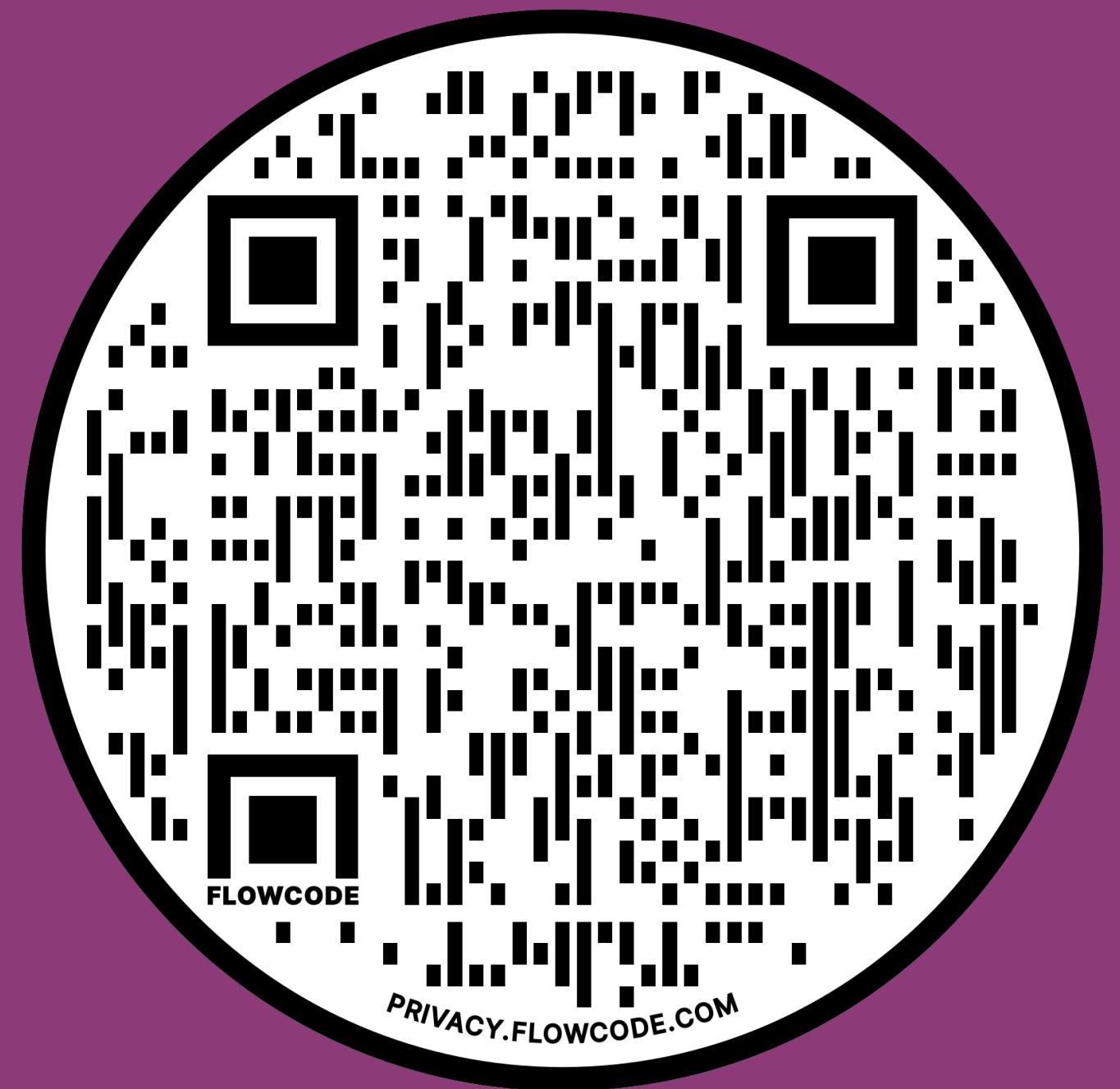


Evaluation Survey

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https://unc.az1.qualtrics.com/jfe/form/SV_78xwNntU9FL07BA



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