



# THE ROLE OF PLANS OF SAFE CARE

## IN MATERNAL AND CHILD HEALTH



### OVERVIEW

The ASTHO Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) is a learning community to help states address the public health challenges stemming from the opioid overdose epidemic. In collaboration with the Centers for Disease Control and Prevention (CDC), OMNI shares community-based strategies and supports state teams to implement policies and programs to address opioid use among pregnant and postpartum women, and infants prenatally exposed to opioids. An ASTHO priority is to focus on health equity and culturally competent systems and training, including adapting healthcare delivery to meet a person's social, cultural, and linguistic needs and using person-centered language to reduce barriers to recovery.



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# 01 PLANS OF SAFE CARE

In 2016, Congress **amended** the Child Abuse Prevention and Treatment Act to require states to develop Plans of Safe Care (PoSC) that address the needs of infants affected by substance use and fetal alcohol spectrum disorders. It also requires the development of service plans for caregivers and family members.

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We feel that developing Plans of Safe Care is an important project. Success here is not one person's responsibility—it's everybody's.

OMNI LEARNING COMMUNITY MEMBER



Developing Plans of Safe Care for mothers with substance use disorders and infants prenatally exposed to opioids is a **critical step** in improving the health of women, children, and families. A Plan of Safe Care is a **guide** that assesses and directs services to ensure families are connected to appropriate medical and behavioral services. These plans focus on supporting the overall well-being of the family unit and create a foundation to reduce **adverse childhood experiences**. Plans of Safe Care **identify** agencies that provide specific services, outline communication procedures among families and provider teams, and guide **coordination** of services across agencies.

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Plans are really vital when we're working with families in the community. Our goal is to make sure we optimize outcomes for a pregnant woman and her baby.

OMNI LEARNING COMMUNITY MEMBER

# BARRIERS AND CHALLENGES

Lack of standardization can prevent Plans of Safe Care from being developed and implemented.



## REPORTING

State and local health departments, public health agencies, hospital systems, and healthcare providers face challenges when policies and protocols to guide consistent and appropriate reporting is not clearly defined, including the Child Abuse Prevention and Treatment Act. Standardization among partners can make this process easier and more coordinated.



## RELATIONSHIPS

Given the diversity of processes and procedures in place for Plans of Safe Care, each health agency system may operate differently and building connections may be difficult. It is important to make these connections and bring the right stakeholders to the table. This includes intra-departmental or cross-agency partnerships that would be helpful in creating a Plan of Safe Care.



## ROLES

It is important to clearly define roles for referrals in a Plan of Safe Care. Many states have autonomy when creating Plans of Safe Care and must make decisions involving multiple stakeholders. Roles can become unclear, which leads to confusion on how to structure and complete these plans. Without proper collaboration between agencies, both the mother and infant's health can be compromised.



## PROCESSES AND DEVELOPMENT

When standardizing Plans of Safe Care, it is critical to answer the following questions:

Who is collecting information?



What metrics are being collected?



Where is the data housed?



How is the data being shared?



# STATE APPROACHES TO PLANS OF SAFE CARE



Many OMNI states have identified Plans of Safe Care as a priority tool to support women and their newborns.

## RELATIONSHIP BUILDING AND STAKEHOLDER ENGAGEMENT

Engaging and collaborating with stakeholders can take various forms. Through OMNI, states have integrated strategies to bring important partners to the table and make program facilitation more streamlined.

- The Ohio OMNI Team has conducted focus groups to discuss care coordination practices occurring around the state. Participants include social workers, nurse navigators, WIC coordinators, medical directors from the state and local health departments, county hospitals and medical centers, and child protective service agencies.
- The Florida OMNI team formed a new workgroup in partnership with the state's Department of Children and Families to develop and implement Plans of Safe Care statewide. Stakeholders in the workgroup include home visitation personnel, behavioral health staff, Healthy Start initiative liaisons, Florida Perinatal Quality Collaborative representatives, and Agency for Healthcare Administration staff.

Plans of Safe Care partners **can include** (but are not limited to): parents or caregivers, the infant's healthcare professionals, the parents' or caregivers' substance use disorder treatment service providers, Medication for Opioid Use Disorder (MOUD) providers, out-of-home care providers, state child welfare agencies and supportive adults identified by the parents or caregivers

The American Academy of Pediatricians **recommends** and provides **guidance** for pediatricians and providers involved in process of creating a Plan of Safe Care.

## REPORTS AND REFERRALS

Some state Plans of Safe Care specify what referrals should be made and how child protective service agencies must respond to reports of substance-exposed newborns.

- **Nevada** and **Pennsylvania** require a multidisciplinary team across health and social services to complete an assessment of needs for the infant and family and to make a referral to appropriate services.
- **Rhode Island** requires that a Plan of Safe Care include referrals to services for the substance-exposed newborn and the caregiver affected by substance use. Examples of such services and supports include, but are not limited to, home visiting programs, early intervention services, and recovery supports. The Plan of Safe Care is provided to the newborn's caregiver at the time of newborn hospital discharge.

## STANDARDIZED IMPLEMENTATION TEMPLATES

Plan of Safe Care implementation becomes easier with standardized program templates across hospital systems. Ideally, the template would **outline** community partners during pregnancy to provide the mother with support and referral for MOUD. The template could also be shared with partners, family members, and medical teams.



## ESTABLISH AND STANDARDIZE

Although hospitals may want autonomy across program areas, states can standardize forms, process, definitions, and responsible parties to guide strategies when developing Plans of Safe Care.



## CONVENE AND COLLABORATE

For states with differing Plans of Safe Care definitions and processes across partners, communication is key. Partners should be convened routinely to ensure program alignment and shared progress towards goals.



## INTEGRATE AND SHARE

Creating a plan to share information on integrated services and referrals is an integral part of ensuring that Plans of Safe Care are implemented correctly. Understanding the metrics involved and sharing data with relevant partners will ensure clarity and lead to tangible improvements.



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