



PLAN OF SAFE CARE



WHAT IS A PLAN OF SAFE CARE (POSC)?

A Plan of Safe Care is a document created jointly by a pregnant or parenting person, their family, and care providers. The document includes information about the parent, the infant, and their family/support systems to assist with care coordination. The goal of the POSC is to strengthen the family unit, help pregnant people have a healthy pregnancy, and keep child(ren) safely at home. It is also:

- A personalized guide to ensure the necessary resources are provided to help families thrive
- A tool that helps communicate strengths and needs
- A tool to help with care coordination



IS POSC REQUIRED?

Federal and State laws require that infants affected by substance misuse, withdrawal, or fetal alcohol spectrum disorder must have a POSC in place. Each county is required to establish protocols regarding the assessment and referral for substance-exposed infants to Child Protective Services (CPS). Prenatal substance use does not automatically require a call to CPS.

Prior to the infant's release from the hospital, an assessment must be performed. The purpose of the assessment is to identify needed services for the mother, child, or family and the level of risk posed to the newborn. If, following the assessment, there are other factors present indicating risk to the child, a report shall be made to CPS.

WHO SHOULD BE INVOLVED IN DEVELOPING THE POSC?



The POSC is owned and developed by the family with the support of providers. These providers could include:

- Hospital Social Workers/Case Managers
- OB/GYNs
- Primary Care Doctors
- Pediatricians
- Substance Use Disorder Treatment Providers
- Recovery Coaches
- Mental Health Providers
- Staff from Home Visiting Programs
- Faith Leaders
- Parent Coaches and Peer Support



WHO CAN BENEFIT FROM A POSC?



The POSC was designed for pregnant and postpartum persons with infants who are at risk for or experienced prenatal substance exposure. The following populations should have a POSC developed:

- A pregnant person with an active substance use disorder
- Any family with infants born exposed to substances, even if they do not require a report to Child Protective Services
- Any family with infants who experience withdrawal, even to prescribed medications (e.g., methadone, benzodiazepines)

WHAT IF A PREGNANT PARENT/FAMILY DOES NOT WISH TO PARTICIPATE IN SERVICES IDENTIFIED THROUGH THE POSC PROCESS?

Services identified through the POSC process is completely voluntary, and a pregnant or parenting person/family is not required to participate. Although it is completely optional, explain why you think they would benefit from it. Reassure the pregnant or parenting person that the POSC is solely a tool to provide help and support.

WHEN SHOULD A POSC BE INITIATED?

Ideally, a Plan of Safe Care should be developed during pregnancy. This will allow the family and unborn child to get the most benefit from supportive services and reduce potential CPS involvement. However, if a Plan of Safe Care is not developed during pregnancy, it should be developed after delivery but before leaving the hospital. Best practices, however, support developing the POSC prenatally to serve as a living document throughout the pregnancy and after birth.