

# Plan of Safe Care: Supporting Infants & Their Parents/Caregivers With Substance Use Disorder

**Help Me Grow National Forum  
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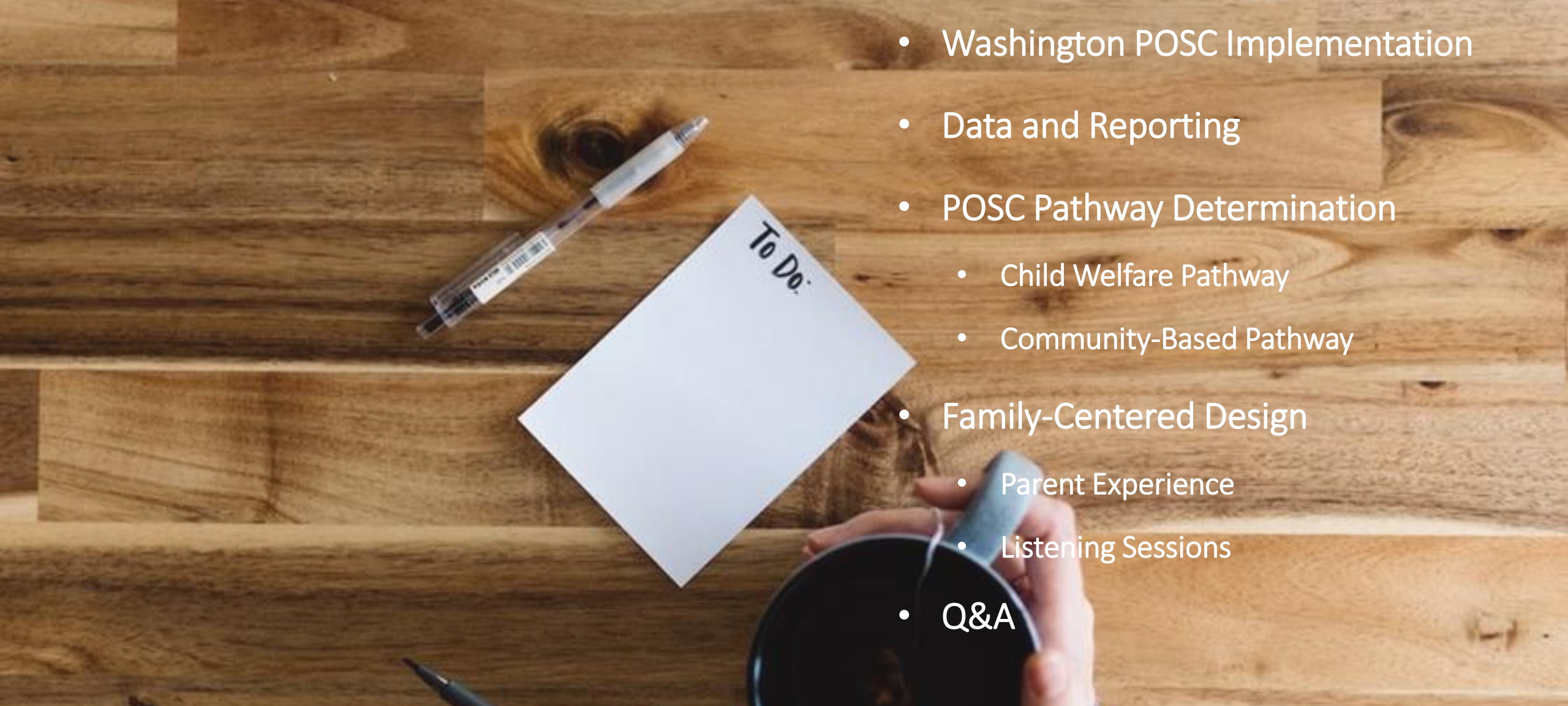
Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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- A photograph of a wooden desk with a pen, a sticky note that says 'To Do', and a hand holding a mug. The background is a light-colored wood grain.
- Washington POSC Implementation
  - Data and Reporting
  - POSC Pathway Determination
    - Child Welfare Pathway
    - Community-Based Pathway
  - Family-Centered Design
    - Parent Experience
    - Listening Sessions
  - Q&A



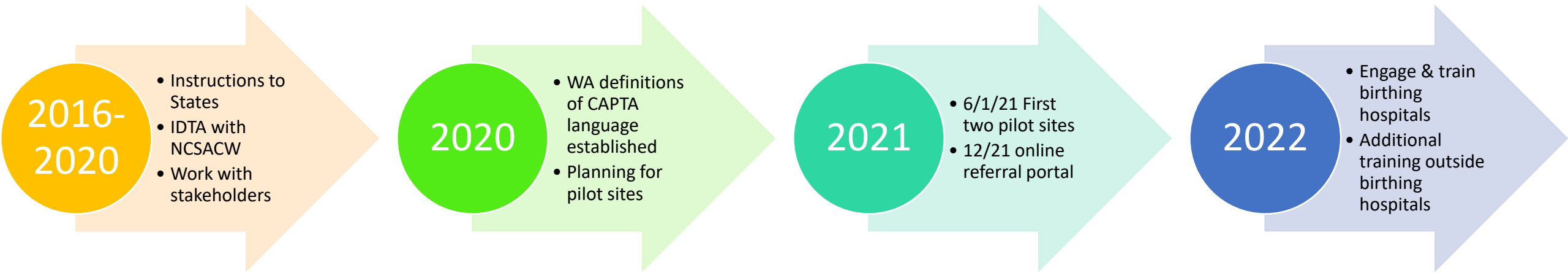


# Washington Plan of Safe Care (POSC) Implementation



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# Implementation Timeline



# CARA's Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
2. Specified **data to be reported** by States
3. Required **Plan of Safe Care** to include needs of **both infant and family/caregiver**
4. Specified increased monitoring and oversight by States to ensure that **Plans of Safe Care** are implemented and that **families have access to appropriate services**



# Primary Tasks for Washington

1. Develop definitions for “affected by substance abuse, withdrawal and FASD”
2. Determine which infants require a notification and POSC and which infants require a report and a POSC. Support Health Care providers with learning/understanding new definitions
3. Developing a system for overseeing POSCs



# What We Heard from Health Care Providers



Birthing Parents using Medication Assisted Treatment are reported to child welfare inconsistently across the state

In some areas, birthing parents are reported for taking psychiatric medications or diabetes medications



Marijuana exposure is treated differently across the state and in some cases reporting increases disparity





# What We Heard from Community Providers



Not all birthing parents who use substances require CPS involvement

There needs to be a different pathway for families who don't require CPS



A public health approach to address substance use disorders is preferable to a child welfare approach



# Who Needs a Plan of Safe Care in Washington? ~ CAPTA Definitions

**Prenatal Substance Exposure:** The presence of alcohol or any controlled substance verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.

**Affected by Withdrawal:** A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

**Fetal Alcohol Spectrum Disorder:** The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.



# 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
- 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
- Community of Practice



# Training for Hospitals & Providers ~ Consent & Transparency

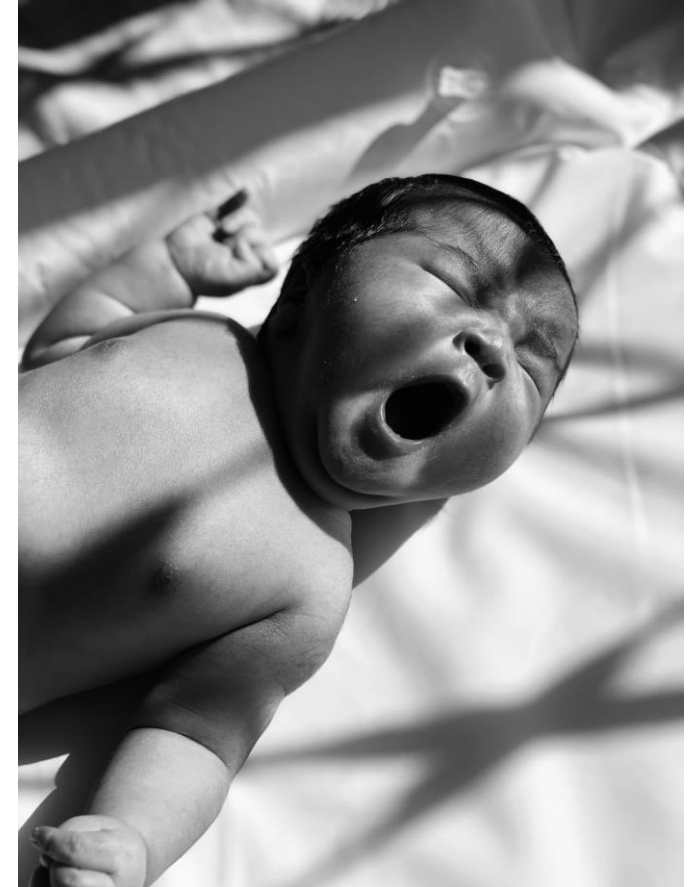
- Healthcare providers should be transparent about calling DCYF Intake
- Healthcare providers should obtain a family's consent to submit a referral to Help Me Grow
- Obtaining consent for a referral to Help Grow for all families can facilitate the referral going back to Help Me Grow if it is Screened-Out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



# 2023 Implementation Goals

## Hospital engagement strategies target champion user communities

- Strengthen collaboration between child welfare and birthing hospitals.
- Engage regional child welfare staff in implementation efforts in their communities.
- Align Mandatory Reporting training for Hospitals with the POSC process.
- Support Hospitals to implement aligned efforts.
- Support Hospital policy alignment – cross-agency letter & press release.





# Data & Reporting



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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.
- A newborn is diagnosed with a FASD OR the infant has known prenatal alcohol exposure when there are safety concerns for the infant



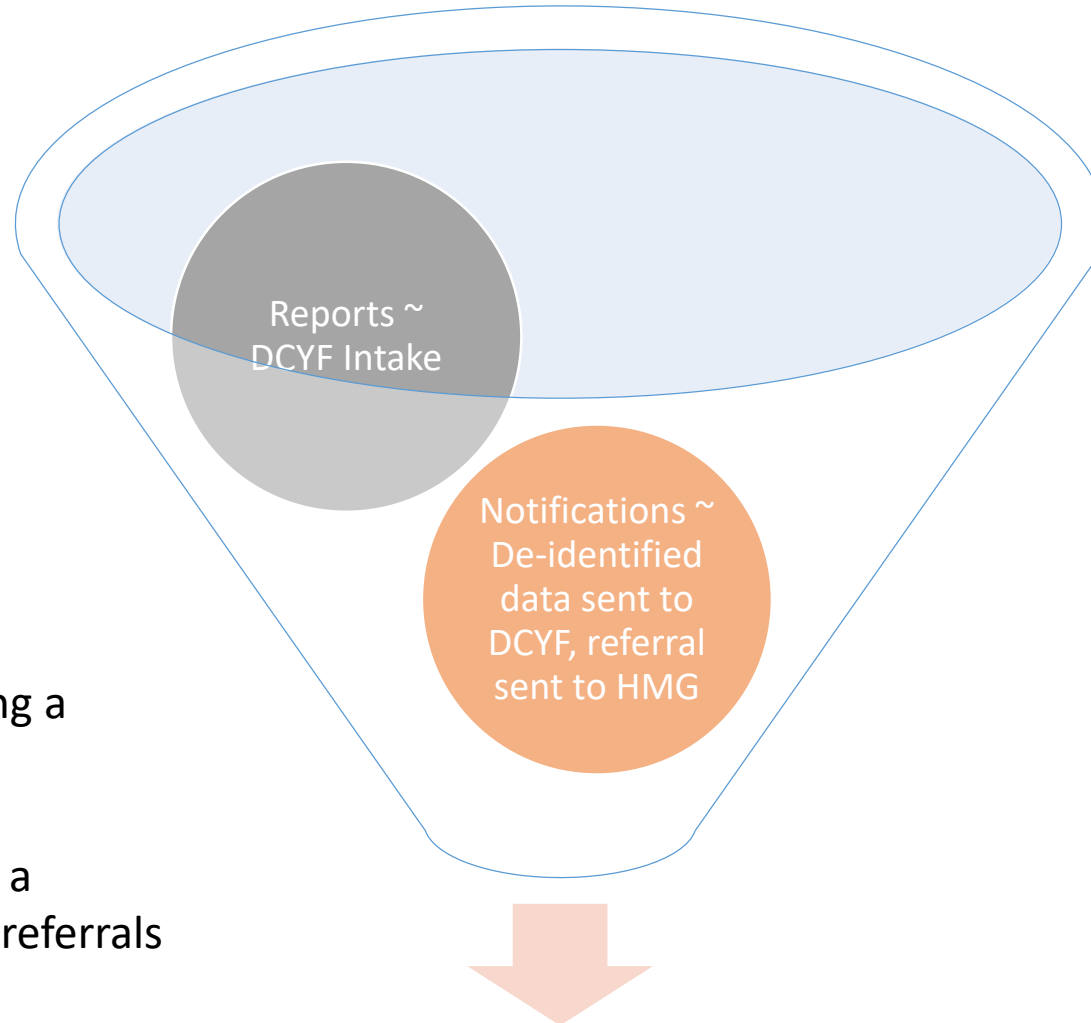
# When are Notifications Required?

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



# Reports vs. Notifications ~ POSC Data Reporting



## Federal NCANDS Data Reporting Requirements:

1. Number of newborns requiring a POSC
2. Number of POSC completed
3. Number of POSC that include a subsequent resource/service referrals

POSC-Related Information  
Received by DCYF

# DCYF Prevention Dashboard

- Launching Summer 2023
- Will provide accessible, current data for POSC and several related initiative or bodies of work
- Several options for users to filter data to identify unique characteristics across the state



# Addressing Racial Equity

- 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.
- DCYF can direct anti-bias training to targeted hospitals and support policy that standardizes screening, testing, and referral practices.



# Washington Plan of Safe Care Pathways



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# Plan of Safe Care

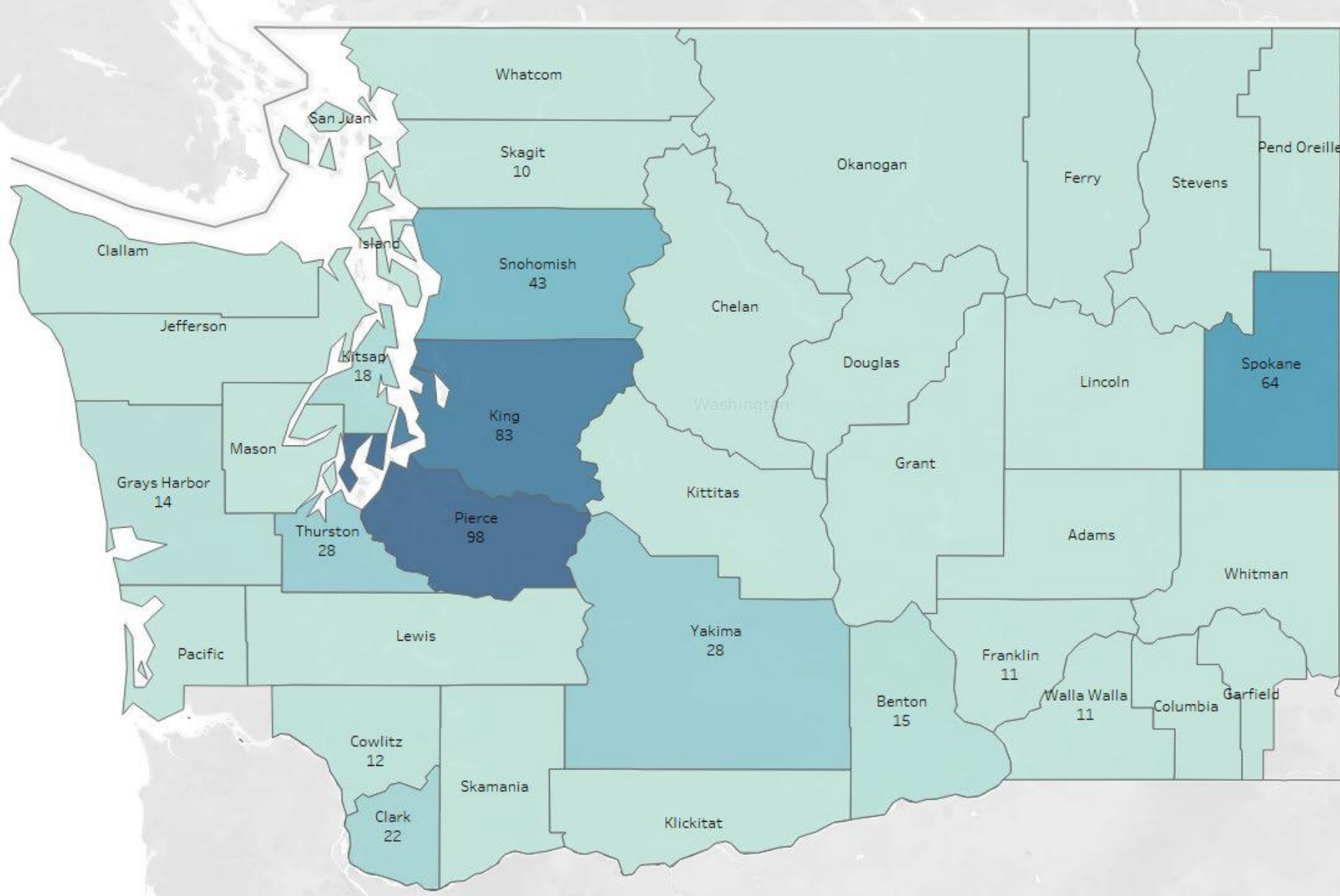
## Child Welfare Pathway Policy Alignment

Proposed child welfare policy changes will more closely align screening decisions and Plan of Safe Care practice/procedures with the family-centered nature and intent of the federal legislation.

- Changes to intake screening so substance affected newborns **without** safety concerns would no longer screen in and instead are referred to HMG.
- Changes to the requirements for a Plan of Safe Care to be completed with ten days of intake/birth.
- Enhanced focus on facilitating collaboration between service providers such as mental health and/or substance use disorder, early intervention services, etc.







**Newborns  
Placed First 30  
Days with  
Parental  
Substance Use  
as a Factor-  
2021**

**Statewide  
N=531**

Data Source: InfoFamLink rpt05Intakes, CY 2020 & 2021 and rptPlacement, CY 2020 & 2021, de-duplicated

# Child Welfare Practice Alignment

- Coordination with birthing hospitals to support equitable discharge planning
- Increased and improved access to inpatient treatment
- Utilization of the POSC as a family-centered plan to support families **remaining together** by accessing services, treatment, and resources



# 2023 Implementation Goals

## Child Welfare Policy/Practice

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



# Future Partnership Bridging Child Welfare and Early Childhood Systems in Washington

- Listening Sessions with Lived Experts and Child Welfare Caseworkers
- Exploring Capacity at HMG to be a dedicated navigation hub for child welfare cases
- Lived Experience Navigators

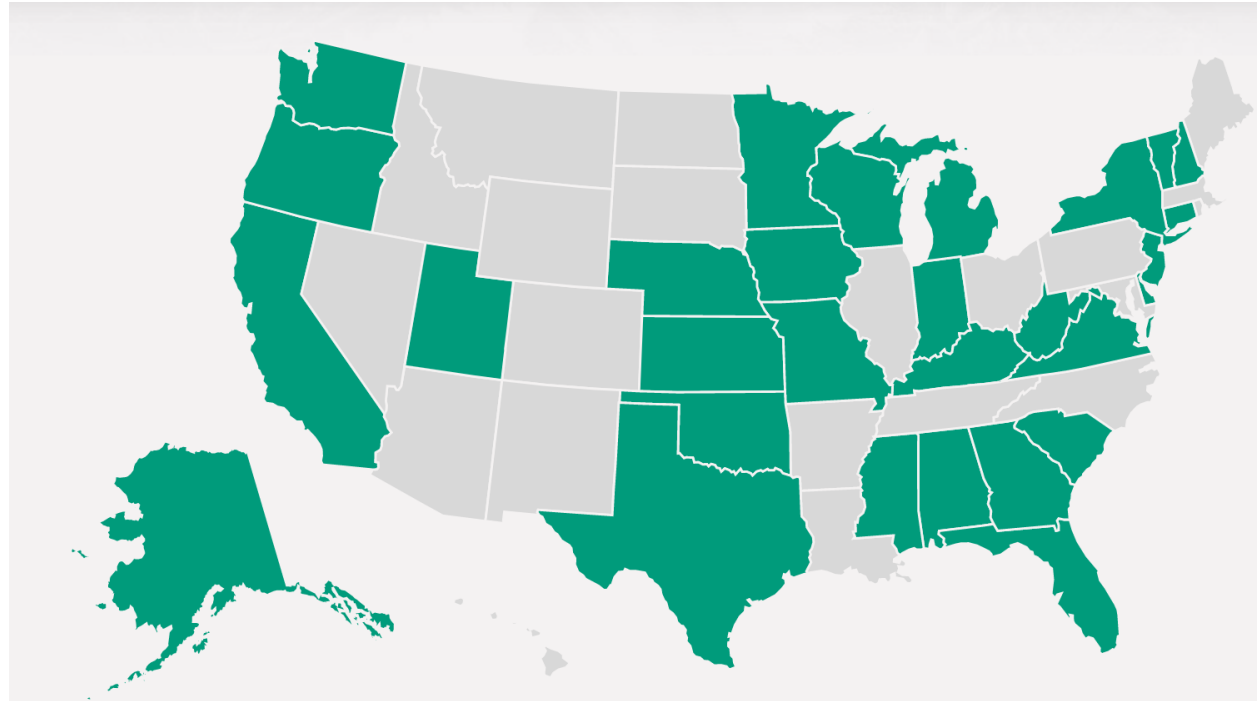




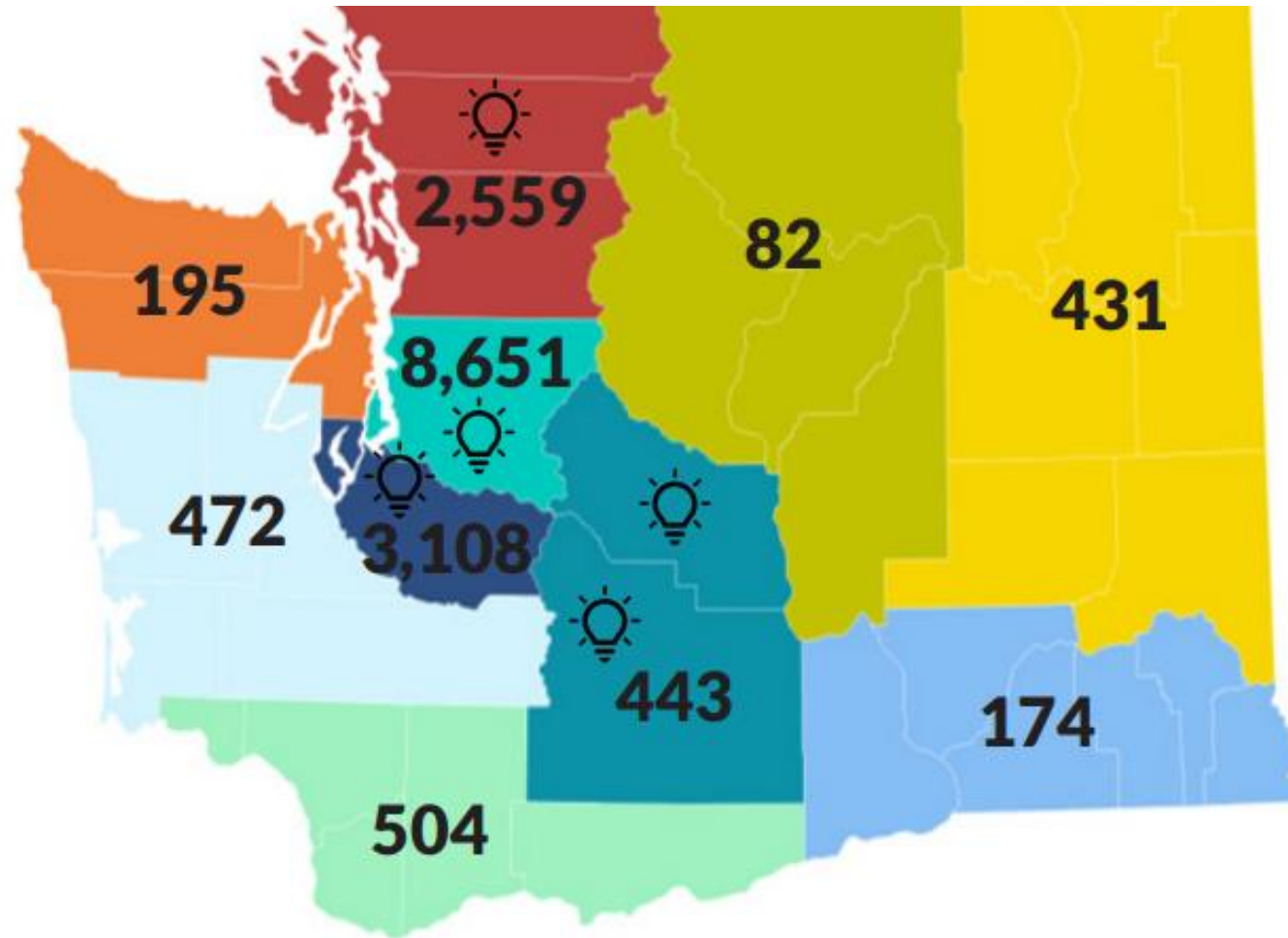
# Help Me Grow: 2022 Highlights


# 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.



In 2022, Help Me Grow Washington responded to **16,999\*** requests for support across Washington State...



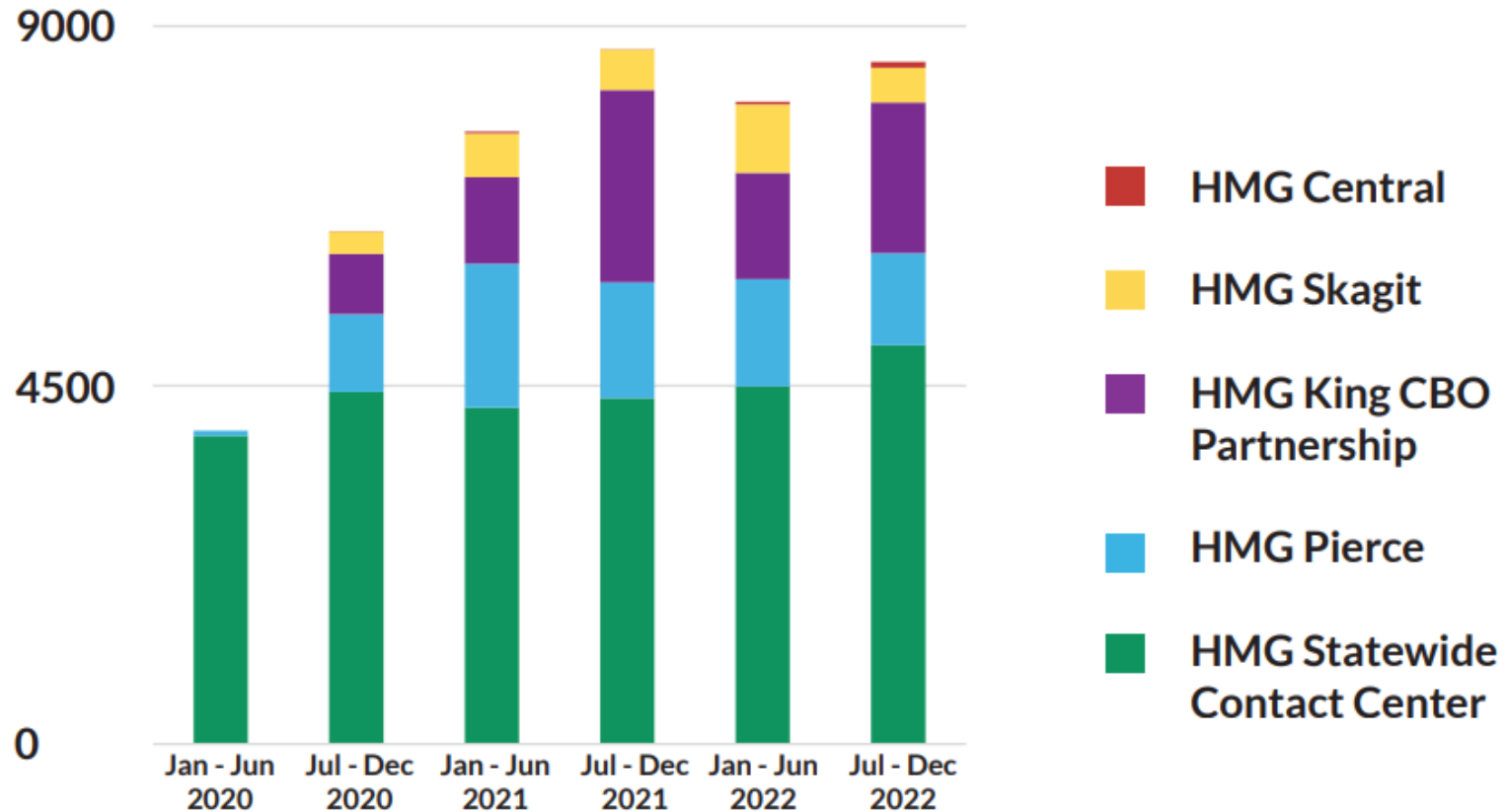
 = current sub-affiliate

\*County not specified for 80 requests



Helped a growing number of Washington families access and navigate health and social services through Help Me Grow Washington's coordinated access network

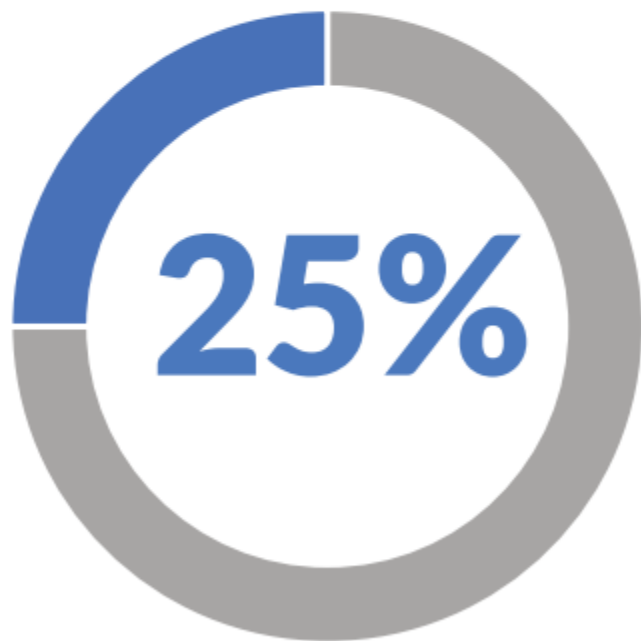
### Number of Families Served





Help Me Grow Washington contact centers fulfilled **16,999** requests for support, serving **12,850** children and **1,456** pregnant people

**1 in 4** people preferred a language other than English\*



(n = 12,375) \*Families that accessed Help Me Grow represented 45 different languages

Most children were **under age 3**

Ages 0 to 2

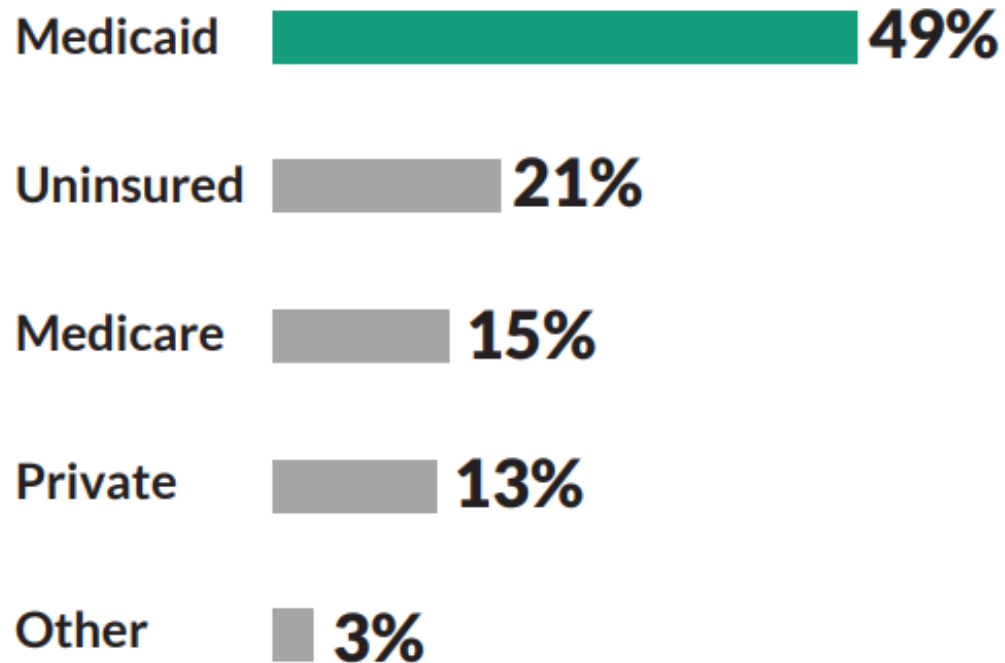


Ages 3 to 5



(n = 8,661)

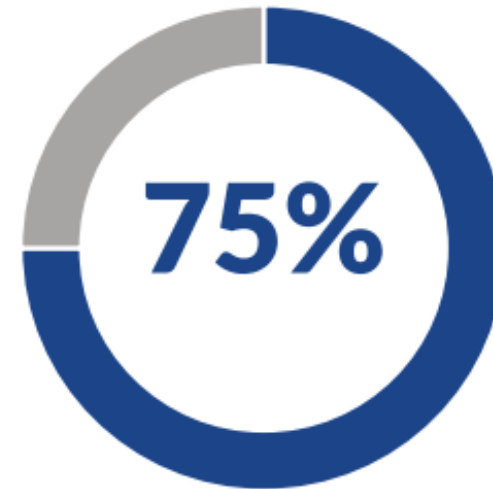
**About half** of the people requesting support reported Medicaid as their insurance



(n = 5,339)

**The majority** of Help Me Grow clients identified their race or ethnicity as BIPOC\*

\*BIPOC = Black, Indigenous or Person of Color

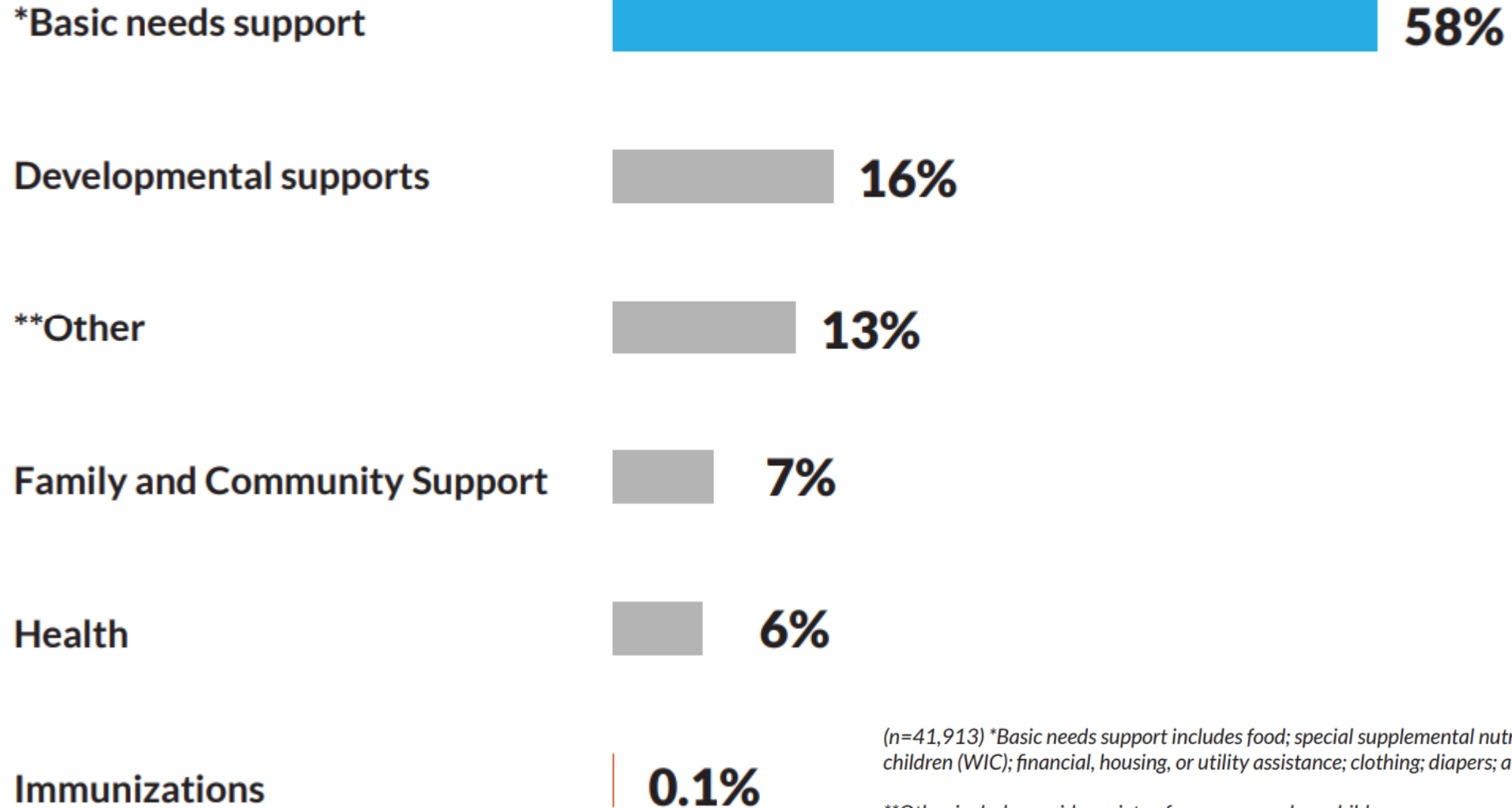


(n = 9,940)

- American Indian/Alaska Native (1%)
- Asian (10%)
- Black/African American (22%)
- Latinx (26%)
- Multiple races/ethnicities (9%)
- Native Hawaiian/Pacific Islander (3%)
- Middle Eastern or North African (2%)
- Other (2%)
- White (25%)

# Help Me Grow Washington provided **41,913 referrals**

Basic needs support was the most common type of referral



(n=41,913) \*Basic needs support includes food; special supplemental nutrition program for women, infants, and children (WIC); financial, housing, or utility assistance; clothing; diapers; and transportation

\*\*Other includes a wide variety of resources such as childcare, emergency assistance, legal services, and financial/employment services

# HMG WA POSC Process

After the referral form is submitted, a Family Support Specialist will reach out to the person **within 48 hours**.

The specialist will make up to **4 attempts to connect**.

If they are connected, they will go through an intake and social needs screening.

Specialist will provide resources and offer warm handoffs.

Specialist will check in **4 times** to ensure needs are met.



# Family Story

**Karla's POSC Referral: A family of two adults, a newborn, and a 2-year-old**

## **Before Talking to Karla:**

- Enrolled in TANF
  - Receiving \$300 a month
- Staying at homeless shelter

## **Resources and Support Karla Provided:**

- WIC support
- Gift card for \$150 to purchase food, family items
- Warm handoff to an organization to help with a mattress/bassinet
- Additional baby supplies
- Safe Sleep brochure
- Paid Family & Medical Leave info and application
- Link to ASQ questionnaire

**Karla was able to connect within 48 hours of the referral being placed. She spoke to them about their needs and what resources they felt would best support their family.**

**Karla checked in with the family 4 times**

- **To follow up on provided resources**
- **To ask about additional needs**

# Listening Sessions

## Our Approach:

- 4 listening sessions total: 3 with birthing hospitals, 1 with a medical-legal support partnership
- 1 hour sessions using a questionnaire focused on awareness of POSC & HMG WA, utilization of the portal, and key messaging for families
- Partners provided candid feedback
- A summary document was prepared to share findings and inform program implementation

## Main Takeaways:

1. More guidance around a "Safety Concern"
2. More guidance around "Use During Pregnancy"
3. Lack of consistent approach by teams and by hospitals
4. Need for updated brochure and rack cards

# Improvement Efforts

## Partnership with F.I.R.S.T Legal Clinic for parent focus groups

- Hospital scripting
- Rack Cards

## Job Aid for social workers

- Created by a hospital partner who was willing to share with others

## Updating SafeCareWA portal and HMG WA Referral form

# Compassionate & Family-Centered Approach to Care

## Family-Centered Process:

- Intentional training and expertise
- Time spent preparing for the interaction
- Contact method lead by the parent/caregiver
- No time limit on calls
- Flexible engagement informed by family preference
- Family is the expert and leader on their needs
- Customized resource delivery

## Implementation, Design & Improvement:

- Rethinking and refinement of internal process
- Rethinking scripting
- Rethinking cadence of outreach and follow-up attempts
- Piloting when to provide specific resources
- FIRST Legal Parent Ally Feedback
  - Hospital experience
  - Materials: Bookmarks, folders & binders
  - Recommended language



# Thank you!

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



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# Please join us now to reflect and connect on this session in small groups!

1. Exit the session to the home page
2. Click “Community” on top header
3. Select Discussion Rooms from the drop down menu
4. Select the discussion happening right now with our session title

\*Each discussion room will include up to six people



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