

## Notification and Reporting (Plan of Safe Care)

### Overview:

In Washington State, clinicians at birthing hospitals are [mandatory reporters](#). The Department of Children, Youth, and Families (DCYF) is launching an updated policy and process for the notification and report of infants prenatally exposed to substances, titled Plan of Safe Care (POSC).

### Why We Recommend this Best Practice

This is an opportunity to address and debunk any myths or untruths about the upcoming experience, especially regarding social and child welfare referrals and support. Transparency in the provision of information shows that providers care and facilitates continued engagement by the mother with OUD in the development of a Plan of Safe Care and self-management. Ultimately these efforts increase coping skills and support the increased likelihood of a positive labor experience.

**Federal Legislative Changes:** In 2016, changes were made to the 2003 and 2010 Comprehensive Addiction and Recovery Act (CARA) legislation which include planning for the safe care of infants born with prenatal substance exposure, infants experiencing withdrawal symptoms at birth, and/or those impacted by Fetal Alcohol Spectrum Disorders. Salient changes that impact clinicians providing care at birth include:

- Requires the notification or report of all infants exposed to substances (used to be illegal substances)
- Requires a plan of safe care for infants exposed to substances and their family/caregiver

**Plans of Safe Care:** With this new legislation, DCYF acknowledges the population of infants requiring a POSC ([WA DCYF Plan of Safe Care](#)) has expanded beyond those requiring child welfare intervention and has developed a system for monitoring the local provision of services in accordance with these state requirements through a partnership with Help Me Grow Washington (HMG WA). [Help Me Grow](#) is a statewide, community-driven, resource and referral linkage system that connects young children and their families to appropriate services and community supports (including parent education, concrete goods and infant supplies, early intervention, home visiting, substance use services, mental health supports, housing, transportation, and state benefit programs). Birthing hospitals can connect gestational parents/caregivers and their babies to these services through an online referral.

### Strategies for Implementation

#### Step 1: Review the Role of Healthcare Providers in the Plan of Safe Care:

- The Healthcare Provider identifies an infant as substance exposed and obtains consent from the family for the Help Me Grow referral. Via the [online POSC referral portal](#), the provider fills out the initial segment (the Data Tracking Form) for all exposed infants. This form, which collects de-identified data, automatically gets sent to Washington State Department of Children, Youth, and Families (DCYF).
- If a **report** is needed, the online portal's algorithm will then direct the provider to call DCYF Intake. DCYF will complete the POSC (or refer back to Help Me Grow if a screen-out occurs).
- If a **notification** is required, the online portal's algorithm will then direct the provider to complete the POSC. The POSC is automatically 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. HMG-WA will collect de-identified data elements to report (in aggregate) to DCYF on a regular cycle.

**Step 2:** Introduce and train relevant team members on the [WA DCYF Plan of Safe Care](#), how to submit and report/notification through the [online POSC referral portal](#).

- POSC provider training [slide deck](#) and [recording](#)
- Plan of Safe Care Rack Card (need to attach)
- Plan of Safe Care Brochure (need to attach)
- A monthly training schedule for hospital providers and community partners. More information on this training will be included once finalized.

#### **Additional Resources**

- [National Perinatal Association - Infographics](#)