



Healthy MOMS

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The Plan of Safe Care: Highlighting the Importance of Effective Communication and Patient Education Throughout the Process.

Learning Objectives:

1. We will explain the Plan of Safe Care (POSC), outlining its purpose and how it supports families affected by substance use or other risk factors. It is important to clarify that this plan is collaborative and not punitive.
2. We will discuss the importance of a collaborative relationship between women and their healthcare providers.
3. The discussion will focus on ways to encourage women to actively participate in the POSC process and advocate for their needs. Women will be empowered to make informed decisions about their care and their child's well-being.

Plans of Safe Care

Childline Reporting

- State Response to Opioid Crisis – Substance Affected Infant
- Requires Childline notification if an infant is experiencing withdrawal symptoms even from a mother's prescribed medication (Buprenorphine, Methadone)
- Often prompts feelings of guilt/shame/defensiveness from the mother
- Approach is key



Plan of Safe Care Template (Example)		Date Complete
<input checked="" type="checkbox"/> Need Area of Assistance: Health <ul style="list-style-type: none"> Linkage to medical home, pediatrician, or primary care provider High-risk infant follow-up care Referral to specialty health care Health insurance 		
Action Steps: Person(s) Responsible: Target Date: 30 Day Update: 90 Day Update:		
<input checked="" type="checkbox"/> Need Area of Assistance: Development <ul style="list-style-type: none"> Coordination of early care, developmental and education programming with county grantees and youth agency and other partners, as needed Developmental interventions and supports provided by staff with knowledge of and expertise in young children and working with infants with prenatal substance exposure Developmental screening and assessments and re-assessments for services for infants and toddlers with developmental delays or who have physical or mental conditions likely to result in developmental delays Developmental pediatrician 		
Action Steps: Person(s) Responsible:		

Plans of Safe Care are for:

Infants (up to 1 year of age) affected by substance use or withdrawal symptoms from prenatal drug exposure or Fetal Alcohol Spectrum Disorder and their families and/or caregivers with substance use disorders.



Plans of Safe Care

Outlines the services and supports needed to address the needs of Comprehensively Substance-affected infants (SAI) and their Families.

Birthing Person's Needs:

Primary, Obstetric, and Gynecologic Care Substance Use and Mental Health Parenting and Family Supports Infant Needs: Health, Development, Safety Incorporates all treatment plans developed by the multidisciplinary team (MDT) serving the Family.

Process to Implement a Plan of Safe Care

Identify Infant & Birthing Person and Educate Person/Family

SAI Notification to ChildLine

Convene Multi-disciplinary Team (MDT)
(e.g., **patient/family**, maternal and child health providers, home visiting, SUD providers, mental health providers, agencies, EI and developmental services, physical health providers)

Develop and Implement Plan of Safe Care (POSC)

Supports for Infant and Mother/Caregiver/Family

Identifying Eligible Infants and Families

Defining “affected by”

Act 54 of 2018



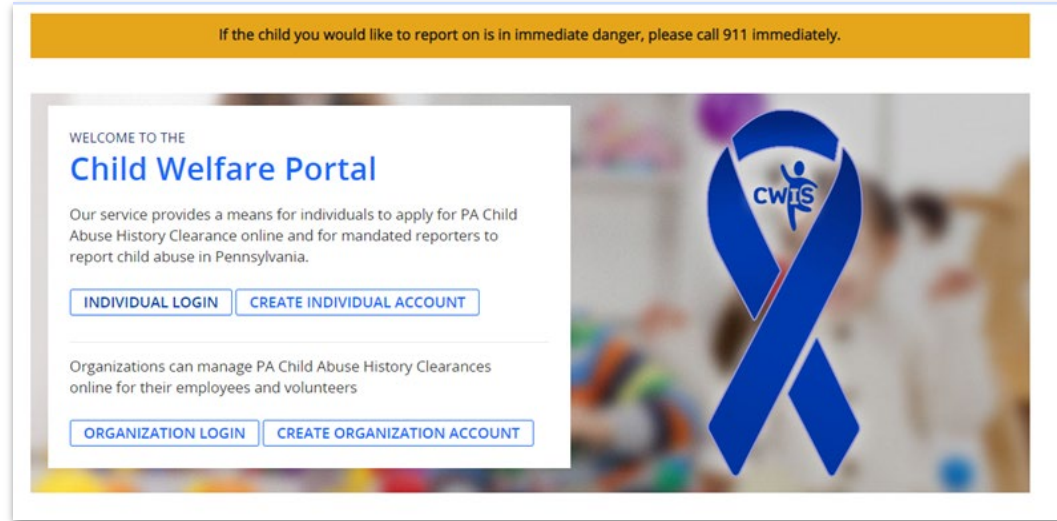
Plan of Safe Care Guidance

To assess a child and the child's family for a plan of safe care, a health care provider shall immediately give notice or cause notice to be given to the department if the provider is involved in the delivery or care of a child under **one year of age** and the health care provider has determined, **based on standards of professional practice**, the child was born affected by:

- (1) Substance use or withdrawal symptoms resulting from prenatal drug exposure or
- (2) Infants up to **1 year of age** with detectable physical, developmental, cognitive, or emotional delay or harm that is associated with maternal substance use or withdrawal, **as assessed by a healthcare provider**.

Making a SAI Notification to ChildLine

- ChildLine Service portal
(<https://www.compass.state.pa.us/cwis/public/home>)
- **OR**
- ChildLine Hotline 1-800-932-0313



Making a SAI Notification to ChildLine

Tips on what to include:

- ✓ Identified substances via screens and/or tests
- ✓ Provider's assessment findings (including signs and symptoms and any diagnoses such as NAS, NOWS, and FASD-related diagnoses)
- ✓ Any safety risks/concerns
- ✓ Treatment engagement
- ✓ Whether a Multi-disciplinary Team (MDT) and POSC are being initiated or have been initiated

If you have determined this infant was born affected by a substance, provide the information below.

Please Note

A Substance Affected Infant is an infant currently under one year of age identified as born affected by prenatal legal or illegal substance use. "Affected By" is defined as an infant "with detectable physical, developmental, cognitive, or emotional delay or harm that is associated with maternal substance use or withdrawal, as assessed by a health care provider". Please select all substances which apply under the section titled "Substance Affected Infant - Substance Type". Please also identify the birth hospital of the infant. If this is unknown, the unknown indicator may be selected. If you are unsure if the child you are creating this referral on behalf of meets this criteria, please contact ChildLine directly at 1-800-932-0313 to provide the notification.

Substance Affected Infant - Substance Type (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Appropriate use of legally prescribed medication (excluding OUD/SUD Treatment) |
| <input type="checkbox"/> Illegal Substance(s) | <input type="checkbox"/> Medication Assisted Treatment - Substance Use Disorder or Opioid Use Disorder |
| <input type="checkbox"/> Misuse/Abuse of legal medication (prescribed or un-prescribed) | <input type="checkbox"/> Unknown Substance(s) |

Substance Affected Infant Birth Hospital

Unknown

Key Takeaways

- The substance affected infant (SAI) notification is **not** a report of abuse or neglect.
- Only physical health care providers or their designees can make SAI notifications.
- County children and youth agencies are the lead agency for plans of safe care when the family is receiving agency services.
- Plans of safe care are voluntary.
- Pennsylvania has separate reporting systems, terms and requirements related to substance exposed infants.

Building the Collaborative Team

A well-designed collaborative team can support the plans set in motion and ensure goals are met, especially if the team convenes regularly and predictably. It keeps its focus on systems change, improved outcomes, and sustainability.

- *Clinical team meetings*
 - *Requires good communication between providers*
 - *All are equal stakeholders; the purpose is to assist the patient in achieving set goals.*
 - *Create a sense of Shared Responsibility*

Most important is for the Collaborative Team to avoid Silo thinking and miscommunication.



Empowered in Recovery

- Recognize that pregnancy is a great window of opportunity to empower women to care for their baby and, as a result of her care of the baby, benefits herself.
- Establish your practice approach and be consistent!
- Teach Mom about recovery support systems
- Offer strategies to engage the Mom and how to overcome barriers in her life to achieve successful outcomes
- Educate the mom on what medications are appropriate during pregnancy, as well as encouraging breastfeeding!



Preparing moms for POSC

Apply skills in developing, implementing, and evaluating effective, compassionate Plans of Safe Care that meet the needs of both children and their caregivers. How we prepare moms for POSC before entering the hospital and walk them through the process.



Plans of Safe Care are most effective when developed and implemented by collaborative teams that include maternal and infant care providers, substance use disorder treatment specialists, child welfare professionals, early childhood providers, mental health professionals, and individuals with lived experience.

Universal Screening and Early Identification: Implement universal screening protocols for pregnant women to identify those with substance use disorders or who may be at risk for prenatal substance exposure

Understanding difficult life experiences: Recognize that prenatal substance exposure and related experiences can be traumatic for both mothers and infants

Collaborative Interagency Teams Clear Roles and Responsibilities: Each team member should have clearly defined roles and responsibilities to ensure efficient and effective coordination and regular communication

Data Collection and Analysis: Implement systems for collecting and analyzing data on the effectiveness of Plans of Safe Care

The Healthy MOMS program has discovered that motivational interviewing techniques can effectively prepare mothers for a Plan of Safe Care (POSC). The focus is on building rapport, understanding their needs and concerns, and collaboratively developing a plan that empowers them to advocate for their child's safety.

Motivational Interviewing (MI): A client-centered, directive counseling approach that helps individuals explore and resolve ambivalence about change, fostering their intrinsic motivation.

Key MI Techniques:

- Open-ended questions: "What are your thoughts about this plan?"
- Affirmations: "It sounds like you've been through a lot, and you're doing your best."
- Reflective listening: "So, it sounds like you're feeling overwhelmed, is that right?"
- Summarizing: "To recap, we've discussed your concerns about [topic] and agreed that the first step is [action]."

Building Rapport and Trust:

- Active Listening: Pay close attention to the mother's concerns, experiences, and perspectives.
- Empathy and Validation: Acknowledge her feelings and experiences, even if they are difficult or challenging.
- Open-Ended Questions: Encourage her to share her thoughts and ideas by asking questions that require more than a simple "yes" or "no" answer.
- Affirmations: Recognize her strengths and positive behaviors.
- Reflective Listening: Paraphrase what she says to ensure understanding and build trust.
- Summarize: Periodically summarize key points to show that you are listening and engaged.

Exploring Ambivalence and Identifying Goals:

- Explore the "Why": Gently probe into her motivations for change and her concerns about the POSC.
- Identify Strengths: Focus on her existing strengths and resources.
- Collaborative Goal Setting: Work with her to develop a POSC that aligns with her values and goals.

Resources and Support:

- Connect her with relevant services: Substance abuse treatment, parenting education, housing assistance, etc.
- Provide information about the POSC: Explain the purpose and benefits of the plan.
- Offer ongoing support: Be available to answer questions and provide encouragement.

Preparing Mothers for the Plan of Safe Care

2 Videos of MOM experience of plan of safe care



What happens on a Plan of Safe Care Call?

- Facilitated via OFYS
- Collaborative partners **explain their services** and how they can assist the family
- **Non-judgmental, welcoming approach**
- Mother can accept/decline any services offered, or consider them for future
- Healthy MOMS case manager **follows up** with mother within 24 hours to determine which services the family would benefit from.

Thank you!

Questions?

THE WRIGHT
CENTER
for
COMMUNITY
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