

# Plan of Safe Care

Overview and Implementation



# Mission

Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

# Learning Goals



- Participants will be able to utilize knowledge gained to better support families impacted by substance.
- Participants will learn strategies to increase partnership with healthcare, child welfare, and substance use treatment agencies to create a continuum of support for pregnant and parenting individuals.
- Participants will be aware of what a Plan of Safe Care is and have an understanding how to implement it with their families.



# Quick Poll



## Definition

Substance use disorders are defined by the CDC as “treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use.” Substance use disorders can be viewed as a collection of cognitive, behavioral, and physiological symptoms experienced by an individual, resulting in harmful consequences.

# Substance Use Disorder is a Chronic Disease, not a moral failure.

- SUDs are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel.
- Relapse rates for SUD are like other chronic medical conditions such as diabetes or hypertension.
  - Since SUDs are a chronic brain disease.
  - SUDs should be treated like any other chronic illness.
  - A recurrence of symptoms, or return to use, is an opportunity to examine a parent's current treatment and recovery support needs and adjust them if necessary.

# Impact of Parental Substance Use

The stigma and shame surrounding substance use decreases the likelihood for those who are impacted to seek treatment.



Only 6% of people aged 12 or older with a substance use disorder engaged in treatment services

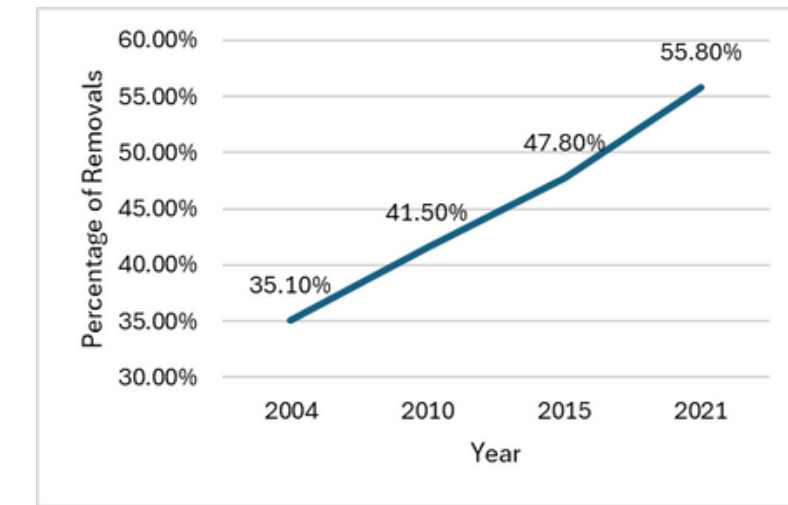
Postpartum people who have a Substance Use Disorder are more likely to experience parenting stress and depression.



43% of Postpartum People who have a SUD were diagnosed with Postpartum Depression, compared to 15% of the general population.

## CHILD WELFARE DATA

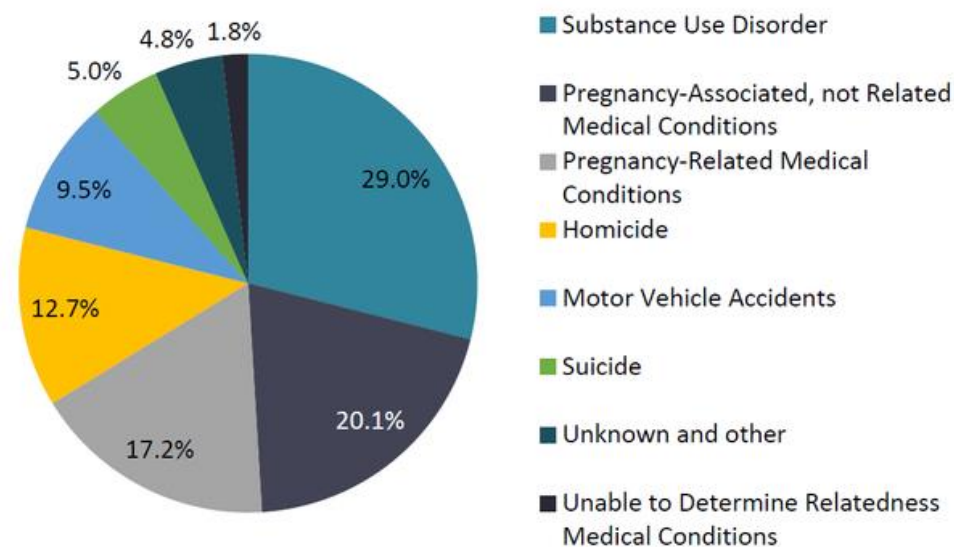
The National Institutes of Health estimate that in the United States, over 21 million children live with a parent who has used/misused a substance in the past year.



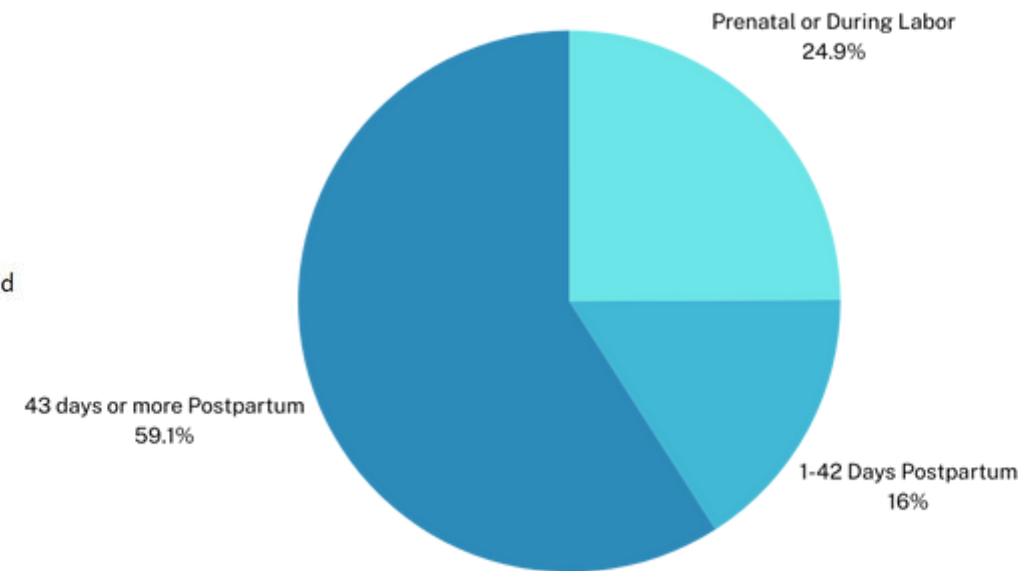
## MATERNAL MORTALITY

Substance Use Disorder was the leading cause of pregnancy associated mortality from 2016-2020

Figure 5. Causes of Pregnancy-Associated Mortality, Michigan, 2016-2020



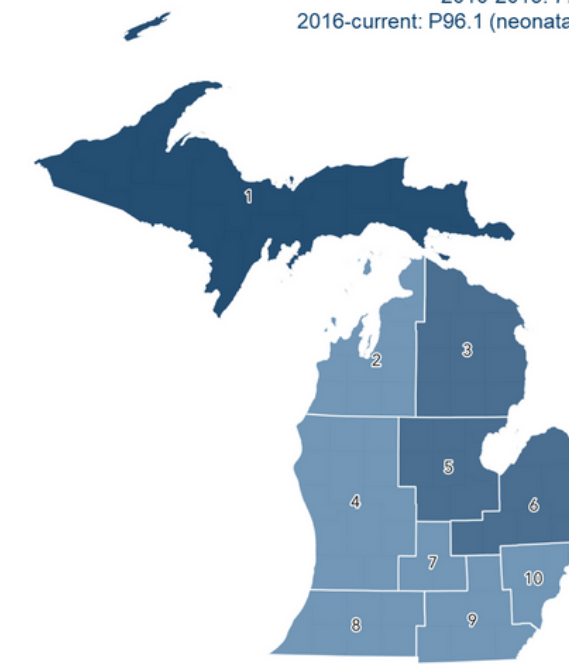
Pregnancy-Associated Mortality by Pregnancy Period



## INFANT HEALTH DATA

Neonatal Abstinence Syndrome by Prosperity Region, Michigan, 2021

2010-2015: 779.5 (drug withdrawal syndrome in newborn) and 2016-current: P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction)



Region	# Cases	# Births	Rate per 1,000 Live Births
Michigan	685	105,022	6.5
Region 1	70	2,585	27.1
Region 2	22	2,776	7.9
Region 3	18	1,714	10.5
Region 4	60	18,253	3.3
Region 5	64	5,459	11.7
Region 6	96	8,527	11.3
Region 7	28	4,651	6.0
Region 8	46	8,364	5.5
Region 9	45	9,663	4.7
Region 10	236	43,025	5.5

# Language Matters



## 4 GUIDELINES TO USING NON-STIGMATIZING LANGUAGE



Person who uses substances

**Use people-first language**

Drug user  
Addict

Person experiencing problematic substance use

**Use language that reflects the medical nature**

Abuser  
Junkie

Person experiencing barriers to accessing services

**Use language that promotes recovery**

Unmotivated  
Non-compliant

Positive test results  
Negative test results

**Avoid slang and idioms**

Dirty test results  
Clean test results



# Stigma

Pregnant and parenting people who use substances face tremendous stigma and judgment.

Experience with bias, judgment, and scrutiny – especially from healthcare workers, loved ones, family, and friends – can isolate people and make it harder to seek prenatal care, mental health counseling, social services, and community support.



# Federal Requirements

In response to increasing rates of substance use in pregnant and parenting people, The Child Abuse Prevention and Treatment Act (CAPTA) of 2018 & the 2016 Comprehensive Addiction and Recovery Act (CARA) were amended to include more intentional requirements around supporting families impacted by substance use.

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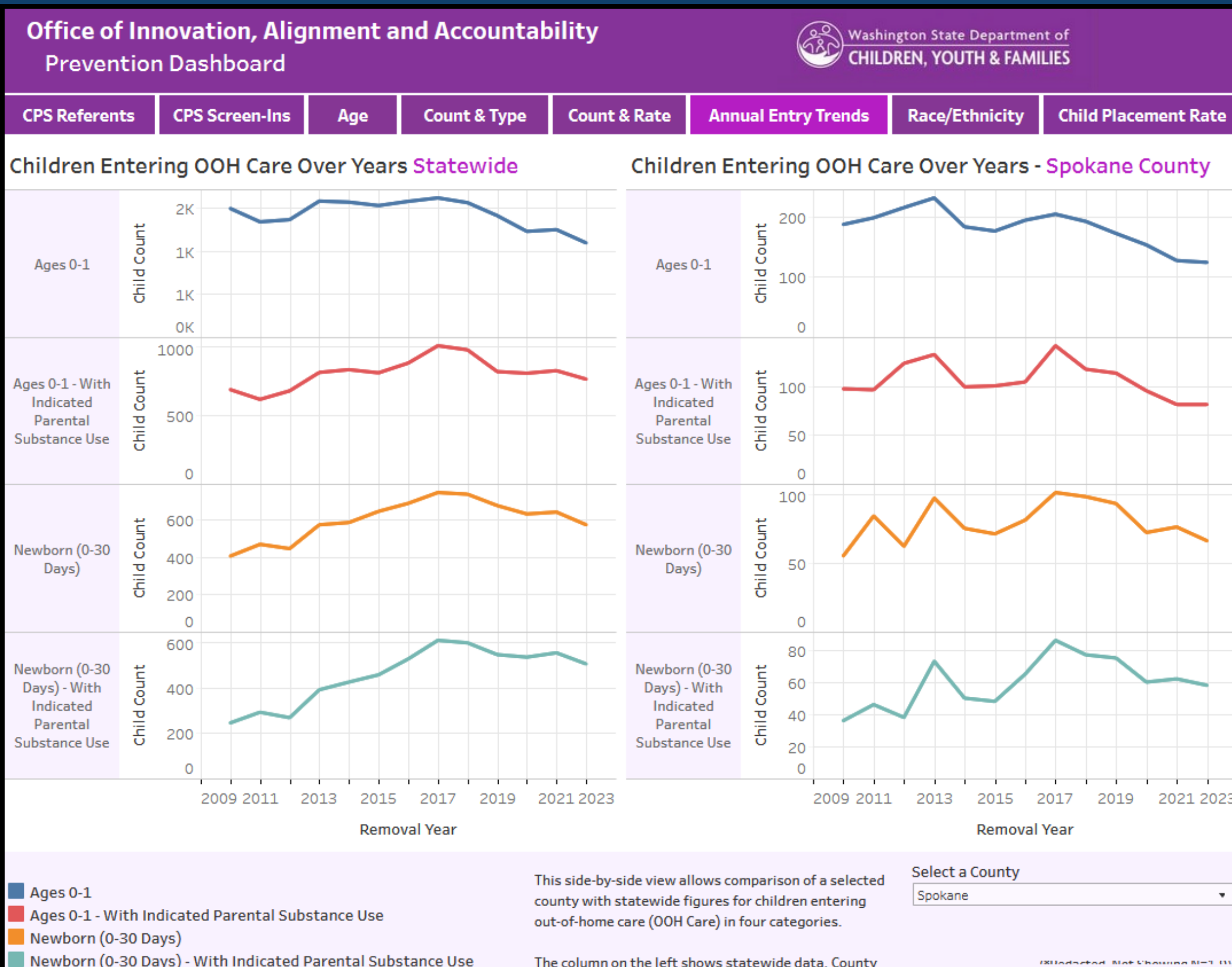
# Why Are POSCs Important?



“If, in the first two months of life, a child experienced high adversity with minimal relational buffering but was then put into a healthier environment for the next twelve years, their outcomes were worse than the outcomes of children who had low adversity and healthy relational connection in the first two months but then spent the next twelve years with high adversity.”

Bruce Perry

# Successes from Other States



## Early findings since Washington's Keeping Families Together Act of 2021 went into effect:

- 24.6% decrease in all foster placements.
- 40.1% decrease in infant foster placements.
- Increase in voluntary services.
- Concurrently, reduction in available beds in family-centered SUD treatment.

# Michigan's Approach to POSC Implementation



- Move to a cross-system, public health approach.
- Get upstream; support families earlier.
- Ensure all families with an infant with prenatal exposure are offered supports.
- Prevent family separation when possible.
- Increase equity; reduce disparities.

Michigan's four systems involved in supporting families through a POSC:

Child Welfare

Healthcare  
Teams



SUD Treatment  
Centers

Home Visiting

# Mandated Reporter Changes in Conjunction with POSC Protocol Implementation

Notification Pathway for MAT

Help Me Grow

HV Referrals



**Peer  
Navigator  
Pilot  
POSC  
Success  
Story**





# 4 Ws for the Plan of Safe Care



# What is a Plan of Safe Care?

A Plan of Safe Care (POSC) is a personalized tool to support pregnant and parenting people impacted by substance use, their infants, and any other household members.

A Plan of Safe Care aims to strengthen the family, support a healthy pregnancy, and keep child(ren) safely at home.

# Who Could Benefit

A POSC exists for the benefit of pregnant or postpartum individuals who are using substances, medically administered or not, and their infants who are born exposed to substances. Plans of Safe Care can also benefit other caregivers, household members, family members, and other support system members of the pregnant or parenting individual and their infant.



# When should a POSC be Initiated?

A POSC should be initiated and co-developed with a pregnant or parenting individual as soon as substance use is identified. Ideally, this would occur as early in the prenatal period as possible to allow for the most significant benefit. However, a POSC can be codeveloped when the need is identified anytime during the pregnancy or within 12 months postpartum. These circumstances may include post-delivery at the hospital, during a CPS investigation, or when a parenting individual engages in substance use treatment, Home Visiting or other supportive services.





# Who should be involved in developing the POSC?

A POSC is parent- and infant-centered with the goal of allowing families to lead with their own care and assist them in advocating for their needs. A POSC may be co-developed, in partnership with the pregnant or parenting individual, by many types of healthcare or care providers, including evidence-based home visitors, Early On providers, prenatal, delivery, and postpartum healthcare providers, substance use treatment providers, case managers, social workers, and/or peer recovery support.



# POSC Desired Outcomes:

- Promoting SU Treatment and engaging in recovery.
- Ensuring children live in safe, stable, and nurturing environments.
- Identifying and strengthening a family's support network.
- Keeping families together when possible.
- Safely reunifying families as quickly as possible if removal has occurred.

# Introducing the POSC to Families



# Parent One Pager

## PLAN OF SAFE CARE



### What is a Plan of Safe Care?

- ♥ A personalized guide to ensure the necessary resources are provided to help families thrive.
- ♥ A “recovery resume” or diary that helps communicate your strengths, needs, and accomplishments to your providers.
- ♥ A tool to help with care coordination.

**The goal of a Plan of Safe Care is to strengthen the family, help pregnant people have a healthy pregnancy, and keep child(ren) safely at home.**



### Who Can Benefit from a Plan of Safe Care?

The Plan of Safe Care tool was designed to address the health, development, safety, and well-being needs of infants born exposed to substances and their caregivers and family members.

### Who Should be Involved in Helping me to Create and Update my Plan of Safe Care?

A Plan of Safe Care should include input from all care providers involved in your care and the care of your child(ren). **This could be:**

- ♥ Pregnancy Care Provider
- ♥ Primary Care Provider
- ♥ Substance Use Treatment Provider or Recovery Coach
- ♥ Home Visitor
- ♥ Child Welfare Staff
- ♥ Mental Health Provider



### When do I Make a Plan of Safe Care?

A Plan of Safe Care can be developed anytime. Ideally, it is developed during pregnancy. If a Plan of Safe Care has not been started during pregnancy, it can be developed after delivery but before leaving the hospital. The earlier you start a Plan of Safe Care, the more time you have to prepare for your baby with support.



### Will a Referral be Made to Children’s Protective Services (CPS)?

Substance use alone does not mean that a referral will be made to Child Welfare (sometimes referred to as CPS). Creating a Plan of Safe Care provides you the ability to advocate for yourself while taking the steps to build a safe and healthy environment for your child(ren).

### You are NOT Alone.

Many people struggle during pregnancy and after birth. Help and resources are available and many are low-cost or free. The Plan of Safe Care can help you advocate for yourself and your child(ren). Talk to your care provider today to build your Plan of Safe Care. Sharing your Plan of Safe Care with all of your care providers will help them help you!

**If you want help now, please scan the QR Code below to access Michigan-specific Substance Use and Recovery Resources.**



# Scripting

## Social and Emotional Competence

Children's early experiences of being nurtured and developing a *positive relationship* with caring adult *affects all aspects* of behavior and development.



## Knowledge of Parenting & Child Development

Children *thrive* when parents provide *not only affection*, but *also* respectful communication and listening, consistent rules and expectations, and *safe opportunities* that promote independence.



# 5

## Protective Factors

### Social Connections

Parents with a social network of *emotionally supportive friends, family, and neighbors* often find that it is *easier to care* for their children and themselves.



### Resilience

Parents who can cope with the *stresses of everyday life*, as well an occasional crisis, have *resilience*; they have the flexibility and inner strength necessary to *bounce back* when things are not going well.



### Concrete Support

Families who can meet their *own basic needs* for food, clothing, housing, and transportation—and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs—are *better able to ensure the safety and well-being* of their children.



# Parental Resilience

Parenting stress is caused by the pressures that are placed on parents personally and in relation to their child:

- Typical events and life changes (moving, irritable baby, etc)
- Unexpected events (losing a job, health issues)
- Individual factors (traumatic experiences)
- Social factors (loneliness, relationship problems)
- Community, societal, environmental conditions (racism, poverty, natural disasters)

Research has shown that how parents respond to stressors is more important than the stressor itself in determining outcomes for children.

Parents are resilient when they are able to call forth their inner strength to proactively meet personal challenges and those in relation to their child, manage adversities, heal the effects of trauma, and thrive given the unique characteristics and circumstances of their family.





# MY PLAN OF SAFE CARE



# My Plan of Safe Care

This plan belongs to: \_\_\_\_\_

Pregnancy and parenthood are special times when you make plans to care for yourself and your baby.

A Plan of Safe Care can be especially helpful during this time. Your service providers can support you in creating your plan.

**This plan is designed to help you:**

- Make decisions on how you will take care of yourself, your baby, and your family.
- Think about the people who can help.
- Consider the information and resources you can gather to create a strong safety net of support for your family.

**Personal and Family Strengths:** *In the text box, list you and your family's strengths.*

**Goals:** *For each of the categories below, write down things you are doing well and where you can grow. Take time to reflect on these and decide if a goal for each category will be a good place to begin your plan.*

	WHAT I'M DOING WELL	OPPORTUNITIES FOR GROWTH	MY GOALS
<i>Family &amp; Friends</i>			
<i>Parenting</i>			
<i>Work/School</i>			
<i>Body</i>			
<i>Mental Health</i>			
<i>Recovery Journey</i>			
<i>Other:</i>			

Developed with the support of my:  
(Check all that apply)

- HOME VISITOR
- PEER NAVIGATOR
- PRENATAL CARE PROVIDER
- CHILD WELFARE CASE MANAGER
- SUBSTANCE USE TREATMENT PROVIDER
- OTHER:

# Social Connections

People need people. Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems.

These social connections help to provide:

- Emotional support
- Informational support
- Instrumental support
- Spiritual support

Research shows that high levels of social connections for parents is associated with positive parental mood, positive perceptions of and responsiveness to one's children, parental satisfaction, well-being, and a sense of competence as well as lower levels of anger, anxiety, and depression.



# Social Connections



## My Plan of Safe Care Continued

This plan belongs to: \_\_\_\_\_

### My Providers

PROVIDER	NAME	CONTACT INFORMATION
Primary Care Provider		
Prenatal Care Provider		
Pediatrician		
Substance Use Treatment Provider		
Home Visitor		
Child Welfare Case Manager		
Mental Health Provider/Counselor		
Other:		

**My Support System:** Please list anyone in your life who can support you. This could include your partner, friends, family members, health care providers, spiritual advisors, emergency childcare contact, home visitor, groups you are a part of such as AA or NA, etc.

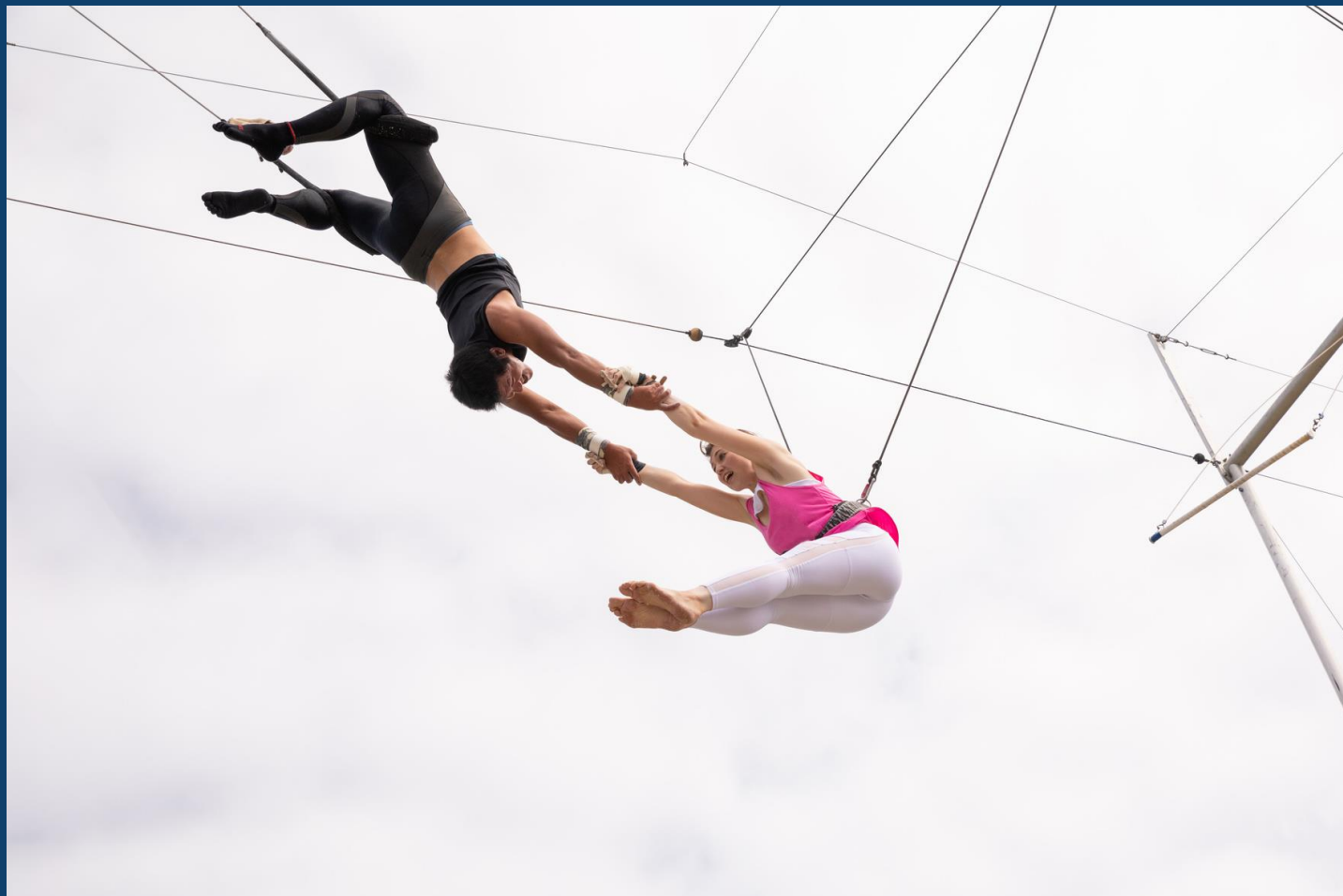
NAME	RELATIONSHIP/ROLE	CONTACT INFORMATION

### Be Kind to Yourself

You have many positive qualities and deserve to be your best self. Remember there may be tough times as you work toward making a thriving life for you, your family, and your baby. We are all in the process of learning different life skills to be happier and healthier. Judgment and unkindness—even when it's from ourselves—only stands in the way. As your journey continues, so will your confidence in yourself to care for you and your family.

# Concrete Support

Caregivers whose concrete needs are met have more time and energy to devote to their children's safety and well-being.



## My Plan of Safe Care Continued

This plan belongs to: \_\_\_\_\_

To care for myself and my family, and to achieve my goals, I would like help with:

### Basic Needs:

- Housing and/or Utility Assistance
- Food
- Transportation
- Care Coordination
- Postpartum Supplies (e.g., hygiene kits, breast pumps, etc.)
- Other:

### Behavioral Health:

- Case Management
- Substance Use Counseling
- Peer Support
- Mental Health Counseling
- Recovery Supports (e.g., 12-step group, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), etc.)
- Medication Assisted Treatment
- Other:

### Physical Health

- Primary Medical
- Prenatal Care Provider
- Pediatrician
- Dental Care
- Other:

### Education Support

- Employment
- Education
- Legal Assistance
- Other:

### Parenting & Family Support:

- Birth Plan
- Safe Sleep Education
- Infant Development
- Lactation Support
- Evidence-Based Home Visiting
- Childcare
- Caring for my Baby
- Early On®
- Bonding/Attachment
- Eat, Sleep, Console
- Items for My Baby (e.g., car seat, crib, diapers, etc.)
- Parenting Classes
- Doula
- Social Connections (e.g., parenting groups, religious support, cultural groups, etc.)
- Other:

### Safety:

- Domestic Violence or Feeling Unsafe at Home
- Home Environment (e.g., non-working smoke alarms, exposed wires, lead paint, etc.)
- Legal Assistance
- Safe Storage Options for Substances, Medications, Weapons, etc.
- Other:

MY PLAN OF SAFE CARE

## My Plan of Safe Care Continued

This plan belongs to: \_\_\_\_\_

As their partner or additional caregiver, I would like help with:

### Basic Needs:

- Housing and/or Utility Assistance
- Food
- Transportation
- Care Coordination
- Postpartum Supplies (e.g., hygiene kits, breast pumps, etc.)
- Other:

### Behavioral Health:

- Case Management
- Substance Use Counseling
- Peer Support
- Mental Health Counseling
- Recovery Supports (e.g., 12-step group, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), etc.)
- Medication Assisted Treatment
- Other:

### Physical Health

- Primary Medical
- Prenatal Care Provider
- Pediatrician
- Dental Care
- Other:

### Education Support

- Employment
- Education
- Legal Assistance
- Other:

### Parenting & Family Support:

- Birth Plan
- Safe Sleep Education
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- Other:



# Social and Emotional Competence & Knowledge of Child Development



**The POSC Template does not address these protective factors specifically, but we know that HVs do and:**

- The POSC protocol recommends that the other THREE systems (Child Welfare, Healthcare, and Substance Use Treatment) integrate referrals to home visiting as part of their workflow.
- Concrete Support referrals may include those that touch on these protective factors: Early On to support child development, and Infant Mental Health to support parent-child attachment.
- According to CAPTA, all infants who are substance exposed are required to receive a referral to early intervention. In Michigan that means an *Early On* referral.



# Implementation Suggestions



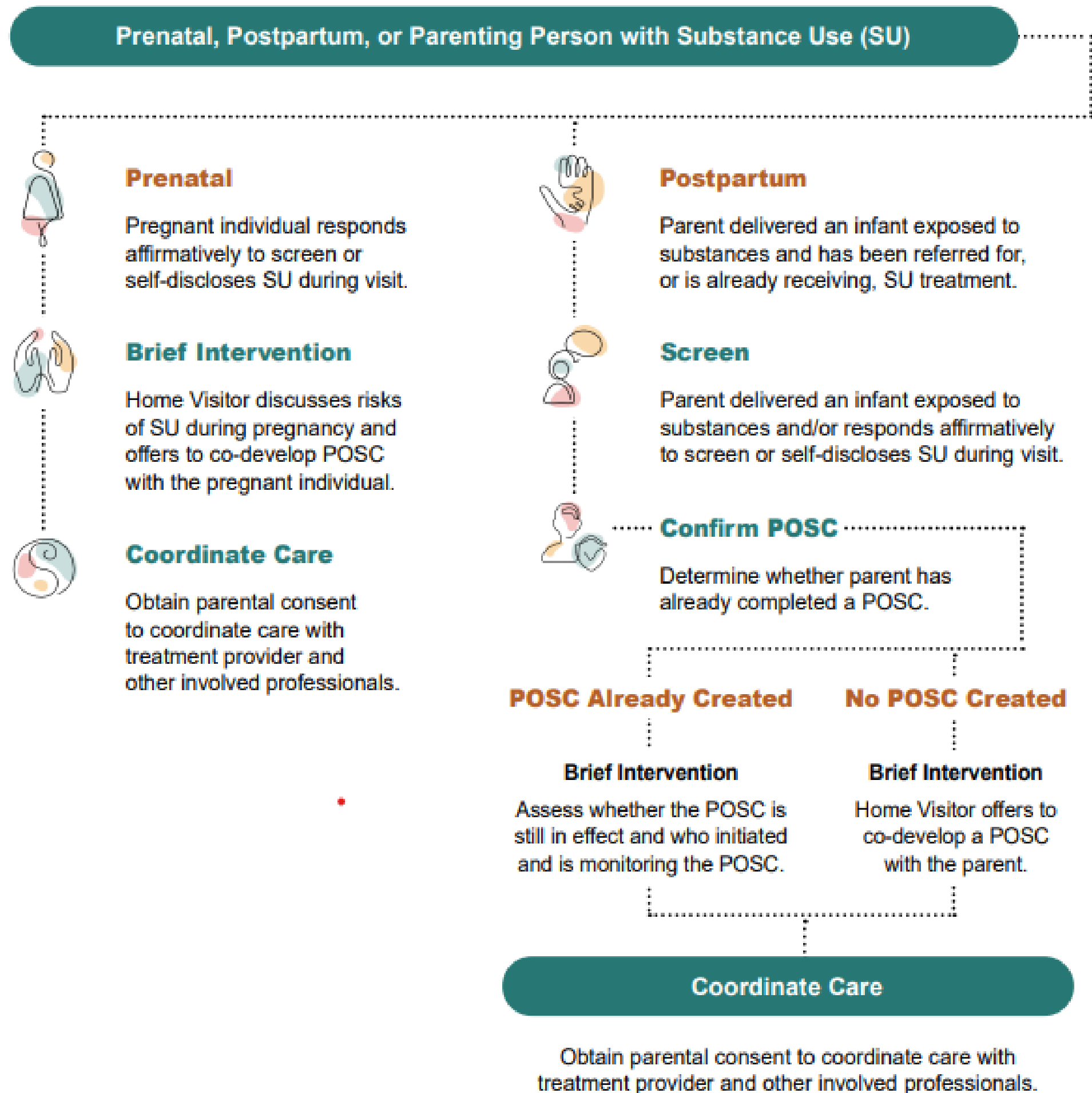
# **Plan of Safe Care Protocol Toolkit**

**You can find the entire toolkit  
as well as other supportive  
materials at Childrens Services  
Agency's POSC Website (soon  
to be released)**

# What Changes for Home Visitors?

What Stays the Same?	What Changes?	What Happens with Partner Agencies
<p>Individual is referred to and enrolled in Home Visiting services.</p> <p>Individual is identified as pregnant or in their first year postpartum.</p> <p>Pregnant or postpartum individual responds affirmatively to screen or self-discloses substance use during visit.</p> <p>If there are other minor children in the home, <b>and</b> concerns of abuse or neglect regarding those children, home visitor makes a referral to child welfare</p>	<p>You, as the Home Visitor, determines whether the parent was already offered a POSC prenatally or postpartum.</p> <p>If a POSC has not yet been completed, you will:</p> <ul style="list-style-type: none"> <li>• Provide the Plan of Safe Care parent handout/brochure to family.</li> <li>• If the parent is in agreement, you will complete the POSC <b>with</b> the family utilizing the template or personalized tool.</li> </ul> <p>You refer the pregnant or postpartum to identified community resources, including substance use treatment.</p> <p>You provide the pregnant or postpartum person with their POSC tool and provide information on how to utilize it for care coordination.</p>	<p>If consents are signed by parent, home visitor can provide other care providers (prenatal care provider, Substance Use Treatment, child welfare, etc.) with a copy of the POSC to support better care coordination.</p>

# Home Visitor Work Flow



# Implementation Suggestions for Supervisors



Develop a plan for full implementation.

- Consider a Pilot Period.
  - Identify the length of time when the pilot will take place.
  - Establish expectations.
  - Assess feedback and identify areas of improvement.
- Develop policies and procedures specific to POSC development and monitoring.
- Incorporate the POSC review into regular Reflective Supervision sessions.
- Add the POSC to existing chart audits.

# Questions to Consider:

## Who?

- Who will receive a POSC, and how will they be identified?
- What section of the POSC is each care provider responsible for? (May be provider-specific.)
- Who is responsible for helping clients/patients develop or initiate their POSC?
- Who is responsible for helping patients update/review their POSC?

## Documentation?

- What specific documents and information will be provided?
- Where will this information be stored?
- How and where should providers document initiation and updates to the POSC?

## When?

- When is the POSC started with clients/patients?
- How often and when is the POSC updated/reviewed?
- When will you meet as a team to reflect upon implementation? (*Include date/time of first follow-up meeting; any ongoing meetings to discuss implementation.*)

## Challenges/Solutions?

- What policies or workflows need to be developed or updated before implementation?
- How to identify if a POSC has already been initiated?
- What are some anticipated challenges to co-creating a POSC with families?
- What are some potential solutions to address those challenges?

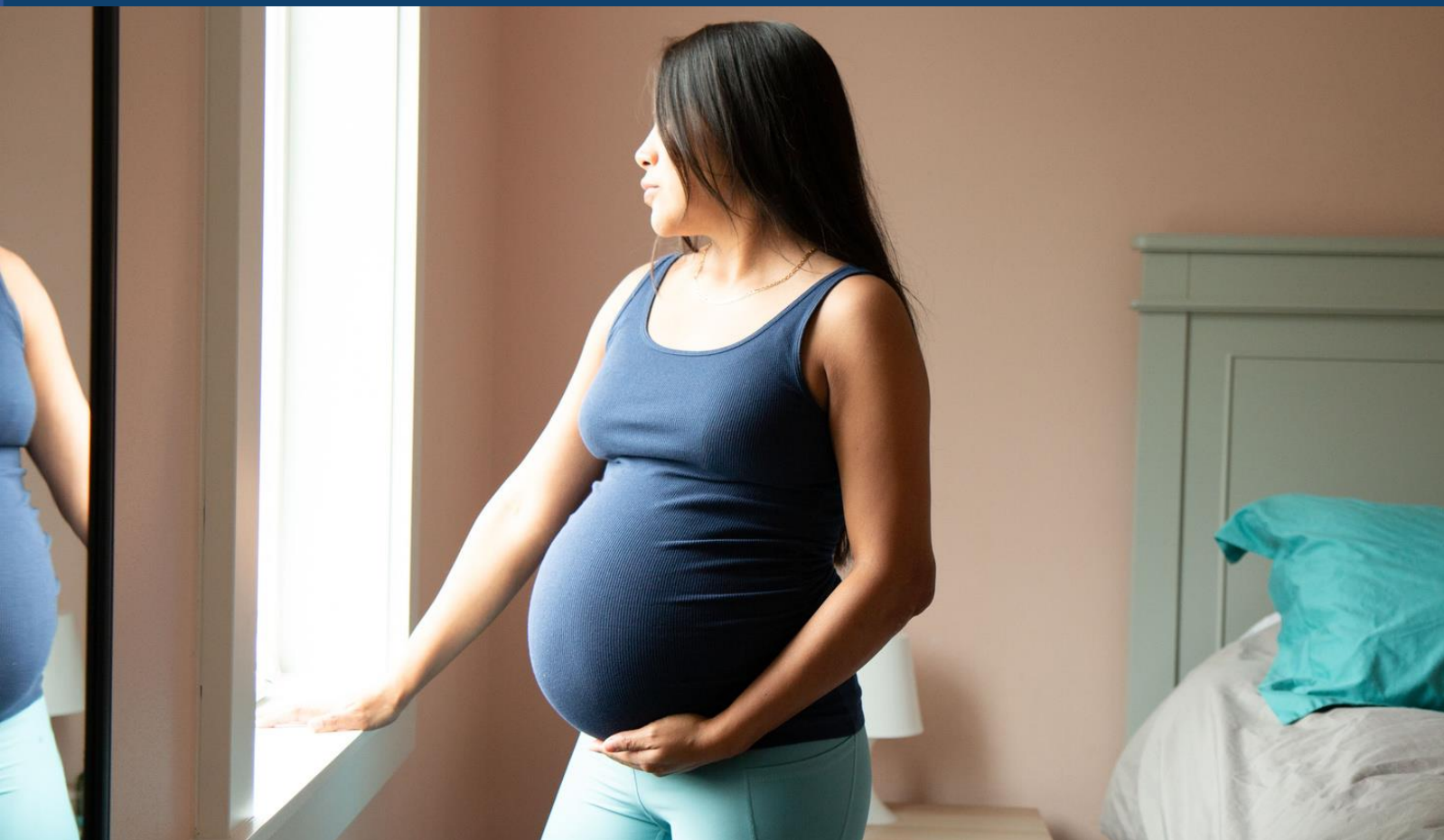
# Implementation Suggestions for Home Visitors



- The POSC is developed by and for the family, and should be adapted to meet the needs of the family.
- It may take several visits to complete the POSC - both in terms of length of time, and in building rapport.
- Encourage the family to utilize the tool as a way to increase their care coordination as well as advocate for their family to remain intact.
- Ensure that consent is explicitly provided if you or the family would like the POSC shared with other providers.

# Implementation Suggestions for Home Visitors Continued

- Introduce the POSC early in prenatal care.
- Explain the purpose of the POSC.
- Emphasize the collaborative nature of the POSC.
- Address any concerns or questions.
- Provide a written copy of the POSC to the family.
- Review and update the POSC regularly.
- Ensure timely data entry as applicable.



**POSC  
Coordination  
Across  
Systems**



# General Considerations for Collaboration



- Establish a *No Wrong Door Approach* to ensure:
  - Accessibility.
  - Coordination.
  - Collaboration.
  - Empowerment.
- Provide *Warm Handoffs* whenever possible, as they can:
  - Help to address communication issues.
  - Engage families and encourage them to ask questions.
  - Allow families to clarify or correct the information exchanged.
  - Build relationships with both the family and providers.
  - Provide a safety check.

# Healthcare Team



## Encourage families to provide their Healthcare Provider their:

- Individualized POSC.
- SU history.
- Birth Plan.

## As a HV agency you can build relationships with Healthcare Providers by:

- Information about home visiting and provide them with specific information on how to refer families to your HV program.
- Tailor any presentations to healthcare providers to highlight how your program supports families in priorities for these providers such as :
  - Connection to insurance coverage.
  - Close prenatal and postpartum follow up.
  - Supporting families in conversations around the importance of keeping prenatal/postpartum visits.
  - Ability of HVs to assess both the parent and infant post-delivery and providing referrals as necessary.
- Maintain consistent contact with providers.
- Provide thank you cards for any referrals received.
- With consent, share family enrollment status and any POSC updates.

### My Birth Plan

Thank you for being here with me as I deliver my baby. While I'm excited about welcoming my baby into the world, I'm also feeling vulnerable - and maybe even a little scared. I'm relying on you for safety and support. Here's how you can help:

**My name:** \_\_\_\_\_ **pronouns:** \_\_\_\_\_  
**My support:** \_\_\_\_\_ **pronouns:** \_\_\_\_\_  
**My baby's name:** \_\_\_\_\_ **pronouns:** \_\_\_\_\_

**Privacy**  
 My substance use is a part of my confidential health information. So please don't share it when it is not directly related to meeting our health care needs.

**Trauma-Informed Care**  
 Most of us have had traumatic events in our lives. And we know that 1 in 4 women have experienced physical or sexual abuse and neglect. That trauma shapes the way we react. What happens during pregnancy, obstetric care, and child birth can bring up powerful emotions - and make it hard to cope. But there are things we can do. Please help me feel safe and empowered. Ask me what I need. I'll tell you what helps.

**Respectful Language**  
 The words we use are important. They show how we feel and they shape the way we think. Many words people use about substance use and people who use substances are unkind. Please think about the words you use. Are they accurate? Are they helpful? Are they kind? If you're not sure or have questions, please ask me.

**Safety + Trust**  
 Many people with a history of substance use have had negative experiences with medical providers. Please understand that we need to build trust. Reject stigma and stereotypes. Please know me.

Thank you

www.perinatalharmreduction.org

### Feeding My Baby

Help us get off to a healthy start. Breastfeeding-Chestfeeding is recommended for babies who are substance-exposed and when using medication to treat opioid dependence.

I want to give my baby my colostrum  I want to breastfeed chestfeed  I want to pump   
 human milk only  formula is ok  let me know if my baby needs extra calories   
 I want lactation support  please give my baby donated breast milk  offer glucose gel if needed

**Before We are Discharged**  
 I would like to make a plan for the postpartum period and follow-up care. I want to talk about:  
 sexual health + birth control  IBCLC support  breastfeeding support  referrals for follow-up care   
 help getting a good breast pump  getting our immunizations  I need information about: \_\_\_\_\_

**Services + Support**  
 I would like information about programs and services that are available in my community.  
 WIC nutrition and feeding support  early childhood intervention  FMLA paid family leave from work   
 assistance with transportation  child care assistance  PMADs help for postpartum anxiety + depression

www.perinatalharmreduction.org

### DO NO HARM

#### Informed Consent

Talking about substance use and exposure is an important part of everyone's health care. But it can be risky. Some people use that information to harm parents, babies, and families. Please respect my need to feel safe and reassured we are getting high-quality care.

**HIPAA** Please protect our health information. Don't share it with third parties. You may share information with: \_\_\_\_\_

**SBIRT** If you have questions about my substance use just ASK ME. Use SBIRT: screening + brief intervention + referral to treatment. Visit the University of Missouri-Kansas City's site [www.sbirtcare.org](http://www.sbirtcare.org) to learn more.

Explain the purpose and medical necessity of any screenings or tests, including the benefits and the risks. Offer me choices and safe alternatives.

**REMEMBER:** Signing a general "consent to treat" form is not the same as informed consent.

**Ask for my Consent**  
 Talk to me before collecting our urine or blood. Get my informed consent before collecting my baby's urine, blood, meconium, or umbilical blood + tissue.

Test results can be wrong. Please confirm any positive results with a second test that meets confirmatory standards before making any reports or disclosing any of our health care information.

A positive drug test is not evidence of abuse or neglect. If you are required to share positive test results, find out how to make the notification, who should receive that information, and how that information will be used. Child welfare may not be the appropriate agency to call.

www.perinatalharmreduction.org

#### Pain Management

My needs for pain management may be different from other people's. Please learn about any medications I may be taking and understand how they may affect the type of pain relief I need. Higher doses of opioids may be required to appropriately manage my pain.

I want help with pain.  Opioids are helpful.  I want to avoid opioids.   
 I'd like to talk about epidurals.  Offer me lidocaine patches.  Offer ibuprofen + acetaminophen.   
 Offer hot + cold packs.  Cannabis provides effective, non-opioid pain relief for me. I will bring legally-obtained, safe, sealed, labeled non-smokable products with me.

Please take time to talk to me about pharmacological and non-pharmacological ways to manage pain. Help me find the solutions that are right for me. I want to learn about: \_\_\_\_\_

**Couplet Care**  
 Help me bond with my baby after the birth.

care for us together  support skin-to-skin  help us create a soothing space   
 welcome my support  delay 1st bath  protect our sleep   
 help me cope with complicated feelings  NICU Keep us together. Separate us only if it is medically-necessary. Then please reunite us as soon as possible.

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#### My Health History

Please ask me about my current and past health care needs.

my diagnoses and conditions: \_\_\_\_\_  
 surgeries I've had: \_\_\_\_\_  
 medications I am taking: \_\_\_\_\_  
 medications I stopped taking during pregnancy: \_\_\_\_\_  
 things I've done to have a healthy pregnancy: \_\_\_\_\_  
 my past pregnancies and births: \_\_\_\_\_

**Special Healthcare Needs**  
 I may need accommodations, interventions, and support for these health conditions:

diabetes  gestational diabetes  high blood pressure   
 cardiac condition  asthma  Rh-  Rhesus negative   
 GBS group B strep  HEP hepatitis A B C  HIV hiv positive   
 mobility needs  hearing impairment  vision impairment   
 glasses  contact lenses

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#### My Postpartum Pain Management

Please talk to me about:

what to expect and my options  when opioids may be appropriate  I'd like to limit the risks associated with opioids   
 effective over-the-counter medications  how binders can help  managing pain with ice and heat   
 how my pain management needs may be different  CBD or cannabinoids for pain management  I have questions about: \_\_\_\_\_

**My Postpartum Plan**  
 Please talk to me about:  
 care essentials for postpartum recovery  birth control + sexual health  referrals for follow-up appointments

**My Medication**  
 Opioid Agonist Therapy (OAT) + Medication-Assisted Therapy (MAT) are the standard of care.

I take buprenorphine.  I'd like the pharmacy to provide my medication in-house so I can stay with my baby after their birth.   
 I take methadone.  Please protect my health information. Do not share information without my consent, including my medications.   
 I will need to visit my clinic.  You can help to reduce stigma by educating providers and your community about the use of medications to treat opioid dependence.

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#### Labor

Help me have a safe and supported labor:

my support person is \_\_\_\_\_  my other children with be attended by \_\_\_\_\_  please allow me freedom to move   
 I want to wear my own clothes  I want to drink water or chew ice  I'd like to eat if I can   
 please limit vaginal exams  avoid pitocin if possible  ask before swiping my membrane   
 limit my contact with \_\_\_\_\_  limit sharing my health information  support me if I experience feelings of trauma

**Delivery**  
 These are my goals for a healthy birth and recovery:

freedom to move  push with the urge  VBAC vaginal birth (VBAC)   
 I hope to stretch, not tear  episiotomy if needed  if I need a c-section offer support   
 delayed cord clamping + cutting  early skin-to-skin  students may observe

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#### Neonatal Opioid Withdrawal (NOW) and Neonatal Abstinence Syndrome (NAS)

These are the most important things babies would tell you about NOW and NAS:

- Use the right words. I am not an addict. Addiction is a set of behaviors babies can't do.
- I was exposed to opioids or other substances. These substances shouldn't lead to stigma.
- I have a temporary and treatable condition. If I need support, try EAT - SLEEP - CONSOLE.
- My parent may or may not have a substance use disorder. They may be using medication.
- My potential is limitless. My exposure won't determine my outcomes; how you treat me will.

**If My Baby's Behavior Shows Signs of Exposure + Withdrawal**  
 I want to follow the Eat Sleep Console model of care because babies who stay with their parents, breastfeed, and have their sleep protected show fewer signs of withdrawal and have shorter hospital stays. If my baby needs more support than ESC, I'd like to talk about the risks and benefits of pharmacological care (with opioids) and non-pharmacological care (without opioids) before we make a care plan.

NOTE: If you use the Finnegan scale please teach me how to score so we can work together to learn about my baby's cues and what they need.

ESC EAT SLEEP CONSOLE  kangaroo care skin-to-skin  swaddle gently   
 help us create a quiet space  care for us together  comfort baby at breast   
 only use sugar water for painful procedures  offer a pacifier  do not offer a pacifier   
 cuddle my baby if I'm away  medication as needed  NICU admit only if medically-necessary

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# Substance Use Treatment



## Encourage families to provide their SUD Treatment Provider:

- Comprehensive OB history, including plans to conceive.
- POSCs highlighting all referrals including their engagement in home visiting.

## As a HV agency you can build relationships with SUD Tx Providers by:

- Providing agencies with information about home visiting and provide them with specific information on how to refer families to your HV program.
- Tailor any presentations to SU Tx providers to highlight how HV is complimentary to the goals they are helping families achieve through their tx process.
- Maintain consistent contact with providers.
- Provide thank you cards for any referrals received.
- With consent, share family enrollment status and any POSC updates.



# Child Welfare



- Connect with the community resource “expert” for the local office (Community Resource Coordinators (CRCs)) or other dedicated staff person to be added to community resource lists.
- Request to present at local or state-level Child Welfare staff meetings (recommend quarterly due to staff turnover).
- Remember that Child Welfare staff may not know anything about home visiting. Ensure you share enough details about your program and emphasize the benefit to families and Child Welfare.
- Ask about presenting at smaller team meetings.
- Consider connecting with other groups such as private agency foster care, family preservation services, etc.
- Share relevant training opportunities that might be of interest to Child Welfare local staff.



**In coordination efforts, lead with the understanding that all systems have the same goal:**

**To support and keep intact families that are impacted by substance use.**

**Home visitors have a unique skillset to meet this goal.**



# Data

# Data Collection

- Depending on the model this information will be collected in REDcap or incorporated into your Model-Specific Data System.
- Visit Tracker to go live within the next month.
- HVOL at some point in FY25.
- FLO users will have to remain in REDcap
- Specific training on data entry is coming on January 30 beginning with supervisors and data support staff.

**ID from model database**

Flo users: enter Source System ID  
HVOL users: enter PC1ID  
Visit Tracker users: enter Family ID

\* must provide value

**Caregiver name**

The Caregiver name is optional. The formal caregiver name for reporting will come from your model databases.

**What funding stream(s) is the current home visitor for this family funded through, select all that apply:**

MIECHV  
 Thriving Futures  
 Other HVS State Funding

reset

**Was a provider-initiated referral completed to enable this family to become FFPSA eligible?**

Yes  
 No

reset

**Was this family referred by DHHS as an FFPSA referral?**

Yes  
 No

reset

**If "yes" to questions 1 or 2 (the family has some type of FFPSA referral), please enter the family MISACWIS Case ID:**

**Is substance use identified for this family?**

Yes  
 No

reset

The following question opens only if substance use was identified (Yes).

**If yes, substance use is identified within this family, how was substance use identified?**

On the referral form  
 Positive screening  
 Biological testing  
 Family disclosure

# POSC Specific Questions

Is substance use identified for this family?

- Yes
- No

reset

The following question opens only if substance use was identified (Yes).

If yes, substance use is identified within this family, how was substance use identified?

- On the referral form
- Positive screening
- Biological testing
- Family disclosure
- Other

reset

If SU was identified in "other" ways, please define other:

If yes, SU is identified within this family, does the family have a Plan of Safe Care (POSC)?

- Yes, they completed it with me
- Yes, they completed it with another provider
- No, they declined completing it with me
- No, for another reason
- NA, youngest child is older than 12 months old














reset

Family type at time of POSC completion

- Prenatal
- Postpartum (birth - 12 months)

reset






# Groupsite

-  Members
-  Subgroups
-  Continuous Quality Improvement
-  Local Team Sharing
-  Thriving Futures
-  Professional Development
-  Outreach
-  Home Visiting Data
-  Home Visiting Needs Assessment
-  MDHHS HVS Contract Supports
-  Parent Engagement
-  Grantee Meetings
-  Plan of Safe Care



## Plan of Safe Care

### Plan of Safe Care Template and Support Materials

-  [General Provider Plan of Safe Care update January 2025.pdf](#)
-  [Introducing the Plan of Safe Care Provider Script.Update January 2025.docx](#)
-  [PARENT One-Pager\\_PlanOfSafeCare\\_v4.pdf](#)
-  [One-Pager\\_Community\\_SafeCare\\_v3.pdf](#)
-  [MI Plan of Safe Care Protocol - Final.pdf](#)

### Training

- [Home Visiting Section Plan of Safe Care Presentation](#)
- Substance Use Screening Training and Screening Tools: [Training Module](#)
- Home Visiting Specific POSC E-Learning Module: [Training Module](#)
- Children's Services Agency POSC E-Learning Module: *Development in Process*

