

SESSION OVERVIEW

Presenter: *Hannah Burton, LISW, JD, LaTonya Harris, MPA, and Someh Lewis, MSW*

This session provides an overview of POSC, including their purpose, federal requirements under CAPTA and CARA, and who they are designed to support—birthing women, infants, and families. Participants will explore how POSC is being implemented nationally and within Minnesota, including current child welfare practices, regional variability, and system-level challenges such as inconsistent policies, funding, and coordination. The session will also clarify key terminology and distinctions to support shared understanding and improve cross-system communication. Finally, participants will be introduced to the Pregnancy Health and Substance Use Workgroup and its role in advancing more aligned, effective approaches across the state.

KEY TAKEAWAYS

Plans of Safe Care 101

- POSC aims to improve 1) the **safety and well-being of infants** affected by prenatal substance exposure and 2) **recovery outcomes for their caregivers** through a holistic approach. Under CAPTA and CARA, POSC serves as a coordination tool developed jointly by the pregnant or parenting woman and her provider to identify needed supports, document parenting preparations, and organize care and services.

POSC as a Collaborative Approach

- **No single agency can do this work alone.** Establishing key partners early supports care coordination, builds a continuum of care, and reduces gaps in services. When POSCs are developed collaboratively with families and care teams, they elevate parent voice, strengthen outcomes, and connect families to services before a crisis occurs.

Current Policies in Minnesota

- **During Pregnancy:** Prenatal substance exposure requires reporting. Child Welfare assesses and offers voluntary services, and a POSC is developed and implemented, ideally at least 30 days before birth.
- **At Birth (or up to one year):** A positive toxicology test requires a report of neglect, leading to either a Family Assessment Response or Family Investigation. At this stage, POSC development and implementation are required and not voluntary.
- **Exemptions to Reporting:** There is ongoing confusion on the exemption to reporting, such as the timeframe (during pregnancy vs. birth), as CAPTA requires states to track all infants born affected by substance abuse or withdrawal symptoms as a result of prenatal exposure, whether it applies to all mandated reports, and conflicts with statute in 260E.32, which requires reporting all positive toxicology tests as child neglect.
- *Note: All controlled substances and alcohol are treated the same under the law, and those who provide services may look different per county.*

What is Minnesota Currently Doing?

- In December 2025, DCYF, MDH, DHS, and NCSACW launched the Pregnancy Health & Substance Use Workgroup to act on Task Force recommendations. The group is reviewing existing POSC-related programs statewide to inform policy and practice changes, including universal screening and toxicology testing, the definition of neglect and “Notification Pathway,” and Family Care Plans/POSC.

ADDITIONAL DETAILS

Learn More: Visit mnpqc.org/initiative/plans-of-safe-care-sprint/

Slide Deck: To request access to the slides, please email QI@minnesotaperinatal.org

Questions:

- Direct session logistic questions to QI@minnesotaperinatal.org
- Questions regarding sprint content can be directed to Hannah Burton at hannah.burton@state.mn.us

RESOURCES SHARED:

- **[National Center on Substance Abuse and Child Welfare:](#)** NCSACW provides training and technical assistance (TA) to state, tribal, and local jurisdictions to improve child and family outcomes and increase social and emotional well-being. The focus is to increase the capacity of agencies and professionals to develop or enhance policies, practices, and procedures that increase efficiencies and improve family outcomes.
- **[Child Abuse and Prevention Treatment Act \(CAPTA\) Substance Exposed Infants Statutory Summary:](#)** Two-page explanation for CAPTA policy changes created by NCSACW.
- **[Plans of Safe Care Learning Modules Series:](#)** A five-part series on POSC for infants born with and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, Fetal Alcohol Spectrum Disorder (FASD), or their affected family or caregiver. Helps state, Tribal, and local collaborative partners improve their systems and services for infants and families affected by prenatal substance exposure. Provides states and communities with considerations for implementing POSC to support the safety and well-being of families in their jurisdictions.
- **[Task Force on Pregnancy Health and Substance Use Disorders Recommendations:](#)** The Task Force on Pregnancy Health and Substance Use Disorders was established to recommend protocols for when physicians, advanced practice registered nurses, and physician assistants should administer a toxicology test and requirements for reporting prenatal exposure to a controlled substance. Established through legislation beginning July 1, 2023, and ending December 1, 2024.
- **[Pregnancy Health & Substance Use Workgroup:](#)** If you are interested in learning more, please reach out to Hannah Burton at hannah.burton@state.mn.us
- **Minnesota Statutes**
 - **[Sec. 260E.31 MN Statutes](#)** - Reporting of Perinatal Exposure to Controlled Substances
 - **[Sec. 260E.32 MN Statutes](#)** - Toxicology Tests Required
 - **[Sec. 260E.03 MN Statutes, subd, 15](#)** - Definitions, Neglect

FAQ:

Q: Are there examples of completed plans? Or resources that outline how to write a POSC and what should be included?

A: There is not a national standardized template for POSC. Best practice components for a POSC include information on: 1) the infant's medical care, 2) parent's medical care, 3) parent's substance use and mental disorder history and needs and treatment, and 4) the family and caregivers' history and needs. Considerations for a plan include: 1) use of supportive language; 2) information for the pregnant woman, infant, and household members; and 3) immediate concrete or treatment needs or supportive services for the infant, parent, & family.

The Plan of Safe Care Expert Series: Partnering with Healthcare Providers for Families Affected by Prenatal Substance Exposure (2023) Module 4 discusses what can be included in a POSC, how to engage families in developing a POSC, and implementation examples from states and community-based agencies. Also discussed is how implementing POSC during the prenatal period can prevent separation of the family at birth, and how the plan can be used as a care coordination process to support infants and families from pregnancy through birth and infancy.