

SESSION OVERVIEW

Presenters: *Karissa Giovannini, MSW, LICSW | Phaedra More, CARC | Annalise Elsasser, MSW, LCSW*

This session explored practical approaches to addressing substance use in pregnancy, including the importance of screening versus testing and how trauma-informed care can support effective, patient-centered POSC conversations. Participants heard from social workers and certified addiction recovery counselors on what strong POSC workflows look like in practice from the Boston Medical Center, including discussion on navigating real-world challenges using POSC tools and how to implement them in clinical settings. The session also highlighted perspectives from child welfare and behavioral health to better understand system intersections and gaps.

KEY TAKEAWAYS

Federal & State Policies in Massachusetts

[New legislation](#) is awaiting implementation through regulations from the Department of Health. The change separates child abuse/neglect reporting from public health reporting for prenatal substance exposure. Under the new law, **prenatal substance exposure alone no longer automatically requires a mandated report. Instead, providers must determine whether there is reasonable cause to believe the infant is at substantial risk of harm.** The legislation shifts the focus to infant safety and caregiver capacity from pregnancy through postpartum, while creating a separate public health reporting pathway that supports care coordination without automatically triggering a child protection investigation.

How Boston Medical Center Respond to Legislation Changes with Project RESPECT

- **About Project RESPECT:** This is a comprehensive care program for pregnant and postpartum individuals (up to 12 months after birth) with substance use disorders, integrating behavioral health care, treatment planning, and connection to resources across all stages of recovery. Its Behavioral Health Care Model supports patients in co-creating a Family Care Plan (FCP) with a multidisciplinary team, including social workers, peer recovery coaches, and a psychiatrist.
- **Evolution of Family Care Plans (FCPs):** Boston Medical Center (BMC) conducted a retrospective cohort study of patients with opioid use disorder between March 2020-2022, which found increased treatment engagement and improved family unity at delivery (79%) following completion of a POSC meeting. In 2021, following the study, BMC implemented clinic practice updates, including discontinued automatic reporting, and determined that MOUD alone is not sufficient for a child protection report without additional safety concerns. The current workflow of FCP introduces the document during prenatal care and is revisited with changes in family circumstances, after crises, and during care transitions. Families may share it during delivery, and FCP meetings continue as needed.

Family Care Planning: Consent and Goals

- **Informed Consent when Screening vs. Testing:** Outdated urinary toxicology testing (UTT) practices can lead to uninformed consent, stigma, damaged trust, testing misuse, and legal consequences that can ultimately separate families. BMC supports universal substance use screening and limits UTT to patients with *known* SUD history. All UTT requires written consent and often verbal discussion, leading to open conversation about recovery and a better understanding of the use of UTT.
- **Goals of an FCP:** This living document supports patient accountability, collaborative care, and a restorative approach to health care across systems. Outcomes include improved recovery capacity, parental self-advocacy, cross-system trust, and increased engagement in prenatal care. Key elements of the plan include prenatal history, parenting experience, family basic needs, and infant development.

CONSIDERATIONS

- **Recovery Capital:** Assess recovery capital at each stage of readiness for change. Individuals draw on different resources to support recovery from substance use and mental health conditions, depending on where they are in their readiness for change. Support should be tailored to meet patients where they are.
- **Continuum of Substance Use:** Patients may move in either direction along the spectrum, which shapes how success is defined day to day. This perspective helps reduce stigma, build trust, and strengthen collaboration in developing recovery plans for both the patient and baby.
- **Pediatric Inclusion:** Including pediatric professionals on the POSC team can be especially valuable, particularly as legislation continues to evolve across states.

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:

- **Boston Medical Center [Project RESPECT](#)**
- **Minnesota Hospital Association (MHA) [Plan of Safe Care Template](#):** A four-page template developed by MHA to address federal legislation.
- **MNPQC's POSC Session Snapshots**
 - [Session #1 Snapshot: The Landscape of POSC in Minnesota](#)