

SESSION OVERVIEW

This session brings cross-system collaboration to life by exploring what it truly looks like in practice, from formal partnerships to everyday coordination across teams. Participants will review real-world examples such as warm handoffs, shared workflows, and joint planning efforts that support more seamless care for families. We'll also examine common barriers, including data sharing limitations, staffing constraints, and the importance of building trust across systems. The session will conclude with a focus on actionable next steps, helping participants identify what changes are feasible now and where to aim for longer-term impact.

KEY TAKEAWAYS

Real-World POSC Example #1: HealthPartners

Presenters: Adrienne Richardson, MD | Brittany Westlund, LSW

HealthPartners has integrated Plans of Safe Care (POSC) into its Health Beginnings Program by adapting the Minnesota Hospital Association's POSC template and embedding it within EPIC. Patients are screened using a validated screening tool (5Ps) and provided a questionnaire about social determinants of health. If substance use is identified, POSC will be initiated. This can happen at any point during pregnancy or postpartum care.

Strengths:

- Emphasizes building rapport and trust with patients, often completing the POSC over prenatal visits as information is gathered organically.
- Collaboration between social work, pediatrics, & obstetrics at the hospital to support warm handoffs and continuity of care across departments.
- The virtual POSC form is easy to update, provides educational touchpoints, & can be reviewed with patients.

Barriers:

- Difficulty locating the POSC within the electronic health record.
- Challenges integrating the POSC into existing clinical workflows.
- Limitations in printing or sharing the POSC outside the health system when appropriate.
- Some patients express hesitancy about connecting with county services due to previous experiences or perceptions of those systems.

Real-World Example #2: ANew Health and Wellness Clinic

Presenter: Michaelene Colestock, MA, LADC, LPCC

ANew Health and Wellness Clinic offers voluntary, flexible services designed to support healthy pregnancies, safe births, and strong families. Enrollment for ANew's POSC program is open to individuals of all ages who are pregnant or up to six months postpartum. Neither a Substance Use Disorder (SUD) diagnosis nor a mental health diagnosis is required for enrollment.

Strengths:

- Provides a broad range of whole-person, family-centered services tailored to each family's needs, including SUD treatment. (inpatient & outpatient), mental health services, licensed childcare, housing, and community resource referrals.
- Participation is voluntary, allowing families to select the services that best support their goals.
- Support can extend to the whole family, including spouses, partners, and family members.

Barriers:

- Increasing awareness of available services across Minnesota.
- Building trusted relationships with healthcare providers, community organizations, and other referral partners to ensure families are connected to services.

Real-World Example #3: MN Prairie Care Alliance

Presenters: *Christie Busman, BSW | Joddy Tighe*

MN Prairie Care Alliance's Prenatal AOD (Alcohol and Other Drugs) Program has been serving families in Dodge, Steele, and Waseca counties for more than seven years. Referrals are primarily received through Child Protective Services (CPS) and originate from hospitals, mental health providers, public health, community members, or other partners.

The voluntary program serves pregnant mothers struggling with substance use, including parents who may have had prior termination of rights or transfer of custody. Social workers collaborate closely with families to develop patient-centered, culturally responsive, and trauma-informed POSC that evolves throughout pregnancy and postpartum. The process focuses on identifying family goals, recognizing barriers, and developing actionable pathways to achieve those goals.

Strengths:

- Emphasizes relationship-building and intentional language when collaborating with families.
- Social workers provide extensive wraparound support, including transportation assistance, housing connections, and guidance through court processes when requested.
- Families can receive ongoing support and follow-up until the child's first birthday.
- The POSC process is individualized, flexible, and responsive to each family's goals and needs.

Barriers:

- Long waitlists and provider shortages in rural communities.
- Limited access to supportive services, including transportation and affordable housing.
- Geographic isolation can make it difficult for families to access needed resources.
- Securing buy-in from county government leaders can be challenging and may affect service delivery and program sustainability.

Overarching Theme

Across all three examples, presenters emphasized that effective Plans of Safe Care are **built on trust, collaboration, and meeting families where they are**. While each program operates in a different setting and uses a different model, successful implementation relies on relationship-centered care, cross-system partnerships, and flexible approaches that respond to the unique strengths and needs of each family.

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:

- HealthPartners' [Healthy Beginnings Program](#)
- Minnesota Hospital Association's [POSC Template](#)
- [ANew Health and Wellness Clinic Website](#)
- [MN Prairie County Alliance Prenatal AOD Website](#)
- MNPQC's POSC Session Snapshots
 - [Session #1 Snapshot: The Landscape of POSC in Minnesota](#)
 - [Session #2 Snapshot: Practical Strategies for Hospitals and Community Systems](#)