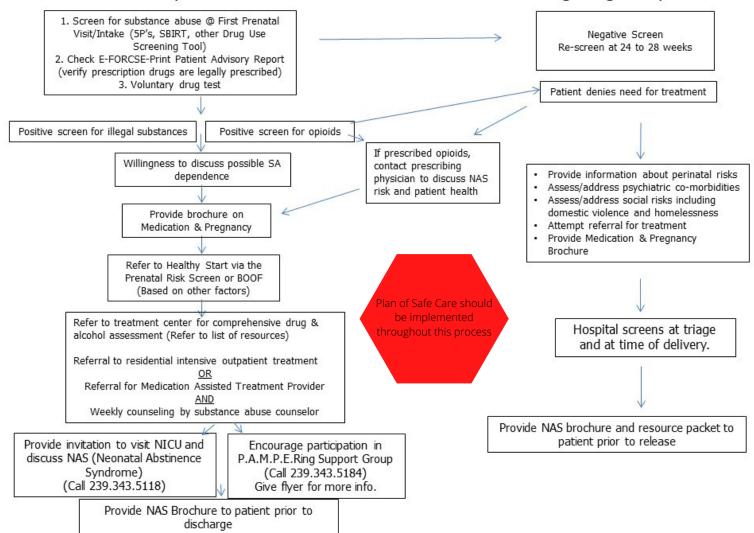


Where does the Plan of Safe Care fit?

Lee County Process & Resources – Substance Use During Pregnancy



A Plan of Safe Care is

intended to be developed at the earliest point of mother's use or infant's exposure, once identified.

In 2016, the Comprehensive Addiction and Recovery Act modified child welfare legislation to expand POSC to include all infants affected by substance abuse withdrawals symptoms or a fetal alcohol spectrum disorder and who require services be identified for the family/caregivers of these infants.

What is the Purpose of a Plan of Safe Care?

Federal law requires that all infants determined to be affected by maternal substance use must have a Plan of Safe Care in place on discharge from the birth hospital. A Plan of Safe Care is intended to facilitate a holistic, multi-disciplinary approach to responding to the needs of the entire family. A Plan of Safe Care is intended to be developed at the earliest point the mother's use or infant's exposure have been identified.

Who must prepare a Plan of Safe Care?

A Plan of Safe Care is intended to be developed at the earliest point the mother's use or infant's exposure have been identified. This could be any professional currently working with a family.

Who qualifies for a Plan of Safe Care?

A Plan of Safe Care must be developed, implemented and monitored for pregnant women and infants (under one-year-old) who have been affected by exposure to controlled substances or alcohol.

Who receives the Plan of Safe Care?

A Plan of Safe Care is prepared with the client/patient. The client/patient must receive a copy. The Plan of Safe Care should be easily accessible to the relevant agencies with the appropriate privacy safeguard.

Is the POSC voluntary for the patient?

Yes, a client/patient has the right to refuse a Plan of Safe Care. It should be noted in the client/patients chart/file if this process is refused.