



November 23, 2021

Dear Colleagues,

In 2016, an amendment to the federal Comprehensive Addiction and Recovery Act (CARA) added new provisions to the Child Abuse Prevention and Treatment Act (CAPTA) which require the creation of **Plans of Safe Care (POSC)** to support the health and safety of newborns affected by substance use and their families or caregivers. This letter provides information and guidance on how home visiting programs in New York State can develop a POSC in collaboration with the pregnant or parenting family.

A POSC is a tool that can be used to support families impacted by substance use or taking medications to treat substance use disorders. The purpose of developing a POSC with a family is to ensure families are receiving comprehensive support, care and treatment that meets their needs. A POSC identifies how a provider, family, and community can support the safety and well-being of the newborn and person who gave birth. A POSC should be personalized and can address basic needs, identify support systems, and create linkages to necessary services and/or community-based organizations as appropriate.

A POSC should be developed for pregnant individuals who:

- are diagnosed with a substance use disorder; or
- are receiving medication for addiction treatment (MAT) for a substance use disorder; or
- are under the care and supervision of a healthcare provider who has prescribed opioids.

Any healthcare or social services provider, including home visitors, can develop a POSC in collaboration with the pregnant person and/or family prenatally or post-delivery. Plans developed during the prenatal period may be specific to the pregnant person only or may also include anticipatory guidance, services or other supports that address the newborn's needs.

There is **no requirement** that child protective services be involved in the development of a POSC and there is **no reason** to inform child protective services that a family has a POSC. **Substance use alone, whether disclosed through the development of a POSC, self-report, screening, toxicology, medical record note, or newborn symptoms, is not an indicator of child abuse or maltreatment and the existence or development of a POSC does NOT require a report to child protective services.**

To make this most effective, home visiting programs should coordinate with hospitals and birth centers to identify ways to share information and collaborate and determine which agency should take the lead in drafting the POSC. Home visitors are encouraged to note the existence of the POSC in the pregnant person's chart after obtaining the client's specific consent. The required 42 CFR Part 2 [Cover Page](#) and [Consent Form](#) can be found online on the NYS Office of Addiction Services and Supports website. Pregnant individuals are also encouraged to bring the POSC with them to the hospital or birth center. Hospitals and birth centers will incorporate the POSC into discharge instructions. For pregnant or birthing individuals affected by substance

use who do not have a POSC, or if the existing POSC does not include services for the newborn, the post-birth discharge plan serves as the start of a POSC and should include a warm linkage to appropriate community-based supports, including home visiting programs to further develop the POSC.

The New York State Department of Health (DOH), Office of Addiction Services and Supports (OASAS), and the Office of Children and Family Services (OCFS) have developed guidance on the POSC which can be found [here](#).

Home visiting programs are well positioned to support the health and safety of newborns affected by substance use by collaborating with the pregnant or parenting family to develop a POSC. The DOH has developed a [POSC template](#) that can be used or adapted. A [flowchart](#) is attached to provide additional guidance in implementing a POSC.

The DOH, in collaboration with OASAS, OCFS, associations, professional organizations, and community organizations, will be developing additional FAQs and guidance to assist in the implementation of these protocols. Questions regarding the new requirements will be helpful as we develop these materials; questions may be sent by email to [POSC@health.ny.gov](mailto:POSC@health.ny.gov).

Sincerely,

Marilyn A. Kacica, MD, MPH  
Medical Director,  
Division of Family Health

Stephanie Shulman, DrPH, MS  
Director,  
Division of Hospitals and  
Diagnostic & Treatment Centers