PLAN OF SAFE CARE
IMPLEMENTATION READINESS SELF-ASSESSMENT TOOL

National Center on Substance Abuse and Child Welfare

PLAN OF SAFE CARE : Implementation Readiness Self-Assessment Tool

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TOOL DESCRIPTION

The *Plan of Safe Care Implementation Self-Assessment Tool* is designed to help jurisdictions assess their current practices related to supporting infants and families affected by prenatal substance exposure. It guides users through key components across areas such as health and safety of the infant, caregiver needs, multidisciplinary collaboration, and data collection. By completing the tool, jurisdictions can identify strengths, gaps, and opportunities for improvement in their Plan of Safe Care (POSC) efforts.

The tool outlines **five distinct implementation phases** that reflect the continuum from initial awareness to full integration and sustainability of POSC-related practices. Each phase represents a milestone in the development and institutionalization of effective systems of care. Understanding these phases can guide strategic planning, resource allocation, and cross-sector collaboration.

IMPLEMENTATION PHASES

Pre-Identification:	The component has **not yet been identified as a need** within the jurisdiction or organization
Identification:	The component has been **recognized as a need** and acknowledged as relevant to POSC implementation
Preparation:	**Exploratory conversations** are underway to determine how to include the component in practice
Action:	**Active steps** are being taken to implement the component
Sustainment:	**Policies or practices** are established to **maintain and sustain** the component long-term being taken to implement the component

To use this tool, jurisdictions can conduct a self-assessment by selecting the current implementation phase for each component from the drop-down menu. After selecting a phase, users are encouraged to provide a brief rationale explaining why that phase best represents their current status. This reflection helps clarify progress, identify gaps, and support strategic planning for advancing POSC implementation.

Component	Phase	Rationale

Health and Safety of the Infant

Birth

Staff are nonjudgmental and supportive of women with substance use disorders, as evidenced by feedback from mothers of infants with prenatal substance exposure		
Mothers are educated about what to expect after delivery and how to support the infant with prenatal substance exposure in the hospital and at home		
Breastfeeding and other practices that promote mother–infant bonding are supported for situations involving infants born affected by prenatal substance exposure		
Depending on the jurisdiction's approach, for caregivers with no POSC developed during the prenatal period, a representative from the birthing hospital creates a POSC for use postpartum		
Protocols are in place to identify and treat infants with neonatal abstinence syndrome (NAS) (e.g., Eat, Sleep, Console)		
Mothers are integrated into the infant's treatment of substance exposure		
Hospitals have protocols in place and staff trained to assess the health and safety of an infant and determine if a report of suspected child abuse or neglect should be made to Child Protection Services (CPS)		
Protocols are in place to guide hospital staff in talking to caregivers about and making notifications and reports		
Core partners are trained on how notifications or reports are made per their jurisdiction's statute related to the Child Abuse Prevention and Treatment Act (CAPTA)		

Component	Phase	Rationale
The need for ongoing care is assessed prior to discharge, and if needed, care is coordinated across health and social service systems		
CPS has a protocol for responding to cases involving infants affected by prenatal substance exposure, which includes guidance on creating a POSC or using an existing one to coordinate services		
CPS has a protocol that provides clear guidance on screening and assessing safety and risk and opening cases in situations involving infants born affected by prenatal substance exposure		

POSTNATAL AND BEYOND

CPS has a protocol on responding to cases involving infants born affected by substance exposure that includes a referral for a developmental screening and early intervention services for children ages 0–3		
CPS uses a consistent protocol for making decisions on reunification and case closure		

Needs of the Caregiver

Birth

There are policies in place to ensure all pregnant women receive education from their prenatal care provider about the potential harms of substance use during pregnancy		
All pregnant women are verbally screened for substance use using a validated verbal screening tool		
Pregnant women are informed about provider screening and toxicology testing policies at the first prenatal visit, and on how the information will be used		
Protocols are in place to guide how substance use during pregnancy is identified including how to use specific tools and timelines (e.g., SBIRT model – Screening, Brief Intervention, and Referral to Treatment)		

Component	Phase	Rationale
Staff are nonjudgmental and supportive of women with substance use disorders, as evidenced by feedback from mothers of infants with prenatal substance exposure		
Decisions regarding the pregnant woman's treatment, case planning, and POSC are made with the pregnant woman's input		
Protocols are in place to ensure that appropriate referrals are made when pregnant women screen positive (including referrals to medication–assisted treatment (MAT) and other substance use treatment services)		
Prenatal care providers have protocols in place to coordinate services and share information (as appropriate) with the pregnant woman's MAT and other substance use treatment services		
Prenatal care providers understand the efficacy of MAT as an appropriate treatment for substance use disorders		
SUD treatment providers are trained on how to educate pregnant women on pain management considerations for labor and delivery		
SUD treatment providers are trained to educate pregnant women with substance use disorders on the notification and potential for CPS involvement		
SUD treatment providers are trained to educate and prepare pregnant women for safe storage of substances		
The pregnant woman's birth plan includes considerations specific to SUDs		
Prenatal care providers and substance use treatment providers have protocols in place to prepare pregnant women for the potential birth of an infant with NAS and approaches to NAS care (e.g., Eat, Sleep, Console)		

Component	Phase	Rationale
Key service providers have protocols in place to inquire about a POSC with all pregnant women with SUDs and assist the caregiver in meeting their needs as indicated in the POSC		
For jurisdictions that have elected to implement prenatal POSC, there are protocols to guide the provider in how to create a POSC in the prenatal period		
For jurisdictions that have elected to implement prenatal POSC, substance use treatment providers have a protocol to establish a POSC during the prenatal period for pregnant women with SUDs		
For jurisdictions that have elected to implement prenatal POSC, there are protocols to ensure the pregnant woman is encouraged to use their prenatal POSC to 1) track referrals made, 2) list current service providers, and 3) identify additional services needed		
For jurisdictions that have elected to implement prenatal POSC, there are protocols to guide the provider in how to monitor the POSC to determine if the caregiver was able to access and engage in services		
CPS has a protocol guiding the response to reports of substance use in pregnancy		
When CPS involvement is not indicated when there are reports of substance use in pregnancy, referrals are made to ensure pregnant women have access to treatment and support services		
CPS staff receive training on evidence–based treatments for substance use disorders, including MAT, and understand MAT as a proven approach for treating SUDs, even during pregnancy		
CPS policy on MAT is clear to the other systems, including dependency courts		

Component	Phase	Rationale
CPS staff understand that the best outcomes for pregnant women on MAT occur when they are also engaged in psychosocial services		
CPS staff understand local laws and policies related to priority access to treatment for pregnant women affected by SUDs		
CPS staff understand that pregnant women should receive priority or preferred access to publicly funded MAT and other treatment services		
The birthing hospital's protocol on testing for substance use includes asking the mother for permission and explaining the risks and benefits of the test		
The labor and delivery hospitals have protocols in place and staff trained to assess whether a CAPTA notification or report of suspected child abuse of neglect is required, per their state statute related to CAPTA		
Protocols are in place to guide the birthing hospital staff in talking to caregivers about a notification and the process of making notifications		
A protocol is in place to determine roles and timeline for making the notification of an infant born affected by prenatal substance exposure		
A protocol is in place to determine roles and timeline for hospital providers to discuss a POSC with caregivers at the time of birth		
A protocol is in place to determine roles and timeline for hospital providers to update the POSC or create one prior to discharge from the hospital		
For caregivers with a POSC developed during the prenatal period, a representative from the birth hospital updates the POSC prior to discharge for use postpartum		
A protocol is in place to determine how the POSC is used in discharge planning		

Component	Phase	Rationale
Hospital providers are trained in and support mother–infant bonding for cases involving infants born affected by prenatal substance exposure		
The labor and delivery hospital staff are trained in and support mother–infant bonding for cases involving infants born affected by prenatal substance exposure		
SUD treatment providers have a role in developing or updating a POSC to ensure infant and caregivers needs are proactively discussed and addressed		
SUD residential and other treatment programs have slots for mothers with substance use disorders and their babies		
SUD residential and other treatment programs have capacity to serve mothers with infants who have neonatal abstinence syndrome or neonatal opioid withdrawal syndrome		
Postnatal And Beyond		
The need for ongoing care is assessed prior to hospital discharge, and if needed, care is coordinated across health and social service systems		
Mothers are supported to access postpartum physical and mental health supports		
Ongoing care is coordinated across health and social services and appropriate permissions are in place to share information, as needed		
CPS ensures that their assessments are comprised of the full range of medical, clinical, and social support needs experienced by caregivers		
For CPS that use a differential response program: CPS has a system to ensure that caregivers referred to community agencies to treat SUDs receive MAT and other needed treatment services		

Component	Phase	Rationale
Multidisciplinary Collaboration		
Jurisdiction has defined “affected by substance abuse,” “affected by withdrawal,” and “affected by fetal alcohol spectrum disorders”		
Key agencies within the jurisdiction have adopted the definitions of “affected by substance abuse,” “affected by withdrawal,” and “affected by fetal alcohol spectrum disorders”		
The jurisdiction has policies or programming in place to educate the general public about the potential harms and consequences of substance use during pregnancy		
The jurisdiction has policies to define and guide the identification of infants affected by prenatal substance exposure		
Each agency has a way to identify substance use in pregnant women using evidence-based verbal screening		
Core service providers are knowledgeable on the treatment of SUD in pregnancy		
Core service providers are knowledgeable on assessing the health and safety needs of infants affected by prenatal substance exposure		
The community has mapped the current network of providers who can meet the needs of pregnant and parenting women or caregivers (including concrete goods, housing, parenting skills and support groups, etc.)		
The appropriate levels of care for SUD treatment are available for pregnant women within their community		
Medication for opioid use disorder (MOUD) is provided in conjunction with a full range of treatment services		

Component	Phase	Rationale
Policies are in place to assist pregnant women with financial barriers to accessing and maintaining services for the treatment of SUDs		
Systems collaborate to provide pregnant and postpartum women involved in the criminal justice system access to evidence-based treatment for SUDs		
Clear referral pathways are developed to facilitate early engagement in treatment and other services		
Care coordination between medical, SUD treatment systems, CPS, and early intervention partners has been formalized		
The jurisdiction has a plan to provide for ongoing care, as needed, for infants and caregivers affected by prenatal substance exposure		
Systems have a shared understanding of outcomes for infants and caregivers eligible for a POSC that includes the mother, the infant, and their family		

Data Collection and Reporting

Jurisdiction uses data to understand the prevalence of substance use in pregnant women in their community (e.g., screening rates, maternal overdose incidents, maternal mortality and morbidity rates)		
Jurisdiction uses data to understand outcomes for pregnant women in their community (e.g., referrals to treatment, treatment initiation and retention, treatment completion)		
Jurisdiction uses data to understand the role of substances in critical or fatal incidences for children (e.g., child fatality or near–fatality reviews, prescription drug monitoring program data		
Jurisdiction has mapped what data is captured in each system related to substance use in pregnancy and outcomes		

Component	Phase	Rationale
Jurisdiction has determined which data elements related to substance use in pregnancy are relevant for aggregate–level tracking and shared monitoring of outcomes		
Jurisdiction has the protocols in place to capture and report the total number of infants born “affected by” substance use		
Jurisdiction has protocols in place to capture and report the total number of infants born affected by substance use who received a POSC		
Jurisdiction has protocols in place to capture and report data on the number of infants born affected by substance use who received a POSC and appropriate referrals for services		
Jurisdiction has protocols in place to capture and report data on the number of caregivers who received appropriate referrals for services		
Jurisdiction tracks the outcomes for infants born affected by prenatal substance use exposure (e.g., NAS rates, pediatrician visit follow–ups, participation in early intervention programming, adoption or reunification rates)		

IN-DEPTH ANALYSIS OPPORTUNITY

The National Center on Substance Abuse and Child Welfare (NCSACW) is available to provide jurisdictions with a **no-cost in-depth analysis** of the results from the *Plan of Safe Care Implementation Self-Assessment Tool*. This tailored analysis can help identify strengths, gaps, and opportunities across systems. By leveraging NCSACW’s expertise, jurisdictions can better align their practices with policy, enhance cross-system collaboration, and improve outcomes for families. To take advantage of this opportunity, click the link below to send your completed self-assessment to NCSACW. **Upon submission, a member of the NCSACW team will reach out to you within two business days to begin the analysis.**

SUBMIT for Analysis **PRINT ONLY**

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National Center on Substance Abuse and Child Welfare

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