



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

August 2, 2018

Dear Bureau of Substance Addiction Services (BSAS) Licensed and/or Contracted Providers:

In 2016, the Federal Government amended the Child Abuse Prevention and Treatment Act (CAPTA) to include a requirement for the creation of "*plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.*"<sup>1</sup> These Plans of Safe Care (POSC) are intended to help "ensure the safety and well-being of infants following the release from the care of health care providers by (1) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and (2) monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver (in accordance with state requirements)."<sup>1</sup> The Department of Public Health (DPH) is partnering with the Department of Children and Families (DCF) to implement this federal requirement in Massachusetts.

A POSC is an informational and resource document that can help pregnant/parenting clients<sup>2</sup> access needed services and supports for themselves and their babies. It can also help demonstrate to DCF that they have prepared to parent. The Institute for Health and Recovery is creating a POSC webpage to support implementation that will include a searchable resource list for perinatal services statewide. This will be available after August 15, 2018. A follow-up email will include more information about this resource page.

All BSAS-contracted and/or -licensed treatment providers who serve women and/or parenting clients<sup>2</sup> for a period of longer than 30 days are required to initiate and coordinate POSC.

When/if a 51-A is filed at birth, DCF will ask the reporter whether or not a POSC exists for that client/family and whether referrals to services have been made. BSAS providers are responsible, with client consent, to inform the hospital social worker, or whoever will be reporting the substance-exposed birth to DCF, that a POSC exists. If a parenting client becomes the subject of a 51-A filing, the reporter should inform DCF that a POSC exists for that client as well. Pregnant/parenting clients<sup>2</sup> should be educated on the positive impact that sharing their POSC with DCF could have on the Department's decision-making process, and written consents should be encouraged.

More detailed information is included in the attached memo. A POSC template is also attached. All questions should be directed to DPH BSAS's Women and Families' Services Coordinator:

Ruth.Jacobson-Hardy@mass.gov

<sup>1</sup> <https://www.acf.hhs.gov/sites/default/files/cb/pi1702.pdf>

<sup>2</sup> For purposes of this legislation, Parenting Clients refers only to those clients who are actively parenting infants less than 12 months of age. Those without custody may still benefit from the development of a POSC.