

**Plan of Safe Care (POSC) Portal, Help Me Grow (HMG), Department of Child, Youth and Family (DCYF), and Child Protective Services (CPS)**

This document is an example to hospitals of a written guideline from which content can be borrowed and applied to individual hospital guideline templates. Not all information needs to be included in a guideline or the body of a guideline. Hospitals must still use their internal approval process for publishing practice documents.

## How to Use This Example Guide

### Purpose:

To align hospital policy for contacting Department of Child, Youth and Family (DCYF) or Child Protective Service (CPS) with state policy for reporting and notification. To define a process for Plan of Safe Care (POSC) Portal submission and Help Me Grow (HMG) referrals.

### POSC Portal, HMG, CPS/DCYF Delivery Admission Processes:

1. All team members (attending newborn provider, nurses, social work) will, as applicable:
   1. Assist with facilitating the process of submitting information to POSC Portal and/or HMG.
   2. Assist with facilitating a CPS notification/referral.
2. Nurse will:
   1. Notify newborn provider of substance exposure.
   2. Place a referral for social work including indications.
3. Team members will share the following responsibilities, documenting actions that have been completed on the Perinatal SUD Clinical Care Checklist:
   1. Communicate with the birth parent and/or caregivers about what to expect regarding potential interactions with HMG program and/or CPS/DCYF
      1. Conduct communication in a family-centered, trauma-informed way regarding the reporting or referral process for infants exposed to substances.
   2. Obtain verbal permission or refusal from the birth parent to share information with the HMG program. The family will have opportunities to decline HMG programs even if they permit this initial contact.
      1. **Document verbal permission or refusal.**
   3. Fill out information in the POSC Portal to help determine if a CPS referral is indicated.
   4. Submit deidentified information to DCYF through the POSC Portal.
   5. Submit the referral to HMG, as applicable.
      1. Depending on resource availability, this is primarily the role of the social worker.
   6. Call the local CPS intake number to report/notify based on POSC Portal recommendation.
      1. Note: DCYF intake makes the final decision. If screened out, DCYF intake will refer to HMG.

### Links:

* POSC Portal: <https://safecarewa.communityos.org/safecareWA>
* Help Me Grow online referral (completed after POSC Portal submission): <https://referrals.helpmegrowwa.org/providers>
* HMG information flyer: <https://helpmegrowwa.org/resource/new-provider-flyer>
* POSC information flyer: <https://helpmegrowwa.org/resource/plan-of-safe-care-rack-card>
* DOH information and resources regarding POSC in WA: <https://dcyf.wa.gov/safety/plan-safe-care>
* POSC Press Release: <https://dcyf.wa.gov/sites/default/files/pdf/SignedCrossAgencyLetter.pdf>
* POSC algorithm: <https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0087.pdf>
* Help Me Grow Flyer: <https://helpmegrowwa.org/resource/help-me-grow-central-wa-flyer>
* Reporting bias brochure: <https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0086.pdf>
* DCYF How to report: <https://www.dcyf.wa.gov/safety/report-abuse>

### Considerations:

* It is the responsibility within scope of newborn providers to determine some of the information required to fill out the POSC portal submission. (For instance, if the infant is experiencing NAS/NOWS or withdrawal symptoms due to prenatal exposure to an illegal, non-prescribed, misused, or undetermined substance, or if the infant is diagnosed with FASD or if the infant has experienced prenatal alcohol exposure with concerns for the infant’s safety.)
* If the newborn provider is not filling out the POSC portal information, these diagnoses must be clearly communicated to the appropriate staff member filling out this information.
* Processes and practice documents should support and clarify communication expectations.
* Processes and practice documents should consider time-sensitivity and available resources.
* Not all facilities have 24/7 access to social workers. Teams should consider how to plan ahead and address barriers and reduce delays.