Syracuse University
Maxwell School of
Citizenship & Public Affairs

Lerner Center for
Public Health Promotion

TO: NYS Office of Addiction Supports and Services, Office of Child and Family Services
DATE: July 16, 2021
FROM: Syracuse University Lerner Center for Public Health Promotion and Crouse Health
RE: Data Collection Recommendations for Plans of Safe Care for Pregnant Women and Mothers with Substance Use Disorders

Substance use during pregnancy has increased dramatically in the United States and New York State in recent years, paralleling increases in substance use disorders (SUDs) more generally. This has led to a massive increase in the number of babies born with substance exposure. While all mothers face unique challenges when bringing a new baby home, women with SUDs often face greater barriers to accessing the care and services they need to maintain their own and their child's well-being.

Plans of Safe Care (POSC) are a national mandate for local entities to develop plans with mothers that address their SUD treatment needs, infant safety needs, and family health and wellness needs. POSC should be developed with partner agencies, clinicians, and families. POSC have the potential to reduce adverse consequences and drastically improve outcomes for mothers and their infants prior to and following hospital discharge. While many providers have been implementing POSC, there has been little guidance on methods for data collection and tracking of outcomes. It is essential that substance use treatment providers and hospital networks accurately and holistically collect, evaluate, and share data related to POSC components and services rendered to determine the efficacy of these programs and implement improvements as needed.

Current Data Collection Efforts are Insufficient

In February 2021, the Lerner Center for Public Health Promotion in partnership with Crouse Health (Syracuse, NY) conducted three educational workshops with community workers and healthcare providers on federally-mandated Plans of Safe Care (read more about this program here: https://lernercenter.syr.edu/plans-of-safe-care/). As a component of these workshops, participants were asked to provide information about their current data collection processes related to services for pregnant women with substance use disorder. We found that little to no information is being gathered by community and health service organizations who work with pregnant women with SUD to a) ensure that they are receiving Plans of Safe Care prior to or immediately following the birth of their child, b) track encounters with Child Protective Services following the birth, or c) track and follow-up on service referrals. It is also clear from our evaluation that providers do not have appropriate modules within their Electronic Health Record (EHR) to ensure that Plans of Safe Care are implemented when appropriate. Currently, the only data collection requirement enacted by New York State governing bodies are birth notifications to the Office of Child and Families Services when a baby in born substance exposed. This notification is completed by the delivering hospital without the requirement for follow-up notifications or treatment/service referrals. While collecting

data on the number of babies born substance exposed is critical, additional data are needed to encourage continued engagement with community and medical service providers.

Data Collection Recommendations

We strongly encourage that substance use treatment providers be required by NYS OASAS to take the lead in implementing appropriate data collection to ensure that providers are meeting federal guidelines and appropriately developing Plans of Safe Care and that services and outcomes are being tracked. The following data (at a minimum) should be collected to ensure not only that women and babies are receiving appropriate care, but also to make it possible to determine the efficacy of Plans of Safe Care:

1. Start date and end date of any Medication Assisted Treatment; quantify duration of treatment prior to pregnancy and after birth.
2. Length of the pregnancy, including whether the mother gave birth to a pre-term or full-term newborn. It is recommended that these data are evaluated to determine if mothers who received a POSC were more likely to give birth to a full-term baby.
3. Average Length of Hospital Stay (ALOS). It is important to be able to quantify if POSC have an impact on the duration of a hospital stay for both the mother and the newborn.
4. Type of protocol used by the hospital for pain management. Documenting type of pain management techniques used for the mother will be important in discharge management, including the need for continued Medication Assisted Treatment after discharge. Furthermore, documentation of the type and duration of pain management used for the newborn experiencing Neonatal Abstinence Syndrome is important to understanding correlations between pain management protocols and ALOS. Ideally, EHRs should indicate whether "Eat, Sleep, Console" or the Finnegan Scale was used.
5. Whether Child Protective Services has been notified, whether the notification resulted in a child removal, and the duration between removal and reunification. Removal and duration rates should be compared against whether a mother received a POSC.
6. Referral tracking: Treatment providers should upgrade their EHR systems to include the ability to indicate type (active or passive), date, and status of all referrals made during POSC development. Referral follow-up should be highly encouraged to promote referral completion.

The successful implementation of these recommendations will ensure that providers are meeting federal guidelines on Plans of Safe Care. Done correctly, POSC are designed to improve the safety and wellbeing of an infant with prenatal substance exposure by immediately identifying their safety, health, and developmental needs. To evaluate whether these plans are successful and if a mother and child are receiving necessary services, it is critical to improve data collection efforts.

Should you wish to discuss these data recommendations, please contact Lerner Center Associate Director, Alexandra Punch at aepunch@syr.edu or 315-443-9343 or Crouse Health Director of Addiction Treatment Services, Monika Taylor at MonikaTaylor@Crouse.org or 315-470-8302