

STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES



INFANT PLANS OF SAFE CARE
GUIDANCE DOCUMENT

1.1 **PURPOSE**

In accordance with federal laws Child Abuse and Prevention Treatment Act (CAPTA, Pub. Law 93-247) and Comprehensive Addiction and Recovery Act (CARA, Pub. Law 114-198), and Rhode Island General Laws § § 40-11-2, 40-11-6, 40-11-7, 42-72-8, the Department of Children, Youth and Families (hereinafter the DCYF) must identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, ensure that a Plan of Safe Care (POSC) is developed for these infants, and ensure the referral of these infants and affected caregivers to appropriate services.

All substance exposed newborns must have a Plan of Safe Care (POSC) at the time of discharge from the birth hospital. Plans of Safe Care are developed at discharge by addressing supports in place for the health needs of the newborn, and substance use disorder treatment needs of the parent and/or caregiver. POSC may include services such as home visitation, early intervention services, and recovery supports.

The Rhode Island Department of Health (RIDOH) is assisting in the State's efforts to implement Plans of Safe Care.

RIDOH is responsible for collecting data on POSC and providing to the DCYF the aggregate data to submit to the federal office of the Administration of Children and Families.

This Guidance Document is intended to describe the responsibilities of the DCYF, RIDOH, healthcare providers, and birth hospitals in accordance with federal and State laws.

1.2 **DEFINITIONS**

“Affected by Substance Abuse” means the presence of any of the following in the mother:

1. Misuse of a legal substance
2. Use of an illicit substance

“Affected by Withdrawal” means a group of behavioral and physiological features in the infant that follow the abrupt discontinuation of a substance that has the capability of producing physical dependence. No clinical signs of withdrawal in the neonate should be attributed to in utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

“Fetal Alcohol Spectrum Disorders (FASD)” means the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

“Substance Exposed Newborn” means a newborn who was exposed to alcohol and/or a controlled substance (illicit or prescribed) ingested by the mother in utero. This exposure may be detected at birth through a drug screen or through withdrawal symptoms.

“Neonatal Abstinence Syndrome” means a group of signs and symptoms that sometimes occur in a newborn who was exposed to opiate drugs while in utero.

“Healthcare Provider” means any provider of healthcare services involved in the delivery or care of infants and/or care of children.

“**Plan of Safe Care**” means the document to be completed by the newborn healthcare provider for each substance exposed newborn at the time of discharge from the birth hospital.

1.3 **HOSPITAL ALERTS**

- A. The DCYF may receive a report to the Child Protective Services (CPS) Hotline alleging drug and/or alcohol abuse by a woman during her pregnancy. An investigation is initiated during pregnancy only if there are specific allegations of abuse and/or neglect of existing children in the home. An investigation may not be initiated during pregnancy if there are no children in the home. However, the DCYF employs a system of alerting hospitals to pregnant women for whom there is a potential for child safety concerns after birth. A hospital alert is issued in the following circumstances:
1. There is a history of chronic substance use by one or both parents.
 2. When one or both parents has a history of indicated child abuse/neglect.
 3. When one or both parents has a child abuse/neglect conviction.
 4. There are concerns about the safety of the child after delivery.

1.4 **REQUIRED REPORTING TO THE DCYF CPS HOTLINE**

- A. A Child Protective Services report must be made to the CPS Hotline for any substance exposed newborn for whom there are concerns for child abuse or neglect as defined in *RIGL 40-11-2 Definitions*.
- B. A report to the CPS Hotline is required in the following circumstances:
1. A newborn with a positive toxicology screen for maternal illegal, non-prescribed, and/or misused prescribed controlled substance(s).
 2. A newborn with clinical signs or symptoms of drug withdrawal as the result of prenatal exposure to illegal, non-prescribed, or misused prescribed controlled substance(s), and/or due to undetermined substance exposure.
 3. A mother of a newborn tests positive for an illegal or non-prescribed controlled substance and/or misused prescribed controlled substance and the infant has not tested positive.
 4. A newborn is diagnosed with fetal alcohol spectrum disorder.
 5. There are any safety concerns.

1.5 **COMPLETION OF A PLAN OF SAFE CARE**

- A. A Plan of Safe Care (POSC) must be completed by the newborn healthcare team prior to discharge from the birth hospital for each substance exposed newborn.
- B. Situations that require a POSC, **but not a CPS report to the Hotline**, include:
1. Mother is engaged in medication-assisted treatment for substance use disorder and there are no safety concerns.
 2. Mother is taking opioids as prescribed by her clinician and there are no safety concerns.
 3. Mother is taking any medication or combination of medications as prescribed by her clinician and there are no safety concerns.

- C. A POSC must include referrals to services and supports for the substance exposed newborn and the caregiver affected by substance use. Examples of such services and supports include, but are not limited to, home visiting programs, early intervention services, and recovery supports.
- D. The POSC is provided to the newborn's caregiver at the time of newborn hospital discharge.
- E. A copy of the POSC must be documented in the newborn's hospital medical record.
- F. A copy of the POSC must be given to the newborn's primary care provider.
- G. A copy of the POSC must be given to DCYF for all infants with an open case to DCYF.
- H. A parent or guardian may consent to release of a copy of the POSC to other treatment and service providers.

1.6 RIDOH POSC DATA SUBMISSION TO THE DCYF

- A. Federal law requires information on POSC to be submitted to the DCYF for data tracking purposes and reporting to the Administration for Children and Families. RIDOH is responsible for collecting information on POSC from Rhode Island birth hospitals and for aggregating and submitting these data to DCYF quarterly.
- B. Data submission from RIDOH to DCYF must include the number of SENs, including the number diagnosed with NAS and FASD prior to release from the birthing hospital, the number of POSCs completed, and the number and types of service referrals included on the POSCs.

1.7 POSC ONGOING MONITORING OF STATE IMPLEMENTATION

- A. DCYF, RIDOH, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, and the Executive Office of Health and Human Services, with input from birthing hospital staff, will meet regularly to review the aggregate data on SEN and POSC, the POSC process, and opportunities for system improvements to support families and ongoing interagency collaboration.

ADDENDUM I

Report to Hotline* 1-800-RI-CHILD	DO NOT REPORT to Hotline RIDOH to coordinate aggregate data collection with hospitals
<ul style="list-style-type: none"> • A newborn has a positive toxicology screen for illegal or non-prescribed substance(s) • A newborn is treated for NAS as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication; or due to undetermined substance exposure • A mother of a newborn tests positive for an illegal or non-prescribed substance or misuse of a prescribed medication and the infant has not tested positive • A newborn is diagnosed with fetal alcohol spectrum disorder • Any case of a substance exposed newborn WITH safety concerns 	<ul style="list-style-type: none"> • Mother is engaged in medication-assisted treatment with methadone or buprenorphine and there are no safety concerns • Mother is taking opioids as prescribed by her clinician and there are no safety concerns • Mother is taking any medication or combination of medications as prescribed by her clinician and there are no safety concerns

*if there are any questions as to whether to call the Hotline, please call 1-800-RI-CHILD