



Plan of Safe Care (FAQ)

What is a Plan of Safe Care?

A Plan of Safe Care is a document that is completed by the hospital healthcare team for every newborn affected by substance exposure, at the time of discharge from the birth hospital. A Plan of Safe Care addresses necessary services and supports for the health needs and well-being of the newborn and affected caregiver(s). Examples of services include Family Home Visiting, Early Intervention, and recovery supports.

What is the definition of a newborn affected by substance exposure?

The Federal guidelines define a newborn affected by substance exposure as one who is affected by exposure to alcohol and/or illicit or prescribed controlled substances in utero. This exposure is sometimes detected at birth through a drug screen or through withdrawal symptoms.

Does an infant affected by exposure to tobacco only need a Plan of Safe Care?

No. Tobacco is not an illicit or prescribed controlled substance, and thus does not, by itself, fall under the above definition of relevant substances.

Are hospitals now required to report all newborns affected by substance exposure to DCYF?

No. DCYF reporting requirements have not changed. Newborns affected by prenatal substance exposure due to prescribed medication AND without any child safety concerns do not need to be reported. Examples of such circumstances include:

- Mother is stable and engaged in medication-assisted treatment (such as methadone or buprenorphine) and there are no safety concerns.
- Mother is taking opioids as prescribed by her provider(s) and there are no safety concerns.
- Mother is taking any medications or combination of medications as prescribed by her provider(s) and there are no safety concerns.

As always, providers should call the DCYF Child Protective Services Hotline for a newborn affected by prenatal substance exposure due to illicit, non-prescribed, or unknown substances. In addition, providers should report concerns about the safety of a child after delivery.

When is a report of a newborn affected by substance exposure to DCYF necessary?

DCYF reporting requirements have not changed. Providers must report any newborn for whom there are safety concerns. Providers must call the DCYF Child Protective Services Hotline for a newborn whose was prenatally affected by substance exposure due to illicit, non-prescribed, or unknown substances. Examples of such circumstances include:

- Newborn has a positive toxicology screen for illegal or non-prescribed substances.
- Newborn is treated for Neonatal Abstinence Syndrome (NAS) resulting from maternal use of illegal or non-prescribed medication, misuse of prescribed medication, or due to undetermined substance exposure.
- Mother of a newborn tests positive at delivery for an illegal or non-prescribed medication, or misuse of a prescribed medication, and the child has not tested positive.
- Newborn is diagnosed with Fetal Alcohol Spectrum Disorder.
- Any case of a newborn affected by substance exposure (or any newborn) with safety concerns.

What type of information about newborns affected by substance exposure is shared and with whom?

RIDOH will report to DCYF quarterly: the number of newborns affected by substance exposure, number of POSCs, and numbers and types of service referrals on POSCs. RIDOH will not report to DCYF personal or identifying information from POSCs. DCYF then will report the overall numbers to the Federal Administration of Children and Families.

What information about newborns affected by substance exposure is DCYF required to report to the Federal Administration of Children and Families (ACF)?

No personal or identifying information on newborns or their families affected by substance exposure is collected by DCYF or shared with ACF. To comply with federal law, DCYF submits the following information quarterly to ACF:

- The total number of newborns affected by substance exposure.
- The total number of Plans of Safe Care completed prior to those infants being discharged from the hospital.
- The total number and types of service referrals for those infants and caregivers.

Who completes the Plan of Safe Care?

A Plan of Safe Care is completed at the time of the infant's discharge from the birthing hospital. Completion of the Plan of Safe Care should be a team effort with input from the infant's pediatrician, nursing, social work, discharge planning, behavioral health, and others as needed. Caregivers should also be active participants in designing the POSC.

What kind of services and supports are included in a Plan of Safe Care?

A Plan of Safe Care may include referrals for both the caregiver and infant. Referrals for caregivers may include parenting support groups, Family Home Visiting, mental health counseling, substance-use counseling, peer-recovery coaching, medication-assisted treatment, Family Treatment Drug Court, and Baby Court. Referrals for infants may include skilled nursing, Early Intervention, First Connections, WIC, and the Brown Family Care Follow-Up Clinic, as well as others.

What happens prenatally, if there are concerns about drugs and/or alcohol use during pregnancy?

The DCYF may receive a report to the Child Protective Services (CPS) Hotline alleging unsafe or illegal drug and/or alcohol use 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:

- There is a history of chronic substance use by one or both parents.
- One or both parents has a history of indicated child abuse/neglect.
- One or both parents has a child abuse/neglect conviction.
- There are concerns about the safety of the child after delivery.

Will these Plans of Safe Care lead to more families becoming involved with DCYF?

The implementation of POSCs do not change the guidance to report to DCYF when there are concerns about abuse or neglect. We do not know whether increased attention to the issue will lead to an increase in DCYF-involved families. An interagency team will be reviewing the data going forward to proactively identify and respond to any trends that may emerge.

If a family with a Plan of Safe Care is not following up with the referred services, does this need to be reported to DCYF?

The services and referrals listed on a POSC are voluntary. A healthcare provider or other mandated reporter is not required to notify DCYF of families simply because they are declining POSC services. However, healthcare providers and other mandated reporters must call the Child Protective Services Hotline at DCYF when concerns of child abuse or neglect are present. Should the family with a Plan of Safe Care not follow through with the referred services, the healthcare provider, as a mandated reporter, must assess whether the lack of follow-up creates a child safety concern. If so, as a mandated reporter, the DCYF Hotline must be called.