Plans of Safe Care Guidance for Philadelphia Healthcare Providers

Background:
Pennsylvania law now requires clinicians to notify Pennsylvania’s Department of Human Services when a child is born “affected by” substance use. In addition, a multidisciplinary team must develop an individualized Plan of Safe Care that serves the needs of both the infant and caregiver. Plans of Safe Care are optional for caregivers and are intended to provide additional support for at-risk families.

The notification for a Plan of Safe Care does NOT constitute a report of child abuse/neglect.

To help provide clarity for providers and reduce bias in reporting, a multidisciplinary team of clinicians from hospitals throughout Philadelphia has compiled the following guidance for substance use screening protocols, for determining whether an infant is “affected by” substance use, and when a report for abuse/neglect is also indicated. These recommendations are offered as guidance and are not intended to supplant clinical judgment. Clinicians should always rely on their professional experience in deciding how to proceed with individual cases and must report to Childline if they have reasonable cause to suspect abuse or neglect.

Screening Recommendations
The American College of Obstetricians and Gynecologists (ACOG) recommends that universal screening for substance use disorder should be part of comprehensive obstetric care. Routine screening should rely on validated screening tools such as the 5Ps or the NIDA Quick Screen.

This routine screening should not be confused with clinical drug testing which uses a biological sample (usually urine) to detect the presence or absence of a specific drug (or drugs) as well as drug metabolites within a specific window of time.

Notification & Reporting Guidance
Pa ACT 54 requires that all infants “born affected by substance use or withdrawal symptoms” are notified to DHS and given a Plan of Safe Care. Appendix A outlines Philadelphia healthcare provider guidance on when to submit a notification for a Plan of Safe Care versus a report for concern for abuse or neglect. The Childline worker may change the classification of the call from a notification for Plans of Safe Care to a report for abuse or neglect or vice versa based depending on the information received during intake.
### Notification for Plan of Safe Care* ONLY

<table>
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<th>Mother is:</th>
<th>Infant is:</th>
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| • Stable on medication assisted treatment (MAT) | • Born exposed to legally prescribed benzodiazepines, opioids  
• Born with **signs** of Fetal Alcohol Spectrum Disorder |
| | • Born exposed to any substances that were used illicitly if mother’s use may impair the mother’s ability to adequately care for the child or poses a potential concern for the child’s safety including but not limited to: PCP, cocaine, amphetamines, opioids, benzodiazepines **OR** 2) misusing prescription benzodiazepines or opioids, **OR** 3) alcohol  
• Born with a **clinical diagnosis** of Fetal Alcohol Spectrum Disorder |

#### When calling Childline, specify:

<table>
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<tr>
<th>notification for Plan of Safe Care* ONLY</th>
<th>Report for Concern for Abuse/Neglect AND Plan of Safe Care*</th>
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<tbody>
<tr>
<td>“I am calling to <strong>notify</strong> Childline of a <strong>Plan of Safe Care for an infant affected by substance use.</strong>”</td>
<td>“I am calling to <strong>report</strong> to Childline a <strong>concern for abuse/neglect</strong> and notify of a Plan of Safe Care.”</td>
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*For cases that do not fall within the above described scenarios but in which specific referrals are deemed necessary, resources found within Plans of Safe Care can still be offered.

### Appendix A

**These guidelines are not intended to replace your clinical judgment. If you suspect child abuse/neglect, you must submit a report for concern for abuse/neglect.**