

Making Reports to Child Protection Services Involving Substance Exposed Newborns & ALTERNATIVE RESPONSE CPS ASSESSMENTS

Substance Exposed Newborns are among the most high risk populations in child welfare. In addition to the physical and developmental risks presented by prenatal substance exposure, the substance exposed newborn often faces the potential for very early and severe neglect related to the substance use/abuse of a caregiver who may be severely impaired by substance use disorder or struggling in recovery and may not be attuned to the high needs of the infant. **Research has shown** that criminalization and removing the newborn from the home were not successful strategies in resolving the problem and in fact often served to deter women from seeking treatment and prenatal care, putting infants at even higher risk. Infants who **stay safely at home** with their families have the best chance to thrive. **Alternative Response CPS Assessments** have been shown to increase **engagement** with families and are designed to help **protect infants** in their home and ensure their **safety** and well-being by providing needed services to strengthen and support families.

North Dakota Century Code 50-25.1-02(17) defines a **Substance Exposed Newborn** as an **infant younger than twenty eight (28) days of age** at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by Fetal Alcohol Spectrum Disorder.

Who must make reports:

North Dakota Century Code 50-25.1-03 states that any physician, nurse, dentist, optometrist, medical examiner or coroner, or any other medical or mental health professional, religious practitioner of the healing arts, schoolteacher or administrator, school counselor, addiction counselor, day care center or any other child care worker, police or law enforcement officer, or member of the clergy having knowledge or reasonable cause to suspect that an infant has been parentally exposed to substances **shall report** the circumstances to county social services.

Any person having reasonable cause to suspect that a newborn was prenatally substance exposed **may** report.

Recent federal law requires child welfare to address the needs of infants born with and identified as being **affected by all abuse of controlled substances, not just those that are illegal, withdrawal symptoms or Fetal Alcohol Spectrum Disorder**. This includes mothers who use substances and are not engaged in treatment or continue to use while in treatment, and may include those receiving prescribed opiates and/or Medication Assisted Therapy (MAT) and when the infant suffers from withdrawal and/or substance abuse occurred during pregnancy or substance abuse is continuing.

Making a report:

A report involving a substance exposed newborn must be made to the county social service office where the child is currently physically present. (See reverse side for specifics to include when making a report)
When a report is received by mail or fax, the reporter will likely be contacted for additional information.
When a report is received by telephone, a written report may also be required from persons who are required under the law to make reports.

County Social Services will conduct an assessment:

Under state law, Child Protection Services must conduct assessments of reports of child abuse and neglect. North Dakota Century Code 50-25.1-02 defines an Assessment as a fact finding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child. Caregivers of substance exposed newborns may be offered to participate in an Alternative Response Assessment, which **does not result in a finding of abuse/neglect**.

What is an Alternative Response Assessment ?

North Dakota Century Code 50-25.1-02(4) defines **Alternative Response Assessment** as a child protection response involving substance exposed newborns which is designed to:

- 1) Address the health and substance use disorder treatment needs of the infant and affected caregiver
AND
- 2) Develop and monitor a plan of safe care for the substance exposed newborn (See other side)

The goal of Alternative Response (AR) is to engage families early to address needs for child safety in the home and family support in addition to building a support system around the infant and family to continue after the CPS assessment is closed. Alternative Response will not replace the Standard CPS response. Participation in an Alternative Response is **voluntary** and depends on the cooperation of the caregivers. Unlike a Standard CPS assessment, a decision that services are required may not be made if the caregiver complies with the referred services and Plan of Safe Care . The Standard CPS response will continue to be used when there are safety concerns or the family refuses or does not cooperate with the Alternative Response Agreement and/or Plan of Safe Care.

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NDCC 50-25.1-17 Toxicology Testing Requirements

If a physician has reason to believe based on a medical assessment of the mother or the infant that the mother used a controlled substance during the pregnancy, the **physician shall administer a toxicology test** to a newborn infant born under the physician's care and a woman within eight hours after delivery, to determine whether there is evidence of prenatal exposure to a controlled substance. If the test results are positive, the **physician shall report the results as neglect under section 50-25.1-03**. A negative test result does not eliminate the obligation to report under section 50-25.1-03 if other medical evidence of prenatal exposure to a controlled substance is present.

The information that is important to provide (whenever possible) when making a report to County Social Services concerning a Substance Exposed Newborn includes:

- The name, age, permanent address, and telephone number of newborn, parents, and/or caregivers
- Present location of newborn, parents, caregivers and/or custodians and siblings
- The family composition (e.g., names, sex, ages of children and other adults normally present)
- Toxicology of the infant and results / Inform the mother of the results
- Mother's toxicology at the time of birth / Inform mother of results
- **NDCC 50-25.1-17** - Reporters who are medical professionals will be expected to provide verification of the toxicology results
- Impact of the substance exposure to the newborn / Withdrawal symptoms of the infant
- Medical care the infant is currently receiving **and** medical care the infant will require in the immediate future and long term
- Date and time of the planned discharge from the hospital
- Plan of care for the infant at discharge from the hospital
- Available information on substance use during pregnancy including 1) substance used (alcohol, heroin, methamphetamine, marijuana, cocaine, etc.) 2) amount / duration and frequency of substance used 3) day and time of last usage 4) social context of usage (with whom where and when) 5) motivation for treatment
- Substance abuse treatment received in the past and currently (provider name, service type and dates, and completion / terminated history)
- Pre-natal care history
- Psychiatric treatment received by parent and/or caretaker in the past or currently (provider and diagnosis)
- Any indications of violence in the home
- Housing situation / Safe Infant Sleep
- Family / Social Support
- Any action taken by the reporting source
- The reporter's name, telephone number, and address and relationship to the family (e.g., medical, mental health personnel, addiction staff, law enforcement officer, family member, etc.) Identifying information is kept confidential but can be released under provisions of state law or by an order of the court.
- The willingness of the reporter to share with the family his/her role in initiating the report, and the willingness of the reporter to participate further in the assessment process, if appropriate.

Plan of Safe Care

A Plan of Safe Care is a plan created with the parents to provide supports and services to address the health and safety needs of the substance exposed newborn and the health and substance abuse treatment needs of the infant's caregivers. A Plan of Safe Care is required for all substance exposed newborns, whether participating in an Alternative Response or Standard CPS Assessment. The plan includes relapse planning and ensures safe care of the infant through formal and informal supports. To ensure implementation the Plan of Safe Care is monitored for at least 30 days through contacts with the family, medical or other service providers and informal supports.

Alternative Response is partnering with families and community partners to safely care for Substance Exposed Newborns in their own homes.