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

Substance Exposed Infants 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 infant often faces the potential for very early and severe neglect related to the substance use / alcohol misuse 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 child 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(24) defines a **Substance Exposed Infant** as **an infant younger** than **twelve (12) months of age** at the time of the initial report of child abuse or neglect and who is identified as being affected by substance use or withdrawal symptoms or by a 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 prenatally exposed to substances or alcohol misuse **shall report** the circumstances to the statewide Child Abuse and Neglect Reporting Line: 1-833-958-3500, between 8am-5pm CT (7am–4pm MT) Monday-Friday.

Any person having reasonable cause to suspect that a newborn was prenatally substance exposed **may** report. Federal law (CAPTA) requires child welfare to address the needs of infants born with and identified as being **affected by all use of controlled substances, not just those that are illegal and withdrawal symptoms or Fetal Alcohol Spectrum Disorder.** This includes mothers who use substances for a non-medical purpose and are not engaged in treatment or continue to use while in treatment, and may include those receiving prescribed medications and/or Medication Assisted Therapy (MAT) and when the infant suffers from withdrawal and/or substance use and/or alcohol misuse occurred during pregnancy or is continuing to occur.

Making a report:

A report involving a substance exposed infant is made to the statewide Child Abuse and Neglect Reporting Line: 1-833-958-3500. (See reverse side for specifics to include when making a report)

When a report is received by 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.

Human Service Zone 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 (9) defines a Child Protection Assessment as a fact finding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child. Caregivers of substance exposed infants 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 infants which is designed to:

1) Provide referral services and monitor support services for a person responsible for the child's welfare and the substance exposed infant; AND
2) Develop a plan of safe care for the substance exposed infant (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 confirming abuse or neglect 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 for a non-medical purpose or misused alcohol during the pregnancy, the **physician shall administer a toxicology test** to a newborn under the physician's care and a woman to determine whether there is evidence of prenatal exposure to a controlled substance or alcohol. 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 or alcohol misuse is present.

The information that is important to provide (whenever possible) when making a report to Child Protection Services concerning a Substance Exposed Infant includes:

- The name, age, permanent address, and telephone number of infant, parents, and/or caregivers
- Present location of infant, parents, caregivers and/or custodians and siblings
- The family composition (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 infant / 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 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 use disorder treatment received in the past and currently
- Prenatal 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 education and referrals
- Family / Social Support
- Any action taken by the reporting source
- The reporter's name, telephone number, and address and relationship to the family. 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 infant and the health and substance abuse treatment needs of the infant's caregivers. A Plan of Safe Care is required for all substance exposed infants, whether participating in an Alternative Response Assessment 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 Infants in their own homes.