

**DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201**

DATE: October 1, 2013

POLICY: SSA# 14-11

TO: Directors, Local Department of Social Services
Assistant Directors of Services

FROM: Carnitra D. White, Executive Director
Social Services Administration

RE: Substance-Exposed Newborns

PROGRAMS AFFECTED: Child Protective Services, In-Home Services, Out of Home
Placement, Consolidated Services, Non-CPS Services

ORIGINATING OFFICE: Office of Child Welfare and Adult Services Programs

ACTION REQUIRED OF: All Local Departments

REQUIRED ACTION: Implementation of Substance-Exposed Newborn Program

ACTION DUE DATE: October 1, 2013

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PURPOSE:

The purpose of this policy is to provide direction as to the implementation of the Substance-Exposed Newborn Program.

BACKGROUND:

When Congress reauthorized and amended the Child Abuse Prevention and Treatment Act (CAPTA) in 2003 (P.L. 108-36) and in 2010 (P.L. 111-320), certain provisions were added in regard to the reporting of substance-exposed newborns. The revised laws require states to have policies and procedures to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or affected by a fetal alcohol spectrum disorder (FASD). The laws also include a requirement for health care practitioners involved in the delivery or care of substance-exposed newborns to notify the child protective services (CPS) system of these infants. The laws specifically prohibit the notification to be construed as establishing a definition under federal law of what constitutes child abuse or neglect, or to require prosecution for any illegal action.

The CAPTA provisions also require states to develop procedures for:

- the immediate screening of a report of the birth of a substance-exposed newborn;
- the prompt investigation of such reports;
- the completion of assessments of safety of and risk to the newborn; and
- the development of a plan of safe care for the substance-exposed newborn.

Through a series of policy directives since 2004, DHR/SSA has developed statewide policies and procedures that provide guidance to CPS staff in the local department of social services (LDSS) responding to hospital referrals of newborns affected by prenatal exposure to illegal drugs. In the summer of 2012 DHR developed and proposed legislation with the support and participation of the Maryland chapters of the American Congress of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Maryland Hospital Association. Bringing Maryland law into full compliance with federal law, the legislation was passed and signed into law in May by Governor Martin O'Malley. Family Law §5-704.2, Annotated Code of Maryland, requires health care practitioners who deliver or care for infants affected by prenatal exposure to controlled substances or by a FASD to notify a LDSS.

OVERVIEW:**Definitions:**

“Controlled drug” means a controlled dangerous substance include in Schedules I through V under Title 5, Subtitle 4 of the Criminal Law Article, Annotated Code of Maryland.

“Fetal Alcohol Spectrum Disorder” (FASD) is an umbrella term for the wide range of effects from prenatal alcohol exposure, including a broad array of physical defects and cognitive, behavioral, emotional, and adaptive functioning deficits.

“Health care practitioner” has the meaning stated in Health Occupations Article, §1-301, Annotated Code of Maryland.

“Newborn” means a child less than 30 days old who is born or who receives care in the state.

“Substance-exposed newborn” means a newborn:

- Who has a positive toxicology screen for a controlled drug as evidenced by any appropriate test after birth;
- Who displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel;
- Who displays the effects of a FASD; or
- Whose mother had a positive toxicology screen for a controlled drug at the time of delivery.

Information to be Reported by Hospitals

The law and regulations require individuals who make a report, usually the hospital social worker, to provide the following information:

- The name, date of birth, and home address of the newborn;
- The names and home addresses of the newborn’s parents;
- The nature and extent of the effects of the prenatal alcohol and controlled drug exposure on the newborn;
- The newborn’s medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge, specific medical procedures, medication, specialized equipment, or the need for more frequent monitoring;
- Whether and when the newborn’s mother had prenatal care;
- The nature and extent of the mother’s current drug use;
- The nature and extent of the impact of the alcohol and controlled drug use on the mother’s ability to provide proper care and attention to the newborn;
- The extent to which the mother is responsive to the newborn’s needs and is involved with providing care;
- The nature and extent of any history of mental illness, intimate partner violence; or cognitive limitations; or
- Any other information that leads the reporter to believe that the newborn is at substantial risk of harm.

Screening protocols:

Reports of substance-exposed newborns are accepted as a child protection referral. Historically all local departments were either able to accept referrals of substance exposed newborns as either CPS reports or screened out referrals, based on the nature of the allegations. As of **October 1, 2013**, all local departments are **MANDATED to accept all reports of substance exposed newborns for either a CPS response or a Non-CPS assessment.**

LDSS screening staff should:

- 1- Take full and thorough information from the caller;
- 2- Hospitals are provided a form to facilitate collection of information;
- 3- Remind the caller to send a copy of the form to the LDSS within the required 48 hours;
- 4- Using Structured Decision Making (SDM) properly categorize the concern/allegation;
- 5- On the Demo tab check Substance Exposed Newborn or FASD which will automatically check the Substance-Exposed Newborn under Risk of Harm on the Maltreatment tab of the SDM;
- 6- Check any other appropriate maltreatment that is reported on the Maltreatment tab as well;
- 7- If only items under Risk of Harm are checked the system will categorize the report for a **Non-cps response**;
- 8- If other items are checked the system will categorize the report to be screened in for a **CPS response**;
- 9- Recommendation override functionality remains the same.

MD CHESSIE Screen Shots

The term "drug exposed" will be changed to "substance-exposed" in MD CHESSIE and Business Object reports. If "substance-exposed newborn" or "FASD" is the only item selected (no other allegation of abuse or neglect), the case MUST go to an assessment track, not a CPS response.

Selections have been added for Substance-Exposed Newborn, Fetal Alcohol Spectrum Disorder, Substance Class and Other Substances.

Referrals > Alice, Mary (#9375069) > Referral Information

Home Search CIS Window Help Exit

New Referral MD CHESSIE Referral ID: 9375069

Demo Narrative

Person ID	Name	DOB	SSN	Status	MD CHESSIE ID	Provider ID
8116545	Mary Alice	07/28/1987	000-00-0000			
8116548	Philip Alice	09/02/2013	000-00-0000			
8116551	Drew Russet	04/03/1970	000-00-0000			

Client Details

Prefix: *First Name: Philip Middle: *Last: Alice Suffix:

Type of AKA:

Prefix: *First Name: Middle: *Last: Suffix:

Address: Contact Info: Gender: Male SSN: 000-00-0000

Home: Work: *DOB: 09/02/2013 Approximate DOB

Ext: Marital Status:

Primary Race: White/Caucasian +Ethnicity: Yes No Unable to Determine

Tibe: Hispanic: Secondary Race:

*Role in Intake: Substance-Exposed Newborn

Biological Child: Fetal Alcohol Spectrum Disorder

Substance Class: Probation Search Conducted

Baby - Heroin Sex Offender Registry Checked

Baby - Methadone

Baby - Other

Participating as Child

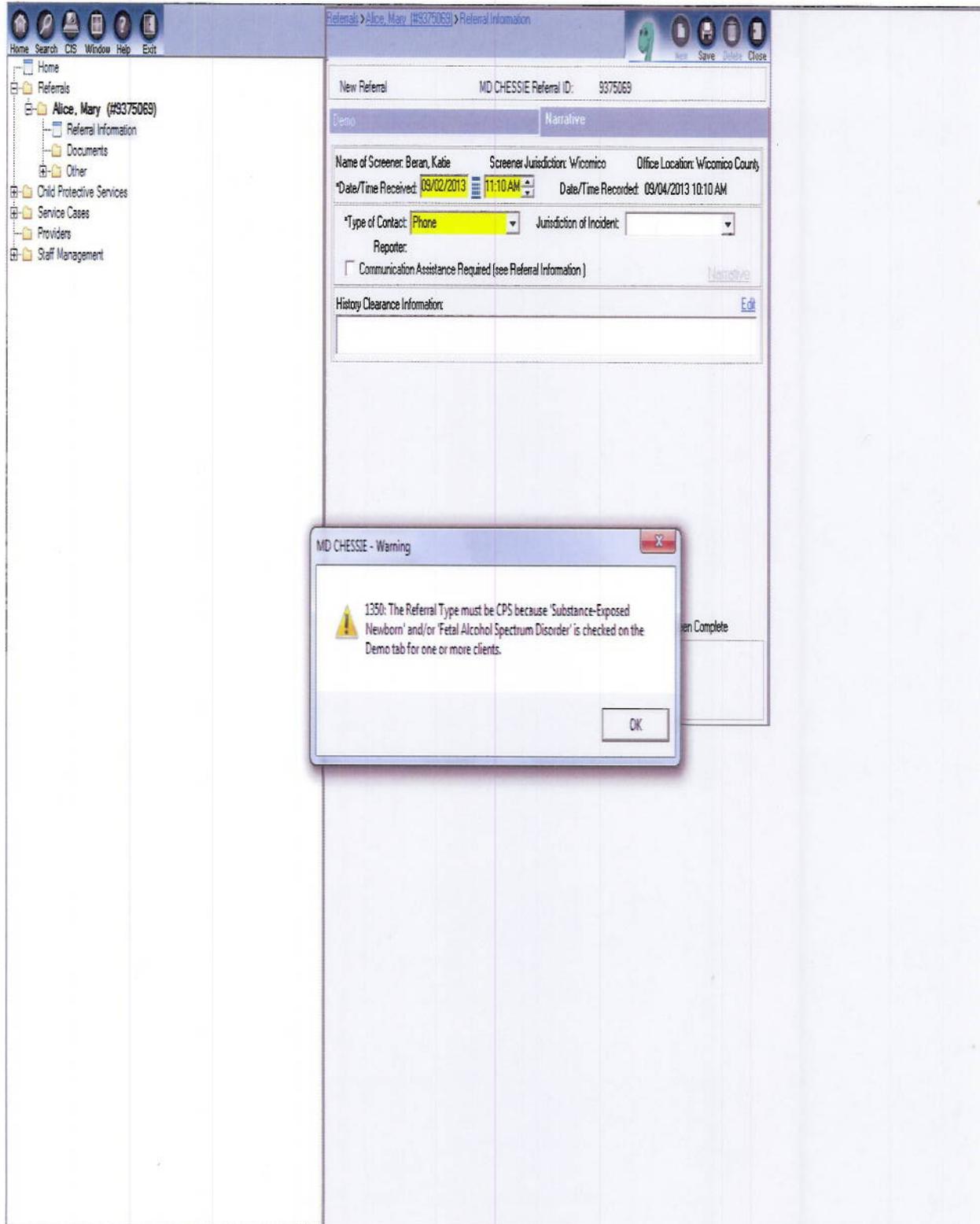
In Household

Other Substances: ing alcohol mother and baby

Reporter Does Not Want an Acknowledgement Letter Reporter Wants to Remain Anonymous Unknown Reporter

Search CIS Address History Acknowledgement Letter Screen Complete

A 1350 warning message will appear if the Referral Type of Non-CPS is made and Substance-Exposed Newborn and/or Fetal Alcohol Spectrum Disorder is checked on the Demo tab.



The SEN checked on the Demo tab auto-populates to the Maltreatment tab under Risk of Harm.

Home Search CIS Window Help Exit

Referrals > Alice, Mary (#9375069) > Referral Information

CPS MD CHESSIE Referral ID: 9375069

Demo Narrative Maltreatment Screening Decision

A child being discharged from a facility and parents refuse to participate in planning for the child.

Failure to Protect

The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person.

Abandonment

A child of any age has been abandoned.

Unattended Child

A child of any age who is physically, intellectually, or cognitively disabled is left unsupervised or with responsibilities beyond his or her capabilities.

A child under the age of 8 has been left alone or in the care of an inappropriate caregiver.

A child over the age of 8 has been left alone without support systems for long periods of time or with responsibilities beyond his or her capabilities.

Risk of Harm

Prior death or serious injury of a child due to child abuse or neglect, and a new child is now in the home.

Substance-exposed newborn (Complete on Demo Screen)

Known sexual perpetrator has unsupervised or unrestricted access to child.

Child's basic needs are likely to be unmet due to caregiver impairment.

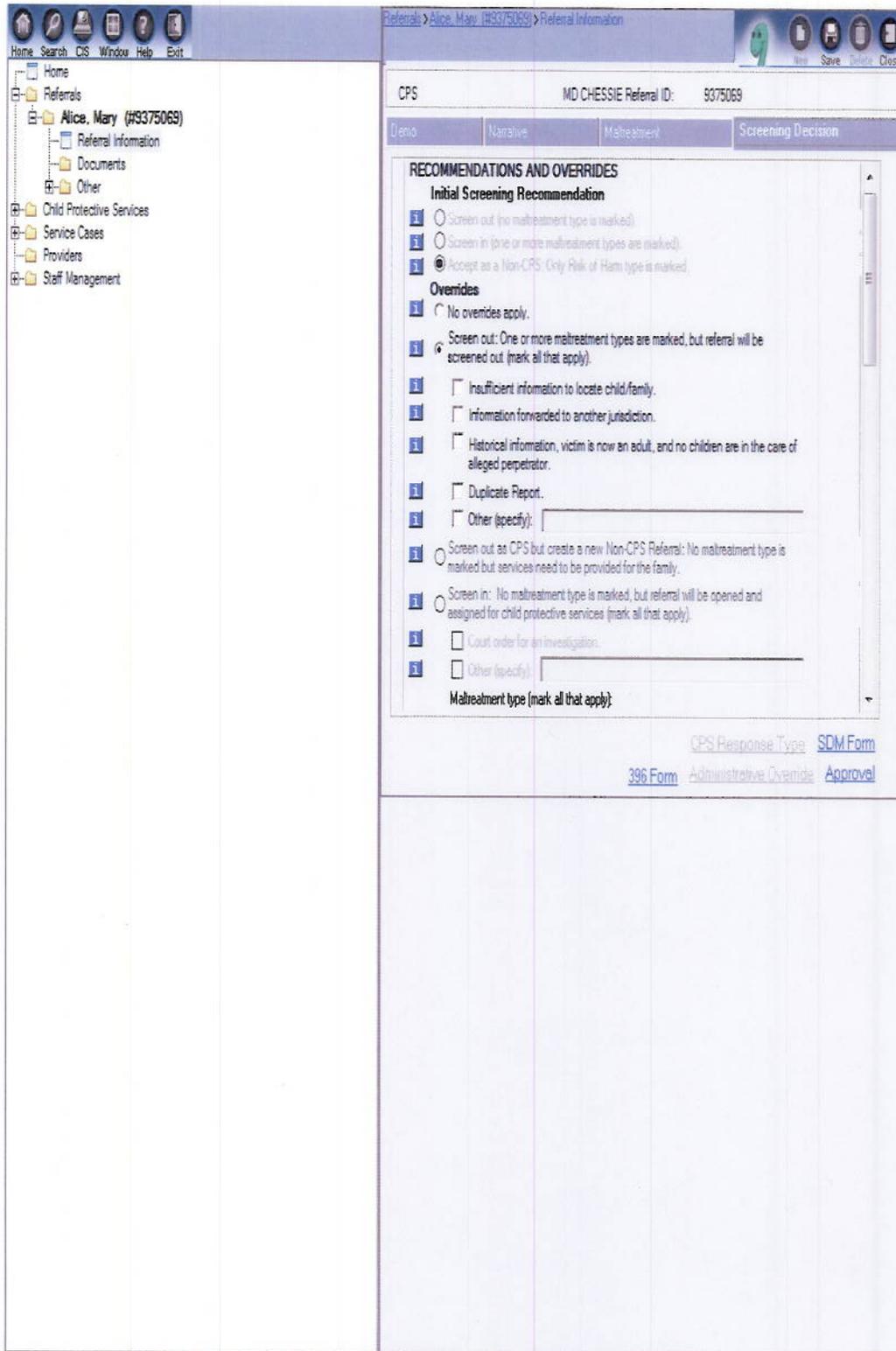
Substantial risk of harm due to domestic violence.

Medical Neglect

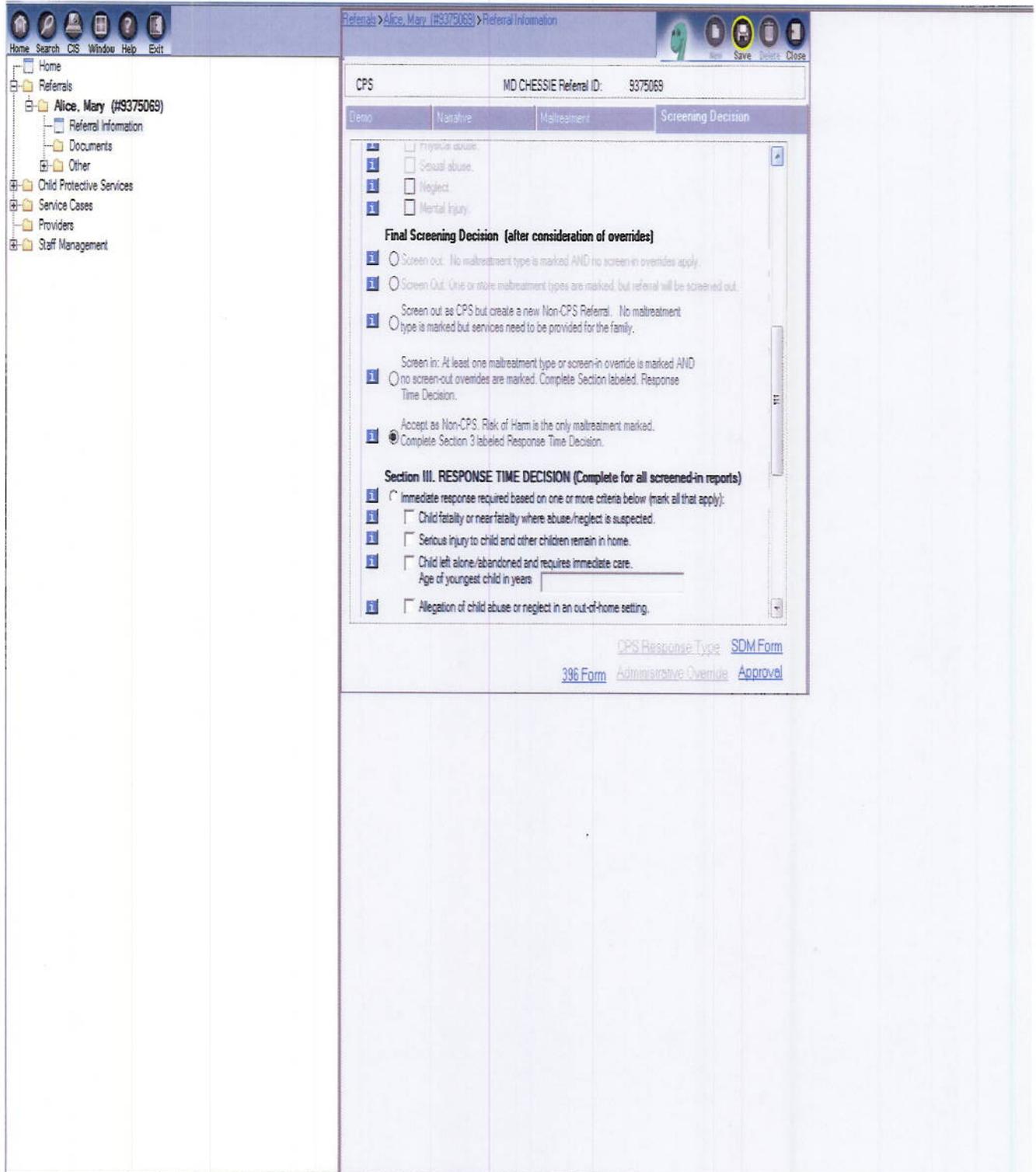
The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care.

MENTAL INJURY

The Screening Decision tab contains a new radio button labeled “Accept as a Non-CPS: Only Risk of Harm type is marked.”



The Screening Decision tab and Final Screening Decision portion of the screen shows a new radio button: “Accept as Non-CPS: Risk of Harm is the only maltreatment type marked. Complete Section 3 labeled Response Time Decision.”



CASEWORK PROCESS

Time Frames:

Within 48 hours after receiving the report, staff from the LDSS shall:

- See the newborn in person;
- Consult with a health care practitioner with knowledge of the newborn's condition and the effects of the prenatal alcohol or drug exposure; and
- Begin to interview the newborn's mother and any other individual responsible for care of the newborn and make an appointment to make a home visit.

When a referral of a substance-exposed newborn meets the criteria for child abuse or neglect and is "screened in", a caseworker shall go to the hospital within 48 hours after receiving the report, see the newborn, consult with hospital staff, and begin to interview the mother and any other individual responsible for care of the newborn. As a CPS Investigation all other standard timeframes and procedures apply. If the mother has an open CPS Investigation and a new report is accepted, that new report will go to the active Investigation worker. That worker needs to meet the requirements written above within 48 hours. If the mother has an active case in In-Home Services, a new report of maltreatment will be opened in CPS. All existing policies apply.

When the referral is opened as a non-CPS case, the 30 day assessment period is used to either provide services for a family that can be addressed within 30 days or to evaluate a family's need for ongoing services. A referral to ongoing Consolidated In-Home Services (CIHS) can also be made at any time should safety and/or risk assessments classify the family as in need of CIHS. The case will be closed when the service requested has been provided either by the agency or by referral to a community service,

Assessment Procedure:

The report for a Non-CPS assessment is a collaborative effort that involves the family in all conclusions and recommendations for service provision. Workers shall ensure that parents and children are approached in a non-adversarial manner and allow all family members to participate in the assessment process. Ensuring the safety of the newborn and assessing the risk of maltreatment must always be paramount in all interactions with the family. The tenets and procedures related to Family Centered Practice are to be applied in the work with the family.

The report requires a full family assessment, which includes:

- Complete Safety Assessment for the newborn and ALL children in the household within 7 working days of case acceptance;
- Complete Risk Assessment within 30 days of case acceptance;
- Evaluate child's home environment during the home visit;
- Discuss with child's caregiver and family members their service needs;

- Identify a resource if needed for a substance use assessment and work with the family to set up an appointment;
- Assess the need for additional resources and services and determine whether case should be transferred to CIHS.

If any of the children are “conditionally safe” (per SAFE-C) or the risk assessment indicates moderate-high risk, the case should be transferred to Consolidated In-Home Services (CIHS) for continued service provision.

At any time the assigned worker can petition the court for shelter of any child in the household when the circumstances and safety and risk assessments indicate that it is necessary. The worker can also petition the court if safety concerns appear high and the family refuses to allow access to the child or to participate in the completion of the assessments. Any new allegation of abuse or neglect must be reported to CPS screening.

Completion of Assessment and Case Closure

Within 30 days after a report of a substance-exposed newborn has been accepted for a Non-CPS assessment, the caseworker shall complete the In-Home Services Progress Review form that describes the family situation and recommendation for services.

Services shall be discontinued and the case closed at any time when:

- The family declines to accept services and there are no safety issues regarding the children in the home nor grounds to sustain a Child In Need of Assistance petition;
- The family has been linked to appropriate community resources to stabilize the family and does not need ongoing services from the Department; or
- The issues that brought the family to the Department’s attention have been resolved, and there is no current need for services.

All case information will be maintained in MD CHESSIE.

Jurisdictions with Alternative Response (AR) and Investigation Response (IR) tracks

As jurisdictions go ‘live’ with Alternative Response, reports of Substance Exposed Newborns accepted for a CPS response can be categorized as either AR or IR depending on information provided in the report or known to the LDSS. Policy Directive SSA# 13-13 applies.