

Live

# BREAKING NEWS

The CPS Response to Substance Exposed Infants

CFS-TC

NORTH Dakota | Health & Human Services  
Be Legendary.

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Effective November 1, 2017, ND has a Standard CPS Assessment Response and an Alternative CPS Assessment Response for Substance Exposed Newborns

LIVE

- Participants will understand the statutory background guiding the CPS Response to Substance Exposed Infants.
- Participants will understand the two CPS assessment responses to reports involving Substance Exposed Infants and when to utilize each response type.
- Participants will understand how to apply the Caregiver Protective Capacities to assessments involving Substance Exposed Infants and their families.
- Participants will be able to identify the requirements for Plans of Safe Care.

Learning Objectives

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### Who are the Substance Exposed Infants (SEI)?

**Substance Exposed Infants (SEI)**

ND Century Code defines a substance exposed Infant (SEI) as an infant younger than 12 months of age at 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 a fetal alcohol spectrum disorder.

NDCC 50-25.1-02(18)

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# CPS Response to SEI- How did we get here?



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## CPS Response to SEI – How did we get here?

- Research reviewed indicates:
  - Children were at least as safe in AR cases
  - Parents were engaging in services
  - General support for AR from families, caseworkers, and administrators
  - Traditional CPS responses and punitive responses discouraged women from seeking treatment and prenatal care



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## CPS Response to Substance Exposed Infants

- 01 SR or AR**  
There is a Standard Response (SR) or an Alternative Response (AR) for CPS when responding to reports involving SEIs.
- 02 Assess Safety of Infant**  
Either response will assess the safety of infants prenatally exposed to substances and to develop a plan of safe care for the infant(s) and their caregiver(s).
- 03 Purpose Statement #1**  
Intervene early in the child's life to address needs for child safety and family support.
- 04 Purpose Statement #2**  
Build a support system around the infant/family to be the 'eyes and ears' for child safety after CPS ends.



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## What is Alternative Response?

**Provide referral services**  
Provide referral services and monitor support services for a person responsible for the child's welfare and the substance exposed infant.

**Plan of Safe Care**  
Develop a plan of safe care for the substance exposed infant and their caregiver(s).

**No Maltreatment Decision**  
An AR assessment does not result in a maltreatment decision. There is no determination about services being needed for the protection and treatment of an abused child.

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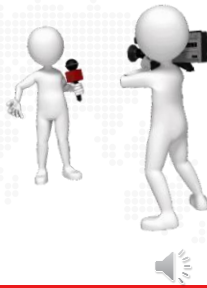
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## Why Alternative Response?

- Research is showing there are long term benefits for SEI who stay with their biological mother:
  - Infants are more developmentally advanced than SEI's in foster care
  - Infants displayed reduced symptoms of Neonatal Abstinence Syndrome (NAS)
  - The period following birth offers a window of opportunity to engage caregivers in successful treatment




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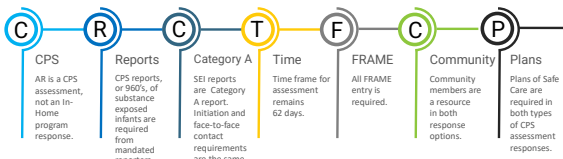
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## BREAKING NEWS

## Similarities between AR and SR

Daily News




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## Similarities between AR and SR

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## Differences between AR and SR

Daily News



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## Difference between AR and SR further revealed



**EXAMPLE**

Report of withdrawal symptoms (NAS or symptoms)

- Mother on Medication Assisted Therapy (MAT)
- Infant exhibits NAS symptoms
- MAT is not use of a controlled substance for a non-medical purpose
- Yet, the infant is affected

This is reportable under federal law and notification to CPS must occur.

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## INTAKE Reminders

**Substance Use & Treatment**  
Information on prior substance use during pregnancy, mother's toxicology at birth, substances that affected the infant and mother's history of SUD treatment are necessary pieces to gather during the intake process.

**Housing Situation**  
What is the date/time of planned discharge from the hospital and what is the family's housing situation are also key pieces of information during intake.

**Legal Involvement**  
Are there any outstanding criminal charges pending? Has the birth mother expressed to anyone she is considering making an adoption plan for the infant?

*See CFS Policy 640-37 for more details*

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## The Alternative Response Assessment will also **not** be used.....

**Children/Siblings in Foster Care**  
The infant, other siblings or household members are currently in the care, custody and control of a Human Service Zone or the Department.

**History of Serious Harm**  
There is a history of non-organic failure to thrive, death of a child from abuse/neglect or undetermined injury or death of an infant.

**Caregiver Refusal**  
The parents or caregiver(s) refuse to participate in the Alternative Response assessment.

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## The Alternative Response Assessment will **not** be used.....

- 01** **Other Abuse/Neglect Alleged**  
The report contains abuse or neglect concerns for the **infant** or other children in home in addition to substance exposure.
- 02** **12 months or younger**  
The report involves a newborn affected by substance exposure who is **12 months or younger**
- 03** **Open CPS regarding other A/N**  
There is a current open assessment involving abuse or neglect concerns other than prenatal substance exposure.
- 04** **Certain previous CPS findings**  
There is a history of CPS assessments with a Services Required determination/ Confirmed decision, related to Physical Abuse, Sexual Abuse or Medical Neglect.

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**The Alternative Response Assessment can be offered when.....**

**01 • Caregiver engaging**  
There has been a previous pregnant woman assessment and the mother engaged in service planning and development of a Plan of Safe Care.

**02 • Infant birth thru 12 months of age**  
The initial report concerns an infant within the first 12 months of life and there has been no prior reports of maltreatment.

**03 • No abuse/neglect found**  
Any previous reports involving the mother or other caregivers were AA, TIP, or had a no services required finding or an unconfirmed finding.

**04 • Prenatal Exposure Concerns**  
The concerns reported involve only prenatal exposure to abuse of alcohol or use of a controlled substance and there are no other children involved where there are concerns of abuse or neglect.

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**The Alternative Response Assessment can be offered when.....**

**01 • First Baby**  
There has been a previous pregnant woman assessment and the mother engaged in service planning and development of a Plan of Safe Care.

**02 • Completed prior services for neglect**  
There was a previous Services Required or confirmed finding for neglect or when impending Danger has been identified and the parent followed through with required services, working successfully with the case manager.

**03 • No Diminished Protective Capacities**  
The parent has no diminished protective capacities that may impair the parent's ability to nurture or physically care for the child. Any major psychiatric illness is controlled with medication.

**04 • No Domestic Violence**  
There is no current or recent history (within 6 months) of domestic violence in the home with the current partner.

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**Notes about offering the Alternative Response Assessment**

Participation in an AR Assessment is Voluntary!

A Standard Assessment may still be needed... if there are maltreatment concerns!

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## When Caregiver's Agree.....



**I agreed to what?**

When the caregiver(s) agree to participate in the AR assessment, the caregiver will sign an agreement. By signing, they are agreeing to work with CPS to:

- Engage in and follow the Plan of Safe Care
- Follow the Safety Plan, if applicable
- Sign all necessary releases of information
- Remember, caregivers can have a night to consider their options.

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## Wanted: Safety Support Persons



**Formal or Informal**  
Safety Support persons can be formal or informal supports, such as friends, family, AA sponsor, etc.

**Solidify Agreement in writing**  
Safety Support Persons will sign an agreement (SFN497) to monitor infant safety and provide support.

**How many are needed????**  
The need for "3" support persons as outlined in policy is not intended to be a barrier. Some caregivers may have very few and limited supports available and may express difficulty in identifying three such individuals.

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## Caregiver Protective Capacities... A closer look

Protective Capacities are caregiver characteristics directly related to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.

The Caregiver Protective Capacities are broken down into 3 main areas:

- Emotional
- Behavioral
- Cognitive



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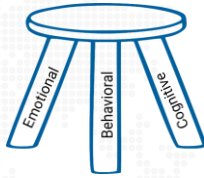


## Caregiver Protective Capacities

**Emotional:** Our feelings; emotions

**Behavioral:** How we act; our actions

**Cognitive:** How we think; function cognitively



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### Emotional Protective Capacities... *A closer look*

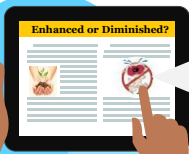
- Is able to meet own emotional needs.
- Is emotionally able to intervene to protect the child.
- Is resilient as a parent/caregiver.
- Is tolerant as a parent/caregiver.
- Displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- Has a strong bond with the child and is clear that the number one priority is the well-being of the child.
- Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.



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### Emotional Protective Capacities... *Identifying Strengths*



- Are parents struggling with their own mental health needs and if so, is this negatively impacting the child as a result?
- Observe the caregiver and infant for signs of early secure attachments
- How is the parent managing with the demands of being a new parent?

**Questions workers can ask:**

- Being a new parent can be difficult, how are you managing today?
- The last time we talked, you indicated that you are taking medication for Depression, on a scale from 1- 10 how is your Depression impacting you today?



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**Behavioral Protective Capacities... A closer look**

- Has a history of protecting
- Takes action.
- Demonstrates impulse control.
- Is physically able.
- Has and demonstrates adequate skill to fulfill caregiving responsibilities.
- Possesses adequate energy.
- Sets aside her/his needs in favor of a child.
- Is adaptive as a parent/caregiver.
- Is assertive as a parent/caregiver
- Uses resources necessary to meet the child's basic needs



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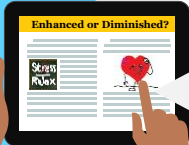
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**Behavioral Protective Capacities... Identifying Strengths**

- What kinds of worries and frustrations are there?
- How are these frustrations or problems solved? Are they able to access resources needed?
- How are the infant/children's needs met when caregiver is stressed? Can they articulate a plan of action?

**Questions to ask:**

- There have been a lot of things thrown at you in the last few days, have you been able to set up the doctor appointments we talked about?
- What are other needs that you and your child have that we need to seek out?



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**Cognitive Protective Capacities... A closer look**

- Plans and articulates a plan to protect the child.
- Is aligned with the child.
- Has adequate knowledge to fulfill caregiver responsibilities and tasks.
- Is reality oriented; perceives reality accurately.
- Has an accurate perception of the child.
- Understands his/her protective role.
- Is self-aware as a parent/caregiver.



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**Cognitive Protective Capacities... *Identifying Strengths***

**Enhanced or Diminished?**

- Observing the caregiver and infant interactions and how the caregiver responds to the child.
- Does the caregiver have appropriate developmental expectations
- Does the caregiver recognize and attend to the special needs of infant

**Questions workers can ask:**

- How have you learned about parenting skills?
- Are there things that worry you about your child's development?

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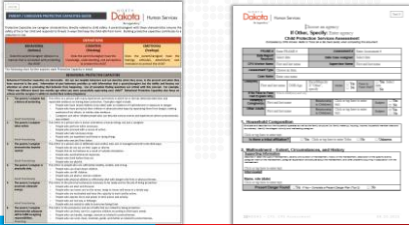
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**Caregiver Protective Capacities...**

\*Protective Capacities Family Assessment Guide- Hardcard 5A,  
 \*North Dakota Safety Framework Practice Model Resource Guide,  
 and the  
 \*Family Assessment Instrument Tool 3

CFSTC Website: [North Dakota Safety Framework Practice Model](#)



**RESOURCES**

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**Reaching out to Community Resources during the CPS Response to SEI**

**Resources Identified**

Community partners and agency resources are used for assistance in identifying resources and services for the family. These community resources should be sought out as soon as possible and can offer assistance in identifying resources for the family and assist in the development of the Plan of Safe Care



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### Can an AR Assessment be Terminated in Progress?



Yes, when the information found early on in the assessment process leads the CPS Worker to believe the concern falls outside the definitions in the Child Abuse and Neglect law. Examples include:

- Reports of infants affected by withdrawal symptoms or FASD who do not meet the definitions of abuse/neglect in state law and the parents decline AR
- The baby is released for adoption and parental rights are terminated (may offer services or referrals)
- No evidence the infant was prenatally exposed



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### Can CPS Offer AR, but not be required to complete the SR?



Yes, federal law applies to infants affected by withdrawal symptoms

- Medication Assisted Treatment or other medications for a medical reason can cause NAS in a newborn
- But, this is NOT use of a controlled substance for a non-medical purpose (state law)

Offer AR. If accepted, all components of the AR apply. If Medical Assisted Treatment is verified and caregiver declines, the assessment can be Terminated in Progress.



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### What if the Family won't cooperate?



- Assess reasons behind refusal
- Remember the AR assessment is voluntary
- **HOWEVER**
  - A CPS assessment of a report of suspected child abuse or neglect must still be completed whenever there are abuse/neglect concerns
  - An AR assessment can be changed to a SR Assessment at any time before approval/denial of the assessment but a SR Assessment cannot be changed to AR



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### Reverting AR to a SR Assessment



Consideration for reverting to a SR Assessment should be given for the following reasons:

- Violation of the Safety Plan placing the infant in danger
- Violation of Plan of Safe Care
- Receipt of additional reports unrelated to the SEI
- When the assessment necessitates contact with law enforcement
- Refusal to participate in the Alternative Response Assessment and there are outstanding maltreatment concerns

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### Plan of Safe Care.... A closer look



*"Plans of Safe Care are required in any CPS response to a Substance Exposed Infants and these Plans of Safe Care should not be confused with Safety Plans. The only time a Plan of Safe Care will not be used is when an assessment is Terminated in Progress..."*

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### Safety Plan vs. Plan of Safe Care



#### Safety Plan

- Intended to control threats of danger/safety concerns
- Only address threats of danger that can be immediately identified or foreseen in the near future

#### Plan of Safe Care

- Addressed the health, safety and substance abuse treatment needs of the SEI(s) and caregiver(s)
- "Going Forward" focus
- Required in all situations involving SEIs

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# CPS Response to SEI

For more information, please visit:  
<https://und.edu/cfstc/>

or

<http://www.nd.gov/dhs/services/childfamily/cps/>



A certificate of completion is available.

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