

## DEPARTMENT OF SOCIAL SERVICES

## CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

MARCH 27, 2006

M E M O R A N D U M**WHAT'S INSIDE:**

- Policy Related to Newborn Crisis Assessment Referrals
- NCAT Newborn Crisis Assessment Tool

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, INTERIM DIRECTOR

SUBJECTS: IMPLEMENTATION AND CLARIFICATION OF "NEWBORN CRISIS ASSESSMENT" POLICY AND PROCEDURE

INTRODUCTION OF THE STATEWIDE NEWBORN CRISIS ASSESSMENT TOOL (NCAT) AND FORM INSTRUCTIONS

## DISCUSSION:

The purpose of this memorandum is to introduce revised Newborn Crisis Assessment policy and procedure and to introduce the Newborn Crisis Assessment Tool (NCAT) and instructions.

**Newborn Crisis Assessment Referrals**

Pursuant to Chapter 191 RSMo., the Division must respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation. Many times a drug-involved mother may continue using drugs, so an assessment of the home situation is needed prior to, or at the time the infant is released from the hospital. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. *Non-drug involved referrals will be accepted until the child is one year of age.*

**Drug-Involved Referrals**

Drug-involved Newborn Crisis Assessment Referrals include reports made by a physician/health care provider to the Child Abuse/Neglect Hotline Unit (CANHU). These referrals contain allegations, medical documentation of signs/symptoms of substance/alcohol exposure in the infant at birth, or a confirmed toxicology test for controlled substances performed at birth on mother and/or infant. Due to the drug exposure occurring during pregnancy, these reports are accepted as *referrals* for a newborn crisis assessment. Per current policy, the workers are to respond to these referrals as *emergencies*, *requiring the worker to assure the child's immediate safety*. *Depending on the situation*, this may consist of phone contact with the reporter or

hospital to confirm safety and discuss the plan for discharge or may require immediate face to face contact with the child.

Soon after the family has been contacted and assessed CD staff should make a referral to the local DHSS/Special Health Care Needs (SHCN) Regional Office for service coordination. (See SHCN Service Coordination Regional Map) A written copy of the CD assessment should follow promptly as well as the medical documentation of signs/symptoms of exposure at birth or confirmed positive toxicology test results for alcohol or controlled substances in the mother or baby at birth, as it become available. *Section 2, Chapter 6.2: Newborn Crisis Assessment*, in the *Child Welfare Manual* contains guidelines for conducting the Newborn Crisis Assessment, documentation of the findings, and instructions on making a referral to the SHCN.

### **Non-Drug Involved Referrals**

Physicians and other medical professionals may call in an infant crisis assessment when there is no evidence or history of drug involvement but there are serious concerns about the mother's ability to care for the child after discharge. The child may have special medical needs or the mother may have special needs of her own that would affect her ability to provide proper care for the infant at home. These referrals are accepted for children up to one year of age. Children's Division staff is to respond to these referrals as an emergency. It may be beneficial, based on needs of the child and family, to make a referral to SHCN for services.

### **Newborn Crisis Assessment Tool (NCAT)**

This memorandum introduces the Newborn Crisis Assessment Tool (NCAT) and instructions. The NCAT was derived from a tool first developed in Jackson County and later revised in the greater St. Louis area to assess mothers and families where a child has been born drug exposed. In accordance with the federal *Child Abuse Prevention and Treatment Act (CAPTA)* requirements, the SDM Safety Assessment currently found in the CPS-1 has been included, to be used in conjunction with the CPS-1A Safety Assessment (Part B).

### **PHYSICIAN ASSESSMENT OF CHILD ABUSE/NEGLECT (CA/N) RISK:**

In situations where a Newborn Crisis Assessment is conducted and documents the child as "being at risk of abuse/neglect", CD is mandated to provide services. Services will be offered to the family, when the above SHCN referral criteria are present and a physician has referred the case for services (191.739, RSMo).

If a physician has documented their assessment that the child is "at risk of abuse/neglect", CD is mandated to provide services and must obtain written permission to close the case. The Children's Division **shall not** "*cease providing services for any child exposed to substances where a physician or health care provider has made or approved a written assessment which documents the child as being at risk of abuse or neglect until such physician, health care provider or designee authorizes such file to be closed*" (Section 191.739.2, RSMo).

#### **NECESSARY ACTIONS:**

1. Please review this memorandum with all Children's Division Staff.
2. All questions should be cleared through normal supervisory channels and directed to:

PDS CONTACT:  
Randy McDermit, PDS  
573-751-8932  
[Randall.D.Mcdermit@dss.mo.gov](mailto:Randall.D.Mcdermit@dss.mo.gov)

PROGRAM MANAGER:  
Kathryn Sapp, Unit Manager  
573-522-5062  
[Kathryn.Sapp@dss.mo.gov](mailto:Kathryn.Sapp@dss.mo.gov)

## Child Welfare Manual Revisions

### *New Chapter:*

[Section 2, Chapter 6](#) Newborn Crisis Assessment

### *Revisions:*

[Section 2, Chapter 1](#) Child Abuse/Neglect (CA/N) Reports and Referrals

[Section 2, Chapter 4, Attachment D](#) Reporter Contact

[Section 2, Chapter 4, Attachment M](#) Intensive In-home Services

[Section 3, Chapter 1](#) Case Opening Criteria

[Table of Contents](#)

[Glossary](#)

### *Related Subject Links Only:*

[Section 2, Chapter 2](#) CA/N Protocol: Structured Decision Making (SDM) Screening Process, Response Priority and Track Assignment

[Section 2, Chapter 2, Attachment F](#) CA/N Hotline Protocol: Structured Decision Making (SDM) Screening Process, Response Priority and Track Assignment

[Section 2, Chapter 3](#) County Protocol: Review and Assignment of Reports

[Section 2, Chapter 4](#) Investigation Response

### *Deleted Sections Only:*

Section 2, Chapter 5.6 Newborn Crisis Assessment (*Deleted Section*)

Section 7, Chapter 16 Substance Abuse (*Deleted Section was moved to Section 2, Chapter 6*)

## Forms and Instructions:

Newborn Crisis Assessment Tool (NCAT) and instructions

## Children's Division Newborn Crisis Assessment Memoranda History:

CS91-45

CS92-24

CS93-40

REFERENCES:

Department of Health and Senior Services, Special Health Care Needs (SHCN) [SHCN Service Coordination Regional Map](#))

Department of Health and Senior Services (DHSS) [Hope Program](#).

Division of Alcohol and Drug Abuse (ADA) Certified Alcohol and Drug Abuse Agencies Directory <http://www.dmh.mo.gov/ada/help/provdir.pdf>

RELATED STATUTE:

191.727 RSMo.

191.733 RSMo.

191.735 RSMo.

191.737 RSMo.

191.739 RSMo.

191.741 RSMo.

191.743 RSMo.

191.745 RSMo.

[Child Abuse Prevention and Treatment Act \(CAPTA\)](#)

ADMINISTRATIVE RULES:

N/A

COUNCIL ON ACCREDITATION (COA) STANDARDS:

N/A

PROGRAM IMPROVEMENT PLAN (PIP):

N/A

Family and Children Electronic System (FACES)

[http://dssweb/cs/priority\\_tracking/sacwis/status/20050316.xls](http://dssweb/cs/priority_tracking/sacwis/status/20050316.xls)

Investigation/Assessment Automation

PN/RDM