

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: ALL CHILDREN'S DIVISION STAFF
FROM: JOANIE ROGERS, INTERIM DIRECTOR
SUBJECT: NEWBORN CRISIS ASSESSMENT POLICY UPDATE

DISCUSSION:

The purpose of this memorandum is to inform all Children's Division staff of updates to Section 2, Chapter 4, Sub-Section 4 Newborn Crisis Assessments "NCA". As a result of in-depth reviews of Newborn Crisis Assessments with corresponding critical incidents within 12 months of conclusion, changes will be made to the current Newborn Crisis Assessment (NCA) policy.

Some areas that were identified as a need for improvement include:

- Completion of NCA Tools with uploads to OnBase
- Discussion and completion of Plans of Safe Care
- Meaningful collateral contacts with medical professionals
- Referrals for needed services with follow up confirmation
- Confirmation of follow up medical care
- Meaningful conversations around infant safe sleep

To address the above needs, the following updates will be made to the current NCA policy:

- Requirement for a medical provider collateral contact, outside of the reporter, preferably with the assigned pediatrician, as well as the mother's obstetrician in situations where there is a concern for substance use.
- To allow sufficient time for follow up medical care and assignment of a pediatrician, *NCA's will not be concluded any earlier than 20 days from the time of being screened in by CANHU.*
- Collaboration with assigned medical and service providers to discuss the need and development of a Plan of Safe Care, with examples of situations requiring a Plan of Safe Care and what a plan should include.
- Requirement for a conversation about Home Visiting (HV) Services, and completion of the CD-261 (Referral for Home Visiting Services) if the family accepts services. The intent is for HV Services to soon be statewide upon the awards of the FY21 HV contract.

- Addition of a closing supervisory consult, in addition to a 72 hour supervisory consult, to ensure all services and needs have been addressed.

Conversations around safe sleep should include an open dialogue to allow the family to identify their plans for ensuring safe sleep, express any concerns, and to discuss potential barriers to practicing safe sleep and how to overcome. Potential barriers to practicing safe sleep include, but are certainly not limited to, familial norms, substance usage, prescription sedatives, baby feeding habits, and physical space/safety.

As a reminder, the CD-278 Safe Sleep Flyer is the correct flyer to provide and thoroughly discuss with families. DSS partially funded the updated *ABC's of Safe Sleep* Video, which can be found at <https://youtu.be/T8QNODDhve8>. This video is 10 minutes in length and provides an explanation for the reasons supporting the recommended safe sleep practices, as well as family testimonials. All staff are encouraged to have this video readily available on their iPads to review with families during home visits.

NECESSARY ACTION	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children’s Division staff. 2. Review revised Child Welfare Manual chapters as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT Tara Goins Tara.Goins@dss.mo.gov	MANAGER CONTACT Kara Wilcox Kara.B.Wilcox-Bauer@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS Section 2, Chapter 4, Sub-Section 4- Newborn Crisis Assessments “NCA”	
FORMS AND INSTRUCTIONS Newborn Crisis Assessment Supervisor Guide Newborn Crisis Assessment Tool (NCAT)	
REFERENCE DOCUMENTS AND RESOURCES	
RELATED STATUTE N/A	