POLICY II-F: SUBSTANCE EXPOSED INFANT REFERRAL AND ASSESSMENTS

01/2020

The Division of Children and Family Services (DCFS) believes in coordinating with other state agencies and community partners to help strengthen and support families in an effort to prevent child abuse and neglect. The goal of prevention of child abuse and neglect extends to all families. However, as guided by the Comprehensive Addiction and Recovery Act (CARA), along with the Child Abuse Prevention and Treatment Act (CAPTA) it amended, the Division is specifically tasked with collaborating across systems to address the needs of substance exposed infants to prevent future child maltreatment of this vulnerable population.

DCFS, in coordination with other state agencies and community partners, strives to address the needs of substance exposed infants primarily through two approaches:

- **A. Addressing the needs of substance exposed infants who are defined as neglected pursuant to A.C.A. 12-18-103(14)(B)(i)(a)-(b) (i.e., Garrett's Law referrals) and the needs of their families via an investigative response. For more information regarding this approach, please see Policy II-D: Child Maltreatment Investigations.**
- **B. Implementing a referral process for healthcare providers involved in the delivery and care of infants to report, for the purpose of a non-investigative assessment, infants who have not been neglected as defined in A.C.A. 12-18-103(14)(B)(i)(a)-(b), but who are born with and affected by:**
  - **1) A Fetal Alcohol Spectrum Disorder (FASD) due to mother's use of alcohol while pregnant; or,**
  - **2) Withdrawal symptoms or other observable and harmful effects in physical appearance or health condition due to:**
    - **a) A controlled dangerous substance used in a lawfully prescribed manner by the mother during pregnancy; or,**
    - **b) The mother knowingly using an illegal substance before the child's birth, but the illegal substance is not present in the child's or mother's bodily fluids or bodily substances at the time of birth.**

The remainder of this policy and related procedures are specific to approach B, hereto referred to collectively as non-investigative substance exposed infant referrals and assessments. Infant means any child 30 days old or less.

Healthcare providers involved in delivery or care of infants are required to make non-investigative substance exposed infant referrals to the Arkansas Child Abuse Hotline. The Arkansas Child Abuse Hotline will accept non-investigative substance exposed infant referrals. Upon receipt of a non-investigative substance exposed infant referral from a health care provider, the Arkansas Child Abuse Hotline will assign the referrals to DCFS for a Referral and Assessment (R and A) of the substance exposed infant. The Request for DCFS Assessment Screen accommodates instances where an individual is not reporting maltreatment but is requesting an assessment and appropriate services for the family based on an assessment of the family's strengths and needs.

Non-investigative substance exposed infant referrals will be assigned to the appropriate county-level Differential Response (DR) staff (though non-investigative substance exposed infant referrals are separate and apart from differential response allegations). For a non-investigative substance exposed infant referral to be considered initiated, DR staff must make face-to-face contact with the infant or at least one (1) parent of the infant within 72 hours of receipt of the referral from the hotline. If the infant and parent/caregiver are not seen together at the initiation, then DR staff must make face-to-face contact with the individual not seen at initiation within five calendar days of receipt of the referral as well any other adult household members within the same five calendar day timeframe. During each contact with the parent(s)/caregiver(s), DR staff are responsible for engaging the family in an assessment of strengths and needs and developing a plan of safe care for the family. The plan of safe care will be designed to ensure the safety and well-being of an infant following the release of the infant from the

care of a healthcare provider and include content that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver.

PROCEDURE II-F1: Non-Investigative Substance Exposed Infant Referrals

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The Child Abuse Hotline Worker will:

A. Receive and document non-investigative substance exposed infant referrals from health care providers involved in the delivery and care of infants with sufficiently identifying information as defined by Arkansas law.
B. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer.
C. If the report qualifies as a non-investigative substance exposed infant referral, select "Refer to DCFS for Assessment" from the Request for DCFS Assessment screen.
D. Inform the caller if the report does not constitute a non-investigative substance exposed infant referral.

Procedure II-F2: Receipt and Assignment of Non-Investigative Substance Exposed Infant Referrals

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The Differential Response Supervisor or designee will:

A. Check CHRIS inbox at least one time in the morning and one time in the afternoon each business day.
B. Assign each new referral to a DRT Specialist within four hours of receipt excluding evenings, weekends, and holidays.

Procedure II-F3: Non-Investigative Substance Exposed Infant Assessment and Plan of Safe Care

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The Differential Response Supervisor or designee will:

A. Conference with the DRT Specialist within one business day after the DRT Specialist's initial face-to-face contact with the infant and at least one parent/caregiver and discuss development of CFS-101: Plan of Safe Care.
B. Document all supervisor activities in CHRIS within one business day of completion of each activity.
C. Regarding families with whom the DRT Specialist cannot make face-to-face contact, assess information and determine whether DRT Specialist has met due diligence no later than the seventh day after assignment.
D. Provide consultation to the DRT Specialist as appropriate.

The Differential Response Team (DRT) Specialist will:

A. Prepare for meeting the family by completing the following activities prior to making initial face-to-face contact with the family:
    1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the referral;
    2) Conduct a Division of County Operations (DCO) records check of members of the household;

3) Conduct a CHRIS history search prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
4) Contact the family by phone within 24 hours of assignment, if a phone number is provided in the report and/or if appropriate considering initiation timeframe requirements to:
    a) Explain non-investigative substance exposed infant assessments and plan of safe care;
    b) Schedule the initial family visit that will include at least the infant or one parent/caretaker.

B. Consider the non-investigative substance exposed infant referral initiated when:
1) The health and safety of the infant has been assessed within 72 hours from the time the referral was received from the Child Abuse Hotline, or the DRT Specialist has met with at least one parent/caregiver within 72 hours from the time the referral was received at the Child Abuse Hotline (based on the reported needs and/or safety issues of the family, DRT Supervisor may require that the initial contact with the family occur sooner than 72 hours); or,
2) Neither a health and safety assessment of the infant nor face-to-face contact with at least one parent/caregiver could be made but due diligence has been exercised and documented within 72 hours of receipt of the hotline referral. Due diligence must include:
    a) Making an announced (or unannounced, if needed) visit to the family at least three times at different times of the day or on different days (provided the three visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the infant and develop a plan of safe care with the parent/caregiver; and,
    b) Completing as many of the following activities necessary to establish face-to-face contact with the infant or at least one parent/caretaker:
        i. Contacting the reporter again if the reporter is known;
        ii. Contacting appropriate local Division of County Operations staff and requesting research of their record systems and other files to obtain another address.
        iii. Contacting the local post office and utility companies to request a check of their records.
        iv. Conducting Lexis Nexis search to attempt to locate the family.
    c) If after completion of all the due diligence activities listed above, no contact is made with the infant or a parent/caregiver by the sixth business day after assignment, document information on a case contact *(DRT Supervisor will assess the information and determine whether due diligence has been met, no later than the seventh day after case assignment).*
    d) If DRT Supervisor deems that due diligence has been met, close referral.

C. Explain to the parent/caregiver non-investigative substance exposed infants including the development of the CFS-101: Plan of Safe Care, and that the Division must address any safety factors or needs as appropriate, to include report to the Child Abuse Hotline if child maltreatment is identified or there is reasonable cause to suspect maltreatment.

D. If the infant and parent/caregiver are not seen together at the initiation, then make face-to-face contact with the individual not seen at initiation within five calendar days of receipt of the referral as well any other adult household members within the same five calendar day timeframe.

E. Develop CFS-101: Plan of Safe Care with the family within 14 calendar days of receipt of the referral and ask the family if they are interested in continuing services with DCFS through a supportive services case.
1) If the family accepts continued services through a supportive services case, see Policy II-A: Supportive Services Cases and related procedures using the CFS-101: Plan of Safe Care to inform the development of the case plan of the supportive services case that will be opened.
2) If the family declines continued services through a supportive services case,
    a) Make any referrals noted on the CFS-101: Plan of Safe Care; and,
    b) Within the close button on the Request for DCFS Assessment screen, document completion of the assessment and the plan of safe care.

F. Request a supervisor conference to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).

G. Document all activities in CHRIS within one business day after they are completed.