The Philadelphia Department of Human Services
Children and Youth Division
Policy and Procedural Guide

Issue Date: January 28, 2008

TO: All Social Work Staff

FROM: Joseph Kuna, Ph.D., Acting Deputy Commissioner, CYD
Pamela Mayo, Operations Director

RE: Responding To Reports Of Substance-exposed Newborns

EFFECTIVE DATE: September 10, 2007

The purpose of this Guide is to transmit the Protocol for responding to a report of a substance exposed newborn.

The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states to prevent, identify and treat child abuse and neglect. In order to be compliant with CAPTA, Pennsylvania enacted laws which require, among other things, that counties provide or arrange for services for newborns who are identified by a hospital as being affected by illegal substances or are experiencing withdrawal symptoms as a result of prenatal drug exposure.

The Protocol was developed jointly by DHS and the Philadelphia Department of Public Health (DPH) to outline/address CYD response when the Hotline receives a referral that a newborn has been identified as being affected by illegal substances or is experiencing withdrawal symptoms. The Protocol is intended to assist in assessing the safety of and risk to children born affected by illegal substances, and to provide a differential response for those newborns who are assessed as not requiring formal CYD services. The differential response is provided by a team of professionals employed by DPH Maternal, Child and Family Health (MCFH team). A CYD unit, the CAPTA unit, has been established in Information Assessment and Referral Services (IARS) to screen these referrals, assess safety and determine whether the case is appropriate for the services provided by the MCFH team. (The joint CAPTA unit-MCFH team is referred to as the CAPTA team.)

Intake and FSR social workers may become involved with the CAPTA team when:

- The CAPTA staff determine that a referral will be investigated/assessed by CYD because there are child protection issues beyond the newborn's exposure to an illegal substance;
- The CAPTA staff have completed the expedited response on a referral alleging a substance exposed newborn and the case is already active in CYD;
- The family was initially identified as appropriate for the CAPTA services, but after the joint visit, some service provision or the completion of the CAPTA intervention it is determined that there are child protection issues which need to be addressed;
- For substance involved referrals that are initially referred for investigation/assessment, the MCFH team will be available for consultation; or

- For families not accepted for service, the Intake social worker may refer the family for MCFH services by contacting the CAPTA unit social worker.

The MCFH team consists of a registered nurse, a substance abuse specialist and a social work/mental health specialist, employed by the Philadelphia Department of Public Health to provide services to substance-exposed newborns and their families when there are no protective service issues.

The MCFH team provides services designed to monitor the growth and well-being of the newborn and the well-being of the mother. The MCFH team does not provide SCOH or other protective services. If the family or child is in need of protective services, the referral will not be sent to the MCFH team. The MCFH team is not required to accept a referral.

Services provided by the MCFH team include:
- assessment of the newborn's health, growth and development
- assessment of parenting skills of any caregivers in the home
- assessment of the substance abuse issues in the family
- brief intervention
- referral to other support service, either within MCFH, or externally, if longer term intervention is indicated.

POLICY

Referrals from hospitals regarding newborns who are identified as being affected by illegal substances, are experiencing withdrawal symptoms will receive an expedited response, and be screened using the Newborn Screening Assessment Tool for appropriateness for services through Philadelphia Department of Public Health, Maternal, Child and Family Health CAPTA team.

All services provided by the MCFH team are voluntary. If the family declines the CAPTA services, the family will be referred to DHS for a protective service assessment/investigation.

While the primary purpose of the joint DHS-MCFH team is to provide services to the newborn child and his/her parents, the DHS members of the team are also responsible for completing a safety assessment of other siblings.

Joint visits with the MCFH team will be required when:
- The family is being referred to the MCFH for intervention.
- At the end of the service period to discuss the final disposition with the MCFH team and the family.

A joint visit may be required when:
- A family misses two scheduled visits or contacts or there is no contact within one week.
- The MCFH team reports to the CAPTA social worker that:
  - the family needs a higher level of service
  - the child(ren) is not safe in the home or the family is not cooperating with MCFH team services
  - the risk to the child is greater than initially assessed

- A family that has been cooperating with services no longer wants services.

When a family is determined by the CAPTA team not to be appropriate for the MCFH team services, either because there appear to be abuse or neglect issues or because there is already an active case regarding the family, the CAPTA unit will generate a GPS or CPS report and will assign a response priority. The Intake or FSR social worker will respond within the timeframes required by the response priority.

Procedure
Staff will perform responsibilities detailed in the established Protocol (attached).

Hotline responsibilities
- *When a call comes in to the DHS Hotline from a hospital reporting that a newborn was identified as "being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure", DHS Hotline staff will transfer the call to the IARS CAPTA unit staff.*
- *For calls received after regular work hours, Hotline staff will respond directly.*
- *After regular business hours and on weekends, Hotline staff will complete a FACTS clearance, and go out immediately (consistent with the expedited response for children 5 and under), verify the address where the infant will be living, assess the safety of the home and its residents, make face-to-face contact with the parents/caregivers and the newborn, complete the Newborn Screening Tool and a Safety Assessment, and complete a safety plan, if needed.*
- *As detailed in the protocol, based on available information, after hours Hotline staff will route the referral to the CAPTA staff the next business day, or will accept the referral for investigation/assessment and send to Intake, MDT or active social worker the next business day.*
  ▪ *the response priority will be based on the safety and risk as assessed by the Hotline social worker and documented on the Safety Assessment and Newborn Screening tool.*
- *All information that is gathered will be forwarded to the appropriate person with the referral.*
  ▪ *if the referral is accepted for investigation/assessment, a copy will of the report and the Newborn Screening tool will be forwarded to the CAPTA unit for tracking purposes.*
 	
CAPTA Unit Responsibilities
- *The CAPTA social worker will complete a FACTS clearance and the Screening Tool for Reports of Substance – exposed Newborns (Newborn Screening Tool), and, in conjunction with his/her supervisor, will determine whether the referral should be directed to the MCFH team, or accepted for investigation/ assessment and directed to Intake, Multidisciplinary Team (MDT), or an active social worker.*
  ▪ *The target time for this determination will be within one hour of receiving the referral.*
  ▪ *If CAPTA staff determine that the referral will be directed to the MCFH team, a CAPTA staff person will make immediate face-to-face contact (consistent with the expedited response for children 5 and under).*
- *For referrals that the CAPTA staff determines will be investigated/assessed by CYD, the CAPTA social worker will generate an appropriate report based on the allegations and information from the screening tool; assign an Immediate Response and forward it to Intake or the MDT unit, as appropriate.*
- *For referrals on already active cases, the CAPTA social worker will generate an appropriate report based on the allegations and information from the screening tool, complete the expedited response and assess the safety of the newborn, and forward the report along with the Newborn Screening Tool and Safety Assessment, to the active social work supervisor.*
  ▪ *If the active social worker needs additional information as to resources available to the family, the active social worker can contact the CAPTA unit supervisor.*
- *If the family is not initially screened as being inappropriate for MCFH services, CAPTA unit staff and MCFH team staff arrange for a joint visit with the family not later than two business*

days after the call to the Hotline.

- *The DHS CAPTA unit and the MCFH team must jointly agree that the family is appropriate for MCFH services.*
  - *If the family is not appropriate for MCFH services, the CAPTA social worker will generate a report for child protective service assessment/investigation and take appropriate action to assure the safety of the newborn.*
  - *If the family is not appropriate for MCFH services, the joint team will make a recommendations as to other services that would be more appropriate for the family.*
  - *If the referral does not go to either MCFH team or to CYD, the CAPTA staff person must document the disposition and the reason for that disposition.*
- *At the end of the service period, the CAPTA unit social worker will make a final joint visit to the family with the MCFH team and will discuss final disposition with the MCFH team.*

MCFH team responsibilities

- *If after the initial assessment, the joint CAPTA-MCFH team determines that the case is appropriate for MCFH services, the MCFH team will develop a treatment plan for the family.*
- *MCFH services will continue for no more than 90 days.*
- *The MCFH team will provide a weekly report during the period they are providing services which will include:*
  - *Where and with whom*
  - *Developmental/medical information about the newborn*
  - *safe sleeping factors*
  - *substance abuse and medical information about the mother*
  - *parenting issues*
  - *Environmental/Safety Issues*
- *The MCFH team will notify the CAPTA unit social worker if there is no contact within one week, or if a family misses two scheduled visits or contacts.*
- *The MCFH team will immediately refer the case back to the CAPTA unit social worker if at any time they believe the family requires a higher level of service, the child is not safe in the home, the family is not cooperating with services, or the risk to the child is greater than initially assessed.*
- *As mandated reporters, if a MCFH team member suspects abuse, s/he will immediately call the Hotline and report the suspected abuse, and then will contact the CAPTA social worker to inform him/her that a report has been made.*
- *The MCFH team will provide a final report, as required by the protocol, after the joint CAPTA MCFH decision as to final disposition.*

Questions regarding this Policy and Procedural Guide may be addressed to:

Patricia Ripoll, Policy and Planning Administrator	x4112
Susan Weinberg, Program Supervisor	x4116
Bari Rose-Epstein, Program Analyst	x4124

DHS - PDPH Child Abuse Prevention and Treatment Act (CAPTA) PROTOCOL

This Protocol outlines/addresses CYD response when the Hotline receives a referral that a newborn has been identified as being affected by illegal substances, or experiencing withdrawal symptoms. The Protocol is intended to assist CAPTA unit staff in assessing the safety of and risk to children born affected by illegal substances, and to provide a differential response for those newborns who are assessed as not requiring formal CYD services.

- When a call comes into the DHS Hotline from a hospital reporting that a child was born and identified as "being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure", DHS Hotline staff will transfer the call to the IARS CAPTA unit (CAPTA) staff.
    - For calls received after regular work hours, Hotline staff will respond directly.

- The CAPTA social worker in conjunction with his/her supervisor, will complete a FACTS clearance and the complete the Screening Tool for Reports of Substance -exposed Newborns (Newborn Screening Tool), and determine whether the referral should be directed to the Maternal, Child and Family Health (MCFH) team, or accepted for investigation/assessment and directed to Intake, Multidisciplinary Team (MDT), or an active social worker. The target time for this determination will be within one hour of receiving the referral. The decision whether to refer to MCFH or to accept for investigation/assessment will be based on the Newborn Screening Tool.
    - After regular business hours and on weekends, Hotline staff will complete a FACTS clearance, and go out immediately (consistent with the expedited response for children 5 and under), verify the address where the infant will be living, assess the safety of the home and its residents, make face-to-face contact with the parents/caregivers and the newborn, Newborn Screening Tool and a Safety Assessment, and complete a safety plan, if needed. If appropriate, the Hotline social worker will also seek an order for protective custody. Based on the Safety Assessment, Newborn Screening Tool, FACTS clearance, current and/or prior involvement and other information obtained during the visit, Hotline staff will route the referral to the CAPTA staff the next business day, or will accept the referral for investigation/assessment and send it to Intake the next business day. If the Hotline generates a report for assessment/investigation by Intake, MDT unit or active social worker, a copy of the report, along with the Screening Tool, will be forwarded to the CAPTA unit for tracking purposes. The response priority of this report will be based on the safety and risk as assessed by the Hotline social worker and documented on the Safety Assessment and the Newborn Screening Tool.

- If CAPTA staff determine that the referral will be directed to the MCFH team, a CAPTA staff person will make immediate face-to-face contact (consistent with the expedited response for children 5 and under) with the parents/caregivers, verify the address where the infant will be living, assess the safety of the home and its residents, see the newborn and, if possible, talk to the hospital social worker, doctor, etc., to complete a Safety Assessment, obtain additional Newborn Screening Tool information and confirm the appropriateness of the referral to the MCFH team.
    - If the CAPTA staff determines that referral will be investigated/assessed by CYD, the CAPTA social worker will generate an appropriate report based on the allegations and information from the screening tool, assign an Immediate Response priority, and forward it to Intake or the MDT unit, as appropriate. The

Intake or MDT unit social worker will complete the expedited response and assess the safety of the newborn.

- If the CAPTA staff determines that the case is already active, the CAPTA social worker will generate an appropriate report based on the allegations and information from the screening tool; complete the expedited response and assess the safety of the newborn, including verifying the address where the infant will be living, assessing the safety of the home and its residents, making face-to-face contact with the parents/caregivers and the newborn. The CAPTA social worker will assign a recommended Response priority to the report, and forward it, along with the Newborn Screening Tool and Safety Assessment, to the active social work supervisor. The active social work supervisor will ensure that a social worker goes out within the timeframe consistent with the response priority to see the newborn and complete a safety assessment.
    - If the active social worker needs additional information as to resources available to the family, the active social worker can contact the CAPTA unit supervisor.

- If the referral is directed to the MCFH team, MCFH will provide the direct services to the family. The MCFH team will consist of experienced staff with appropriate education, including a registered nurse, substance abuse specialist and a social work/mental health specialist.

- Services that MCFH will provide are:
    - Assessment of the identified baby's health, growth and development
    - Assessment of parenting skills of any caregivers in the home
    - Assessment of the substance abuse issues in the family
    - Assessment of the family's living environment
    - Brief intervention
    - Referral to other support services, either within MCFH, or externally, if longer term intervention is indicated.

- The CAPTA unit staff and the MCFH team will arrange for a joint visit with the family. The joint visit must occur as soon as possible but not later than two business days after the call to the Hotline. If the first joint visit occurs in the hospital, the CAPTA unit staff will also attend the first home visit. DHS and the MCFH team must agree that the family is appropriate for MCFH team services. If not, the CAPTA social worker will generate a report for child protective service assessment/investigation and take appropriate action to assure the safety of the newborn. Also, if the joint CAPTA-MCFH team determines that MCFH services are not appropriate, the team must make a recommendation as to other services that would be more appropriate for the family. If the referral does not go to either the MCFH team or to Intake, the designated CAPTA staff person must document the disposition and the reason for that disposition.

- If after the initial assessment the joint CAPTA-MCFH team determines that the case is appropriate for MCFH services, the MCFH team will develop a treatment plan for the family. This plan would be based on: assessment of the baby's health, growth and development; assessment of the parenting skills of the caregivers; assessment of the substance abuse issues in the family and assessment of the family's living environment. The MCFH team will also be responsible for assisting the parent in making contact with substance abuse treatment and/or other behavioral health providers. MCFH team will

assess whether or not the family is also eligible for other Philadelphia Department of Public Health (PDPH) services. Copies of the assessments will be forwarded to the CAPTA unit staff.

- All services provided by the MCFH team are voluntary. If the family declines the CAPTA services, the family will be referred to DHS for a protective service assessment/investigation.

- While the primary purpose of the joint DHS-MCFH team is to provide services to the newborn child and his/her parents, the DHS members of the team are also responsible for completing a safety assessment of other siblings, and the MCFH team will assist with referrals for necessary services.

- For every case, the MCFH team is responsible for providing weekly reports to the DHS CAPTA social worker. These reports will be written, using the consistent, structured format agreed upon by PDPH and DHS, and may be in the form of an attachment to an e-mail. These reports will include, at a minimum, dates of contact, persons seen and any other relevant information. If a family misses two scheduled visits or contacts, or there is no contact within one week, the MCFH team must notify DHS immediately to determine the appropriate next course of action. A joint visit may be required by the DHS CAPTA social worker and the MCFH team.

- At the end of the service period (maximum of 90 days), the CAPTA unit social worker will make a final joint visit with to the family with the MCFH team and will discuss final disposition with the MCFH team. A decision as to the final disposition cannot occur without DHS discussion and agreement. The MCFH team will confirm the final disposition decision in writing, which can be in the form of an e-mail, with a copy to the CAPTA unit supervisor.

- The MCFH team will submit a final written report, using the consistent, structured format agreed upon by PDPH and DHS, summarizing the services that had been provided and the recommendations made. The MCFH team will submit the final report within four weeks of case closure.

- If, at any time, the MCFH team believes that:
  - the family requires or would benefit from a higher level of service than can be provided by the MCFH team;
  - the child(ren) is/are not safe in the home; the family is not cooperating with the MCFH team services; or
  - the risk to the child is greater than initially assessed,

  the MCFH team will immediately refer the case back to the CAPTA social worker. If appropriate, the CAPTA social worker will generate a report for protective services assessment/investigation based on identified or suspected issues of child abuse or neglect of the newborn or siblings.

- If, at any time, an MCFH team member suspects child abuse, s/he will call the DHS Hotline to report the suspected abuse and then will contact the CAPTA social worker or supervisor to inform her/him that the Hotline has been called.

- If a family that has been cooperating with services no longer wants services, the MCFH team will contact the CAPTA unit social worker for discussion as to the appropriate actions to take, which may include, among other actions, a joint visit, generating a report for assessment/investigation, or discharge.

- If a family being served by the MCFH team is referred back to DHS for assessment/investigation, the MCFH team will, if possible, continue to provide services until the investigation is concluded and/or other appropriate services can be arranged. If the child cannot be safely maintained in the home, and there is sufficient legal basis, DHS would seek court ordered removal of the child from the home.

- For substance involved referrals that are initially referred for assessment/investigation, the MCFH team will be available for consultation. If the family is not accepted for service, the Intake social worker may refer the family for MCFH services by contacting the CAPTA social worker. The CAPTA unit social worker will refer the family to the MCFH team. The DHS Intake social worker will schedule a joint transition meeting with the CAPTA social worker and MCFH team in the family's home within one week. If the family is determined to be appropriate for MCFH services during the joint meeting, the DHS Intake social worker will close the CYD case within one week of the meeting.

- MCFH will have staff that are able to track referrals during the intervention period to external services and programs, to receive reports from such services and forward the information to DHS.

- Conflict between staff of the Departments regarding any decisions will be resolved by the chain of command of the Departments.

	9/10/07		9-14-07
Arthur C. Evans, Jr., Ph.D. Acting Commissioner, Philadelphia Department of Human Services	*Date*	Carmen I. Paris, MPH Interim Health Commissioner, Philadelphia Department of Public Health	*Date*

Screening Tool for Reports of Substance-Exposed Newborns

Obtain as much of the information below as possible to guide decision-making. Some information will more clearly indicate a need to take the hospital referral as a GPS report, meaning that the allegations and information obtained will indicate a likelihood of child abuse or neglect.

CHILDS DATA			
INFANT'S NAME	DOB	**ANTICIPATED DISCHARGE DATE**	
BIRTH WEIGHT	GESTATIONAL AGE	SEX ☐M ☐F	RACE
ADDRESS TO WHICH INFANT WILL BE DISCHARGED			

BIOLOGICAL PARENTS			
MOTHER'S NAME	BIRTH DATE	FATHER'S NAME	BIRTH DATE
ADDRESS		ADDRESS	
SOCIAL SECURITY NO.	PHONE	SOCIAL SECURITY NO.	PHONE

MEDICAL DOCUMENTATION		
HOSPITAL	PHYSICIAN	PHONE
HOSPITAL CONTACT PERSON	PHONE	FAX
PEDIATRIC ARRANGEMENT	PHONE	

TOXICOLOGY AT BIRTH					
MOM URINE DRUG SCREEN		INFANT URINE DRUG SCREEN		INFANT MECONIUM DRUG SCREEN	
Pending	Not done	Pending	Not done	Pending	Not done
Positive	Negative	Positive	Negative	Positive	Negative
Substances		Substances		Substances	
Substances		Substances		Substances	
Substances		Substances		Substances	
Why did the hospital do a toxicology screen?					

SIBLINGS			
CHILD'S NAME	BIRTH DATE	Child's location (with parent, if not where)	If not with mother, why not?

OTHER HOUSEHOLD MEMBERS and/or SIGNIFICANT OTHERS		
NAME	BIRTH DATE	RELATIONSHIP TO PARENT

Information Sought	Yes or No	If red flag present, specify red flag and documented mitigating factors
Red Flag issues(*presence of red flags on any of these issues without verified/documented mitigating factors, such as mother's cooperation or family supports, requires taking referral as a report*)		
Has mother (and father/partner) made preparations for newborn? *Prompts* - *Provides information on readiness for infant's arrival* ***Red Flags*** - *Lack of participation or cooperation in discharge plans for infant* - *Non-compliant with follow-up care plans (eg. plans for 2-week follow-up visit) or there are no follow-up plans* - *Multiple moves during child's hospitalization* - *Phone or address never supplied*		
What is mother's (and father/partner's) attitude about newborn? *Prompts* - *Normal (e.g. makes eye contact with newborn, interacts with newborn)* ***Red Flags*** - *Inconsistent interaction w/infant* - *Does not want to hold/examine infant* - *Mom does not plan to be primary caretaker* - *Abandoned infant in the hospital* - *Infant is ignored, belittled, shunned* - *Disregard for infant's safety* - *Observed parent/caretaker treatment of infant* - *Minimizes and/or special care needs of infant*		
Are there any identified mental health issues? (include CBH screening) *Prompts* - *Current indicators (observed or reported) physical, emotional, or intellectual problems which do not pose risk to infant* ***Red Flags*** - *History of suicide attempts* - *Currently making suicidal gestures* - *Mom is not receiving treatment for physical, emotional, intellectual problems* - *Chronic physical, emotional, or intellectual problems which impair ability to provide minimal care or supervision to infant* - *Current acute psychiatric episode/s which effect ability to*		

provide minimal care or supervision or which place child in significant danger of physical harm - *Currently threatening to harm or actually harming the child* - *Delusional system which defines child as evil/dangerous/non-human* - *Inability to function independently* - *Not oriented to person, place, time* - *Evasive, verbally hostile or physically assaultive/threatening to service provider* Is there a history of receiving mental health services? If so, where?		
Concerns (*Presence of Concerns on these issues, responses which indicate increased risk, lack of mitigating factors or lack of information should be taken into account when deciding whether to generate a GPS report or refer to CAPTA team*)		**If concern is present, specify and document any mitigating factors**
What is the medical status of the baby? Are there any special needs? *Prompts* - *None* ***Concerns*** - *Infant on monitor, apnea at risk for SUID(sudden unexplained infant death)* - *Low birth weight (below 2400 grams or 5 lbs)* - *Frequent medical follow-up needed* - *Special feedings needed* - *Special home care/treatment for infant*		
What is mother's (and father/partner's) attitude about newborn? *Prompts* ***Concerns*** - *Minimizes and/or denies the effects of drug exposure* - *Behavior disruptive during visit with the infant in the hospital* - *Irregular or no visits or calls while in the hospital*		
Has mother (and father/partner) made preparations for newborn, including safe sleeping arrangements? *Prompts* ***Concerns*** - *No baby supplies and no realistic plan to obtain them* - *No plan or supplies for safe sleeping arrangements*		
Did mother get prenatal care? Consistency?		
Does mother have a history of substance abuse? Does the mother acknowledge a pattern or history of substance use/abuse? Is mother currently using drugs?		
Is mother currently in treatment? Does mother use alcohol?		

Is mother willing to consent to release of drug and alcohol information?		
Does father/partner have a history of substance abuse? Does father/partner acknowledge a pattern or history of substance use/abuse? Is father/partner currently using drugs? Is father/partner currently in treatment? Does father/partner use alcohol? Is father willing to consent to release of drug and alcohol information?		
Are there family supports? Who? Names, addresses, telephone numbers, relationship, what they will do.		
Is parent/caregiver willing to consent to release of mental health information?		

Information about Parent(s)	
Is/Are parent(s)/caregiver(s) willing to accept voluntary services?	
Is mother still in the hospital? If not, did she leave against medical advice?	
Does father/partner visit? What is interaction in the hospital – with mother; with infant? Any suspicion of Domestic Violence?	
Who is visiting? What are interactions with mother, with newborn? What are visitors' behaviors like? Is there anything concerning?	
Other Information Relevant to Screening Decision	
Are there prior reports of abuse or neglect of other children of the parent(s) or in the care of the parent(s), and/or prior family court involvement?	FACTS and JACS clearance. Actual review of prior case record, discussion with prior staff/provider.
If parent lived in another community, does parent have a history of CAN in another community? Is any history of CAN related to substance abuse?	Telephone contact with C&Y agency
Does parent/caregiver, or any adult in the household, have a criminal record?	Criminal records check
Did parent(s)/caregiver(s), as a child, ever receive services from DHS or another Children and Youth agency, or was he/she a victim of child abuse or neglect?	
Is parent/caregiver/family already involved in a Philadelphia Department of Public Health Program (e.g. home visiting program)?	
What are the results of the safety assessment?	

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