

ASSESSING THE SAFETY OF DRUG-AFFECTED INFANTS

ADDENDUM TO THE CHILD PROTECTIVE SERVICES ACCESS AND INITIAL ASSESSMENT STANDARDS Issued June 25, 2004

Purpose: To assess the safety of an infant born with controlled substances or controlled substance analogs in his or her system and to develop a plan of safe care for that infant.

Applicability of the Policy:

This policy applies to an infant born with controlled substances or controlled substance analogs in his or her system as determined by a physician pursuant to s. 146.0255, Stats., when information does not indicate that the child has been abused or neglected or threatened with abuse or neglect.

This policy does not apply to an infant born with controlled substances or controlled substance analogs in his or her system where there **are** reports of alleged maltreatment to the infant subsequent to birth. Such cases are to be handled as reports of alleged maltreatment under s. 48.981, Stats.

Policy:

Child protective services (CPS) will accept reports of an infant identified at birth as having controlled substances or controlled substance analogs in his or her system pursuant to s. 46.238, Stats., and assess the safety of the infant. CPS will develop a plan of care that reduces risk to the child and supports a safe environment, either an agency-managed safety plan or a referral to appropriate preventive community services, or determine that the family has in place a plan of safe care for the infant.

The report is screened in as a child welfare services intake, and no decision regarding substantiation is made, as the report is made under s. 46.238, not under s. 48.981. [Note: If a report of a drug-affected infant contains information that the child has been abused or neglected or is threatened with abuse or neglect, the report should be screened in as a PS Report and all procedures and decision-making required by the Maltreatment By Parent Standard apply.]

- If the referral is accepted for assessment under s. 46.238*, the following information must be gathered and documented:
 - The infant's general functioning and development, including the effects of the illegal substances on the infant.
 - The parents' individual functioning (communication, coping, problem solving, life management, control of emotions, use of alcohol or other substances, mental health functioning, sociability/relationships with others, self-concept, etc.). As the fact that the mother has used illegal substances is apparent, the assessment must include a special focus on her current use of illegal substances and the impact that will have on the infant's care.
 - The parents' parenting practices, if there are other children in the home (discipline, nurturing, understanding of child's needs and capabilities, expectations of child, satisfaction with parenting role, etc.). If there are no other children in the home, gather and document information about the parents' capacity and commitment to parent

- (understanding of infant's special needs and plans already made to address them, general day-to-day plan for caring for the infant, etc.)
- The family's functioning, strengths, and current stresses (roles and boundaries, communication, decision making, relationships, integration into community, power distribution, presence/absence of domestic violence, organization and stability, demographics, etc.)
- The above information must be used to assess safety. Safety must be assessed and documented using the safety assessment instrument in the Wisconsin Model/WiSACWIS.
 - The CPS agency may work with other agencies, such as public health, in meeting the requirements of this section.
 - If the report is accepted as a referral under s. 46.238 but the family refuses to be interviewed, the agency must determine if available information supports a concern of alleged maltreatment or threatened maltreatment under s. 48.02(1) or s. 48.981(1)(d) and, if it does, pursue the initial assessment under the Parent Standard.
 - If the infant is determined to be unsafe, the agency must develop a safety plan with the family, using the Safety Analysis and Plan in the Wisconsin Model, and adhere to *the CPS Ongoing Services Standards and Practice Guidelines* for cases opened for ongoing services.
 - If the infant is determined to be unsafe and the family refuses services, the agency must make every reasonable attempt to file a petition under s. 48.13 to assure needed protection and services for the child. Those efforts must be documented in the case record.
 - If the infant is determined to be safe, the agency should refer the family to appropriate community resources and assist the family in accessing those resources unless the family refuses such assistance. The activities associated with referral to community resources should be documented in the case record.

Definitions:

“**Controlled substance**” means a drug, substance or immediate precursor included in schedules I to V of subch. II. [s. 961.01(4)]

“**Controlled substance analog**” means a substance the chemical structure of which is substantially similar to the chemical structure of a controlled substance included in schedule I or II and:

1. Which has a stimulant, depressant, narcotic or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, narcotic or hallucinogenic effect on the central nervous system of a controlled substance included in schedule I or II; or
2. With respect to a particular individual, which the individual represents or intends to have a stimulant, depressant, narcotic or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, narcotic or hallucinogenic effect on the central nervous system of a controlled substance included in schedule I or II.

(b) “Controlled substance analog” does not include:

1. A controlled substance;
2. A substance for which there is an approved new drug application;
3. A substance with respect to which an exemption is in effect for investigational use by a particular person under 21 USC 355 to the extent that conduct with respect to the substance is permitted by the exemption; or

4. Any substance to the extent not intended for human consumption before an exemption takes effect with respect to the substance. [s. 961.01(4m)]

* Sec. 46.238: “If a county department... receives a report under s. 146.0255(2), the county department shall offer to provide appropriate services and treatment to the child and the child’s mother, or to the unborn child, as defined in s. 48.19(2), and the expectant mother of the unborn child or the county department shall make arrangements for the provision of appropriate services or treatment.”

Sec. 146.0255(2): “ The physician may test the infant...to ascertain whether or not the infant...has controlled substances or controlled substance analogs in the bodily fluids of the infant...If the results of the test indicate that the infant does have controlled substances or controlled substance analogs in the infant’s bodily fluids, the physical shall make a report under s. 46.238.”