County Department of Social Services	New Hanover County Department of Social Services
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Project Title	Drug Positive Infant Protocol
Category (Please select one)	Innovations in Services to Customers

Project Description and Summary
What did you do?
Describe your program or project. What did you do? What is the history behind the program/project? What did you hope to accomplish? What was your timeline? Your budget? How did you identify your objectives? How well did you use available resources?

Our county, in general, and our DSS agency, in particular, have been hugely impacted by the Opioid Abuse Epidemic. The youngest and most vulnerable victims of this epidemic are the many newborn infants that have been exposed to drugs in utero. In September of 2016, we recognized the need to create an agency protocol for these drug exposed infants. Our goal in creating the Drug Positive Infant Protocol was to provide a framework for a uniform response to ensure child safety and

wellbeing. We partnered with, and provided education to, our local hospital, in an effort to ensure that hospital staff were reporting ALL infants who were born drug positive, including infants whose mothers were participating in legitimate Medication Assisted Treatment programs. (While DHHS has recently mandated this unilateral reporting, we have been utilizing this approach since February 2017.) We conducted our initial meeting with the hospital staff on February 8, 2017 and we immediately experienced a significant increase in the number of CPS reports for drug positive newborns. We had a follow up collaboration meeting with hospital staff on May 31, 2017. This meeting provided both DSS and the hospital with the opportunity to discuss the successes and challenges of our partnership specifically related to our shared work with families of drug positive newborns and ultimately resulted in some adjustments to our Protocol. We also conducted a collaboration meeting with the leadership and staff of CC4C on February 3, 2017. While part of our original September 2016 Protocol included a mandatory referral to CC4C (which DHHS subsequently mandated effective 7/31/17), this meeting allowed us the opportunity to improve our shared processes and also resulted in an adjustment to our Protocol. We continuously assess our Protocol and make adjustments as necessary; our most recent change incorporates the new DHHS requirement of a CC4C referral by our intake social workers prior to the screening decision. To provide some clarity regarding the evolution of our Protocol, our original Protocol and our most recent Protocol follow.

Original 9/26/16 Drug Positive Newborn Protocol:

• All will be designated as Forensic 24 - hour response (If baby has been discharged from the hospital, SW must initiate report the same day. If baby has not been discharged, report will be initiated prior to discharge and within 24 hours)
• Case HIGH RISK throughout life of the case even if child in kinship (if risk not high supervisor will override to high during investigation). Weekly F2F contact required
• If baby is still in hospital when report comes in, staff with legal before the baby is discharged (after initiating) to determine if custody should be assumed.

• Staff with Assistant Director and CPS Program Manager after staffing with legal. If you think that we may assume custody, can have joint staffing with legal, Assistant Director, and CPS Program Manager.
• Discuss referrals to CDSA/CC4C/Child First/Parents as Teachers with supervisor during investigation. CC4C is a mandatory referral.
• Social worker and Supervisor will staff the case WEEKLY
• Case decision must be staffed with Assistant Director and CPS Program Manager.
• If case transferred to 215 facilitated CFT is mandatory, as case will be high risk.
• 215 SW must make monthly contact with pediatrician
• 215 SW will maintain weekly contact with family
• Staff with CPS Program Manager prior to change in kinship/safety assessment/supervision

Our most recent version of the Protocol, 7/31/17, is as follows:

• All will be designated as 24-hour response (If baby has been discharged from the hospital, SW must initiate report the same day. If baby has not been discharged, report will be initiated prior to discharge and within 24 hours.)
• All will be assigned to our designated NAS Social Worker or a forensic social worker (unless alternative assignment is approved by Program Manager).
• Assigned CPS Social Worker will call the reporting hospital social worker upon assignment of report to identify self as assigned CPS social worker and inform the hospital social worker of planned date/time of initiation. Assigned CPS Social Worker will provide the hospital social worker with updates on progress/status of DSS discharge plan. (Consistent communication is essential and is the key to respectful partnering. The hospital social workers are asked DAILY about the status of DSS' plan by the infant's medical team. A quick phone call from the CPS social worker to the hospital social worker, will allow them to answer these questions.)
• When drug screens for parents are appropriate, refer them for the screens at initiation or, if mom has not yet been discharged from hospital, as soon thereafter as possible. Drug screen results aid us in safe infant discharge planning; therefore, the sooner the screens are completed the

better.
• Prior to infant's discharge from hospital, a home visit will be completed to assess home environment and infant's sleeping space. (ASAP to avoid delay to infant discharge.)
• Case HIGH RISK (via Supervisor override if necessary) throughout life of the case even if child in kinship; weekly face-to-face contact required.
• Staff with Program Manager prior to baby's discharge from hospital.
• Discuss referrals to CDSA/Child First/Parents as Teachers with supervisor during investigation. CC4C is a mandatory referral which will be made by PS intake social worker at time of report.
¬ Assigned CPS SW will call CC4C to confirm receipt of referral and to identify assigned CC4C social worker.
¬ A joint home visit with the CPS social worker and the CC4C social worker will occur – the CPS social worker will schedule the joint home visit and will invite the CC4C social worker via Outlook Calendar invitation. One joint home visit is great, multiple joint home visits throughout the CPS Assessment and CPS In-Home Services case is even better.
¬ While the CC4C service is technically voluntary, it should be presented to your families as a mandatory CPS referral and their participation in, and acceptance of, the service should be strongly encouraged.
• Social worker and Supervisor will staff the case WEEKLY
• Case decision must be staffed with CPS Program Manager.
• If case transferred to 215 facilitated CFT is mandatory, as case will be high risk.
• 215 SW must make monthly contact with pediatrician
• 215 SW will maintain weekly contact with family
• Any change in risk level, kinship placement, safety assessment requiring parental supervision must be staffed for approval with CPS Program Manager

Project Success and Impact
What was the outcome?
Was your program/project a success? What was the impact? How did you measure the impact? How widespread is the impact of your program/project? How were you able to overcome obstacles and challenges? Did your program/project meet your established objectives?

Our county remains heavily impacted by the opioid epidemic. Our Drug Positive Infant Protocol has been our most valuable tool in addressing this epidemic from a child welfare standpoint and has been crucial in facilitating our ability to assess and ensure child safety. In the 10 months since the implementation of our Protocol (9/26/16 thru 7/31/17), we have completed CPS assessments for 67 drug positive babies. During that same 10-month period (9/26/15 thru 7/31/16) preceding our Protocol implementation, we completed CPS assessments for 39 drug positive babies. This is an increase of 72% (during the same 2015/2016 and 2016/2017 time periods) in the number of drug positive infant CPS assessments. This 72% increase provided us with the opportunity to assess and assure the safety and wellbeing for many vulnerable infants who otherwise may not have been served; and was a direct result of our early recognition of the need to assess ALL drug positive infants with the implementation of our Protocol.
Also noteworthy is that of the 67 CPS assessments completed since the implementation of our Drug Positive Infant Protocol, the safety concerns rose to the level of requiring the ongoing intervention of Child Protective Services via CPS In-home Services (13 cases) or Child Custody (21 cases) in a total of 34 (51%) cases. Of the 21 CPS assessments that resulted in custody, 8 (38%) of the mothers were in a treatment program at the time of the birth/report. Of the 13 CPS assessments that resulted in mandated CPS In-Home Services, 6 (46%) of the mothers were in a treatment program at the time of the birth/report. The aforementioned data certainly supports our underlying concern that a mother's participation in a medication assisted substance abuse treatment program does not always ameliorate parental substance abuse safety concerns for infants.

Initiating and nurturing strong community partnerships has been a priority for our DSS agency for many years. Our longstanding positive relationship with our hospital, and with our CC4C, eliminated any potential obstacles and/or barriers at the onset of our Protocol implementation.