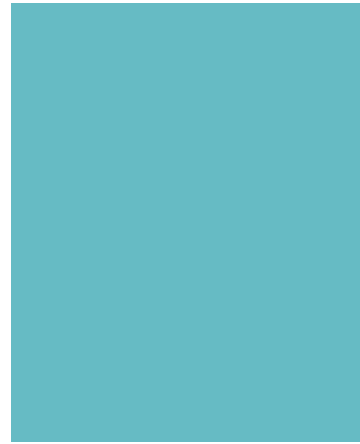


Children's Division

Newborn Crisis Assessment (NCA)

Program Specialist
Misty Allen



Why does the Children's Division receive NCA reports?

Sections 191.737 and 191.739, RSMo., require the Children's Division to respond to a request for a home assessment by a physician or other medical personnel who has expressed reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation.

Newborns and infants are the most vulnerable population Children's Division serves due to the fact that they are entirely dependent on others to survive and thrive.

In FY 2021, the Children's Division received a total of 6,623 Newborn Crisis Assessments.

Purpose of a NCA report?

- For Children's Division (CD) to complete a full assessment of the entire family and determine if services or supports are needed.
 - Review prior history
 - See and assess the infant and non-victim child/ren
 - Meet with the parents/caregivers
 - Home visits
 - Complete Structured Decision Making (SDM) Safety Assessment
 - Talk with collaterals
 - Determine if a Plan of Safe Care is needed

Completing a NCA: Prior history

Prior to contacting the family CD should:

- Check the family's prior history with CD
- Check Case Net
- Contact reporter

Completing a NCA: Initial contact with victim and non-victim child/ren

Victim Child

- Must be seen by CD within 3 hours of receiving the report.
- CD can utilize Multi-Disciplinary Team (MDT) member. If MDT is used CD must see the child within 72 hrs. of receiving the report.
- CD should assess the child for any safety issues or concerns.
- Are there any special health care needs?
- Determine if the child is safe or unsafe.

Non-Victim Child/ren

- Must be seen by CD within 72 hrs. of receiving the report.
- CD should talk to the non-victim children about the concerns in the report
- Assess the safety of the non-victim child/ren.
- Are their needs being met? How?

Completing a NCA: Contact with parents and other caregivers

FACE to FACE contact. CD should assess the plans and abilities each parent/caretaker has with regard to caring for the infant prior to release from the hospital if possible.

- Pregnancy complications
- Post-partum care
- Mental Health concerns
- Bonding between parent/caregiver
- Substance use issues/treatment
- Concerns for continued use
- Supports
- Plans or need for child care
- Infant's sleeping environment
- Safe sleep knowledge
- Potential barriers to practicing safe sleep (substance use, prescribed medications, nightly feedings, breast feeding, cultural beliefs etc.)
- Knowledge on how to care for an infant
- Supplies to care for an infant
- Any physical, emotional or intellectual concerns
- Willingness for services (if needed)

Completing a NCA: Home Visit with the family

- ❑ CD should make a home visit to any home the infant will reside in. If parents are not together CD should complete a walk through of both homes
 - Assess the home for any safety concerns
 - Assure the family has supplies to care for the infant
 - Observe the sleeping environment and discuss safe sleep and any barriers
 - Where is the crib or bassinet located (in parents room, infant has own room etc.)
 - Is the crib or bassinet appropriate for safe sleep? If not did worker discuss safe sleep and ask family to remove any items from the area? Was family in agreement or did they disagree with safe sleep recommendations?

Completing a NCA: Structured Decision Making (SDM) Safety Assessment

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention.

- Staff are required to complete the SDM Safety Assessment on all victim and non-victim children within 72 hours.
- There can be a safety decision of Safe, Safe with Plan, or Unsafe.
 - If a child is found to be unsafe, CD completes a safety plan to reduce the threat of danger.
 - If it is not possible to implement a safety plan, then CD will look at requesting removal.
 - Risk is what helps guide decisions to open cases & level of intervention.
 - Safety=Here and now Risk=Future

In every intervention (removal, opening cases) CD must strive to be the least intrusive possible while balancing CD's authority to protect children with the constitutional rights of parents and children.

Completing a NCA: Collateral Contacts

Needed Contacts

- A service provider that has knowledge of the mother's substance use and any treatment services. (If substance abuse is the concern for the NCA)
- A medical provider to ensure they are aware of and discuss any concerns regarding the mother's substance use.
- Service providers working with the family or that CD referred the family to. (If services are or will be in place)

Possible Additional Contacts

- Friends or family members that are familiar with the family and any concerns.
- If the family states they participate in community services staff should contact to confirm.
- WIC office
- Health Department
- Pediatrician
- Mental health professional

Completing a NCA: Plan of Safe Care

If an infant is identified as having been born **affected** by substance use, experiencing withdrawal symptoms, likely to be affected negatively in some form by parents'/caretakers' continued use of substances, having been born with Fetal Alcohol Spectrum Disorder, or suffering from Neonatal Abstinence Syndrome, a Plan of Safe Care shall be developed with the family.

- The Plan of Safe Care shall be developed with input from the medical provider(s) who knows or has been assigned to work with the family and infant, as well as the family, and any service providers/agencies providing services to the family/infant.
- Staff should observe and assess the needs of each member of the family.
- A Plan of Safe Care should address the health, physical safety, and substance use treatment needs of the infant and affected family or caregivers.
- The plan should also address potential barriers to positive family functioning and future safety of the infant.

Completing a NCA: Concluding the report

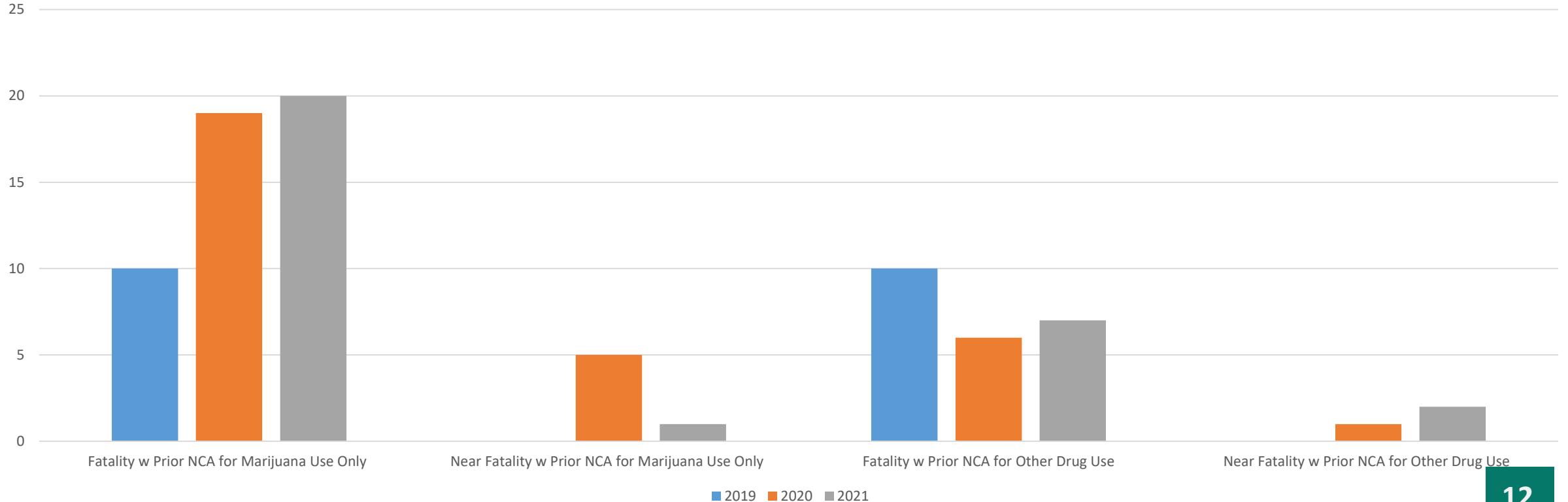
After assessing the family the Children's Division will conclude the report:

- No recommendations for services
- Make a referral or referrals to the appropriate service providers
- Make a referral for a Family Centered Service (FCS) case to be opened
- Make a referral to the juvenile office for protective custody

Critical Events following a NCA report

The chart shows fatalities or near fatalities received through Children’s Division critical event notification process to have occurred following the division’s involvement with the family through a Newborn Crisis Assessment that involved drug concerns. These critical events vary from unsafe sleeping environment fatalities to drug exposure/ingestion to physical abuse and neglect.

Critical Events following NCA for Drug Concerns



Birth Match

The purpose of the Birth Match program is to assist in identifying infants at high risk for abuse or neglect based on the parents' previous actions. This will allow staff to assess the family and potentially determine if services are needed before abuse occurs.

House Bills 429 and 432 established section 210.156 RSMo, which requires the Children's Division to provide the Missouri Registrar of Vital Statistics identifying information for persons who are in at least one of the two categories below:

(1) individuals whose parental rights have **ever** been involuntarily terminated in Missouri AND who are identified in the Central Registry as having a finding by the Division or a court adjudication of child abuse or neglect within the previous ten years;

(2) individuals identified in the Central Registry who have also pled guilty or been found guilty of specific crimes, within the previous ten years, provided the victim was less than eighteen years of age, including: chapter 566 or section 565.020, 565.021, 565.023, 565.024, 567.050, 568.020, 568.065, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, and 573.205.

Birth Match reports are completed as Newborn Crisis Assessments.

Contact Info

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Our Mission



Empower Missourians to live safe, healthy, and productive lives.