

## **NEWBORN CRISIS ASSESSMENT TOOL (NCAT) INSTRUCTIONS**

### **PURPOSE:**

Newborns and infants are the most vulnerable population we serve due to their basic welfare being dependent on others. In some instances, a physician or healthcare provider may be hesitant about releasing an infant from the hospital due to concerns of parental drug use or other potentially dangerous household conditions. A Newborn Crisis Assessment is generated because of concerns that have been reported by the physician or healthcare provider when assessing the home and family functioning. A physician or healthcare provider may also make a non-drug related referral when concerned about releasing a newborn from the hospital. **Non-drug involved referrals will be accepted until the child is one year of age.**

The Newborn Crisis Assessment Tool (NCAT) is to be used to assess the circumstances surrounding the newborn and to document the response by the Children's Division to any needs and services.

### **NUMBER OF COPIES AND DISTRIBUTION:**

One NCAT is completed when responding to the Newborn Crisis Assessment (drug and non-drug involved) and uploaded into OnBase upon completion.

### **INSTRUCTIONS FOR COMPLETION:**

#### **Case Data:**

Call Number: Enter the call number assigned by CANHU on the CA/N 1.

County: Enter the county of the worker completing the NCAT.

Drug Involved: Check if the infant born exposed to drugs/alcohol or a concern for drugs/alcohol by a parent/caretaker was noted by a physician.

Non-Drug Involved: Check if the infant was not born exposed to drugs/alcohol and another concern was noted by a physician.

Case Name: Enter the case name.

Children's Service Worker: Enter the name of the worker completing the assessment.

#### **Child's Information:**

Infant's Name: Enter the name of the infant for whom the assessment tool is being completed.

DOB: Enter the infant's date of birth.

Birth Weight: Enter the infant's weight at birth, in pounds and ounces.

Gestational Age: Enter the neonatal developmental stage as determined by the infant's pediatrician.

Discharge Date: Enter the infant's date of expected/actual discharge from the hospital

**Parent's Information:**

Mother's Name: Enter the name of the mother of the infant.

Father's Name: Enter the name of the father of the infant, if known.

Is Father on the birth certificate? Check "Yes" or "No"

If no, was an affidavit signed by the alleged father? Check "Yes" or "No"

Additional Comments: Enter any other relevant information on the parent(s) and paternity. This could include information on legal father, putative father(s), and any court actions.

**Prior History:**

Check the appropriate box(es) for any relevant prior history on the infant's parent(s), caregiver(s) and siblings. Check all that apply.

Summary/Comments:

Consider the following when addressing prior history: Has the Children's Division been involved with parent(s) or caregiver(s) before? Have there been any other drug-exposed children? Is there a current case open? Is there a history of child abuse/neglect on other members in the household?

**Medical Documentation:**

Hospital: Enter the name of the hospital where the infant was born.

Physician: Enter the name of the mother's physician.

Phone: Enter the phone number of the mother's physician.

Hospital Contact Person: Enter the name of the hospital staff designated contact person for Newborn Crisis Assessment Referrals. This could be a social worker, nurse, or other hospital employee.

Phone: Enter the contact person's phone number.

**Prenatal Care:**

Check the appropriate box of prenatal care obtained by the mother and also the name/place that prenatal care was obtained.

Comments: Consider the following when addressing prenatal care: Did the mother obtain prenatal care? Were there reports of drug usage during the pregnancy, and if so, what were they? Did mother test positive at any prenatal appointments? For what drug did the mother test positive for? Enter prenatal drug use testing results (if available). List other physicians involved with the pregnancy, if different from above and any additional prenatal

care information.

**Pregnancy Complications:** Check “Yes” or “No”. Were there any complications during this pregnancy (including self- reported and medically documented)? Include any additional information pertaining to pregnancy complications in space provided.

**Toxicology at Birth:** Enter drug/alcohol results on infant and mother. Attach copy of toxicology results to the assessment packet if obtained.

Has the infant been identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder”? Check “Yes” or “No”

**Withdrawal Symptoms:** Check “None” if no withdrawal symptoms have been noted or check the appropriate withdrawal symptom as noted by a physician.

NOTE: Definition of “affected”: When determining if an infant has been affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed.

**Comments:** Describe any other withdrawal symptoms present or any other relevant information obtained from the hospital or physician. Also include any symptoms that a parent or caregiver may have observed.

### **Health Care Needs of Infant:**

**Special Health Care Needs of the Infant:** Check “None” if no special health care needs are present or check appropriate special health care need.

**General Health Care Needs of the Infant:** Check if the child has an identified PCP, note name of PCP, if the child has medical coverage and note what type of medical coverage if applicable.

**Comments:** Have there been special health care needs identified and recommended by the medical staff other than those named above? Have discharge plans been made and referrals to home health care providers arranged?

### **Behavior Associated with Drug and Alcohol Use of Parent(s)**

Check appropriate box related to behaviors associated with drug and/or alcohol use of parent(s) or caretaker(s).

Describe what substance use worries exist from the perspective of the parent as well as documented or other observed concerns. Be specific if it is applicable to the mother, father, or other caretaker(s). Provide information on documented behaviors associated with drug/alcohol use as observed in the hospital as well as additional information obtained from mother/family/friends.

Describe what is or has been successful to treating substance use from the perspective

of the parent as well as documented or other observed concerns. Be specific if it is applicable to mother, father, or other caretaker(s).

Describe any supports that would assist the parent(s) or caretaker(s) with their substance use.

Scaling Question: On a scale from 10-0, note what number the parent(s) or caretaker(s) feel they are at parenting their child in relation to their substance use.

Describe what would help the parent(s) or caretaker(s) increase their scaling number regarding parenting their infant while meeting any substance use needs.

### **Mental Health of Parent(s)**

Check appropriate box related to behaviors associated with the mental health of parent(s) or caretaker(s).

Describe what mental health worries exist from the perspective of the parent as well as documented or other observed concerns. Be specific if it is applicable to the mother, father, or other caretaker(s). Provide information on documented behaviors associated with mental health as observed in the hospital as well as additional information obtained from mother/family/friends.

Describe what is or has been successful to treating mental health needs from the perspective of the parent as well as documented or other observed concerns. Be specific if it is applicable to mother, father, or other caretaker(s).

Describe any supports that would assist the parent(s) or caretaker(s) with their mental health needs.

Scaling Question: On a scale from 10-0, note what number the parent(s) or caretaker(s) feel they are at parenting their child in relation to their mental health.

Describe what would help the parent(s) or caretaker(s) increase their scaling number regarding parenting their infant while meeting any mental health needs.

Domestic Violence: Check "Yes" or "No" based on any known or described domestic violence in the home.

Comments: Describe nature of domestic violence, past or present, in the home.

### **Attachment and Bonding:**

Describe any worries noted by parent(s) or caretaker(s) regarding parenting their infant. Are there any concerns about the caregiver(s)' attachment or bonding with the infant (including self-report and observed behaviors)? Include any additional information pertaining to attachment and bonding in space provided.

Describe what the parent(s) or caretaker(s) are excited about regarding parenting their infant.

Describe any supports that would assist the parent(s) or caretaker(s) with parenting their infant.

Worker to describe observations of the parent/child interaction and bond.

Scaling Question: On a scale from 10-0, note what number the parent(s) or caretaker(s) feel they are prepared and have the support they need to parent their infant.

Describe what supports could be provided to help the parent(s) or caretaker(s) increase their scaling number regarding parenting their infant.

### **Assessment of Other Children in the Home:**

Check “Yes” or “No” to relevant observations regarding other children in the home.

Summary: Document any other relevant observations or information regarding the well-being of other children in the home. Identify the caregiver(s)’ knowledge and ability to care for other children (if applicable). Document any concerns regarding parents’ actions/behaviors toward other children in the home if “No” was checked.

### **Observations of Infant’s Home Environment:**

Check all relevant observations regarding the infant’s home environment.

Describe in detail the infant’s sleeping environment. Does the infant have a crib or other type of sleeping arrangement? Describe what the sleeping area looks like. Are there pillows, blankets, toys in the sleeping area? Is the sleeping area away from any dangerous external sources such as electrical outlets, inadequate shelving, or furniture that could tip over? Is the sleeping area easily accessible to other children in the home or pets?

Recommendations by the American Academy of Pediatrics (AAP) in regard to reducing the risk of SIDS and other sleep-related deaths include:

- Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.
- Avoid use of soft bedding, including crib bumpers, blankets, pillows and soft toys. The crib should be bare.
- Share a bedroom with parents, but not the same sleeping surface, preferably until the baby turns 1 but at least for the first six months. Room-sharing decreases the risk of SIDS by as much as 50 percent.
- Avoid baby’s exposure to smoke, alcohol and illicit drugs.

Check if worker has given and explained to the parent(s) or caretaker(s) the Safe Sleep Flyer (CD-278).

Check that parent(s) or caregiver(s) acknowledged and signed that they received and understood the CD-278.

Check if any referrals were made on behalf of the family to described programs

Comments: Describe any other relevant observations of the home environment not already noted and list any referral sources that were given to the family.

**Plan of Safe Care:**

Check “Yes” or “No” if a Plan of Safe Care was developed with the family. Check “NA” if a Plan of Safe Care was not determined to be needed for the family. If “NA” was checked, go to Comments and note why a Plan of Safe Care was not needed with the family.

Check “Yes” or “No” if services were referred for the affected child or caregiver. Check “NA” if it was determined no referrals were needed for the family.

Describe any services referred to the affected child or caregiver relating to the Plan of Safe Care.

Plan of Safe Care: Document the Plan of Safe Care that was developed with the family and any supports that the family identified.

What is needed in a Plan of Safe Care:

- Parents’ or infants’ treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- A plan that is able to continue beyond the assessment if a case is not opened for services

Note who was involved in the development and in the content the Plan of Safe Care.

Check if all supports involved in the Plan of Safe care were in agreement with the plan.

Comments: Document any other information relevant to the Plan of Safe Care or if “NA” was checked above, describe why a Plan of Safe Care was not needed for the family.

**Safety Network:**

List name, relationship, and contact information for anyone the family identifies as being a support. This can include family, friends, and service providers.

**Other Observations, Concerns, or Recommendations:**

Use this section to comment and summarize any other observations, concerns, or recommendations that have not already been addressed above. The worker should note based on their assessment any recommendations they have regarding the family and infant’s needs. Note if a case was opened or if the child was taken into alternative care.