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Members of the Arizona Legislature

The Honorable Janet Napolitano, Governor

Ms. Tracy Wareing, Director
Arizona Department of Economic Security

Transmitted herewith is a report of the Auditor General, a Questions-and-Answers document on substance-exposed newborns. The document was prepared pursuant to and under the authority vested in the Auditor General by Arizona Revised Statutes §41-1966.

This Questions-and-Answers document is the first in a series we plan to issue on various topics relating to Child Protective Services over the next 2 years. It also reflects a new type of report that our Office will be issuing. We have created this Questions-and-Answers document to provide answers to several questions on the same topic. It does not include recommendations or a department response. We hope that these Questions-and-Answers documents will fill a need and provide you with timely and useful information on topics of particular interest.

My staff and I will be pleased to discuss or clarify items in this document.

This document will be released to the public on October 27, 2006.

Sincerely,

Debbie Davenport
Auditor General

Enclosure



QUESTIONS and ANSWERS

Summary

This document provides answers to four questions about substance-exposed newborns. Although the State requires that all newborns be tested for certain disorders, it does not mandate that they be tested for substance exposure. Therefore, doctors use their professional judgment to identify which newborns need to be tested. If a regulated medical professional believes that a newborn has been affected by alcohol or drugs, this information must be reported to Child Protective Services (CPS). Once reported, CPS staff investigate and assess whether the newborn can be safely cared for in his/her home or needs to be placed elsewhere, such as with a family member or in foster care.



2006

Substance-Exposed Newborns

Question 1: Does the State require that all newborns be screened for substance exposure?

No. Although the State requires all newborns to be tested for congenital disorders, the State does not mandate that all newborns be tested for substance exposure.

Arizona Revised Statutes (A.R.S.) §36-694 requires the Department of Health Services (Department) to establish a newborn screening program for congenital disorders and the reporting of hearing test results. Statute defines a newborn as

a child under the age of 29 days. The Department works with an advisory committee to periodically update the list of specific disorders that are included in the newborn screening program as medical science advances. Currently, this list contains 27 rare, inherited conditions such as phenylketonuria (PKU), congenital hypothyroidism, and sickle cell anemia. Additionally, newborns' hearing test results must be submitted to the Department. This program does not include tests to detect whether a newborn has been exposed to drugs or alcohol.

The Arizona Health Care Cost Containment System, Arizona's Medicaid program, will cover the cost of newborn screening for substance exposure when it is deemed medically necessary.

Question 2: How are substance-exposed newborns identified?

Hospitals can adopt policies to assist doctors in determining whether a newborn should be tested for substance exposure.

The Governor's Action Plan on Child Protective Services Reform, Substance-Exposed Newborn Committee (Committee), issued guidelines in January 2005 that provide advice to healthcare professionals in identifying when mothers and newborns should be tested for substance exposure. For example, it recommends eight criteria that can be used to identify newborns who should be tested

for substance exposure, including a positive maternal drug screen and signs of neonatal withdrawal, such as high-pitched crying and vomiting. According to the Committee, the guidelines are based on an extensive medical literature review, review of other states' guidelines, and input from Arizona hospitals with newborn programs.

However, hospitals are not mandated to adopt these guidelines into their official policies. Rather, the Committee mailed the guidelines along with a cover letter encouraging hospitals to adopt the guidelines. The guidelines were also posted on multiple Web sites, including the Arizona Chapter of the American Academy of Pediatrics' Web site. Additionally, according to the Division, the guidelines have been highlighted at conferences and in a national publication.

Question 3: What actions must be taken when a substance-exposed newborn is identified?

Healthcare professionals are statutorily required to report to CPS information regarding a newborn who may have been affected by alcohol or drugs.

Under A.R.S. §13-3620, a regulated healthcare professional who reasonably believes, based on a physical assessment or positive toxicology test, that a newborn may be affected by the presence of alcohol or drugs must immediately report this information, or cause a report to be made, to CPS. Regulated healthcare professionals who are mandated to make such

reports include medical physicians, osteopathic physicians, naturopathic physicians, psychologists, and nurses. According to A.R.S. §13-3401, drugs include amphetamine, methamphetamine, cocaine, marijuana, and opium.

Reports of suspected child abuse, including substance-exposed newborns, are made to CPS through a state-wide, toll-free, 24-hour child abuse hotline. Centralized hotline staff respond to all calls using a screening process to determine whether the situation warrants a CPS investigation, as well as how quickly an investigation must be started. According to CPS' policies and procedures, the standard time for starting an investigation of a substance-exposed newborn report is within 2 hours, which is the response time for CPS' most serious child abuse and neglect reports.

Question 4: What is CPS policy regarding the removal from home of a substance-exposed newborn?

CPS policy requires case managers to assess children's safety, including substance-exposed newborns, to determine whether they can remain at home or need to be placed in another setting.

As with any other report of child abuse or neglect, CPS' policies and procedures require the assigned case manager to investigate and assess whether the newborn is safe in his or her current placement, such as at home. If the newborn's current situation is found to be unsafe, the case manager then develops a formal safety plan to protect the newborn.

CPS has provided its case managers additional guidance for handling reports regarding sub-

stance-exposed newborns. For example, CPS procedures include a list of factors regarding the home, infant, mother, family, and caregivers that need to be assessed to determine whether drug or alcohol use places a newborn at risk. Likewise, the procedures specify that the safety plan can call for a variety of placement options, including keeping the newborn in his/her home. Additionally, the procedures specify that it is preferable to identify a safe and willing family member to go into the home to care for the newborn rather than removing the newborn from his/her home, if there is a nonsubstance-abusing caregiver in the home. Finally, the procedures require that the newborn's parent must also be referred for a substance abuse assessment and services.

According to division data, during fiscal year 2006 there were 35,052 child abuse and neglect reports; 1,632 of these reports involved substance-exposed newborns and 393 of these substance-exposed newborn reports resulted in the removal of at least one child.¹

¹ Reports can include allegations of child abuse and neglect regarding more than one child. Therefore, a substance-exposed newborn and/or sibling could be removed.