20. Substance Affected Infant

A. Introduction

The federal government passed the Comprehensive Addiction and Recovery Act of 2016 (CARA), which added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA) to focus on the impacts of substance misuse on infants and their families.

The purpose is for early identification and intervention by providing support and services to families needing help with substance use disorders.

Specifically, the law requires:

- Health care providers to notify Child Welfare when an infant is born affected by substances.
- Plans of care to be developed for such infants to address the health and substance use disorder treatment needs of the infant and the infant's family.
- Service referrals to be made for any services identified in the plan of care.

Maternal drug and alcohol use during pregnancy have been associated with premature birth, still birth, low birth weight, slowed growth, Sudden Infant Death Syndrome, and a variety of physical, emotional, behavioral and cognitive problems. How and whether the infant is affected by prenatal substance exposure depends on several factors, including the frequency, timing, and type of substances used. Because substance affected infants are likely to require health care and related services of a type or amount beyond that required by children generally, it follows that these infants and their families could benefit from support and possibly services.

When providing support and services to families where substance use is identified, it is important to use a multi-disciplinary approach that draws on trauma-informed professional expertise across agencies, including medical providers; public health, such as home visiting nurses; chemical dependency programs; social services; mental health; and early intervention services.

B. Definitions

- "Health care provider" means a licensed independent practitioner involved in the care and delivery of infants, including:

    1. A physician, as defined in ORS 677.010;

    2. A nurse practitioner, including nurse-midwives, certified under ORS 678.375 and authorized to write prescriptions under ORS 678.390; or

    3. A naturopathic physician licensed under ORS chapter 685.

- "Medication assisted treatment (MAT)" means the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

- "Plan of care" means a written plan for a substance affected infant and the infant's family, focused on meeting health needs and substance disorder treatment needs and developed in collaboration with the family, the healthcare provider, community agencies and child welfare when appropriate.

- "Substance" means any legal or illegal drug with potential for misuse, including any controlled substance as defined by ORS 475.005, prescription medications, over-the-counter medications, or alcoholic beverages. Substance does not include tobacco, medication assisted treatment, or drugs used in a manner prescribed.

- "Substance affected infant" means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth, and subsequent assessment by a health care provider identifies signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that is associated with prenatal substance exposure. Prenatal Substance Exposure is determined by a positive toxicology screen from the infant or the mother at delivery or credible information the mother had an active untreated substance use disorder during the pregnancy or at the time of birth.

C. Casework Activities

1. Planning

In addition to the information typically addressed in ongoing safety plans and case plans, the caseworker should address behaviors, conditions and circumstances specific to substance use when the an infant on their caseload has been exposed to or affected by substances.

Procedure

When working with a substance exposed or substance affected infant and their family, in addition to the typical planning considerations, the caseworker should consider planning specific to substance use and infant care, such as:

- Treatment compliance (e.g., attendance to individual/group/case management meetings; drug testing attendance and results)
- Treatment progress (e.g., treatment plan progress; behavioral changes; phase progression)
- Changes in treatment plan (e.g., diagnosis; level of care; drug testing requirements, service recommendations)

- Observations of parent-child interaction including any child risk and safety concerns (e.g., unsafe home environment or parent relocation; indicators of substance use)
- Outcomes monitoring (e.g., sustaining long-term recovery, improved functioning)

2. Plan of care

When a child is identified as a substance affected infant, the caseworker must reach out to the health care provider, hospital social worker or others engaged with the family, and determine if a plan of care has been developed and whether service referrals were made for the infant or the infant's family.

The caseworker must ensure a plan of care is developed, and service referrals identified in the plan for the infant and the infant's family have been made.

Procedure

- **What does a Plan of Safe Care include?** The Plan of Safe Care includes the following:

    1. The physical health, substance use disorder treatment needs, general functioning, development, safety and any special care needs of the infant who may be having physical effects or withdrawal symptoms from prenatal exposure
    2. The physical/social/emotional health, substance use disorder treatment needs of the parents or caregivers
    3. Services and supports to improve the parent or caregiver's capacity to nurture and care for the infant

- **Who may be involved in a Plan of Safe Care?** The development of the Plan of Safe Care involves input from the mother, father and other caregivers and uses a multidisciplinary team approach to provide coordinated and complete care. The team may include:
    1. Child welfare
    2. Medical
    3. Substance misuse disorder treatment
    4. Mental health
    5. Early childhood intervention
    6. Home visitors
    7. Public health
    8. Tribe
    9. Others, as appropriate

While in most cases the health care provider will be leading the development of the plan of care, remember it is developed in collaboration with the family, other social service agencies and when Child Welfare is involved, with the CPS worker or permanency worker.

If the health care provider or other service providers are not taking the lead, it is then important for the permanency worker to do so. When a substance affected infant is identified on an open case, a plan of care must be developed and service referrals made.

The permanency worker, if taking the lead on the development of the plan, may use the OHA 1394 Plan of Care.

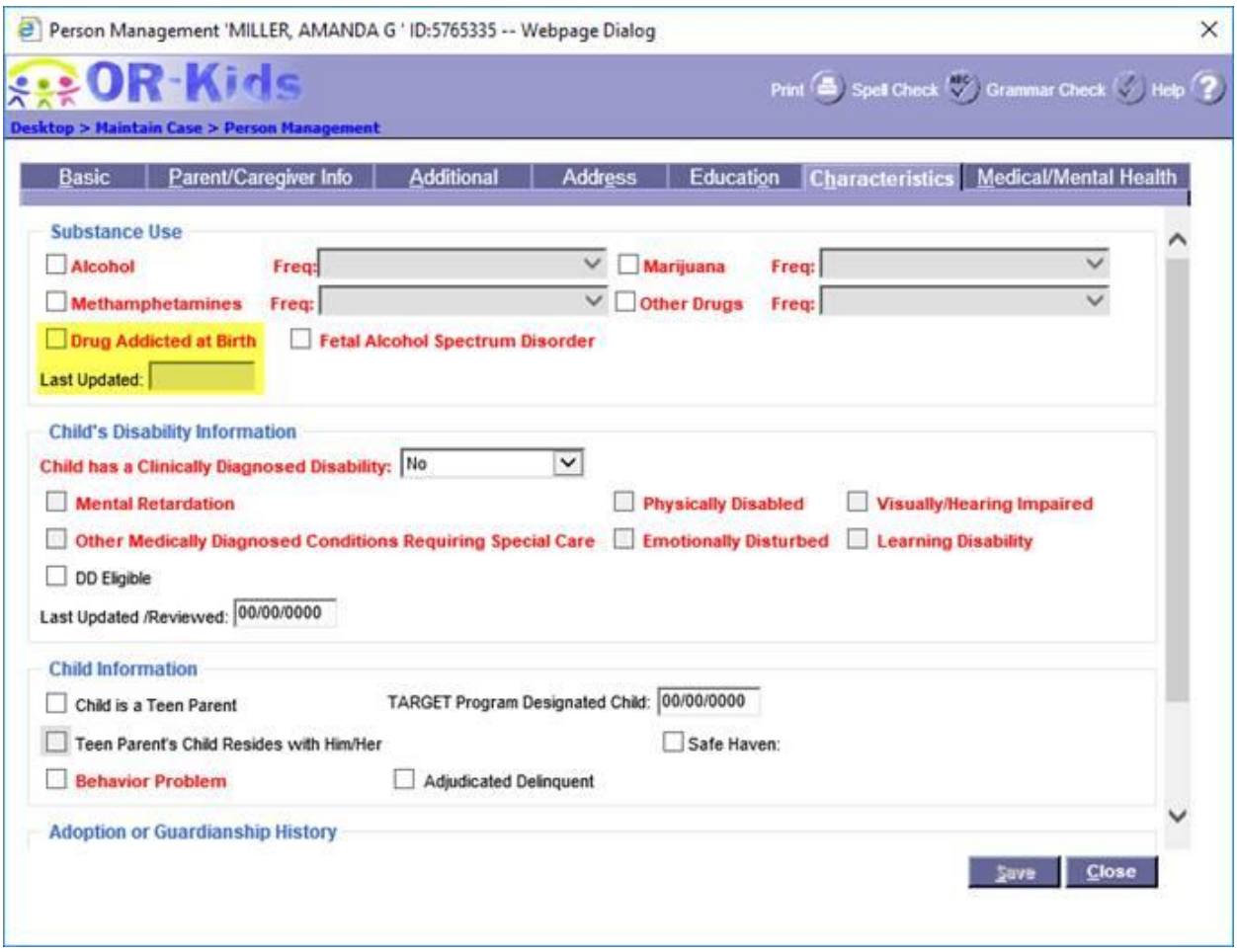
If preferable, the permanency worker can incorporate the elements of the plan into the ongoing safety plan or case plan depending on which element fits best where and what plans are pertinent to the specific family. When a plan of care has been developed or another person is taking the lead, ask for a copy or for information about the plan and referred services.

3. Identify the child as a substance affected infant in OR-Kids

Identifying substance affected infants will allow Child Welfare to track and report related data. It also is a way to identify children (and families) who may need additional support and services.

Procedure

If not completed at screening or during the CPS assessment, the permanency worker would click on the person hyperlink, then click on the characteristics tab. In the top section titled Substance Use, there are two boxes, which are “Drug Addicted at Birth” and “Fetal Alcohol Spectrum Disorder.” While drug addicted at birth is an incorrect term, please select this box to indicate the child is a substance affected infant (a change request has been submitted to change the title of the box).



Remember, when the infant or mother test positive for substances at birth, the infant is substance exposed, but may or may not be affected by the exposure. Only select the box when a healthcare provider indicates the substances affected the infant.

D. Engaging Clients Struggling with a Substance Use Disorder

People with a substance use disorder are victims of their disease, and working with them can be a challenge for caseworkers. People struggling with a substance use disorder tend to blame their problems on those around them and may go to great lengths to deny their addiction is the reason for their current situation. Most people with substance use disorder believe they have no problem and that others do not understand their situation. An important aspect of substance use disorder denial is the ability to excuse, rationalize, minimize, lie or blame others for their behavior. In addition, a pregnant woman may fear she will lose her infant if she acknowledges her substance use.

By the nature of the illness, people with substance use disorders are not able to control use by practicing self-control; they use denial to maintain using substances. Until a person receives treatment for their substance use, they may not be willing or open to changing their behavior. They may suffer many consequences because of their use or be forced to go to treatment through

family or court intervention before they are willing to acknowledge they have a problem and need help to remain free from using substances.

Caseworkers need to have patience and understanding of the multiple facets of this chronic disease when working with people with this disorder. Believing in a person's ability to change and wanting a sober life is imperative. Once a person with a substance use disorder receives treatment and remains sober, they will no longer need addictive defenses. When they view themselves in a positive way, their behavior will also change in that direction. Caseworkers can aid in this change by acknowledging and building on a person's successes, offering support, being non-judgmental, and treating each contact as an opportunity for growth.[1]

E. References

Legal references

- OAR 413-080-0040, Monthly Contact and Monitoring Child Safety
- Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Forms

- OHA 1394 Plan of Care

[1] "The Problem of Addiction," Modern Drummer, February 1991.