



Effective: April 15, 2019	PRACTICE STANDARD FOR SUBSTANCE AFFECTED INFANTS
Policy Statement:	
<p>Idaho will address the needs of infants who are identified as substance-affected, have withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder through a Plan of Care that addresses the needs of the infant as well as the caregiver. In addition, Idaho will provide annual reports through the National Child Abuse and Neglect (NCANDS) and Annual Progress and Services Report (APSR) to ensure compliance with requirements and that appropriate referrals and services are being provided through the Plan of Care.</p>	
Purpose:	
<p>In July of 2016, the Comprehensive Addiction and Recovery Act (CARA) P.L. 114-198 was signed into law. CARA aims to address the problem of opioid addiction in the United States as well as deal with various aspects of other substance use disorders. Within CARA there were specific provisions related to Idaho's Child and Family Service Program (CFS) and the assessment and delivery of services to substance-affected infants and their caregivers. The goal of CARA is not to remove children or penalize mothers for substance use, but to ensure the infant is safe while addressing the health and substance use treatment needs of both the affected infant and caregivers. The following practice standard provides the practice and policy requirements for the Idaho Department of Health and Welfare, Division of Family and Community Services, Child and Family Services program (CFS).</p>	
Practice and Policy Requirements:	
Centralized Intake Unit (CIU) Screening Priority Guidelines and Documentation Requirements	<ol style="list-style-type: none">1. The CIU worker will obtain information and screen in a report for assessment as a Priority 1 when a healthcare provider identifies an infant as substance-affected and:<ol style="list-style-type: none">a. The infant was prenatally exposed to chronic or severe use of alcohol by the mother, orb. The infant was prenatally exposed to an illegal substance as defined in Idaho or to the unlawful use of a controlled substance by the mother. 2. The CIU worker will obtain information and screen out a report as Information and Referral when an infant is identified as substance-affected by a healthcare provider AND there is no allegation of abuse, neglect, or abandonment AND one or more of the following circumstances apply:<ol style="list-style-type: none">a. The infant tests positive for a controlled substance that was prescribed to the mother and the mother is in compliance with the medication and treatment plan.b. The infant tests positive at birth for prescribed medication provided to the mother during delivery. (Refer to the Intake/Screening CARA Decision Tree)

	<ol style="list-style-type: none"> 3. The CIU worker will document the infant as substance-affected in iCARE/ESPI to assist in identifying the need to address a Plan of Care and for data gathering. 4. The CIU worker will ask the referent and document the following information in iCARE/ESPI as known by the referent, during the call: <ol style="list-style-type: none"> a. The substance used by the mother, b. The presence of a Plan of Care, and c. The type of referrals made, or services being provided to meet the needs of the infant and his/her family.
<p>Initial Comprehensive Safety Assessment</p>	<ol style="list-style-type: none"> 1. The assigned worker and all contractors will respond immediately when the CIU screens in a report for assessment as a Priority 1. 2. The assigned worker will assess the safety of the infant (see Comprehensive Safety Assessment Standard) and develop a Safety Plan, as needed. 3. The assigned worker will also assess the service needs of the infant and affected family and caregiver. 4. A Plan of Care is required to be completed for each substance-affected infant on an IDHW Plan of Care form. The Plan of Care is a triplicate form that will be available in each local office. 5. The Plan of Care must address the immediate needs of the infant and the affected caregiver and will include: <ol style="list-style-type: none"> a. Health needs of the infant and affected caregiver; b. Substance use and mental health needs of the affected caregiver; c. Parenting and family support needs; d. Infant health and development needs. 6. The assigned worker will ensure a Plan of Care is developed and completed with the family and any collaborating professional providers and agencies involved in caring for the infant and family. Once completed, the Plan will be uploaded into CFS eCabinet. 7. The assigned worker will ensure referrals for appropriate services for both the infant and the family are made. 8. The assigned worker will ensure that the caregiver and infant start services as agreed upon through the Plan of Care. 9. The assigned worker will be responsible for monitoring and updating the Plan of Care. 10. In the event the infant is determined to be safe and the case is not being opened for ongoing services, the assigned worker will be responsible to identify an ongoing Plan of Care monitor from one of the current service providers before the case will be closed. The Plan of Care

	<p>monitor cannot be a family member. The Plan must also be updated with family and monitor and then uploaded into CFS eCabinet.</p>
<p>Ongoing Assessment or Cases Open for Services</p>	<p>1. If during the course of any safety assessment the worker becomes aware that an infant was prenatally exposed to an illegal substance as defined in Idaho, a controlled substance, or alcohol the worker will ask the parent/caregiver if a Plan of Care was developed.</p> <p>If the parent/caregiver has a Plan of Care, the assigned worker will contact the medical provider or agency and confirm that a plan is in place, determine the level of engagement, and if there are any unmet needs that are not currently being addressed by the Plan of Safe Care.</p> <p>If a Plan of Care is not in place, the assigned worker will coordinate with the medical provider and other agencies working with the family to determine any unmet needs of the infant and parent/caregiver as it relates to the effect of the substance use.</p> <p>2. When an assessment determines that a child is unsafe, and the case will be open for ongoing services with a safety plan, the assigned worker will continue to update and monitor the Plan of Care by maintaining frequent and regular contact with service providers for the purpose of determining engagement and needs. When a case is open for in-home or out of home services the assigned worker will also adhere to all applicable CFS Practice Standards.</p>
<p>Documentation Requirements for Assigned Cases</p>	<p>The assigned worker will assure that documentation is complete in iCARE/ESPI to reflect the substance affected infant:</p> <ul style="list-style-type: none"> • If the type of substance was not known or identified by CIU the assigned worker will update this information. • If a substance-affected infant was identified during the course of any safety assessment, the assigned work will document the required data and information regarding the substance the infant was exposed to, that a Plan of Care was developed, and that referrals were made for identified service needs for the infant and family or caregivers. • The Plan of Care will be uploaded to the CFS eCabinet.
<p>Monitoring and Quality Assurance Requirements</p>	<p>1. The CFS Supervisor or Specialist responsible for the case reviews and closure of the assigned case will ensure quality assessment and Plans of Care are done and all practice requirements are met.</p> <p>2. CFS will also monitor the quality of work and practice requirements through the following tools:</p> <ol style="list-style-type: none"> a. Field QA tools for the Assessment Case Consultation and Coaching process, b. Case specific reviews of Substance Affected Infant cases, and c. State Case Record Reviews.
<p>Training Requirements</p>	<p>1. All CFS staff will complete training on Substance-Affected Infants Practice Standard and process within nine months of employment or</p>

	<p>whenever there is legislation, practice standard, and/or process updates.</p> <p>2. Additional training or coaching may be required based on results of Quality Assurance Reviews.</p>
Data Reporting Requirements	<p>1. CFS Central Office will gather all data for substance-affected infants from the iCARE/ESPI system and from the Idaho Hospital Association. CFS will make an annual report of this congregate data through the National Child Abuse and Neglect Data System (NCANDS) with the following information:</p> <ul style="list-style-type: none"> a. The number of infants identified as substance-affected. b. The number of infants for whom a Plan of Care was developed. c. The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver. <p>2. Through the Annual Progress and Service Report (APSR), CFS Central Office will report on CFS efforts and data to support and address the needs of infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.</p>
Resources/Forms	<p>Intake/Screening Decision Tree Plan of Care (<i>hard copy form found in local office</i>)</p>
Definitions	<p><i>Substance-Affected Infant:</i> An infant who has been identified by a healthcare provider as experiencing symptoms of withdrawal due to the mother’s use of illegal substance as defined in Idaho or use of a controlled substance or alcohol during pregnancy; or the infant at the time of birth has tested positive for the presence of an illegal or controlled substance or alcohol in his/her body, blood, urine or meconium; or the infant has been identified by a healthcare provider as exhibiting harmful effects in his/her physical appearance or functioning attributed to the mother’s use of illegal or controlled substance or alcohol during pregnancy. Identification of a Substance-Affected Infant by a healthcare provider may occur at birth, during the infant’s development, and/or as symptoms manifest.</p> <p><i>Infant:</i> A child under the age of 1 year old.</p> <p><i>Health Care Provider:</i> Any person licensed, certified, or registered by the state of Idaho to deliver health care.</p> <p><i>Controlled Substance:</i> A drug, substance or immediate precursor in schedules II of 37-2707 Uniform Controlled Substances, Idaho Code.</p>

	<p><i>Plan of Care:</i> A Plan of Care is used to document the actions and services necessary to address the health and substance use treatment needs of a Substance Affected Infant and his/her family or caregiver.</p> <p><i>Medication-Assisted Treatment:</i> Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery (SAMHSA, 2017). The use of Medication-Assisted Treatment during pregnancy is recommended best practice for the care of pregnant women with opioid use disorders (American College of Obstetricians and Gynecologist Committee on Health Care for underserved Women & American Society of Addiction Medicine, 2012).</p>
Additional References	<p>Child Abuse Prevention and Treatment Act (CAPTA) https://www.acf.hhs.gov/cb/resource/capta</p> <p>Comprehensive Addiction and Recovery Act of 2016 (CARA) https://www.congress.gov/bill/114th-congress/senate-bill/524/text</p> <p>SAMHSA – Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/</p> <p>American College of Obstetricians and Gynecologist Committee on Health Care for underserved Women https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false</p> <p>American Society of Addiction Medicine https://www.asam.org/</p>