Substance Exposed Newborn Safe Environment
Who is eligible for SENSE

At birth there is evidence of prenatal substance/alcohol abuse and the likelihood of abuse or neglect towards children increases.
Mandated reporters including OB/GYN staff, hospitals, midwives and relatives with concerns report prenatal substance abuse.

Once the newborn and/or parent test positive, the parent reports drug use or a positive drug test during prenatal visits results in a report generated at the DCS hotline.
Legislative Changes

- In 2009 the Arizona Legislature made it possible for DCS to substantiate reports of substance exposure in newborn.

- Prior to 2009, DCS workers were unable to substantiate reports of substance exposed newborns unless a medical statement indicated how in utero exposure would impact the child throughout his/her life.
A.R.S. 13–3620

- A.R.S. 13–3620e: The requirement that health care professionals report substance exposure in infants to DCS.


- From July 2014–June 2015, the Child Abuse Hotline received 3,594 reports of substance exposed infants.
NEGLECT: DCS Documentation

- DCS Investigations must gather medical records regarding the health professional’s determination and supporting documents
  - Toxicology or other lab reports
  - Prescriptions— including type of medication, when the parent was taking the medication
  - Mother’s admission of use
Substance Abuse is a Family Affair!

Contemporary Pediatrics
Information for DCS to clarify

- Was Mom prescribed any pain medications?
- If so, is usage as prescribed?
- Are there multiple providers for RX’s?
- Was there more than one tox screen done?
- What are parents hx of substance abuse?
- What is the hx of substance abuse tx?
- What are parents quality of visits w/baby?
- How is baby feeding and overall well being?
# Observed Effects of Substance Abuse in the Newborn

<table>
<thead>
<tr>
<th></th>
<th>Nicotine</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Cocaine</th>
<th>Opioids</th>
<th>PCP</th>
<th>Meth</th>
<th>Benzos</th>
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<tbody>
<tr>
<td><strong>Prematurity</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes/No</td>
<td>No</td>
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<tr>
<td><strong>Low Birth Weight</strong></td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes/No</td>
<td>No</td>
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<tr>
<td><strong>Neuro-Behavioral SX</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td><strong>NAS</strong></td>
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<td>No?</td>
<td>Yes</td>
<td>Yes/No</td>
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<tr>
<td><strong>Congenital Malformations</strong></td>
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<td>Yes/No</td>
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<tr>
<td><strong>SIDS</strong></td>
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<tr>
<td><strong>Child Abuse or Neglect</strong></td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

*Yes/No* – both have been reported, *?* – controversial or unclear findings

*Adapted from Jansson LM, Velez ML. Peds in Review. Jan 2011*
Substance Exposed Newborns—Increased Risk

- Impaired fetal growth
- Prematurity
- Neurobehavioral impairment
- Regulatory impairment
- Behavioral changes
- Developmental delays
- SIDS
- Child abuse
Neurobehavioral & Regulatory Impairment

- May be Neonatal Abstinence Syndrome (NAS)
- May be seen with any substance of abuse
- Tremors
- Irritability
- Difficulty being consoled
- Hypertonicity (increased muscle tone)
- Increased startle response (Moro reflex)
- Respiratory, feeding or feeding problems
Special care of the Babies

- SIDS prevention
- Comfort measures
- Address irritability and sleeping difficulties
- Feeding
- Muscle tone and posture
- Developmental interventions
Medication Assisted Treatment (MAT)

- For use with parents who have addictions to Opioids
- Medications to reduce problem addiction behavior and cravings
- Medications include methadone, suboxone
- Can use MAT as long as needed to assist the person to reframe from abuse of drugs
DCS workers will propose to substantiate NEGLLECT when a health professional makes a determination that a newborn is prenatally exposed to a drug or substance listed in A.R.S. § 13–3401

***This does NOT include prenatal alcohol exposure
NEGLECT: FAS/FAE

- **Diagnosis** of FAS or FAE of an *infant* <1 year old

- **Diagnosis** made by the *health professional* stating that the infant’s clinical findings are consistent with FAS or FAE

- Emphasis with anyone pregnant there is no safe amount of alcohol consumption during pregnancy
Initial Assessment Tools

Global Assessment of present and impending danger and risk

Child Safety and Risk Assessment (CSRA)

C-CSRA and Case Plan

1. Extent of maltreatment
2. Circumstances surrounding maltreatment and prior history
3. Interviews, observations of home and records
Child Safety and Risk Assessment

- Identification and analysis of safety threats

- Leads to Safety Decision—Safe or Unsafe
  - If unsafe, a safety plan must be developed with a safety monitor in home or a removal (out of home safety plan)
Decision Making in Investigations

- Is the child/ren safe? The first priority is to ensure safety and keep families together whenever possible.
- Substantiate/unsubstantiate allegation
- Based on assessments, what services are needed and could the family benefit from?
- What type of intervention is warranted?
- Is court oversight needed?
Options when a family needs DCS intervention

- Out of Home Dependency
  - Voluntary Placement
    - Out of home 90 days.
    - With Safety Monitor.
      - Without Safety Monitor.
      - In Home Intervention
      - In Home Dependency
  - Home with Parents
    - Without Safety Monitor.
    - SENSE SERVICE ONLY
TDM outcome may indicate the need for Court Involvement

Court Involvement

- In Home Intervention
- In Home Dependency
- Out of Home Dependency, SENSE not appropriate
If it is determined court involvement is needed to obtain behavioral changes in the family, the dependency petition is filed with the Juvenile court. The case may be assigned to one of the Cradle to Crayons/Best for Babies Judges.

A rapid response assessment should be completed for all children involved in a dependency
In Home case manager makes service referrals

Family Preservation Programs includes a visiting nurse

Families FIRST

Recovery Coaches

JFCS

SWHD

HRT/PSP

TASC

Healthy Families where available
With SENSE cases communication is the Key.

The parents sign a Release of Information to ALL involved providers so all providers can communicate with each other and the family.
Families FIRST Completes intake and reports results

Healthy Families for Infant assessment & Long Term Services where available

Family Preservation Team engages family in behavioral changes

In-Home case manager conducts weekly home visit.

TASC

Court
The earlier in a case we communicate, the better the outcome for the family...and the infant.
Team members meet together with family to explain their roles, and to make a determination of which agency will provide which resources to the family.
And most importantly, for everyone to help the family identify their strengths and needs. From this comes our family centered case plan.
How Does This Work?

- In Home Unit case managers see family within 2 days.

- If Release of Information was not signed at TDM, CM has family sign, giving permission for all parties to communicate with one another.
After meeting the family

- In Home CM makes referral to Families FIRST if this was not done at TDM
- Refers for Intensive In Home Services to a provider that works with SENSE families
- Ensures drug testing has been requested.
Team Communication

Once teams are identified by agencies:

- In Home CM creates an email list of all team members
- In Home CM arranges team meeting with family within 10 days
- At this time the family’s case plan is developed.
Role of Families F.I.R.S.T.

- Complete a substance abuse assessment to determine the level of treatment
- Notify client of Families First treatment recommendations and set appointments
- Notify team members of the assessment results and treatment recommendations
- Communicate with team client’s progress or relapses.
Make contact with client within 12 hours
Assist in coordinated case plan development with family and all team members.
Ensures infant is assessed by pediatric nurse within 30 days of case assignment
Make the referral to Healthy Families/Home visitor program
Set up email for all team members. Set up 10, 45 and 90 day staffings with family and all providers
Role of the Nurse Consultant

- Infant Physical
- Weight, length, head circumference
- Allergies, medications
- Nutrition, feedings
- Respiratory/cardiovascular
- Immunizations, car seats
- Vision, hearing
- Elimination, sleep patterns
- ER—Urgent care visits
- PCP well child visits
Role of the Nurse Consultant

- Infant Developmental
- Denver II Developmental screen
- Ages and Stages Questionnaire (ASQ) developmental screen
- Maternal Health
- Postpartum visit and inter-conception information
- Edinburgh Postnatal Depression Scale
- Smoking
- Brief Medical HX
Handouts/Resources

Feeding schedule

Infant tummy time

Infant developmental milestones

Walkers

Post-partum Depression (PPD)

SIDS and Shaken Baby Syndrome

Second/third hand smoke
Role of Healthy Families

- Healthy Families is a child and family support program emphasizing:
  - Early childhood development, literacy, health and safety
  - Family Self-Sufficiency
  - Decreasing risk factors associated with child abuse and neglect

- In home, relationship based, supportive services up until the child turns 5 years old.

- Assist in SENSE coordinated case plan development with family and all team members.
Role of Healthy Families

- Utilize multiple standardized screening tools to determine needs for the children and family and provide further resources or referrals. (ASQ, EPDS, Safety Checks, Intimate Partner Violence)
- Teach parents positive strategies for bonding, nurturing and discipline.
- Encourage families to reach their goals.
- Work to strengthen families protective factors.
- Actively communicate with the SENSE partners (with ROI’s)
Mid-Point
[around 6–8 weeks]

- Mid-point meeting will be held with family in their home and all team providers in 6–8 weeks to discuss behavioral changes made, barriers to goals and progress of the family.

- Comprehensive case plan will be reviewed by all parties.
Closure Staffing
[12–16 weeks]

- Closure staffing will be held with family and all team members.
- Development or review of after-care plan with family.
- Family Preservation services conclude at this time.
- Healthy Families and Families First may continue services.
In the End

DCS In Home case manager will continue contact with TERROS and Healthy Families as long as DCS case is open.
DCS will monitor the family until the DCS case is closed.
Closure of DCS case does not mean Families First or Healthy Families services to family end.
When all members of the SENSE team communicate with one another, it looks like this:
Safe Children, Healthy Families
Without coordination and communication we can not support parents and children effectively.
Working Together

- We can make a difference...

  ...that’s what makes SENSE.
QUESTIONS?
Thank you for your time and your commitment to Arizona’s Children.