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- III. A report involving children who are exposed to domestic violence should be assigned for CPS assessment if the report alleges that the domestic violence is current or that the alleged perpetrator has a history of domestic violence *and* that:
- A. The child has been injured or is likely to be injured during the violence (e.g., being held during violence, physically restrained from leaving, child is intervening, etc.);
 - B. The alleged perpetrator does not allow the non-offending parent/caregiver or children access to basic needs that affect their health or safety;
 - C. The alleged perpetrator has killed, severely harmed, or is making a believable threat to do so to anyone in the family, including extended family members and pets;
 - D. The child's ability to function on a daily basis is substantially impaired;
 - E. Weapons were used or threatened to be used;
 - F. The alleged perpetrator has made believable threats of kidnapping, hostage taking, suicide or homicide; or
 - G. The violence resulted in serious injury to the non-offending parent/caregiver (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting or severe malnourishment).
- IV. Other factors to consider in conjunction with the above include:
- A. Victims are isolated with little support.
 - B. Violence is increasing in either frequency or severity.
 - C. There is interaction with other risk factors including substance abuse or mental illness.
 - D. Previous referrals to child protective services or LEA with the same or other child or adult victims.
 - E. Previous convictions for crimes against persons or serious drug offenses.
 - F. Stalking behaviors.
 - G. Violations of restraining orders.
 - H. Lack of other community responses or resources.

Substance Affected Infant

The Comprehensive Addiction and Recovery Act of 2016 (CARA), 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.

- I. Specifically, the law requires:
 - A. Health care providers to notify Child Welfare when an infant is born affected by substances.
 - B. 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.
 - C. Service referrals to be made for any services identified in the plan of care.

In addition to the information typically gathered at screening, the screener should ask questions specific to substance use when the reporter identifies an infant exposed to or affected by substances, or a report of an expectant mother using substances. It is critical that reporters provide as much information regarding concerning issues/behaviors, risk factors, or positive supports that were observed during the interaction with the family.

- II. When a reporter identifies a substance exposed or substance affected infant, in addition to the information typically gathered at screening, the screener should ask questions specific to substance use and infant care that include the following:
 - A. The nature and extent of the effects of substance exposure on the infant, if any.
 - B. The infant's medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge, specific medical procedures, medication, specialized equipment, or the need for more frequent monitoring.
 - C. Whether and when the infant's mother had prenatal care.
 - D. The name of the infant and the mother's health care provider.
 - E. The nature and extent of the mother's current drug or alcohol use and that of the father and other caregivers.
 - F. The nature and extent of any history of mental illness, intimate partner violence, or cognitive limitations.
 - G. Whether the mother is receiving medication assisted treatment.
 - H. The nature and extent of the impact of the use on the mother's ability to provide proper care and attention to the infant.
 - I. The extent to which the parent/caregivers are responsive to the infant's needs and are bonding with the infant (response to infant's crying, eye contact, and other observations).
 - J. Parent/caregivers' protective capacity.
 - K. Parent/caregivers' level of cooperation with any referrals for services, such as substance use disorder treatment, if indicated, or assistance in care of the infant.
 - L. Parenting skills demonstrated in the health care setting.
 - M. The anticipated discharge date and plan for discharge.
 - N. What family and social support systems are available to the family.
 - O. Whether the reporter suspects abuse or is only making a report of a substance affected infant.

When a substance affected infant is identified and the reporter is not a health care provider, the screener should ask the reporter for the name of the health care provider who identified the substance affected infant. When the report is not a report of abuse, it is possible a hospital social worker, for example, may make the report for the health care provider.

- III. If the report is of an expectant mother, with no other children in the home, gathering information on adult functioning and potential caregiver protective capacities may assist the screener if a report is made at the time of delivery.
 - A. Current substance use (specific substance(s) used, frequency, intensity, duration and amount of use).
 - B. History of substance use (e.g., periods of abstinence).

- C. History of or refusal to enter substance use disorder treatment.
- D. Results of prior substance use disorder treatment.
- E. Current prenatal care and name of physician or obstetric care provider.
- F. History or current presence of domestic violence.
- G. Previous history of serious mental health disorder and/or postpartum mood disorder.
- H. Environmental factors, including exposure to toxic chemicals (e.g., drug manufacturing).
- I. Support available to the expectant mother.

Plan of Care

- IV. **Plan of Care:** When a child is identified as a substance affected infant, the screener will ask and document if a plan of care has been developed and whether service referrals were made for the infant or the infant's family. This information will be documented in the screening report form, screening summary.

If the reporter is unfamiliar with what a plan of care is, refer the reporter to the DHS/OHA forms server and specifically to the OHA [1394](#) Plan of Care. If a plan of care has been developed, ask for a copy or for information about the plan and referred services.

Documentation

- V. **Screening Documentation:** When a screener receives a report that a child is identified as a substance affected infant, whether the report is assigned or closed at screening, the screener will:
- A. Ask the reporter whether a plan of care has been developed. Remember, a plan of care may be a part of a discharge plan or even incorporated in the substance use disorder treatment prior to the birth. Many providers will be unfamiliar with the plan of care and sending the link to the plan of care form and instructions will help educate Oregon health care providers.
 - B. Ask the reporter whether the substance affected infant and family were referred to services.
 - C. Document the responses to those two inquiries in OR-Kids.
 - D. 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.

In addition to narrating the identification of a child as a substance affected infant in the screening summary, the identification should also be documented on the child's person page.

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). If diagnosed with Fetal Alcohol Spectrum Disorder, also select the "Fetal Alcohol Spectrum Disorder" box. Any change to this page will further require a date to be entered in the "last updated" 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 health care provider indicates the substances affected the infant.

- VI. **Close at Screening or Assign:** A report of a substance affected infant is assigned when the criteria to assign for CPS assessment are met. If the criteria to assign are not met, the report will be closed at screening. All notifications of a substance affected infant require a screening report form.

Minor Parent as an Alleged Perpetrator

- I. When a screener receives information related to a minor parent as an alleged perpetrator:
 - A. The screener will gather information to determine if there is a report of abuse with the minor parent as an alleged victim.
 - B. If the screener determines there is a report of abuse of the child of the minor parent with the minor parent as an alleged perpetrator and another report with the minor parent as an alleged victim, the screener will document the information in the following manner:
 1. The allegation with the minor parent as an alleged perpetrator will be documented with the mother or father of the alleged victim as the case name (the mother or father being a minor does not preclude them from being the case name), and the allegation with the minor parent as an alleged victim will be documented with the mother or father of the minor parent as the case name.

Missing Child or Young Adult on Open CPS Assessments or Child Welfare Case

- I. When a screener receives a report of a missing child or young adult on an open CPS assessment or open Child Welfare case, the screener will:
 - A. If the child or young adult is in substitute care (for example, a foster home), and the reporter is the caregiver (for example, the foster parent), inform the reporter they will report information about the missing child or young adult to law enforcement and the National Center for Missing and Exploited Children.
 - B. Notify the assigned caseworker, the assigned certifier, and their respective supervisors of all information received.
 - C. Document the information received and the notifications made in OR-Kid's case notes.

Sex Trafficking Victim

- I. When a screener receives information from a Child Welfare caseworker that a child or young adult on an open CPS assessment or a child or young adult on an open Child Welfare case is identified as a sex trafficking victim, the screener will:
 - A. Determine if the information meets the criteria to assign or be closed at screening; and
 - B. Notify law enforcement as outlined in OAR [413-015-0215](#), "Notifications and Reports to Specific Agencies or Entities."