Perinatal Provider Workflow: Pregnant Women Using Substances

Increasing identification, access to treatment, and connections to Kansas DCF support services

**Screening For Perinatal Substance Use**
Explain confidentiality and mandated reporting requirements. Administer a screen using a validated tool (e.g., ASSIST). Biological samples are not required.

*See ACOG Committee Opinion (#711, p. 5) for further screening guidance and KDHE Perinatal Substance Use Toolkit for additional resources.*

**For All Screens**
Discuss screening results and provide education on the health risks associated with perinatal substance use. When the result of the screen indicates moderate or high risk, and community services have not been successful, follow guidance herein.

KPRC staff completes the **Intake Interview Questions Guide** and makes a case determination. Reports and Services Requests will be assigned to a CPS Specialist under one of the following case types:

**ABUSE/NEGLECT**
Criteria is met for an assessment of Abuse/Neglect concerns. This includes assignment of a Substance Affected Infant.

**FAMILY IN NEED OF ASSESSMENT**
Indicates there is FUTURE risk of abuse/neglect and further assessment for services is necessary. This includes the assignment for an Infant Positive for Substances.

**PREGNANT WOMAN USING SUBSTANCES**
Indicates the need for further assessment to identify needed services and to make referrals accordingly. Case type occurs when no children are residing in the home OR when there are children residing in the home but reported allegations do **not** meet Abuse/Neglect or FINA case definitions.

The assigned CPS Specialist **interviews** the child, family, and additional supports. The CPS Specialist engages and walks alongside the family in a mapping conversation regarding worries and what is working well. The CPS Specialist will help the family and their support network to develop the following plans, when indicated:

- **Assessment Map** is completed with all families to analyze information gathered about current and past harm to the child, complicating factors, future danger, current and past safety, family resources, and safety goals. Next steps are identified to mitigate any risk and build lasting safety with the family and their support network. This might include engaging the family in voluntary services (below).
- **Plan of Safe Care** is completed, if criteria is met. This is a continuous, long-term plan for the family, which identifies the needs of the child and family, as well as available services to meet those needs. A referral for DCF services will be completed, when indicated.
- **Immediate Safety Plan** may be developed if there are concerns for immediate danger to the child(ren).

Requests for voluntary DCF Services may include one of the following:

**Family First Services**
Intended for families at imminent risk of disruption or dissolution. Prevention services include mental health, substance use disorder treatment, parent skill-building, and kinship navigator. Services vary by location; see Family First Services for more information.

**Family Preservation Services**
Intensive in-home services provided by a DCF contractor. Services are designed to assist pregnant women, families, and their support network to mitigate risks, and build lasting safety. See Family Preservation Services for more information.

**Make a Report** if you suspect child abuse or neglect.*

Call 1-800-922-5330 or submit online report

**Make a Request for DCF Services**
Call 1-800-922-5330 or submit online referral

Questions about report status or determination can be directed to supervisory staff at your local DCF office.

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*Tip!* Include your email address when making a report online to receive confirmation of the intake ID # and the case determination.

*Tip!* Have your client sign a release of information for your organization and DCF. This will allow staff to participate in the development of the Plan of Safe Care and/or receive a copy of the Plan. Collaboration streamlines services for the child, mother, and family. If she refuses to sign and there are concerns about potential child abuse or neglect, make a report. If there are no concerns, evaluate her willingness to participate in DCF services. If willing, contact KPRC to request DCF support services. If not, let her know the option is always available and you can assist, if needed.

*Tip!* Contact the Provider Consultation Line for Perinatal Behavioral Health for resource and referral assistance, to request training, or to schedule a substance use screening implementation consultation. Complete this form or call 833-765-2004.
Abbreviations used in the Guidance for Communication Between Perinatal Providers and DCF workflow:

- **CPS** – Child Protective Services
- **FINA** – Family in Need of Assessment
- **DCF** – Department for Children and Families
- **KPRC** – Kansas Protection Report Center

DCF Case Definitions:

**Case type: Abuse/Neglect** – Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

- **Physical Abuse**: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202.

- **Sexual Abuse**: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:
  - Be photographed, filmed, or depicted in obscene or pornographic material; or
  - Be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).
  - Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i).

- **Mental or Emotional Abuse**: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:
  - Terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
  - Emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
  - Corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10.

- **Physical Neglect**: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202.

- **Medical Neglect**: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202.

- **Lack of Supervision**: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial...
means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202.

- **Educational Neglect**: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to provide education as required by law.

- **Neglect of a Substance Affected Infant**: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

- **Abandonment**: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Case type: **Family in Need of Assessment (FINA)** - Family in Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect but are assigned for further assessment to determine whether services to the child and family are indicated. The following are FINA sub-types:

- **Caregiver Substance Use**: Parent/Caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

- **Caregiver Unable/Unavailable to Provide Care**: Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.

- **Child Substance Use**: Child using substances which negatively impacts the family/child functioning.

- **Children with Behavior Problems**: Child’s actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement). Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

- **Infant Positive for Substances**: An infant (birth to age 1) with a positive drug screen, and a medical professional has not determined the infant is substance affected, but there is an indication services may be needed.

- **Less than 10 Committing an Offense**: while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

- **Runaway**: Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

- **Truancy**: Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.