

February 2023

LEARNING FORUM

Mandated Reporting and Perinatal Substance Use



February FTI Learning Forum- Mandated Reporting and Perinatal Substance Use

- A high-level overview of Kansas mandated reporter statute & requirements,
- Introduction to *Pregnant Women Using Substances* workflow for perinatal providers, and
- Q&A with DCF representatives

Exciting next steps

Birth Equity Training... statewide!

New Enrollees!

Divide and Conquer with TEAM FTI

Rapid Response: *Welcome, Kari Smith!*



FTI+ NAVIGATOR+ COLLABORATION

CHW+

HOME VISITOR =

Collaboration in 7 to 9 counties

1. Wyandotte
2. Johnson
3. Shawnee
4. Brown/Jackson
5. Geary (SVH Flinthills)
6. Cowley
7. Seward
8. Sedgwick
9. Thomas/Seward

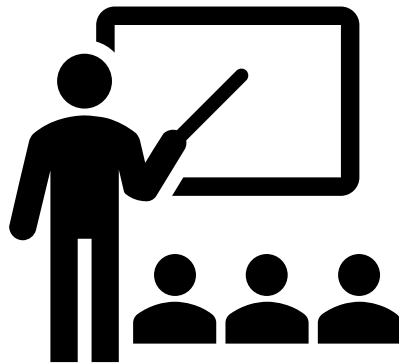
Trial Cohort

Bobby Johnson: Newman

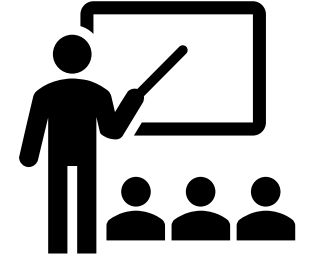
Chandra Case: Ascension Manhattan

Chelsea James: Amberwell Hiawatha

Kari Smith: AdventHealth Shawnee Mission



Incomplete QHi documents



ISA docs needed from:

- Ascension Via Christi St Joseph
- New Birth Company
- Overland Park Regional
- Univ of KS Health System- KC

Addendum only needed from:

- AdventHealth Ottawa
- Amberwell Atchison
- Coffeyville
- Kearny
- Providence
- Sabetha
- Southwest Medical Center
- KU- St Francis
- Wesley Med Center

Contact: Stuart Moore smoore@kha-net.org





PERINATAL SUBSTANCE USE

Mandated Reporting and Best Practices for
Supporting Families

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Strong Families Make a Strong Kansas

OUR MISSION:

To protect children, promote healthy families and encourage personal responsibility.



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OUR MISSION:

To protect & promote the wellbeing of
children

- Serving children & families since 1893
- Statewide nonprofit organization
- State chapter for Prevent Child Abuse America



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LEARNING OBJECTIVES

MANDATED REPORTING

To understand the role of mandated reporters & the process for making reports.

PERIOD OF PURPLE CRYING

Increase awareness of the crying curve and the prevention of Shaken Baby Syndrome/Abusive Head Trauma.

SUPPORTING FAMILIES

To reimagine a system & society focused on prevention strategies to reduce child abuse & neglect.

MANDATED REPORTERS

“ When (a person) has reason to suspect that a child has been harmed as a result of physical, mental, or emotional abuse, neglect or sexual abuse, the person shall report the matter promptly to DCF and/or Law Enforcement.
(KSA 38-2223)

DO I NEED PROOF TO REPORT?

NO!

THINGS TO REMEMBER:



You are NOT the investigator, but you always wear the reporter hat.



"Reason to Suspect" may mean credible evidence or a discrepancy or inconsistent history.



No one or policy should stop you from reporting.



The person with first hand knowledge should always report over secondary individuals.

WHAT CAN PERINATAL PROVIDERS DO?

Screening for Perinatal Substance Use

- Explain confidentiality and mandated reporting requirements.
- Administer a screening using a validated tool

Evaluate Family Needs

- Willingness to participate in treatment
- Supports in place
- Referrals for additional assessments or services

WHEN TO MAKE A REPORT TO DCF?

**Pregnant
woman
using
substances**

**Infant
born
positive**

**Parents
using
substance**

**Abuse or
neglect of
newborn or
sibling(s)**

IPS vs SAI

Infant Positive for Substances

- No statute or regulation requiring a report be made.
- Report should be based on safety of the infant.
 - Consider safety scaling for infant going home
 - On a scale of 0-10 where 10 means the child is completely safe right now and 0 means that if no action is taken, the child could be seriously hurt or injured in the next day or two where would you rate this situation?
 - What protective factors does the infant have?
 - Are there community supports or referrals the hospital or doctor can make?
- What risk factors have been identified?
 - Homelessness
 - Mental Health
 - Domestic Violence
- Plan of Safe Care is not required

Substance Affected Infant


- Report to DCF is required if meets Kansas regulation.
 - KAR 30-46-10 defines neglect to include “The birth of an infant who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or an illegal substance”
- Examples:
 - Irritability;
 - Irregular and rapid changes in state of arousal;
 - Low birth weight;
 - Prematurity;
 - Difficulties with feeding due to a poor suck;
 - Irregular sleep-wake cycles;
 - Decreased or increased muscle tone;
 - Seizures or tremors; and
 - Physical, developmental, cognitive, or emotional delay.
- Plan of Safe Care is required



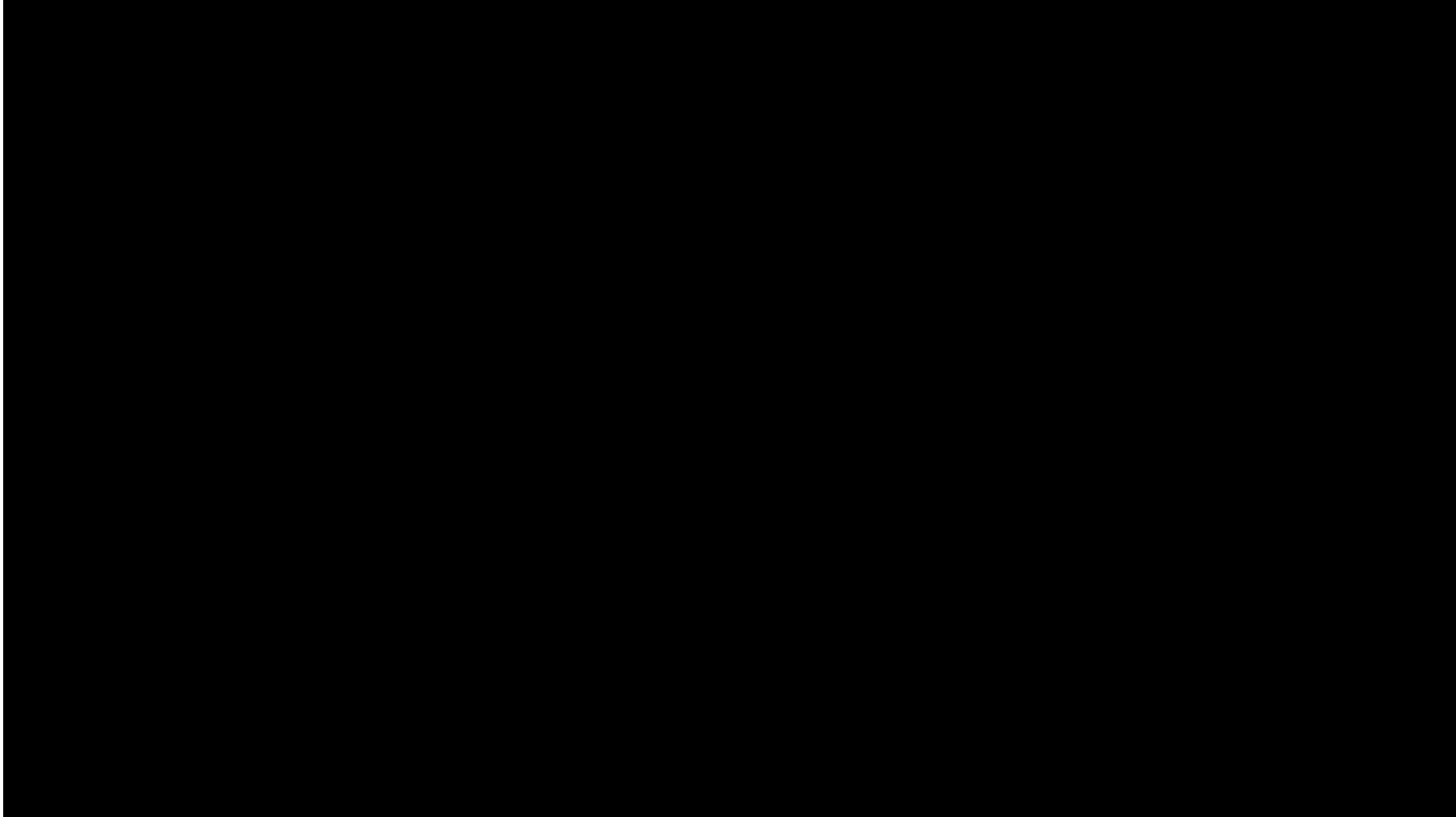
WHAT HAPPENS WHEN A REPORT IS MADE?



Protection Report Center (PRC)

- Initial assessment completed with Structured Decision Making (SDM)
 - Determine if report is screened in or screened out for further assessment
- 

KANSAS PRACTICE MODEL



ASSESSMENT & PREVENTION

Role of the Specialist Working with the Family

- Assessments with family
- Service referrals
- Finding decision





SERVICES AVAILABLE

COMMUNITY
REFERRALS

FAMILY FIRST
PREVENTION
SERVICES

FAMILY
PRESERVATION

FOSTER CARE




TIPS FOR MAKING A REPORT!

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

#2: Have your client sign a release of information for your organization and DCF to collaborate and streamline services. If they refuse to sign & are concerns, make a report.

#3: Contact the Provider Consultation Line for Perinatal Behavioral Health for resource and referral assistance, to request a training, or to schedule a substance use screening implementation consultation.

#4: Provider can make the report with the parent or caregiver to help maintain a relationship.





Preventing Infant Abuse with the Period of PURPLE Crying



Why does Shaken Baby Syndrome / Abusive Head Trauma Happen?

A close-up photograph of a baby crying, with its mouth wide open and eyes squeezed shut. The image is partially obscured by a purple overlay on the right side.

FACT:

All babies go through a developmental stage of increased crying

Prepare yourself, your friends & your family for the frustration infant crying may bring by making a plan.

A close-up photograph of a baby crying, with its mouth wide open and eyes squeezed shut. The image is partially obscured by a purple overlay on the right side.

FACT:

Shaking most often occurs in response to a baby crying, leading the caregiver to become frustrated or angry.

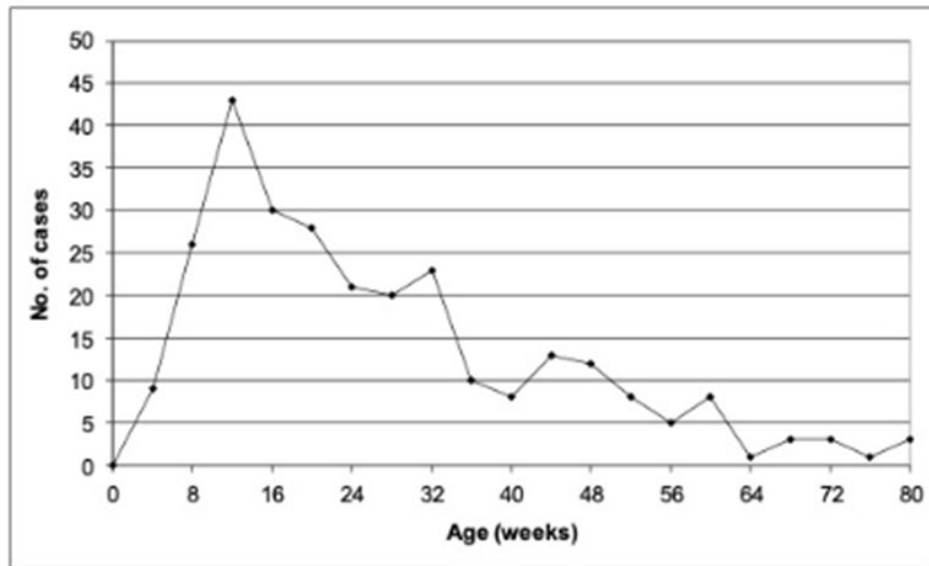
Prepare yourself, your friends & your family for the frustration infant crying may bring by making a plan.

Bottom Line: Inconsolable crying is a primary reason for shaking a baby.

Crying Rate vs SBS/AHT Incidence Rate

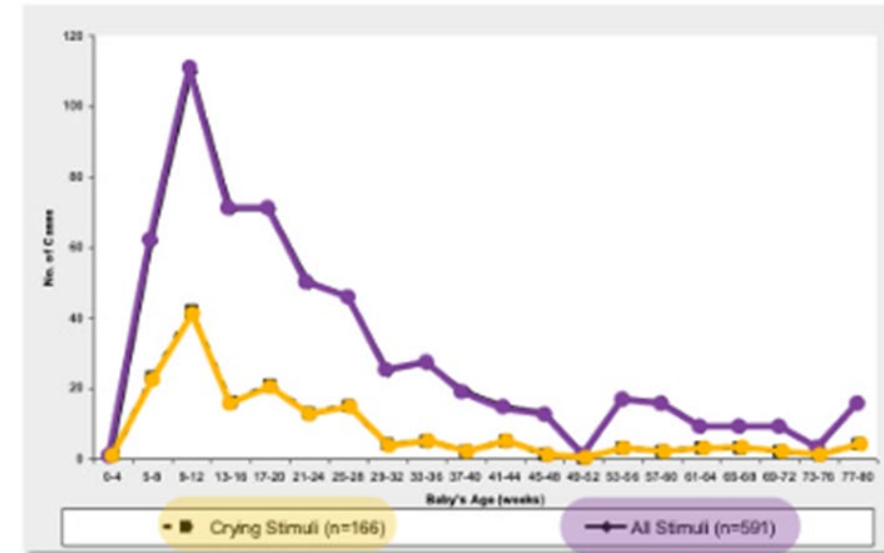
Age-Specific Incidence of Hospitalized Cases of SBS/AHT

(Barr et al., 2006)



NCSBS Age-Specific Incidence of Publicly-Reported Cases of SBS/AHT

(Lee et al., 2007)



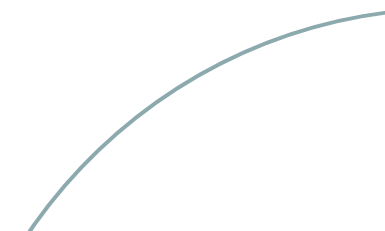
Lee, C. BS; Barr, R. MDCM, FRCPC; Catherine, N. MS; Wicks, A. Age-Related Incidence of Publicly Reported Shaken Baby Syndrome Cases: Is Crying a Trigger for Shaking? Journal of Developmental & Behavioral Pediatrics. 2007; Volume 28: 288-293.



JOINT CONSENSUS STATEMENT

"There is no controversy concerning the medical validity of the existence of AHT." (Choudhary et. al., 2018)

In May 2018, The Society for Pediatric Radiology (SPR), European Society of Paediatric Radiology (ESPR), American Society of Pediatric Neuroradiology (ASPNR), [American Academy of Pediatrics](#) (AAP), European Society of Neuroradiology (ESNR), [American Professional Society on the Abuse of Children](#) (APSAC), Swedish Paediatric Society, Norwegian Pediatric Association and Japanese Pediatric Society published a joint consensus statement on abusive head trauma/shaken baby syndrome. This is the most comprehensive and complete consensus statement published to date. The statement is published in Pediatric Radiology.



AHT: IT'S PREVENTABLE!!



Crying is the #1 reason for AHT/SBS and infant abuse



Only form of child maltreatment where we know the common stimulus and timing of the incident.



Educating parents that crying is normal reduces incidences of AHT/SBS.

"**ALL** babies go through an increased period of crying... **EVERY** single baby."



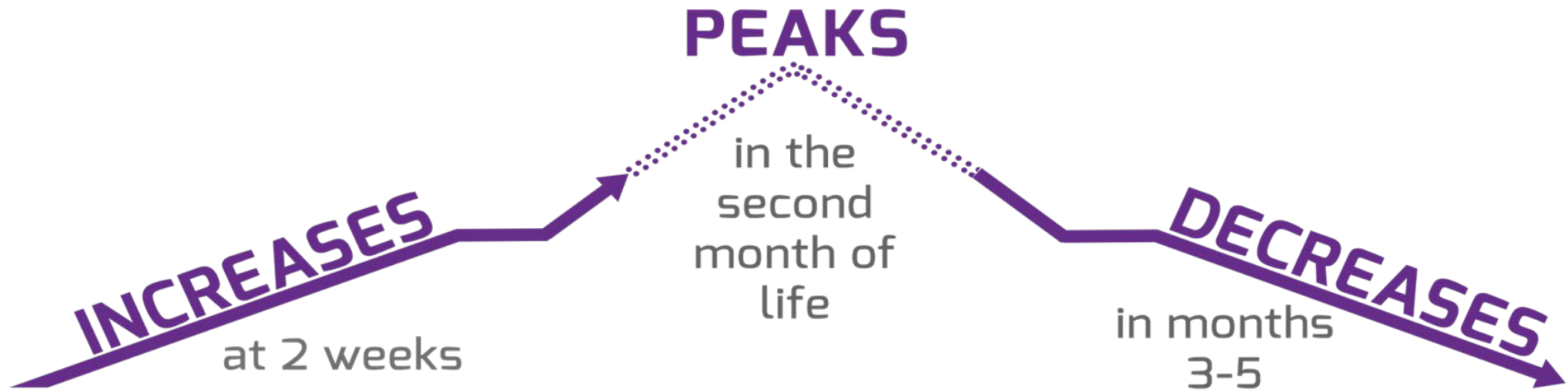
What IS the Period of PURPLE Crying?

The Period of PURPLE Crying program is an evidence-based shaken baby syndrome/abusive head trauma (SBS/AHT) prevention program.

- The first aim is to support caregivers in their understanding of early increased infant crying.
- The second aim is to reduce the incidence of shaken baby syndrome/abusive head trauma.



The Crying Curve



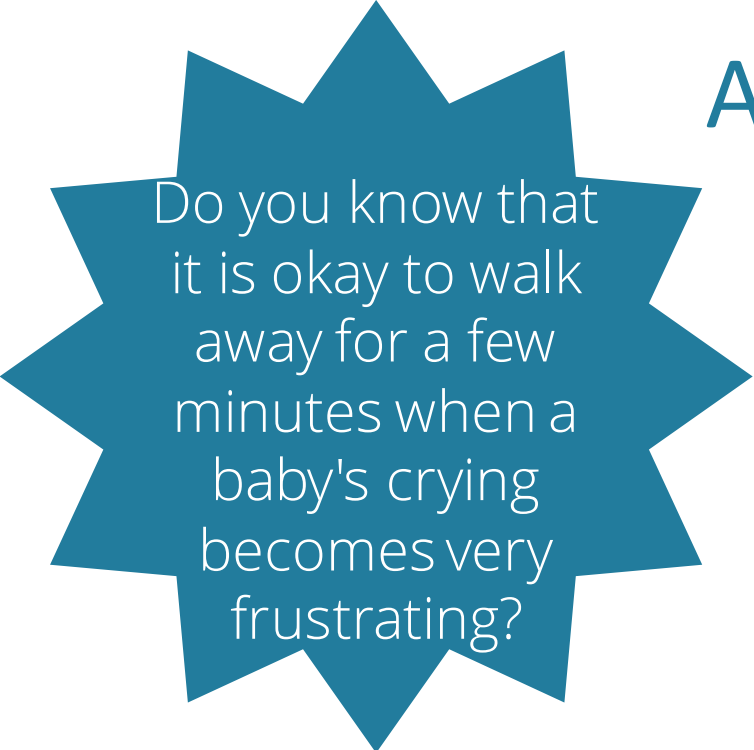
One of the BIGGEST STRESSORS for PARENTS is the normal period of increased crying all babies experience in the first few months of life.




The key is that crying is normal and it is not the problem.

The problem is how caregivers respond to a baby's cry.

Ask Parents!



Do you know that it is okay to walk away for a few minutes when a baby's crying becomes very frustrating?



Do you have a plan for what to do if your baby goes through a period of high crying?

Use the PURPLE Materials



Dear Parent,

If you think you can't take the crying anymore, please remember:

- Put your baby in a safe place
- Walk away and calm down
- Never shake a baby
- Remind yourself that these hard times will come to an end
- Have your baby checked by your health professional if you are worried
- Look again at the **Period of PURPLE Crying** program materials... it can help!



Available on the
App Store



Available on
Google Play



IMPLEMENTING PURPLE

- ASK parent(s) if they received PURPLE materials and education after the birth of their baby.
 - Provide parent(s) with the Booklet and App Code if they didn't receive it from the delivering hospital.
- With parent(s), flip through the PURPLE program booklet page by page pointing out key messages:
 - PURPLE Acronym
 - Early Increased Crying
 - Ways to Comfort Crying Baby
 - Why Crying is Frustrating
 - Why Shaking Baby is Dangerous
 - Be Sure to Tell Others, Important Action Steps

REINFORCING THE MESSAGE

- Remind parents:
 - Infant crying is normal.
 - Crying increases at 2 weeks, peaks at 2-3 months, declines by 5 months.
 - Some normal babies may cry as long as 5 hours a day, some less.
 - Call your doctor if you are worried about the crying.
 - Shaking is very dangerous. It's okay to put infant in a safe place and walk away to take a 5-10 minute break.

The top corners of the slide feature decorative geometric patterns. On the left, there are several parallel diagonal lines and a curved line segment. On the right, there are also parallel diagonal lines and a curved line segment, mirroring the design on the left.

TEACH-BACK

- In a non-threatening way, ask parent(s) to describe in their own words what they think are the important PURPLE messages.
 - If a parent(s) unable to recall the information accurately...
 - Re-teach the important PURPLE message and/or
 - Rephrase the question ("What would you tell others...")
- Parent(s) should be encouraged to share the materials with ALL other caregivers of the baby.

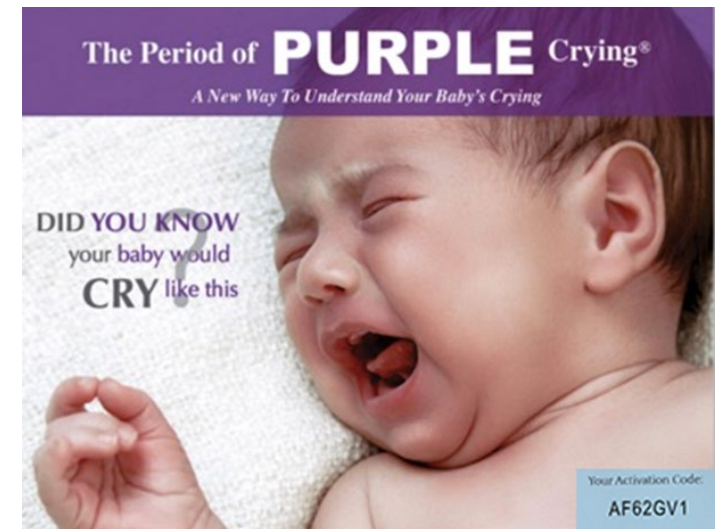
PARTNER WITH US!

Purple Partners include home visitors, early head start and head start, health department program staff, child care professionals, pediatricians, etc.

- If you are a professional who would see the family with their new baby during the first few weeks/month of life, and would like to be able to talk with them about PURPLE, please let us know.

Booklets + App Codes for Families

- If you would like a set of the booklets +app codes to provide to your families that you serve, please let us know!



Don't Forget About The Dads!



It is vital that we give new fathers the tools they need to be able to cope and gain confidence so they can build strong and healthy relationships with their babies at such a crucial time.

Babies don't come with a set of instructions, and dads want the important information on what to expect and how to care for their baby.





"Children don't grow up in programs...



They grow up in **FAMILIES** and in
COMMUNITIES.

DR. URIE BRONFENBRENNER
Father of Ecological Theory
Cornell University

PERSPECTIVE SHIFT: SUPPORTING FAMILIES

We know how to report child abuse. Do we know how to prevent it? Can we be not only **mandated reporters**, but consider ourselves **supporters** of families.

A preventative approach to child abuse addresses factors shown to cause child abuse, rather than focusing exclusively on dealing with it when it does happen.

What does this look like?

SUPPORTING Families before the situation rises to the level of needing a report to DCF. There is research to support causal link between prevention and family engagement strategies, early intervention services, and cultural responsiveness in service provision.

IMPACTS OF POVERTY & BIASES ON REPORTING ABUSE & NEGLECT

IMPLICIT BIASES

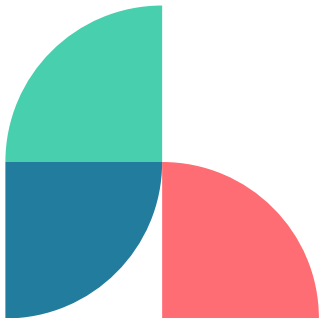
We come in with predisposed judgments regarding families struggling.

HIERARCHY OF NEEDS

Poverty & other barriers make it more challenging for parents to meet needs.

CAPABILITIES OF CARE

Poverty does NOT mean the child is unsafe, unloved, or that the parent lacks capacity to care for the child.



CASE STUDIES

A pregnant person using substance who accesses treatment during pregnancy, gives birth, and infant is substance affected.

A pregnant person is experiencing homelessness at the time of the delivery.

Individual who is pregnant is experiencing perinatal mental health disorders.



SUPPORTING FAMILIES

Support the family before the needs escalate to a hotline report.

- What basic supports could you provide the family?
 - Referrals for rent assistance
 - Food banks
 - Application for medical coverage
 - Mental Health resources
 - Child Care Aware
 - Substance Use resources
 - 1-800-CHILDREN
- Can you partner with other community supports?
 - Identify who else is working with the family and illicit help
 - Rally around the family struggling

RESOURCES & TIPS FOR SUPPORTING FAMILIES

- Period of PURPLE Crying
- HOPE Framework
- Connect to Resources
- Address Implicit Biases
- Trauma-Informed Care & Practices
- Amplify Community Voices



RESOURCES: 1-800-CHILDREN

Judgment-Free Parenting Support

- Call line and Resource Directory
- 24/7, anonymous, judgment-free support
- Call line staff provides information, local resources, or just a listening ear
- Available in English, Spanish, and 200 additional languages
- Four ways to use/contact



1-800-CHILDREN
Supporting Parents

Powered by Kansas Children's Service League



Call 1-800-CHILDREN
(1-800-332-6378)



Email or Text
1800CHILDREN@kcsL.org



Download the mobile
app by searching
1800CHILDRENKS
in your app store



Visit
1800CHILDRENKS.org
to find resources
near you

FOR PROMOTIONAL MATERIALS, PRESENTATIONS OR
OTHER INQUIRIES ABOUT 1-800-CHILDREN
CONTACT SBOONE@KCSL.ORG



Q&A

Questions?

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THANK YOU

Next Learning Forum: March 2023

Topic-

The women speak: Birth & Death data and what it means to FTI

