Guidance for communications between Birth Centers and the State of Kansas

**DCF Referral for Services**
Center or care giver request services to strengthen family’s protective capacity (see Protective Factors Infographic for guidance)

**Report to DCF**
Kansas Protection Report Center (KPRC) determines if criteria to assign is met. (See Appendix 1D Intake Interview Questions as a guide for information to provide to KPRC.)

**If criteria is not met, the report is not assigned for further assessment**

**If criteria is met, the report is assigned to a DCF CPS Specialist for further assessment.**

**DCF Collaborates with Community Service Providers**
(Contingent on engagement with the family and the family agreeing to sign needed releases of information):
- Medical
- Substance Abuse Treatment Providers
- Mental Health
- Infant-Toddler Services (Early Intervention)
- Home Visiting
- Public Health
- Other community service providers as needed

DCF may identify the need to refer internally to other DCF benefit/support programs. Referrals to community services as appropriate to provide services identified in the Plan of Safe Care. Services may include: Family Services or Family Preservation Services, and referrals to services available in the community.

---

**Guidance for Communications Between Birth Centers and the State of Kansas**

**Mandatory Reporting:**
- **Substance prescribed and used as directed**
  1. Refer to KDHE
  2. No automatic DCF report
  3. May Refer to DCF for services as needed

- **Concern of parent ability to meet needs of infant?**
  - NO
  - YES

**DCF Referral for Services**
Center or care giver request services to strengthen family’s protective capacity (see Protective Factors Infographic for guidance)

**Report to DCF**
Kansas Protection Report Center (KPRC) determines if criteria to assign is met. (See Appendix 1D Intake Interview Questions as a guide for information to provide to KPRC.)

**If criteria is not met, the report is not assigned for further assessment**

**If criteria is met, the report is assigned to a DCF CPS Specialist for further assessment.**

**DCF Collaborates with Community Service Providers**
(Contingent on engagement with the family and the family agreeing to sign needed releases of information):
- Medical
- Substance Abuse Treatment Providers
- Mental Health
- Infant-Toddler Services (Early Intervention)
- Home Visiting
- Public Health
- Other community service providers as needed

DCF may identify the need to refer internally to other DCF benefit/support programs. Referrals to community services as appropriate to provide services identified in the Plan of Safe Care. Services may include: Family Services or Family Preservation Services, and referrals to services available in the community.

---

**DCF Referral for Services**
Center or care giver request services to strengthen family’s protective capacity (see Protective Factors Infographic for guidance)

**Report to DCF**
Kansas Protection Report Center (KPRC) determines if criteria to assign is met. (See Appendix 1D Intake Interview Questions as a guide for information to provide to KPRC.)

**If criteria is not met, the report is not assigned for further assessment**

**If criteria is met, the report is assigned to a DCF CPS Specialist for further assessment.**

**DCF Collaborates with Community Service Providers**
(Contingent on engagement with the family and the family agreeing to sign needed releases of information):
- Medical
- Substance Abuse Treatment Providers
- Mental Health
- Infant-Toddler Services (Early Intervention)
- Home Visiting
- Public Health
- Other community service providers as needed

DCF may identify the need to refer internally to other DCF benefit/support programs. Referrals to community services as appropriate to provide services identified in the Plan of Safe Care. Services may include: Family Services or Family Preservation Services, and referrals to services available in the community.

---

**Birth Centers may refer to KDHE if concerned about infant development and safety.**

---

**Substance Affected Infant: Withdrawal symptoms resulting from prenatal exposure to substances OR Mother or infant have positive drug screen at the time of the birth**

Birth Centers should partner with DCF case workers to take a non-punitive approach focused on providing resources and connections to services for the infant and families post discharge. See case definitions on back.
Substance Affected Infant
Infant or toddler identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

- Medication used as directed requires a referral to Infant-Toddler Services if the child experiences withdrawal
- If the infant is diagnosed with NAS (96.1), refer to Infant-Toddler Services
- If the infant is at risk for NAS, make a referral if there is a concern that the family needs support for child development

Infant Positive for Substances
Infant or toddler identified as affected by substance abuse.

- Infants with prenatal exposure to Methamphetamine, Cocaine, or other illicit substances should be referred to Infant-Toddler Services
- Infants with prenatal exposure to THC should be referred to Infant-Toddler Services if there is a concern that the family needs support for child development
- If the infant is at risk for NAS (Opioids), make a referral to Infant-Toddler Services if there is a concern that the family needs support for child development

Pregnant Woman Using Substances
Infant-Toddler Services does not provide prenatal services

Kansas Department for Children and Families (DCF)
Prevention and Protection Services Case Definitions

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.

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.

Pregnant Woman Using Substances
Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

For a complete DCF list of factors and scenarios, see