

PERINATAL SUBSTANCE USE

Learning Forum: Case Study

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LEARNING OBJECTIVES

RISK AND SAFETY

Distinguish how to identify risk and safety factors impacting a family

PROTECTIVE FACTORS

Recognize protective factors and how those mitigate risk

SUPPORTING FAMILIES

Understand role in supporting the parent or family

COLLABORATE

Learn ways to collaborate with DCF

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

ASSESSMENT & PREVENTION

Role of the Specialist Working with the Family

- Assessments with family
- Service referrals
- Finding decision



"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.

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: 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@kcsll.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@KCSLL.ORG

Harris Family Case Study

- MO and FA reside together
- MO has extensive history of drug use and admitted using methamphetamine week prior.
- MO expressed having mental health issues.
- No prenatal care
- Has two older children who've been adopted.
- Considering putting the infant up for adoption.
- No concerns with infant at birth
- No information on extended family support.

CASE STUDIES

What are risk factors?

What are safety concerns?

What are protective factors, supports or services?

What referrals could be made for the family?

Discussion on reporting to DCF

How can you partner with DCF?

Parker Family Case Study

- Meconium screen positive for marijuana
- MO denied recent drug use.
- MO received prenatal care.
- No concerns for infant at birth.
- No concerns for MO ability to parent infant.
- MO has all items needed for baby.
- MO has 3 other children in her home

CASE STUDIES

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Morgan Family Case Study

- MO tested positive for meth & amphetamines during pregnancy and at infant birth.
- Previously provided D/A resources.
- Limited prenatal care.
- No basic supplies for the infant's arrival (no car seat, crib, bottles, diapers, etc).
- Does not have custody of 5 older children, reside with grandmother in TX.
- Has not told her parent's about the pregnancy.
- Does not have connection to community resources.

CASE STUDIES

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Arnold Family Case Study

- MO is 9 weeks pregnant.
- Admits to using fentanyl for the past year.
- Currently homeless.
- Discharging from hospital into Mirror, Inc.

CASE STUDIES

What are risk factors?

What are safety concerns?

What are protective factors, supports or services?

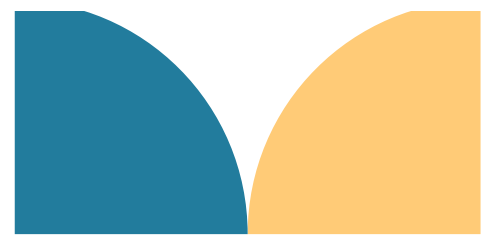
What referrals could be made for the family?

Discussion on reporting to DCF

How can you partner with DCF?

Q & A

Questions?



The background features a variety of abstract geometric elements. In the top-left corner, there are several thin, parallel lines radiating from a point. The right side of the image is dominated by a large, overlapping composition of semi-circles and circles in shades of teal, orange, red, and dark blue. The bottom-right corner contains large, overlapping triangular shapes in various shades of green. The central text is set against a plain white background.

THANK YOU