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Transmittal Sheet

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Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Children and Family Services

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Statutory Authority for Promulgating Rules Arkansas Code Annotated §§ 9-28-103 and 12-18-105

Rule Title: Referrals of Infants Born with and Affected by Fetal Alcohol Spectrum Disorder or Prenatal Drug Exposure

Intended Effective Date (Check One)

- ☐ Emergency (ACA 25-15-204)
- ☐ 10 Days After Filing (ACA 25-15-204)
- ☑ Other 01/01/2020 (Must be more than 10 days after filing date.)

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Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

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CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Mischa K Martin
Signature

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Director of Children and Family Services
Title

12/20/2019
Date

Revised 7/2015 to reflect new legislation passed in the 2015 Regular Session (Act 1258). This act changed the effective date from 30 days to 10 days after filing the rule.

POLICY II-F: SUBSTANCE EXPOSED INFANT REFERRAL AND ASSESSMENTS

01/2020

The Division of Children and Family Services (DCFS) believes in coordinating with other state agencies and community partners to help strengthen and support families in an effort to prevent child abuse and neglect. The goal of prevention of child abuse and neglect extends to all families. However, as guided by the Comprehensive Addiction and Recovery Act (CARA), along with the Child Abuse Prevention and Treatment Act (CAPTA) it amended, the Division is specifically tasked with collaborating across systems to address the needs of substance exposed infants to prevent future child maltreatment of this vulnerable population.

DCFS, in coordination with other state agencies and community partners, strives to address the needs of substance exposed infants primarily through two (2) approaches:

- **A. Addressing the needs of substance exposed infants who are defined as neglected pursuant to A.C.A. 12-18-103(14)(B)(i)(a)-(b) (i.e., Garrett's Law referrals) and the needs of their families via an investigative response. For more information regarding this approach, please see Policy II-D: Investigation of Child Maltreatment Reports.**
- **B. Implementing a referral process for healthcare providers involved in the delivery and care of infants to report, for the purpose of an assessment not related to a child maltreatment investigation, infants who have not been neglected as defined in A.C.A. 12-18-103(14)(B)(i)(a)-(b), but who are born with and affected by:**
  1) **A Fetal Alcohol Spectrum Disorder (FASD);**
  2) **Maternal substance abuse resulting in prenatal drug exposure to an illegal or legal substance; or**
  3) **Withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance.**

  "Affected by" means:
  1) **An infant exhibits a condition or conditions associated with the mother's use of alcohol during pregnancy or a healthcare provider has an articulated concern that the infant suffers from a fetal alcohol spectrum disorder;**
  2) **An adverse effect or effects in physical appearance or functioning that are either diagnosed or otherwise observed and are a result of the mother's use of a legal or illegal substance during pregnancy; or**
  3) **An infant exhibits withdrawal symptoms in physical appearance or functioning as a result of the mother's use of a legal or illegal substance during pregnancy.**

  "Infant" means any child thirty (30) days old or less.

The remainder of this policy and related procedures are specific to approach B, herein after referred to collectively as prenatal substance exposure referrals and assessments.

Healthcare providers involved in delivery or care of infants are required to make prenatal substance exposure referrals to the Arkansas Child Abuse Hotline. The Arkansas Child Abuse Hotline will accept prenatal substance exposure referrals. Upon receipt of a prenatal substance exposure referral from a health care provider, the Arkansas Child Abuse Hotline will assign the referral to DCFS for a Referral and Assessment (R and A). The Request for DCFS Assessment Screen accommodates instances where an individual is not reporting maltreatment but is requesting an assessment and appropriate services for the family based on an assessment of the family's strengths and needs.

Prenatal substance exposure referrals will be assigned to the appropriate county-level Differential Response (DR) staff (though prenatal substance exposure referrals are separate and apart from differential response allegations). For a prenatal substance exposure referral to be considered initiated, DR staff must make face-to-face contact with the infant or at least one (1) parent of the infant within seventy-two (72) hours of receipt of the referral from the hotline. If the infant and parent/caregiver are not seen together at the initiation, then DR staff must make

face-to-face contact with the individual not seen at initiation within five (5) calendar days of receipt of the referral as well any other adult household members within the same five (5) calendar day timeframe. During each contact with the parent(s)/caregiver(s), DR staff are responsible for engaging the family in an assessment of strengths and needs and developing a plan of safe care for the family. The plan of safe care will be designed to ensure the safety and well-being of an infant following the release of the infant from the care of a healthcare provider and include content that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver.

PROCEDURE II-F1: Prenatal Substance Exposure Referrals

01/2020

The Child Abuse Hotline Worker will:

A. Receive and document prenatal substance exposure referrals from health care providers involved in the delivery and care of infants with sufficiently identifying information as defined by Arkansas law.
B. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for fifteen (15) minutes or longer.
C. If the report qualifies as a prenatal substance exposure referral, select "Refer to DCFS for Assessment" from the Request for DCFS Assessment screen.
D. Inform the caller if the report does not constitute a prenatal substance exposure referral.

Procedure II-F2: Receipt and Assignment of Prenatal Substance Exposure Referrals

01/2020

The Differential Response Supervisor or designee will:

A. Check CHRIS inbox at least one (1) time in the morning and one (1) time in the afternoon each business day.
B. Assign each new referral to a DRT Specialist within four (4) hours of receipt excluding evenings, weekends, and holidays.

Procedure II-F3: Prenatal Substance Exposure Assessment and Plan of Safe Care

01/2020

The Differential Response Supervisor or designee will:

A. Conference with the DRT Specialist within one (1) business day after the DRT Specialist's initial face-to-face contact with the infant and at least one (1) parent/caregiver and discuss development of CFS-101: Plan of Safe Care.
B. Document all supervisor activities in CHRIS within one (1) business day of completion of each activity.
C. Regarding families with whom the DRT Specialist cannot make face-to-face contact, assess information and determine whether DRT Specialist has met due diligence no later than the seventh day after assignment.
D. Provide consultation to the DRT Specialist as appropriate.

The Differential Response Team (DRT) Specialist will:

A. Prepare for meeting the family by completing the following activities prior to making initial face-to-face contact with the family:

1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the referral;
2) Conduct a Division of County Operations (DCO) records check of members of the household;
3) Conduct a CHRIS history search prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
4) Contact the family by phone within twenty-four (24) hours of assignment, if a phone number is provided in the report or if appropriate considering initiation timeframe requirements to:
    a) Explain prenatal substance exposure assessments and plan of safe care;
    b) Schedule the initial family visit that will include at least the infant or one (1) parent/caretaker.

B. Consider the prenatal substance exposure referral initiated when:
1) The health and safety of the infant has been assessed within seventy-two (72) hours from the time the referral was received from the Child Abuse Hotline, or the DRT Specialist has met with at least one (1) parent/caregiver within seventy-two (72) hours from the time the referral was received at the Child Abuse Hotline (based on the reported needs or safety issues of the family, DRT Supervisor may require that the initial contact with the family occur sooner than seventy-two (72) hours); or,
2) Neither a health and safety assessment of the infant nor face-to-face contact with at least one (1) parent/caregiver could be made but due diligence has been exercised and documented within seventy-two (72) hours of receipt of the hotline referral. Due diligence must include:
    a) Making an announced (or unannounced, if needed) visit to the family at least three (3) times at different times of the day or on different days (provided the three (3) visits are within the appropriate initiation timeframes) in an attempt to assess the health and safety of the infant and develop a plan of safe care with the parent/caregiver; and,
    b) If a contact is not made via the efforts described in a) above, completing as many of the following activities necessary to establish face-to-face contact with the infant or at least one (1) parent/caretaker (note: efforts below may be done concurrently with activities described in item a) above):
        i. Contacting the reporter again if the reporter is known;
        ii. Contacting appropriate local DCO staff and requesting research of their record systems and other files to obtain another address;
        iii. Contacting the local post office and utility companies to request a check of their records;
        iv. Conducting Lexis Nexis search to attempt to locate the family;
    c) If after completion of all the due diligence activities listed above, no contact is made with the infant or a parent/caregiver by the sixth business day after assignment, document information on a case contact *(DRT Supervisor will assess the information and determine whether due diligence has been met, no later than the seventh day after case assignment)*;
    d) If DRT Supervisor deems that due diligence has been met, close referral.

C. Explain to the parent/caregiver prenatal substance exposure referrals including the development of the CFS-101: Plan of Safe Care, and that the Division must address any safety factors or needs as appropriate, to include report to the Child Abuse Hotline if child maltreatment is identified or there is reasonable cause to suspect maltreatment.

D. If the infant and parent/caregiver are not seen together at the initiation, then make face-to-face contact with the individual not seen at initiation within five (5) calendar days of receipt of the referral as well any other adult household members within the same five (5) calendar day timeframe.

E. Develop CFS-101: Plan of Safe Care with the family within fourteen (14) calendar days of receipt of the referral and ask the family if they are interested in continuing services with DCFS through a supportive services case.
1) If the family accepts continued services through a supportive services case, see Policy II-A: Supportive Services and related procedures using the CFS-101: Plan of Safe Care to inform the development of the case plan of the supportive services case that will be opened.
2) If the family declines continued services through a supportive services case,

a) Make any referrals noted on the CFS-101: Plan of Safe Care; and,
b) Within the close button on the Request for DCFS Assessment screen, document completion of the assessment and the plan of safe care.

F. Request a supervisor conference to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).
G. Document all activities in CHRIS within one (1) business day after they are completed.

POLICY II-C: CHILD ABUSE HOTLINE FOR CHILD MALTREATMENT REPORTS

01/2020

Pursuant to Act 1240 of 1997, the Department of Human Services and the Arkansas State Police entered into an agreement for the Arkansas State Police Crimes Against Children Division to assume responsibility for the administration of the Child Abuse Hotline.

All child maltreatment allegations are to be reported to the Child Abuse Hotline. No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter (see Appendix I: Glossary for more information).

No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist practitioner, and any person confessing to or being counseled by the minister, from testifying concerning child maltreatment.

The Arkansas Child Abuse Hotline must accept reports of alleged maltreatment when either the child or his family is present in Arkansas or the incident occurred in Arkansas. Another state may also conduct an investigation in Arkansas that results in the offender being named in a true report in that state and placed that state's Child Maltreatment Central Registry.

POLICY II-J: EARLY INTERVENTION REFERRALS AND SERVICES

01/2020

For children who have or are at risk of a developmental delay, appropriate early intervention services are essential. Early intervention services are designed to lessen the effects of any potential or existing developmental delay. Ultimately early intervention services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to early intervention services.

REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING
When a child maltreatment investigation involving any children in the home under the age of three (3) is initiated, the Division will consider referring as appropriate all children in the home under the age of three (3) to the Division of Developmental Disabilities Services' (DDS) Children's Services for an early intervention (i.e., First Connections; this program is not the same as the waiver program) screening in an effort to enhance the well-being of these children. Any children under the age of three (3) involved in a substantiated case of child maltreatment (regardless of whether all of the children are named as alleged victims) must be referred to DDS Children's Services for an early intervention screening if not already referred while the investigation was pending. This will not only ensure DCFS compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three (3) but will further promote the well-being of this population.

DDS Children's Services will screen all of the children under the age of three (3) who have been referred to First Connections to determine their need and eligibility for early intervention services. If the results of the screening determine that a child will benefit from DDS early intervention services, the person serving as the parent (e.g., biological parent in a protective services case; other individual legally caring for the child involved in a protective services or foster care case including foster parents) must consent to allow his or her child to participate before services are initiated.

For children under the age of three (3), eligibility for DDS Children's Services will be determined by a screening assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)).

If warranted, a developmental evaluation for children under age three (3) will be completed in the areas of cognition, communication, social/emotional, physical, and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine early intervention eligibility.

While a referral for early intervention services is encouraged for all children under three (3) when an investigation is initiated and is required for children under the age of three in substantiated cases of child maltreatment, a referral for early intervention services on behalf of any child suspected of having a developmental delay or disability may be sent at any time.

DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the person acting as a parent on behalf of the child (e.g., biological parent involved in a protective services case; other individual legally caring for the child in a protective services or foster care case including foster parents) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a protective services case or if a child in foster care has a goal of reunification, the child's biological parent(s) should be invited and encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and early intervention services for his or her child.

However, another adult who is legally caring for the child on a daily basis may serve in place of the biological parent if:

- **A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,**
- **B. The child's parents cannot be located; or,**
- **C. The goal is not reunification for those children involved in foster care cases.**

If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention services for his or her child, one of the following may serve as the parent to make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for the person selected to act in place of the parent):

- **A. Foster parent;**
- **B. Guardian, generally authorized to act as the child's parent (but not the state if the child is a ward of the state; i.e., FSW may act as the liaison between DDS and the parent or surrogate parent, but the FSW may not be the sole contact or decision-maker for a child);**
- **C. An individual otherwise acting in place of a biological parent (e.g., grandparent, step-parent, or any other relative with whom the child lives);**
- **D. An individual who is legally responsible for the child's welfare;**

For any individual serving in place of the parent in the child's early intervention process, support in the form of DDS Surrogate Parent Training is available but not required. The local DDS Service Coordinator or designee can assist in coordinating the DDS Surrogate Parent Training. After an individual has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

However, an appointed DDS certified surrogate may be assigned by the lead Part C agency (i.e., DDS) to represent the child during the IFSP if there is no adult (as listed in items A-D above) available to represent the interests of the child. An appointed DDS surrogate parent is generally the least preferred option since this person does not have daily interaction with the child. Furthermore, a DDS certified surrogate parent will usually only be appointed in the event that the child's parent, foster parent, etc. is unable or unwilling to participate in the child's early intervention process and IFSP meetings.

In any situation in which an individual other than the biological parent (e.g., foster parent, relative, etc.) is acting on behalf of the child, that individual will be discharged when the child's biological parent is ready and able to resume involvement.

REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All healthcare providers involved in the delivery or care of infants must contact DHS regarding an infant born with and affected by a Fetal Alcohol Spectrum Disorder (FASD) as well as infants born with and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance. A plan of safe care must also be developed for any infant born with and affected by an FASD, maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance who

is referred to the Division by a healthcare provider via the Child Abuse Hotline. Please see Policy II-F: Substance Exposed Infant Referral and Assessments and related procedures for more information.

In addition, DCFS FSWs and Health Service Workers (HSW) will refer children who have known prenatal alcohol exposure or exhibit FASD symptoms or behaviors to the local Resource Unit. The Resource Unit will collaborate with the child's FSW and HSW to help determine if early intervention programs or other services specific to FASD are needed and connect the child and placement provider to such programs and services in an effort to better support the child and the placement provider.

As part of this process, the FSW or HSW will gather information regarding the child's in utero and birth history. Depending on the information collected, a referral for an FASD screening or diagnosis may be provided. Regardless of an FASD diagnosis, the following services may be offered to the family as available and appropriate:

- **Referral to DDS (early intervention or DDS waiver), if applicable and available;**
- **Referral to specialized day care, if applicable;**
- **Referral to FASD family support group (available to biological, foster, and adoptive families), if available;**
- **FASD parenting classes (available to biological, foster, and adoptive families).**

PROCEDURE II-J1: DDS Early Intervention Services Referrals

01/2020

When children under the age of three are involved in a substantiated case of child maltreatment, but a case is not opened, the investigator will:

A. Provide an overview of the benefits of early intervention services to the parent/guardian.
B. Make a referral to DDS for each child in the home (victims and non-victims) under age three (3).
    1) Complete form DHS-3300 available in CHRIS.
        a) The DHS-3300 can be accessed in the Information and Referral Screen (Investigate/Services/Ref Services; Select child who is being referred and then select add button).
        b) When the button "DCO-3350/DHS-3300" is selected, a dialogue box will open so that staff can select the form to be completed.
        c) Select the "OK" button to open the DHS-3300.
        d) Select "Developmental Disabilities" as the Receiving Agency.
        e) Select "Other" in the "Services Requested and Codes" section and enter "Early Intervention Screening Referral" in the specification box.
        f) Note in the comments box that a case will not be opened, so DCFS will have no further involvement.
        g) Complete the remainder DHS-3300 with as much information as possible.
            i. At minimum, the child's name, child's date of birth OR Social Security number, and FSW contact information must be entered.
    2) Print the completed DHS-3300 to either scan and email or fax to the local DDS Services Coordinator.
C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services that may help the child learn and reach his or her individual potential.

When children under the age of three (3) are involved in a substantiated case of child maltreatment and a protective services or foster care case is subsequently opened, the FSW caseworker (either protective services or foster care, as applicable) will:

A. Provide an overview of the benefits of early intervention services to the parent/guardian.
B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
    1) Complete form DHS-3300 available in CHRIS.
        a) The DHS-3300 can be accessed in the Information and Referral Screen (Case/Services/Ref Services; Select child who is being referred and then select add button).
        b) When the button "DCO-3350/DHS-3300" is selected, a dialogue box will open so that staff can select the form to be completed.
        c) Select the "OK" button to open the DHS-3300.
        d) Select "Developmental Disabilities" as the Receiving Agency.
        e) Select "Other" in the "Services Requested and Codes" section and enter "Early Intervention Screening Referral" in the specification box.
        f) Complete the remainder DHS-3300 with as much information as possible.
            i. At minimum, the child's name, child's date of birth OR Social Security number, and FSW contact information must be entered.
C. Print the completed DHS-3300 to either scan and email or fax to the local DDS Services Coordinator.
D. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services.
E. Prior to the early intervention services intake meeting, provide the local DDS Services Coordinator with:
    1) Court-order, if applicable
    2) Copy of Social Security Card or number
    3) Copy of Medicaid Card or number, if applicable
    4) Any other pertinent information related to the request for the early intervention screening
    5) Copy of EPSDT, if available (parent must obtain)
    6) Copy of all evaluations, if applicable
G. Coordinate remaining paperwork and services, as applicable, with the local DDS Service Coordinator. This includes but is not limited to:
    1) Coordinating the completion of DMS-800: Authorization for Children's Medical Services if the early intervention intake meeting determines the child is eligible for DDS Children's Medical Services
    2) Providing a copy of the Family Advocacy and Support Tool (FAST) for any child involved in an in-home services case or a copy of the Child and Adolescent Needs and Strengths (CANS) functional assessment for any child involved in an out-of-home services case and the case plan once they are completed;
    3) Notifying, as applicable, PACE, Health Service Worker, and foster parent(s) that early intervention screening referral has already been made to DDS Children's Services per CAPTA requirements prior to PACE evaluation.
H. Invite DDS services coordinator and early intervention service providers to staffings if child is receiving early intervention services.
I. Keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and coordination.
J. Document contacts related to the DDS early intervention services referral in the contacts screen in CHRIS.
K. Update the child's case plan as appropriate.
L. Conference with supervisor as needed regarding the referral to DDS early intervention services.

Investigative and FSW Supervisors will:

A. Conference with the investigator or FSW caseworker as needed regarding the child's DDS early intervention referral or any subsequent services.
B. Notify, as necessary, his or her supervisor of any issues related to the child's DDS early intervention referral or services.

Upon referral, the DDS Service Coordinator should:

A. Acknowledge receipt of the DHS-3300 via email or fax.
B. Arrange the early intervention intake meeting.
C. Assess and determine the need and eligibility of the child for services and notify in writing the DCFS Family Service Worker (FSW) and FSW Supervisor indicating the eligibility status and needs of the child, if applicable.
D. If it is determined that the child needs and is eligible for early intervention services:
    1) Provide a more detailed explanation to the parent/guardian of early intervention services including types, benefits, requirements, etc.
    2) Provide copies of the child's IFSP and any early intervention evaluations to the FSW. Keep the child's FSW and person serving as the parent informed of the child's progress and any changes in services.

PROCEDURE II-J2: DDS Early Intervention Individualized Family Service Planning

01/2020

The FSW will:

A. Regardless of the type of case (i.e., protective or foster care), include early intervention services and Individualized Family Service Planning (IFSP) meetings in the case plan as appropriate and ensure the biological parent participates IFSP and related services as appropriate.
B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):
    1) Ensure that an appropriate adult serving in place of the parent attends the IFSP meetings to act as a decision-maker regarding the child's early intervention services. The person serving in place of the parent is generally the person who is currently caring for the child (e.g., temporary guardian, foster parent, etc.).
        a) Ensure that a no contact order from the court pertaining to the person serving in the place of the parent does not exist and that the surrogate parent is otherwise appropriate.
        b) If the person selected to serve in the place of the parent would like to attend a DDS Surrogate Parent Training, contact the DDS Service Coordinator to request the DDS Service Coordinator to arrange the training.
        c) If the individual caring for the child/serving in place of the parent cannot attend or otherwise participate in the IFSP meetings, DDS will appoint a DDS certified surrogate parent.
C. Continue to update child's case plan accordingly with information from IFSP.
D. Conference with supervisor as needed regarding the child's IFSP.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding the child's IFSP.
B. Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

PROCEDURE II-J3: FASD Referrals and Services

01/2020

Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD. This procedure is not applicable to infants born with and affected by FASD or prenatal drug exposure and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy

II-F and related procedures for more information regarding infants born with and affected by FASD and prenatal drug exposure.

If a child is symptomatic of FASD, the Family Service Worker (FSW) or Health Service Worker (HSW) will:

A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) or any illegal substances while pregnant with child.
B. Complete and submit CFS-099: FASD Screening Referral to the appropriate Resource Supervisor or designee.
C. Collaborate with the Resource Unit to ensure the child and placement provider receives any necessary referrals and accesses any needed services.
D. Conference with supervisor as needed regarding FASD referrals and services.

The FSW Supervisor will:

A. Conference with the FSW as needed regarding FASD referrals and services.
B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

The Resource Supervisor or designee will:

A. Review the CFS-099: FASD Screening Referral.
B. Assign the referral to a local Resource Worker.
C. Provide the completed CFS-099: FASD Screening Referral to the assigned Resource Worker for review.

The assigned Resource Worker will:

A. Review the CFS-099: FASD Screening Referral.
B. Work with the child's FSW and HSW to coordinate appropriate referrals and screenings for the child and placement provider.

Due to the insertion of new Policy II-F: Prenatal Substance Exposure Referrals and Assessments into DCFS Policy and Procedure Manual Section II: Referrals to Assess Family Strengths and Needs, the following lettering and numbering technical revisions are required to subsequent policies and procedures found in Section II. There are no content changes in these policies or procedures.

POLICY II-G: TEAM DECISION MAKING

01/2020

Procedure II-G1: Team Decision Making Initiation and Referral

01/2020

Procedure II-G2: Team Decision Making Preparation

01/2020

Procedure II-G3: Team Decision Making Meeting

01/2020

Procedure II-G4: Team Decision Making Review

01/2020

Procedure II-G5: Team Decision Making Follow-Up

01/2020

POLICY II-H: COMMUNITY NOTIFICATION OF SEX OFFENDERS

01/2020

Procedure II-H1: Notification of Sex Offenders

01/2020

POLICY II-I: FAMILY IN NEED OF SERVICES

01/2020

Procedure II-I1: Family in Need of Services

01/2020

POLICY II-K: SEX OFFENDER WITH CUSTODY OR UNSUPERVISED VISITATION RIGHTS

01/2020

Procedure II-K1: Sex Offender with Custody or Unsupervised Visitation Rights

01/2020

Arkansas Department of Human Services
Division of Children and Family Services
Prenatal Substance Exposure Plan of Safe Care

Upon receipt of a prenatal substance exposure referral, the Division of Children and Family Services (DCFS) Differential Response staff member will meet with the family named in the referral to gather information related to the health and substance use treatment needs of the infant and affected family or caregiver. This information will be used to develop a plan of safe care which is designed to ensure the safety and well-being of the infant and family.

Basic Information:

Parent(s), Legal Guardian, or Custodian Name(s):
(include the guardian or custodian of the child if different from the child's parent)

Parent(s), Legal Guardian, or Custodian Address(es):

Parent(s), Legal Guardian, or Custodian Phone:

Infant Name: Infant DOB:

Infant Weight: Height: APGAR Score: Head Circumference:

Infant Pediatrician: Mother Health Care Provider(s):

Mother's Health Insurance Information: *(carrier name, Medicaid number, etc.)*

Questions for Parent/Caretaker:

Did rounding pediatrician at the hospital make recommendations regarding scheduling visits with medical providers/specialists for your infant outside of upcoming well-child visits? If yes, please describe and indicate if any follow-up appointments have been scheduled:

Did your parents or other family members use alcohol or other substances to the point it caused problems in the home?

Does your current partner struggle with alcohol or other substances?

Have you struggled with alcohol or other substances in the past?

If yes, follow up questions may inquire about topics such as past treatment plans, medication administered treatment, prescriptions, other drugs of choice, where treatment was received, participation in treatment.

Did you struggle with alcohol or other substances during pregnancy?

If yes, follow up questions may inquire about topics such as current treatment plans, medication administered treatment, prescriptions, other drugs of choice, where treatment was received, participation in treatment.

Parent's Currently Prescribed Medication(s) (if applicable):

How do you describe your support system (this could include family, friends, support groups, treatment providers, etc.)?

For Differential Response Specialist:

Please discuss the following topics with the family while developing the Plan of Safe Care:

- ☐ Safe sleep
- ☐ Importance of scheduling/keeping infant well-child visits
- ☐ Importance of scheduling/keeping mother's postpartum visit with her obstetrician/gynecologist
- ☐ Importance of scheduling/keeping any specialized medical appointments for infant and mother
- ☐ General information about postpartum depression and information on local supports
- ☐ Coping with crying
- ☐ Symptoms of infant drug withdrawal and how to manage those symptoms at home/when to call doctor
- ☐ Resources regarding child development (e.g., CDC's Milestone Tracker app)
- ☐ Information on Access Arkansas to determine potential eligibility for over 30 support and benefit programs offered through the State of Arkansas (e.g., Arkansas Works, SNAP, Child Care Assistance, etc.)
- ☐ Information on other local community services and supports that may be of assistance to the family

Please discuss the following possible referrals with family while developing the Plan of Safe Care as applicable to the specific mother (or other primary caregiver) and infant:

- ☐ Al-Anon Family Group
- ☐ Alcoholics Anonymous
- ☐ Child Care Assistance (i.e., daycare vouchers)
- ☐ Drug or alcohol assessment
- ☐ Drug or alcohol treatment
- ☐ Early intervention services (Part C/First Connections), if applicable
- ☐ FASD support group
- ☐ Genetic screening for further FASD testing and possible diagnosis
- ☐ Home visiting program (http://www.arhomevisiting.org/) based on residence of family and needs of family
- ☐ Mental health services
- ☐ Nar-Anon Family Group
- ☐ Narcotics Anonymous
- ☐ Postpartum Services International-AR Chapter
- ☐ Specialized day care
- ☐ **Women, Infants, and Children** (**WIC**) Programs, such as WIC Breastfeeding Support Line and Breastfeeding Peer Counselor Program, as applicable, and Baby and Me Program, where applicable
- ☐ Other:
- ☐ Other:

☐ **Supportive Services Case accepted**

Family desires supportive services to strengthen family functioning and ensure the health and safety of the infant. By signing this form, the family agrees to work with an assigned DCFS staff member in relation to continued assessment, case planning, and service coordination to build upon any referrals made during the course of the development of the Plan of Safe Care. However, the family understands they may choose to stop participation in a supportive services case at any point. Services are to be selected based on strengths and needs of the infant, parent(s), and other family members listed in this plan of safe care and may be adjusted as necessary through the supportive services case plan.

☐ **Supportive Services Case not recommended**

Family has support systems in place and child and the home environment appear safe at this time. By signing this form, the family accepts responsibility for contacting DHS to request services if the need arises.

☐ **Supportive Services Case declined by family**

Family does not want services rendered or offered by the Department of Human Services, Division of Children and Family Services. By signing this form, the family acknowledges that prenatal exposure to alcohol and controlled substances and the services designed to support families with substance exposed infants have been explained and information has been given to the family about local and statewide services that may be available. DCFS staff may still make appropriate referrals to other services and supports prior to closing the non-investigative substance exposed infant referral but are not responsible for following up on those referrals.

☐ **Hotline report needed**

DCFS staff has identified safety concerns for the child/children. The family has been notified that a hotline report will be made.

Printed Name of Client: _____

Client Signature: _____

Date: _____

_____

Printed name of DCFS Representative: _____

DCFS Representative Signature: _____

Date: _____