

DCFS AS A PARTNER IN SAFE DISCHARGE PLANNING

STRATEGIES TO SUPPORT FAMILIES



Coordinating a Safe Discharge

SUGGESTED GUIDELINES FOR DISCHARGE PLANNING

Discharge planning should ideally begin during the antenatal period. Safe discharge will focus on child vulnerability, adult protective capabilities, and safety factors. If withdrawal signs or symptoms are minimal, then a comprehensive discharge plan that addresses maternal substance abuse treatment, a safe environment for both mother and baby, and parenting and community supports is essential.

DISCHARGE CRITERIA

- 4-7 days of inpatient monitoring for infants who do not require pharmacotherapy
- 48 hours of inpatient monitoring after pharmacotherapy for infants who require pharmacotherapy
- The infant should feed well and gain weight over two consecutive days
- Consultation with social work completed
- Coordination and clearance with Illinois Department of Children and Family Services (DCFS) completed
- Communication and coordination with primary care provider completed:
 - o Discussion of medical and social information, including infant custody
 - o Description of hospital course
 - o Plan for outpatient medication wean, if applicable
 - o Heightened need for vision screening for refractive errors/strabismus
 - o Appointment scheduled for 24-48 hours after discharge
- Medication dispensing schedule and demonstration of ability to dose the infant, if applicable

THANK YOU

▶ WE COULD NOT DO OUR JOB TO PROTECT CHILDREN WITHOUT THE SUPPORT OF ALL OF YOU

▶ ILPQC “Coordinating a Safe Discharge”

DCFS- WHO ARE WE?

- ▶ Established in 1964
- ▶ Guided by Acts, Laws, Legislation
- ▶ 276,538 calls to the Hotline FY 2018
- ▶ Resulted in 81,269 Investigations

SUBSTANCE EXPOSED INFANTS

392 INFANTS
REPORTED FY
2019 YTD

1078 REPORTED
FY18

-Of those, 862
reports
INDICATED
(80%)

-Central Region
highest
reporting region
with 28.4% of all
reports

HOW CAN WE WORK TOGETHER?

WE WANT CHILDREN TO REMAIN WITH THEIR MOTHERS/FAMILIES

- ▶ RESOURCES ARE AVAILABLE TO OFFER MOTHER BEFORE DCFS BECOMES INVOLVED
- ▶ SAFE FAMILIES
- ▶ COMMUNITY MENTAL HEALTH
- ▶ COMMUNITY SUBSTANCE ABUSE
- ▶ FAMILY ADVOCACY CENTERS
- ▶ DIVISION OF SPECIALIZED CARE TO CHILDREN
- ▶ SPYDER AS A RESOURCE LOCATOR

DOES A CALL TO THE HOTLINE NEED TO BE MADE?

WHEN IN DOUBT CALL

EXAMPLES

- ▶ CHILD BORN TESTS POSITIVE FOR DRUGS/ALCOHOL, GOING THROUGH WITHDRAWAL
 - ▶ MOTHER TESTED POSITIVE FOR DRUGS/ALCOHOL OR MEDICATION NOT PRESCRIBED
- ▶ MOTHER OR CHILD POSITIVE AND CHILDREN IN THE HOME

WHAT HAPPENS TO THE CALL?

MCNRT-No report taken

REPORT-Met Criteria -There must be a child

CHILD WELFARE REFERRAL-Gentler Knock at Door-Linkage to Community-You Can Request

AFTER YOU MAKE THE CALL



ALLEGATION SYSTEM

Allegation #15/65 SUBSTANCE MISUSE

Includes infant born positive for controlled substance, or with a diagnosis of Fetal Alcohol Syndrome or drug/alcohol withdrawal including cannabis and derivatives

Allegation #60 ENVIRONMENT INJURIOUS TO HEALTH AND WELFARE

there are conditions that create a real, significant, and imminent likelihood of harm to a child's health, physical well-being, or welfare and that the likelihood of harm is the result of the parent/caregiver's blatant disregard of his/her responsibility to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

A NEED FOR SERVICES?

HOW SERIOUS IS THE ABUSE/NEGLECT?
Frequency, Severity

ARE THERE UNDERLYING FACTORS? Mental Health, Developmental Ability

FAMILY INVOLVEMENT/COOPERATION? Supports, is Mother in Services?

CHILD'S CURRENT CONDITION? Withdrawal, Medical

CAN THE CHILD REMAIN SAFELY IN THE HOME DURING SERVICES? **Our Goal in Discharge Planning**, Link to Services, work with Medical Provider in Decision making

SAFE PLAN OF CARE=FOSTER CARE

Less than 5%
of all cases

- ▶ After discussion with family and medical providers, child is not safe at home, there is no one there that can protect, little cooperation
- ▶ Child into Foster Care-series of Court Hearings-Return Home Goal
- ▶ Family offered services, Frequent Visitation for Bonding
- ▶ Child and Family Team meetings
- ▶ Child able to successfully return home-focus 6-12 mos.
- ▶ Support system in place and Relapse plan

INTACT FAMILY SERVICES

- ▶ Child supported in Home of Origin-no legal relationship
- ▶ Can be Court Involved
- ▶ Work closely with medical providers/personnel
- ▶ INTACT RECOVERY PROGRAMS
- ▶ Traditional INTACT Services
- ▶ Open lines of Communication
- ▶ Home Visiting, Frequent casework contact
- ▶ Some Financial Support

TOOL BOX OF SERVICES

WITHOUT DCFS INVOLVEMENT

- ▶ MENTAL HEALTH SERVICES
- ▶ COMMUNITY SUBSTANCE ABUSE ASSESSMENT And SERVICES
- ▶ PARENTING
- ▶ SAFE FAMILIES
- ▶ FAMILY ADVOCACY CENTERS
- ▶ WIC
- ▶ DHS-HOME VISITING
- ▶ DOMESTIC VIOLENCE SERVICES/SHELTER

TOOL BOX WITH DCFS INVOLVED

- ▶ MENTAL HEALTH SERVICES- Contracted
- ▶ SUBSTANCE ABUSE ASSESSMENT AND SERVICES
- ▶ PSYCHOLOGICAL ASSESSMENTS
- ▶ NURSES/CLINICAL SERVICES
- ▶ TRANSPORTATION
- ▶ PARENTING
- ▶ NORMAN FUNDS/HOUSING
- ▶ SAFE FAMILIES
- ▶ FAMILY ADVOCACY CENTERS
- ▶ FAMILY FINDING FOR SUPPORTS
- ▶ HOME VISITING

CARA

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

- ▶ FOCUS ON PREVENTION AND TREATMENT
- ▶ AMENDS CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
- ▶ PLANS OF SAFE CARE

FAMILY FIRST PREVENTION SERVICES ACT

- ▶ FIRST BIG CHANGE FOR CHILD WELFARE IN YEARS
- ▶ PROVIDES SERVICES TO FAMILIES AT RISK OF ENTERING THE CHILD WELFARE SYSTEM
- ▶ AIMS TO PREVENT CHILDREN FROM COMING INTO FOSTER CARE
- ▶ ALLOWS FEDERAL REIMBURSEMENT FOR **MENTAL HEALTH SERVICES, SUBSTANCE USE TREATMENT AND IN HOME PARENTING SKILLS TRAINING**

FOCUS IS PREVENTION

HOW DO WE WORK TOGETHER

INTEREST	IN THE BEST INTEREST OF THE FAMILY AT DISCHARGE AND ONGOING
OPEN	OPEN HONEST LINES OF COMMUNICATION
DECIDE	TOGETHER DECIDE WHAT IS BEST FOR THE FAMILY AND SERVICES NEEDED
ENSURE	ULTIMATE GOAL IS TO ENSURE HEALTH AND SAFETY OF THE CHILD AND STRENGTHEN FAMILY

QUESTIONS?

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MINIMUM PARENTING STANDARDS

A PARENT OR OTHER PERSON RESPONSIBLE FOR THE CHILD'S WELFARE SEES THAT THE CHILD IS ADEQUATELY FED, CLOTHED APPROPRIATELY FOR THE WEATHER CONDITIONS, PROVIDED WITH ADEQUATE SHELTER, PROTECTED FROM PHYSICAL, MENTAL, AND EMOTIONAL HARMS AND PROVIDED WITH NECESSARY MEDICAL CARE AND EDUCATION AS REQUIRED BY LAW

DCFS RULE