Cuyahoga County Division of Children and Family Services (CCDCFS)
Policy Statement

Policy Chapter:	Case Requirements
Policy Number:	5.01.03
Policy Name:	Family Cases Involving Substance Use

Original Effective Date:	07/01/2015
Revision Date(s):	
Current Revision Date:	
Approved By:	Thomas D. Pristow

PURPOSE: To assure that family cases involving substance use are served in a consistent manner while maintaining safety to the children involved. It is expected that CCDCFS offers efficient and effective services to all families in need of substance abuse interventions. Our goal is to keep children safe; to develop a safe, nurturing, and stable living situation for them as rapidly and responsibly as possible; and to help their parents/caregivers overcome their substance abuse problems.

SCOPE: This policy applies to all family cases involved with CCDCFS where substance use has been identified (substance use includes both drugs and/or alcohol). All CCDCFS staff are responsible for carrying out this policy.

POLICY

Caregivers and families impacted by substance abuse often require intervention and assistance so that the risk of abuse or neglect to the children in their care may be reduced. CCDCFS has a responsibility to intervene when necessary to identify risk factors, assure safety to children, and assess the caregiver's need for intervention and services.

Substance abuse is a contributing factor to many cases of maltreatment of children. Substance abuse can interfere with a caregiver's mental functioning, judgment, inhibitions, and ability to protect their child(ren) from harm. A caregiver significantly affected by the use of drugs or alcohol may neglect the needs of their children, spend money on drugs instead of items needed to meet the basic needs of their child(ren), or get involved in criminal activities that jeopardize their children's health and safety.

It is essential that staff help caregivers understand the consequences substance abuse may have on the children in their care. Staff utilizes engagement skills to help families understand the need for services to assist in well functioning. When necessary, staff requests that the caregiver complete a drug and alcohol assessment to determine the extent of the problem and recommended level of care.

When a specific need is identified, staff engages the caregiver in case plan or service plan development (See Policy 5.01.02 – Case Planning and Family Service Planning).

When a case is non court involved, services are voluntary. The caregiver must agree to services to be included in the case plan or family service plan. If agreement cannot be obtained, the worker of record (WOR) consults with their supervisor to determine if court intervention is appropriate and necessary. It is important to remember that when agreement cannot be obtained regarding services, the objective is to change the behavior causing risk of harm. The caregiver may agree to an alternative intervention that may be utilized to help address the behavior. Further discussion for services on the case plan or family service plan should be discussed with the caregiver to address the need.

PROCEDURES

I. SUBSTANCE ABUSE ASSESSMENT

A substance abuse assessment is a comprehensive appraisal of an individual's alcohol and / or drug problem and how it affects his or her health and functioning. It is vital for selecting the type of intervention and / or services that best meets the individual's needs. An allegation of substance abuse in and of itself does not warrant requesting a drug and alcohol assessment. An assessment may be necessary when any of the following are present:

- Current indicators of substance use. Indicators may include, but are not limited to:
  - Admission of use
  - A child's report of caretaker's use
  - Observation of drugs / paraphernalia (*it is critical that the WOR employs best practice investigative procedures in order to accurately assess whether indicators of substance use are present).*
- Prior history of substance abuse
- More than 90 days have passed between last assessment and participation in recommended treatment
- Situations regarding the caregiver's substance use have changed (i.e. documented consistent sobriety, confirmed relapse, new drug of choice, etc.)

When there is a current investigation with substance abuse reported and one of the indicators is present, or there is substance abuse history that has impacted a child's safety or care, the WOR requests the caregiver complete an assessment. If the caregiver refuses, the WOR documents this in the case activity log and discusses the case situation with a supervisor.

The requirement of an assessment is not necessary when the WOR finds:

- No current indicators of substance abuse, **and**
- No prior history of substance use impacting the safety or care of a child(ren)

If it is determined that an assessment is necessary, the WOR schedules a time with the caregiver to complete the assessment. The WOR accompanies the caregiver to the assessment to ensure open and honest information is presented.

II. DRUG / ALCOHOL SCREENING

- Drug and alcohol screening (analyzing a person's urine, blood, saliva, hair or breath to determine whether there has been any recent substance use) is a part of the initial assessment process as well as an ongoing feature of the treatment process. The assessment provider and treatment program include drug screening in most cases.
- Frequent random drug screens are one of the most significant motivators for people to stay clean and can provide workers with accurate information about actual drug use.
    - When an individual has engaged in treatment it is expected that this person have weekly drug screens for approximately a 6-8 week time period immediately following the completion of their treatment program. If start of a treatment program is delayed for any reason, this weekly screening schedule is expected to begin immediately.
    - After the screening process (6-8 weeks), when drug screen results are negative (indicating no substance use), the frequency of drug screens may be reduced to twice monthly for two (2) additional months. When negative results continue during the two (2) month period, the frequency of drug screening may be reduced to 1 to 2 times per month for an additional two (2) month time period.
- WOR requests drug screens whenever there is reason to suspect the caregiver has used drugs or alcohol.
- In order to be effective, at least some of the drug screens are random (scheduled unpredictably and without the person's foreknowledge).
    - When requesting a random drug screen, individuals are given no more than twenty-four (24) hours to submit to request.

III. RISK AND SAFETY FACTORS

It is critical for workers to accurately assess children's risk and safety, as they are affected by parental alcohol and/or drug abuse. Characteristics workers should pay special attention to include:

- Child born drug exposed or children previously born exposed
- Family history of involvement with a child protective services agency
- Previous treatment episodes for parents
- Protective factors from risk assessment
- Risk factors from risk assessment
- Incidence of other special circumstances (e.g. mental health, homelessness, illness)
- Educational and medical needs being met
- Criminal record involving drugs or alcohol (including multiple DUI's)

Note: Always check to ensure that infants are sleeping in cribs and not with their parent. It is dangerous for infants to sleep in a bed with any adult, especially in cases involving substance abuse.

Protective capacities are family strengths or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child. Vulnerability is the degree to which a child can avoid or modify the impact of safety threats or risk concerns. The assessment of safety assists a worker in the identification of active safety threats, protective capacities and child vulnerability and in the determination of whether intervention is necessary to control or manage an active safety threat. A child is safe when there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child.

Refer to "Ohio's Child Protective Services Work Manual and CAPMIS Field Guides" for specific instruction and clarification regarding an assessment of safety and safety response decisions. The information specific to the family circumstances regarding substance abuse is clearly documented in the narrative explanation.

IV. DRUG EXPOSED INFANTS

If a mother tests positive for drugs or admits to drug/alcohol use in her second or third trimester or at birth, the case is opened for investigation at the time the child is born.

A. Safety Assessment: A safety threat is an act or condition that has the capacity to seriously harm any child. A child has received serious, inflicted, physical harm, and should be noted as a safety factor, when all of the following apply:
   1. The child under the age of three (3) months is born with a positive toxicology.
   2. The child has sustained serious physical harm which resulted directly from the exposure to substances while in utero.
   3. A medical professional supports that the mother's prenatal drug use resulted in the child's injury.

Examples supporting a **Yes** response are:
➢ Newborn is experiencing physical symptoms of withdrawal resulting from prenatal substance use of the mother. ➢ Fetal alcohol syndrome diagnosis of the infant resulting from prenatal substance use of the mother. ➢ Fetal alcohol affect of the infant resulting from prenatal substance use of the mother. ➢ Infant is born with birth defects resulting from prenatal substance use of the mother.

B. Staffing requirements for cases with infants born drug exposed: CCDCFS assesses both safety and risk and ensure safety interventions are in place prior to the drug exposed infant's scheduled medical discharge or as soon as CCDCFS becomes aware of the discharge.

When a safety threat is identified or an ongoing pattern of risk is not alleviated, a staffing is held. The purpose of this meeting is to make an immediate decision regarding the child's custody and placement. The team identifies and discusses all current safety threats, family strengths and needs, and possible outcomes prior to making this decision. CCDCFS may file a complaint in Juvenile court, develop a safety plan, or utilize other community interventions to ensure safety.

CCDCFS requires a staffing for all drug exposed infant cases except when **all** the following apply:

- Safety interventions are in place.
- An assessment has occurred, and the mother is following treatment recommendations.
- Mother tested negative throughout the third (3rd) trimester.
- Family team meeting is scheduled within one week of child's medical discharge to address ongoing safety concerns and services to parent.

See Policy 2.01.10 – Children Born Exposed to Drugs

V. CHILDREN WITH SUBSTANCE ABUSE ISSUES

Drug or alcohol use by children may also affect the family's ability to ensure safety of all members of the household. When the WOR becomes aware that there is possible drug use by children, either in agency custody or not, a Medicaid Adolescent Rehabilitation Program (MARP) referral is completed by the WOR through the Supportive Services Department. MARP referrals are completed for all children in need of drug or alcohol services. The parent, custodian, or legal guardian is responsible for ensuring follow through with services for their child(ren). As with other services provided to families, all services non court ordered are voluntary, thus making safety and risk assessments by the WOR crucial to ensuring the ongoing safety of the family.

VI. COURT INTERVENTION

If safety threats are present, the WOR discusses the case with their supervisor and a staffing is held to discuss safety threats and possible court intervention. A staffing may also be necessary when a child's well being is affected by substance abuse placing the child at high risk of future abuse and/or neglect. Non court involved cases are voluntary to the caregivers. If a caregiver is unwilling or unable to engage in services and CCDCFS finds the services necessary to protect the child, a staffing is held and court intervention is sought.

VII. REUNIFICATION OF CHILDREN IN AGENCY CUSTODY

A. A child is reunified with their family as quickly as the child is assessed to be safe. When assessing safety for reunification the following needs to be taken into consideration:
   1. Caregiver(s) have successfully completed any recommended substance abuse treatment program and documentation of this successful completion is maintained in the case record and documented in SACWIS. The caregiver demonstrates a change in behavior that reduces risk and

addresses safety issues, where symptoms of drug and alcohol abuse no longer interfere with their ability to meet their children's needs.

2. Research suggests that a caregiver(s) have at least 6 months of documented sobriety prior to reunification but a more aggressive time frame for reunification may be pursued. Workers are expected to discuss this with their supervisor and/or senior supervisor. The goal is a lifetime of sobriety. Sobriety is documented through random drug screening and results are to be maintained in the case file.
3. Visits are occurring frequently with the caregiver(s) demonstrating appropriate interaction and parenting skills with the child. Throughout the custody episode caregiver(s) have the opportunity to visit with their children as frequently as possible with the least restrictions safety will allow. It is imperative that caregiver(s) establish a healthy bond with their child. (See Policy 6.05.01 – Family Visits).
4. All safety factors are resolved and a plan is put in place that will maintain safety after reunification.
5. The case plan is amended upon reunification and filed with the court to show appropriate changes in case status, services and goal.
6. All cases remain active a minimum of three (3) months past the date of reunification. During this time the WOR monitors the caregiver's sobriety through after care reports (if required), announced and unannounced home visits, and other monitoring tools (i.e. drug screens) as deemed necessary.

B. When recommending reunification of children to parent(s), a recommendation for court ordered protective supervision is considered and is recommended to assure that caregiver(s) continue to demonstrate sobriety and appropriate care.

VIII. RECOMMENDING THE TERMINATION OF COURT ORDER

A request to terminate the court order is made only after the caregiver has successfully completed the conditions of the case plan and there is a positive change in the caregiver's behavior, a Comprehensive Assessment Planning Model I.S. (CAPMIS) tool indicates reduced risk to the child, and there are no active safety threats. If the child was reunified to a caregiver with substance abuse issues, that caregiver has a minimum of six (6) months of documented sobriety prior to recommending the termination of court involvement (sobriety is documented through random drug screening which includes both a recent hair follicle and urinalysis screen).

IX. CLOSING CASES

Cases are closed in accordance with CCDCFS policies and procedures.

- Cases are only closed when there are no current safety concerns.
- Cases are closed when services to the family are no longer needed or being provided because risk concerns have been addressed.
- The closing summary clearly states the problems which prompted the agency's initial intervention and the specific actions which were taken to alleviate the problems. This summary outlines the changes that have occurred in behaviors and functioning of the family.

- Written reports from service providers (who have assessed the family's progress and functioning and changes in behaviors), including treatment reports are in the case record.
- Dates of the final contacts with the family and the child are noted in SACWIS. The dates are within thirty (30) days from the date of closing.
- A case review/closure or semi-annual review/closure is completed in SACWIS within thirty (30) days of the date of closing.
- Families are made aware in writing of community resources as a support system to help them maintain their sobriety prior to case closure.
- A closing family team meeting is held with the family, and the collaborative from the family's neighborhood of relevance is invited to offer continued services after CCDCFS involvement.
- The case plan is amended ending all services and indicating the case closure.

SEE ALSO:

- **Cuyahoga County Division of Children and Family Services Policies and Procedures Manual**
  Policy 2.01.10 – Children Born Exposed to Drugs
  Policy 5.01.02 – Case Planning and Family Service Planning
  Policy 5.01.07 – In Home Supportive Services
  Policy 5.02.01 – TDM / Staffings Policy
  Policy 6.05.01 – Family Visits

FORMS/TOOLS:

Drug and Alcohol Screening