

Child Protective Services: Investigation

2104.25 Alcohol and Other Substance Abuse in Substantiated Investigations

Requirement

Assess the need for substance abuse treatment when the investigation substantiates child maltreatment on a report that also alleged substance abuse by the parent. Observe and document any physical and/or behavioral indicators of alcohol and other substance use, as these observations determine the need for a formal substance abuse evaluation and drug screen. Document all observations on Contact Sheet (Form 452).

If the parent refuses to comply with a referral for a substance abuse assessment and/or a drug screen, evaluate with the supervisor the existing evidence of substantiated maltreatment and determine whether to file a deprivation complaint.

Procedures/Practice Issues

Addiction is a disease of denial, and investigating allegations of alcohol and other substance abuse poses unique challenges for CPS. Knowing the risks that parental substance abuse presents to children, use assessment techniques that focus on known indicators of substance abuse/addiction, in addition to assessing indicators of abuse and/or neglect of the children. Explain to parents that DFCS is not the agency responsible for criminalizing their drug use. Parents need to understand that the goal of CPS is to ensure the safety and protection of children while assisting them to become self-sufficient and able to meet their children's needs.

PUP funds may be authorized to contract for necessary drug screens and substance abuse assessments in investigations when no other payment resources are identified (i.e. client's private insurance, Medicaid client pays for screen and assessment etc.) (See [2107.9](#) through [2107.19](#) for PUP Program description, authorization procedures, and approved services). Counties using PUP for drug screens should use the local community behavioral health provider or Promoting Safe and Stable Families Providers if services are available in their community. If private providers/vendors are used, counties will use providers/vendors where contracts with existing confidentiality and HIPPA agreements have been signed.

Case managers cannot share the results of a drug test or drug assessment with anyone other than the individual receiving the treatment without a signed Release of Information or by court order. Providers/vendors are bound by confidentiality clause in the contract. Providers/vendors are prohibited from revealing results of drug screens to anyone.

Document in the case record any of the following behaviors/factors observed when interviewing parents:

- slurred speech;
- dilated pupils;
- unusual behavior (e.g., restlessness, aggressiveness, impaired motor coordination);

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- inconsistent or erratic behavior (e.g., missed appointments, missed work) reported by the parent;
- drug paraphernalia observed in the home;
- significant loss of interest in daily living responsibilities/activities as reported by the parent;
- unexplained need for cash or sudden financial problems;
- unusual smells, such as alcohol or marijuana;
- unusual marks on the arms, legs, or lips, such as skin lesions or bruises from needle injections; or,
- sleeplessness, shaking, or deterioration of general physical health or appearance.

Checklist for identifying Substance Use Disorders:

- A report of substance use is included in the child protective services call or report
- Paraphernalia is found in the home (syringe kit, pipes, charred spoon, foils, large number of liquor or beer bottles)
- The home or the parent may smell of alcohol, marijuana, or drugs
- A child reports alcohol and or other drug use by parent(s) or other adults in the home
- A parent appears to be actively under the influence of alcohol or drugs (slurred speech, inability to mentally focus, physical balance is affected, extremely lethargic or hyperactive, etc.)
- A parent shows signs of addiction (needle tracks, skin abscesses, burns on inside of lips, etc.)
- A parent admits to substance use
- A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal (nausea, euphoria, slowed thinking, hallucinations, or other symptoms).

Transition Planning, Aftercare, and Recovery Services

After a parent has demonstrated progress in meeting treatment objectives, the case manager and the treatment provider must examine whether or not the family is ready for transition. Transition planning involves an assessment of the individual's ongoing recovery plan. It involves an assessment of when and under what circumstances the children will be reunited with the parent. Important questions include:

- Is the family stating they are ready for transition?
- Did the interventions work?
- What are the results of a risk, safety and/or reunification assessment at this time?
- How soon can we reunify the child with the parent?
- What additional interventions are needed to support the parent's recovery?
- What additional interventions or supports are needed to reinforce the reunification stability and well-being of the child?

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The case manager's transition plan for the return of the child parallels the substance abuse treatment provider's plan for continuing care. Continuing care services are essential to sustaining treatment success, child safety and family well-being. They give the family an opportunity to anchor new behaviors and practice drug-free living and relapse prevention techniques. Without aftercare services and community supports, relapse rates can be high, even after periods of long sobriety during treatment. Continuing care includes clinical treatment and community support, addresses individual needs identified in the parent's relapse prevention plan, and builds a supportive net around the individual and his or her family to encourage recovery.