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**

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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 help in determining 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 Plan / Family Service Plan).

When a case is non-court involved, services are voluntary. **The caregiver and/or parents must agree to services to be included in the case plan or family service plan**. If agreement cannot be obtained, the Child Protection Specialist (CPS) consults with their supervisor to determine if court intervention may be needed and should be pursued. 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. 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:
   1. Current indicators of substance use. Indicators may include, but are not limited to:
      a. Admission of use
      b. A child's report of caretaker's use
      c. Observation of drugs / paraphernalia (*it is critical that the CPS employs best practice investigative procedures in order to accurately assess whether indicators of substance use are present).*
   2. Prior history of substance abuse
   3. More than 90 days have passed between last assessment and participation in recommended treatment
   4. Situations regarding the caregiver's substance use have changed (i.e. documented consistent sobriety, confirmed relapse, new drug of choice, etc.)

B. 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 CPS requests the caregiver complete an assessment. If the caregiver refuses, the CPS 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 CPS finds:
   1. No current indicators of substance abuse, **and**
   2. 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 CPS schedules a time with the caregiver to complete the assessment. Based on the client's needs, CPS or designee accompanies the caregiver to the assessment to ensure open and honest information is presented.

II. MEDICAL MARIJUANA

A. Medical Marijuana is legal in the State of Ohio as of September 8, 2016, per HB 523.
   1. There are 22 conditions that will permit a person to be prescribed medical THC:
      a. AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cachexia, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette syndrome, traumatic brain injury, and ulcerative colitis.
   2. Medical marijuana can be dispensed in numerous forms including plant material, edibles, oils, tinctures, and patches. It is illegal to smoke medical marijuana, using rolling papers or pipes. There are a few approved vaping devices that are permitted.
   3. Products obtained from a licensed dispensary will have two labels on the packaging.
   4. Medical marijuana prescriptions are for 90-day supplies; a patient can purchase up to half (45 days) of their prescription at one time.
   5. If a parent/caregiver has a medical marijuana card, the following should be documented by the CPS worker:
      a. The name and contact information of the prescribing physician, and verification that the physician is Certified to Recommend (CTR).
      b. Copies of dispensary receipts and verification that the dispensary is licensed.
      c. Photos of the packaging and labels.
      d. Verification of the device used to ingest the THC, if it is plant material.
   6. To verify that a physician is CTR and/or a dispensary licensed go to https://elicense.ohio.gov/oh_homepage
   7. Surgeon General has issued an advisory on the harmful effects of cannabis (marijuana) use for pregnant and or breastfeeding women.
   8. The American Medical Association has and continues to discourage use of medical marijuana by pregnant and/or breastfeeding women.

III. DRUG / ALCOHOL SCREENING

A. 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.

B. 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.

1. 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.
2. 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.

C. CPS requests drug screens whenever there is reason to suspect the caregiver has used drugs or alcohol.
   1. In order to be effective, at least some of the drug screens are random (scheduled unpredictably and without the person's foreknowledge).
   2. When requesting a random drug screen, individuals are given no more than twenty-four (24) hours to submit to request.

D. Medical marijuana users will continue to test positive, however the levels of THC are to be documented and considered when assessing risk and/or safety of the children.

IV. RISK AND SAFETY FACTORS

A. 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:
   1. Child born drug exposed or children previously born exposed
   2. Family history of involvement with a child protective services agency
   3. Previous treatment episodes for parents
   4. Protective factors from risk assessment
   5. Risk factors from risk assessment
   6. Incidence of other special circumstances (e.g. mental health, homelessness, illness)
   7. Educational and medical needs being met
   8. 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.

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 CPS 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 CPS 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 CPS crucial to ensuring the ongoing safety of the family.

VI. COURT INTERVENTION

If safety threats are present, the CPS discusses the case with their supervisor and a TDM is held to discuss safety threats and possible court intervention. A TDM 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 TDM 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 CPS 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 may be considered 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.

IX. CLOSING CASES

A. Cases are closed in accordance with CCDCFS policies and procedures as described below.

1. Cases are only closed when there are no current safety concerns.
2. Cases are closed when services to the family are no longer needed or being provided because risk concerns have been addressed.
3. 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.
4. 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 and have been weighted in the decision.
5. 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.
6. A case review/closure or semi-annual review/closure is completed in SACWIS within thirty (30) days of the date of closing.
7. Families are made aware in writing of community resources as a support system to help them maintain their sobriety prior to case closure.
8. 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.
9. 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 5.01.01 – In Home Supportive Services
Policy 5.01.02 – Case Plan / Family Service Plan
Policy 5.02.01 – TDM / Staffings Policy
Policy 6.05.01 – Family Visits

FORMS/TOOLS

Drug and Alcohol Screening