

Chapter 11

SUBSTANCE USE/MISUSE CONSULTATIONS

11-1. Purpose. For purposes of child protection assessment and interventions, it is important to accurately identify substance use disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery.

a. Substance use that is unable to be mitigated can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family.

b. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance use/misuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

11-2. Procedures.

a. When information obtained during the interactions with and assessment of the family's functioning indicates that substance misuse is believed to be occurring in the home and the Child Protective Investigator (CPI) feels as though the substance misuse is having an impact of child safety, or the CPI is unsure of the impact of the substance misuse on child safety, or the CPI is unsure of the impact of the substance misuse on child safety, the CPI must consult with a Behavioral Health Consultant or another substance use/misuse expert in order to:

(1) Assess whether the substance misuse is out-of-control to the point of having a direct and imminent effect on child safety.

(a) Identify specific harm(s) to the child caused by or highly correlated with the substance misuse (i.e. impacts to the child's care, schooling, or daily living).

(b) Provide input on what safety actions need to be incorporated into a safety plan for children of substance misusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event.

(2) Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.).

(3) Explore the potential use of the Marchman Act with the family to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance misuse for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance misusing family member.

(4) For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse and potential impact on child safety including, but not limited to:

(a) Dishonesty or the individual is a poor historian and information is not verifiable by collateral sources;

(b) Current inability to manage emotions, not fiscally solvent, and daily caregiving and/or individual well-being responsibilities are impacted;

- (c) Depression, anxiety and sleeplessness;
- (d) Harbored resentments that impact daily functioning;
- (e) Isolation from others; and,

(f) A pattern of non-compliance (if a safety or case plan is in place), or non-engagement in own recovery process.

(5) Explore the feasibility of the Behavioral Health Consultant or substance use/misuse expert accompanying the investigator to the interview site when available, based upon local protocols and working agreements. The consultation with a Behavioral Health Consultant or another substance use/misuse expert should be initiated as soon as possible after identifying the need for such consultation as outlined above, to provide insight and guide decision-making within the investigative process.

b. The investigator will thoroughly assess family dynamics looking for behaviors and patterns of interaction indicative of co-dependency.

(1) "Parentified child."

(2) Deficiencies in functioning between individual using substances and co-dependent partner.

c. The investigator will also seek mental health expertise to determine whether a co-occurring mental health condition is present to ensure that services for both conditions are provided at the same time, to avoid triggering the symptoms of the co-occurring condition that is not being addressed.

11-3. Supervisor. When initiated, supervisory consultations are provided to affirm:

a. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for substance use/misuse and impacts to child safety.

b. The investigator's understanding and adherence to local protocols.

c. The Supervisor may waive the requirement for a substance use/misuse consultation, based on sufficiency of information collected to inform the Family Functioning Assessment and identified safety actions. This decision and supporting information shall be documented in a supervisory consultation.

11-4. Documentation.

a. The investigator will provide all known information, including any historical information, to substance use/misuse professionals to assist in the assessment process; and the recommendations resulting from the consultation activities shall be placed in a case note within two business days.

b. The supervisor will document the supervisory consultation, if conducted, in CCWIS using the supervisor consultation page hyperlink in the investigation module within two business days.