

## 1240 MANAGING CASES WITH SUBSTANCE USE

Chapter: **Child Protective Field Services**

Section: **CPS Family Services**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **17-49**

Effective Date: **August 2017**

Scheduled Review Date:

Approved:

Handwritten signature of Christine Tappan in black ink.

Christine Tappan, Interim DCYF Director

Related Statute(s): [RSA 169-C](#)

Related Admin Rule(s):

Related Federal Regulation(s):

Related Form(s):

Bridges' Screen(s) and Attachment(s):

The Division for Children, Youth and Families is guided by the principle that all children and youth deserve to be safe. When in the course of a Family Services Case, the circumstances requiring intervention are due to substance use by the parent, CPSWs will use specific strategies in their case management to support the parent in obtaining treatment. Although random drug tests may be requested through the court, they are not intended to "catch" individuals who are using substances but as a catalyst to help parents engage in treatment to stop using substances, deter relapse, and provide positive reinforcement for abstinence.

### Purpose

This policy provides CPSWs with circumstances to be considered in managing a case impacted by parental substance use and gives indicators for when drug testing should be implemented.

### Definitions

**"CPSW"** or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

**"DCYF"** or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

**"Family Services Case"** means the planned provision of services and supports to address the challenges that have resulted in child maltreatment, managed by a CPSW in collaboration with the family through a non-court agreement or through court ordered interventions.

**"Substance Use"** means the ingestion of alcohol, misused prescription/over the counter medications, inhalants, and illicit drugs (cannabis, hallucinogens, opioids, stimulants, sedative hypnotics) See practice guidance for definitions from the NIDA Drugs of Abuse and DSM-V for the specific identified substances.

### Policy

- I. DCYF identifies that cases with substance abuse and dependency can result in:
  - A. Increased need for family support services in the home;
  - B. Greater risk of a child/youth needing placement;
  - C. Challenges in achieving family reunification; and
  - D. In some circumstances, termination of parental rights.

- II. Managing cases with parental substance use requires consultation with Licensed Alcohol and Drug Counselors (LADCs) located in the District Offices and engagement by the CPSW with the parent to make informed decisions based on:
  - A. Observations of the parent's behaviors/indicators of substance use or abstinence;
  - B. A parent's self-reported substance use, history, engagement in treatment, and diagnoses; and
  - C. Random drug tests when court-ordered.
- III. Considering if random drug tests are warranted, a CPSW must weigh:
  - A. The individual's history of substance use, including prior DCYF involvement regarding substance use;
  - B. Whether the parent is meeting the needs of the child/youth; and
  - C. Behavioral indicators that the substance use is impeding the parent's abilities (e.g. the parent has slurred speech, significant weight changes, or sleeps all day).
- IV. When considering random drug testing, the CPSW will talk to the parent and engage them in a conversation around ways to address the substance use concerns through case planning and action planning.
  - A. A parent should be engaged in the development of an action plan.
  - B. It is preferred when a parent agrees to seek and enter a treatment program to work with them on their substance use.
  - C. The CPSW must be open with the parent regarding the purpose and process for random drug testing when a parent is not in treatment, including the requirement for the CPSW to report all results to the court, any consequences for positive tests, and impact of declining to complete a test or tampering with a test sample.
- V. In consultation with their supervisor, CPSWs will include a request for court-ordered random drug tests in their recommendations to the court at disposition or review hearings when:
  - A. The case is based on evidence of substance use that puts the child/youth at risk, the parent denies current use, and the parent has refused to engage in treatment; and
  - B. The CPSW needs to:
    - 1. Identify if a parent is using substances while engaged in a Family Services Case;
    - 2. Monitor for compliance/relapse due to risks associated with the case;
    - 3. Provide evidence in support of reunification when a child/youth has been removed due to parental substance use; or
    - 4. Evaluate progress and celebrate when a parent has abstained from using substances.

- VI. The CPSW will consider not implementing court-ordered random drug tests when a parent reports one of the following and the CPSW has no information that further intervention is needed:
  - A. Openly self-reports their substance use and/or relapse; or
  - B. Is actively engaged in a treatment program that is providing monitoring of use and/or relapse and has authorized the CPSW to receive updates from the treatment program.
  
- VII. Frequency of random drug tests should be based on the type of substance used in conjunction with the parent's clinical diagnosis (severity of substance use disorder), historical pattern of use, and changes in observed behavior. General rules for frequency are:
  - A. No more than four (4) random tests a month;
  - B. Do not require another random drug test immediately following a positive tests unless there are case circumstances that support additional tests; and
  - C. One (1) random test a month when:
    - 1. A parent has had no positive drug tests within the prior three (3) months; and
    - 2. The CPSW observes:
      - (a) Positive changes/sustained attention to hygiene and grooming;
      - (b) Improved daily functioning;
      - (c) Improved work behavior;
      - (d) Avoidance of people, places, and things associated with substance use; and
      - (e) Improved consistency in complying with Family Services Case Plan requirements and substance treatment.
  
- VIII. CPSWs will review all random drug test results by:
  - A. Consulting with the District Office's Licensed Alcohol and Drug Counselor (LADC) on the results when needed;
  - B. Notifying the parents the same week as the results are received, to:
    - 1. Offer positive reinforcement and celebrate negative test results; or
    - 2. Reframe discussions regarding positive results as an opportunity to revisit the parent's action plan and brainstorm motivators to engage in treatment;
  - C. Summarizing all random drug test results in the appropriate court review hearing report.

## Practice Guidance

### **What kind of observations may be indicators that a parent is using substances?**

- The following observations are not all inclusive and are not solely attributed to substance use, but are examples of some circumstances/behaviors that when taken into consideration among each other may indicate that a parent is using substances:
  - Uncharacteristic changes in behavior or appearance;
  - Employment/financial instability;
  - Unkempt self and home;
  - Collateral information/reports of use;
  - Avoidance of engaging in treatment programs;
  - Observed paraphernalia;
  - Physically-
    - Significant weight loss;
    - Unexplained/persistent sickness;
    - Sleepiness
  - Socially-
    - Nonsensical communications;
    - Irritability;
    - Lack of natural supports;

### **If a parent is ordered to complete random drug tests, do I need to put any other services in place?**

- Drug tests are not a standalone means for case management. Drug tests do not indicate substance abuse or dependency. Drug tests only identify if there has been a level of use or not within a certain amount of time. Although drug testing can assist in furthering a discussion around an individual's substance use and progress, it does not take the place of a treatment program.

### **What are the differences between the types of substances and how are they defined?**

- Alcohol means ethyl alcohol (ethanol), an intoxicating ingredient found in beer, wine, and liquor.
- Cannabis means the scientific name for marijuana. It is a dry, shredded green and brown mix of leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*. Synthetic cannabinoid compounds such as Spice or K2 are included in this category.
- Hallucinogens means drugs are dissociative anesthetics and can include Phencyclidine (PCP/Angel Dust), Ketamine, LSD (acid), MDMA (Ecstasy) and Bath Salts.
- Inhalant means any drug administered by breathing in its vapors. Inhalants are commonly organic solvents, such as glue and paint thinner, or anesthetic gases such as nitrous oxide.
- Opioids means natural or synthetic chemicals that mimic the actions of endogenous opioids or pain-relieving chemicals produced in the body. These drugs can include heroin, opium, synthetic fentanyl and pain medications available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, fentanyl, methadone and buprenorphine (Subutex/Suboxone).
- Stimulant means a class of drugs that elevates mood, increases feelings of well-being, and increases energy and alertness. Some stimulants, such as cocaine and methamphetamine, produce euphoria and are powerfully rewarding. Other stimulants, such as Ritalin, Concerta and Adderall are prescribed to treat ADHD.
- Sedatives (or Tranquilizers) means a class of drugs that slow CNS function; some are used to treat anxiety and sleep disorders. Examples of these drugs include: barbiturates and benzodiazepines such as Valium (Diazepam), Clonipin (Clonazepam), Xanax (Alprazolam) and Ativan (Lorazepam).

**What do I do if a parent declines to complete a random drug test or tampers with the test sample?**

- Most laboratories will report a tampered test as a positive test. If a parent misses or declines a test, engage the parent in a discussion around what is the barrier to them completing the test. If it is a pattern that the parent will not complete the drug tests despite efforts to overcome barriers that they identify, consult with your supervisor, LADC, and Division Attorney for what recommendations should be made to the court with regards to the parent's compliance with the court-ordered random drug tests.
- Parents may also be referred for Observed Drug Screens.

*Amended Per PD 18-29, July 2018*

**What are the guidelines to refer a parent for Observed Drug Screens?**

- Observed drug screens should not occur on every collection for every client of DCYF.
- Observed drug screens should be requested after consultation with your Supervisor.
- Observed drug screens are to be used for instances when there are concerns that a person is suspected of tampering with their urine sample for drug & alcohol testing.
- Behaviors that may lead to concerns for tampering and request for observed drug screens include, but are not limited to:
  - Information from collateral contacts that allege substituting samples;
  - Concerns identified by the collection agency;
  - Test results that are inconsistent with observed behaviors; and
  - Other situations as discussed with Supervisors and LADC Consultants as available. If your office does not have a LADC Consultant and there is a concern, please contact a consultant in a nearby office for assistance.

*Amended Per PD 18-29, July 2018*