OVERVIEW

A referral involving only substance use is insufficient for investigation or confirmation of child abuse or child neglect. Parents and caregivers may use legally or illegally obtained substances and prescribed medications to varying degrees and remain able to safely care for their children.

Substance use by a parent/caregiver may be a risk factor for child maltreatment. For cases involving known substance use, case managers must evaluate its impact on child safety. Substance abuse is a mental health disorder. Case managers should assist the parent/caregiver in accessing relevant supports and services.

DEFINITIONS

Controlled Substance

A drug, substance, or immediate precursor. Controlled substances include illicitly used drugs or prescription medications.

Meconium

The earliest stool of an infant. The meconium is composed of materials ingested during the time the infant spends in the uterus.

Medication Assisted Treatment (MAT)

The use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to substance use disorders. Examples include Suboxone and Methadone.

Serious Physical Harm

Any physical injury to a child that seriously impairs the child's health or physical well-being, including, but not limited to, brain damage, a skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn or scald, or severe cut, MCL 750.136b(1)(f).

INTAKE

To assign for investigation, referrals containing allegations of substance use must meet Child Protection Law (CPL) definitions of suspected child abuse and/or neglect.

Assignment of Referrals Involving Infants Exposed to Substances or Alcohol

Mandated reporters are required by law to make a referral or a notification to Centralized Intake (CI) when an infant is born exposed to substances.

CPS must investigate referrals alleging an infant was born exposed to substances not attributed to medical treatment when exposure is indicated by any of the following:

- Positive urine screen of the infant.
- Positive result from meconium testing.
- Positive result from umbilical cord tissue testing.
- Confirmation by a medical professional of withdrawal symptoms in a newborn that are not the result of medical treatment. .

See PSM 712-2, CPS Intake Special Cases, for more information.

RESPONSE TO SAFETY CONCERNS

The following conditions may exist in homes where illegal substances are manufactured, sold, used, or distributed:

- Criminality.
- Loss of household control (individual who controls the drug trade usually controls the environment).
- Unsecured weapons.
- Potential for violence, including threats of physical assault; assaultive or coercive behavior.
- Unmet needs of the child.
- Presence of individuals who endanger the child's welfare and may have history of child abuse and/or neglect, and/or may be unwilling or unable to safely care for children.

Coordination with law enforcement is encouraged if there are safety concerns for the case manager. Case managers must have law

enforcement accompany them to homes where illegal substances are manufactured and/or distributed.

Methamphetamine, Carfentanil, and Marijuana Butane Hash Oil Extraction

Coordination with law enforcement must occur when the following allegations or concerns exist:

- Suspected manufacturing, selling or distribution of methamphetamine.
- Suspected presence or use of carfentanil.
- Production or extraction of marijuana butane hash oil.

Case managers should not enter these homes without the assistance of law enforcement.

Methamphetamine

Methamphetamine is a highly addictive and very potent central nervous system stimulant. The production of methamphetamine poses a significant danger due to risk of fire, explosion, and exposure to chemicals and fumes. Those using methamphetamine may be highly agitated and unpredictable.

If children are removed from an environment where it is known they were exposed to methamphetamine use or production, they should be immediately transported to the closest hospital emergency room for a medical assessment. Case managers should not transport anyone suspected of exposure to methamphetamine production. Case managers should request the children be transported to the hospital by ambulance or law enforcement.

Carfentanil

Carfentanil is a synthetic opioid that comes in several forms, including powder, blotter paper, tablet, patch, and spray. **Carfentanil and other Fentanyl analogues present a serious risk to child welfare case managers,** public safety, first responders, medical, treatment, and laboratory personnel. **Case managers must not enter homes where there are concerns of**

use and/or manufacturing of any Fentanyl-related substance. Law enforcement must be contacted immediately and utilized to ensure the home is safe to enter and safety protocols are in place to avoid accidental exposure.

The United States Department of Justice Drug Enforcement Administration has published Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis, which is a factsheet containing public safety information about Fentanyl, carfentanil and other dangerous synthetic opiates.

Marijuana Butane Hash Oil Extraction

A marijuana concentrate is a highly potent Tetrahydrocannabinol (THC) concentrated mass that can be consumed orally by infusing the concentrate in various food or drink products or ingestion by use of a water pipe or e-cigarette/vaporizer.

Many methods are utilized to convert or manufacture marijuana into marijuana concentrates. One method is the butane hash oil extraction process. This process is particularly dangerous because it uses highly flammable butane to extract the THC from the cannabis plant. Given the extremely volatile nature of heating butane and creating a gas, this process has resulted in violent explosions. The United States Department of Justice Drug Enforcement Administration has published What You Should Know about Marijuana Concentrates, which is a factsheet containing public safety information on the dangers of converting marijuana into marijuana concentrates using the butane extraction process.

Case managers must not enter homes where there are concerns for manufacturing marijuana into concentrates. Contact must be made with law enforcement to ensure the home is safe to enter.

Raids

A CPS investigation must occur when law enforcement contacts Centralized Intake and indicates a drug raid has occurred in the home and reports suspected child abuse and/or neglect.

Case managers should assist the parent(s)/caregivers with securing safety and shelter for the children, if necessary, when the home is not safe for the children to return.

INVESTIGATION REQUIREMENTS

Verification of Medication

Case managers may ask a parent to verify medication such as anti-depressants, anti-psychotics, narcotic pain medications or prescriptions identified as MAT.

Verification of medication may occur by any of the following:

- Observing the written prescription.
- Observing the prescription bottle.
- Contacting the prescribing medical professional.

A signed DHS 1555-CS, Authorization to Release Confidential Information, must be signed by the caregiver prior to contacting the medical provider; see SRM 131, Confidentiality.

Investigations Involving Infants

Along with standard investigation activities that apply in all other cases, investigations involving infants exposed to substances or alcohol must also include:

- Contact with medical staff to obtain the following information, if available:
  - Results of medical tests indicating infant exposure to substances and/or alcohol.
  - The health and status of the infant.
  - Documented symptoms of withdrawal experienced by the infant.
  - Medical treatment the infant or birthing parent may need.
  - Observations of the parent's care of the infant and the parent's response to the infant's needs.
  - To be considered serious physical abuse, a medical practitioner must confirm the infant's exposure, and any related symptoms meet the definition of serious physical harm.

- Interview with the infant's parents and any relevant caregivers to assess the need for a referral for substance use disorder prevention, treatment, or recovery services.

- Assessment of the parent's capacity to adequately care for the infant and other children in the home.

- Collaboration between the case manager, medical professional(s) and family to co-develop an Infant Plan of Safe Care (POSC) if not already developed or obtain details of the POSC. See **Infant Plan of Safe Care** section below.

- Contact with substance use treatment providers, if applicable, to determine the parent's level of participation.

DECISION MAKING FOR INVESTIGATIONS INVOLVING SUBSTANCES

Parental substance use and/or positive toxicology in an infant does not in and of itself indicate that child abuse and/or neglect has occurred or that the infant has experienced serious physical harm.

For investigations involving allegations of parental substance use or infant exposure, case managers must reach conclusions based on the presence or absence of evidence of child abuse and/or neglect as defined; see PSM 711-4, CPS Legal Requirements and Definitions.

For guidance in assessing parenting capacity, whether child abuse and/or neglect occurred and how to best address safety, case managers should consider the following:

- Does the use extend to the point of intoxication, unconsciousness, or inability to make appropriate decisions for the safety of their child(ren)?

- Does the use of substances cause reduced capacity to respond to the child's cues and needs?

- Is there evidence to demonstrate difficulty regulating emotions or controlling anger?

- Are the following emotions regularly demonstrated?

- Aggressiveness.
- Impulsivity.

- Is there an appearance of being sedated or inattentive?
- Is there demonstrated ability to consistently nurture and supervise the child(ren) according to their developmental needs?
- Do co-occurring issues exist which would impact parenting or exacerbate risk such as:
  - Social isolation.
  - Poverty.
  - Unstable housing.
  - Domestic violence.
- Are there supports such as family and friends who can care for the child(ren) when the parents are not able to? Are the parents willing to use their supports when necessary?
- Has the use of substances caused substantial impairment of judgement or irrationality to the extent the child was abused or neglected?
- Any other factor which demonstrates inability to protect the child(ren) and maintain child safety.

Early On®

Children age 0 to 3 who are alleged or confirmed to have been affected by substances in utero, and/or a development delay, must be referred to Early On®; see PSM 713-01 - CPS Investigation - General Instructions.

Infant Plan of Safe Care

In an investigation involving an infant born exposed to substances or who is experiencing withdrawal symptoms, or who has been diagnosed with a Fetal Alcohol Spectrum Disorder (FASD), the case manager must ensure a Plan of Safe Care is in place that addresses:

- The health and safety needs of the infant.

- The health and substance use treatment needs of the birthing parent or caregiver.

- The needs of all household members, including caregivers who reside outside of the home. For example, a parent involved in the care of the infant who does not reside in the home or other consistent caregivers, like babysitters.

If a Plan of Safe Care has not been developed, collaboration must occur between the case manager, medical professional(s) and family to ensure the Plan of Safe Care is developed together. MDHHS-6182, My Plan of Safe Care is available as a resource to provide to the family to document the Plan of Safe Care details. A copy of the plan should be provided to the family. Details of the plan must be documented in the electronic case management system within the Newborn Toxicology section located in CPS History and Trends.

If a Plan of Safe Care is already in place, the case manager must attempt to obtain details of the plan and determine together with the affected caregiver if updates are needed. A copy of the updated plan should be provided to the family. Details of the plan must be documented in the Newborn Toxicology section.

If a parent declines a Plan of Safe Care, documentation in the Newborn Toxicology section must indicate this.

Case managers must review the POSC with the family as needed and, at a minimum, during each service plan reporting period to determine whether updates or additional services are required. Any necessary service referrals must be completed. Before case closure, the POSC must be discussed with the caregivers to ensure all necessary supports are in place to assist the family post-closure.

Regardless of case disposition, in addition to a referral to Early On, services must be provided to the infant and family by MDHHS or another service provider, including, but not limited to, one of the following services:

- Michigan Home Visiting Program.
- Families First.
- Families Together Building Solutions (FTBS).
- MiFamily Together
- Substance use disorder prevention, treatment, or recovery services, including applicable and available contracted

programs and/or publicly funded services available through Michigan's Pre-paid Inpatient Health Plans (PIHP).

The referral and implementation of these services **must** be documented by the case manager in the Newborn Toxicology section located in CPS History and Trends.

LABORATORY SCREENING

There may be situations in which case managers determine that substance/alcohol screens for parents or other persons responsible are necessary. Screening frequency should not exceed twice monthly; unless there is a need to verify use or abstinence, or a court order requiring additional screening. Substance use screening should not be completed as punitive action.

Regardless of the outcome of the drug screen, case managers should continuously engage with the parent, provide the parent with applicable services, and assess the impact of the parent's substance use.

Consent

Federal regulations require the civil rights of a client be protected. Informed consent is a mandatory component of screening procedures and case managers should ensure that a consent form is signed. If a client is screened, they must be provided with information on the potential subsequent action of screening.

If a client refuses to consent to screening, the case manager should engage with the client and continue to assess for potential risks to the child(ren).

Screening of Minors

CPS must **not** conduct a drug screen on a child.

RELEASE OF INFORMATION

Because of the highly confidential status given to information concerning substance use disorder treatment, case managers must follow policy and only release this type of information under the

provisions given; see SRM 131, Confidentiality - Substance Abuse Records.

LEGAL

Child Protection Law, MCL 722.621 et seq.

CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.