

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has designated families who are under Child Protective Services investigative assessment or who have been substantiated for abuse, neglect or dependency or are in need of child protective services as a substance abuse target population for substance abuse treatment services. To facilitate the access and engagement of these families in substance abuse treatment services, the Division of Social Services and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services are expanding statewide the use of CPS/WF QSAPs to families who have been found in need of child protective services where substance abuse has been a factor in the child's maltreatment. This document establishes the protocol for the use of CPS/WF QSAP personnel in CPS Case Planning and Case Management Services.

I. Memorandum of Agreement

Coordination of services and collaboration between the county DSS and the Area Program/Local Management Entity (LME) is critically important if parents/caretakers are to be successful in treatment and children are to remain safe. Before a county DSS begins referrals to CPS/WF QSAPs, a Memorandum of Agreement between DSS and the AP/LME must be developed to specify the roles and responsibilities of each agency. DSS and the LME should meet to adopt the model MOA, designate staff to function as liaisons, and to add any other requirements or responsibilities specific to local DSS/LME needs.

II. Eligible Families

If a child protective services assessment results in a substantiation or a finding that the family is in need of services and substance abuse was identified as one of the reasons the child was maltreated, the family must be referred by the CPS social worker to the CPS/WF QSAP for substance abuse assessment unless they are already receiving treatment services. Consequences to families for refusal to participate in the QSAP assessment will vary depending on each family's individual situation. Any refusal to participate should be considered as a part of the total CPS assessment process.

III. Confidentiality

The parent's or caretaker's signature on the Release of Confidential Information form should be obtained as soon as possible. This allows the DSS social worker and the LME staff to exchange information. If the Release of Confidential Information form is not signed by the parent or caretaker, the CPS/WF QSAP and the LME staff are prevented from disclosing information to DSS about the parent or caretaker. DSS staffs are expressly prohibited from re-disclosing information to anyone unless the parent/caretaker signs another release form permitting such disclosure.

The attached Release of Confidential Information form complies with federal confidentiality laws relating to drug and alcohol records and HIPAA requirements. The Release of Confidential Information form also lists the information that the CPS/WF QSAP may share with the DSS social worker.

The CPS social worker must explain to the parent/caretaker the nature of the information to be disclosed, including information about the involvement with DSS Children's Services, attendance at the assessment interview and the status of any treatment that may be recommended. It is important that the parent or caretaker initial each category of information he/she is willing to have the QSAP disclose so that the QSAP may share that specific information. Once the form is signed and initialed, the CPS social worker should refer the parent/caretaker to the CPS/WF QSAP for further assessment.

#### IV. Referral Process

CPS referrals to the QSAP for assessments should take place prior to the completion of the Family Services Case Plan. The CPS social worker shall provide all relevant information to the QSAP in order to facilitate the substance abuse assessment. This information shall include any information relating to the reasons the family is in need of involuntary services and the specific indicators and rationale for the substance abuse referral. The Family Strengths and Needs Assessment and Family Risk Assessment must be attached to the referral information. Once the QSAP assessment and treatment recommendations are completed, the CPS social worker should include the substance abuse treatment recommendations in the Family Services Case Plan.

#### V. CPS and CPS/WF QSAP Case Collaboration

The assessment tool used by the CPS/WF QSAPs as part of their clinical evaluation is the Substance Use Disorder Diagnostic Schedule IV (SUDDS IV). Administering this instrument results in a substance abuse or dependency diagnosis or no diagnosis. The substance abuse treatment referral is based on medical necessity criteria for substance abuse services. The CPS/WF QSAP is responsible for care coordination and case management services. CPS/WF QSAP services include:

- Assessment and referral for treatment;
- Access to LME services
- Collaborating with DSS to ensure transportation and child care are available for a parent/caretaker to receive services;
- Case Management /Community Support services
- Tracking the provision of services that are relevant to CP&CM;
- Following up with treatment providers;
- Reporting to county CPS social workers information that relates to the consumer's treatment plan;
- Interagency staffing and training with county CPS social workers;
- Acting as liaison between the LME and/or other treatment providers and the county DSS;
- Providing outreach and engagement services to families;
- Providing ongoing collaboration and consultation with CPS about families being jointly served.

VI. Diagnosis of Substance Abuse or Dependency

When the CPS/WF QSAP assessment results in a diagnosis of substance abuse or dependency, the CPS/WF QSAP and CPS social worker should confer about the treatment recommendations. The treatment recommendations should be included in the Family Services Case Plan.

Assessment by the CPS/WF QSAP is paid for with substance abuse funds (SAPTBG) if the consumer does not have Medicaid. Method of payment for substance abuse treatment would include Medicaid, the consumer's insurance or SAPTBG funds.

The CPS social worker, CPS/WF QSAP and LME treatment provider need to confer on a regular basis so that the CPS social worker can be kept up-to-date on how the parent/caretaker is progressing in treatment. If any of the parties has reason to believe that the child's safety is at risk, a CPS report must be made.