

**DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
311 W. SARATOGA STREET  
BALTIMORE, MARYLAND 21201**

**DATE:** March 15, 2004

**CIRCULAR LETTER #:** SSA 04-13

**TO:** Directors, Local Departments of Social Services  
Assistant Directors, Social Services  
Assistant Directors, Family Investment  
Health Officers, Local Health Departments

**FROM:** Dr. Rosemarie DiMauro Satyshur, Executive Director  
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**RE:** Implementation of The Integration of Child Welfare and Substance  
Abuse Treatment Services Act of 2000

**PROGRAMS AFFECTED:** Child Protective Services, Foster Care, Kinship Care,  
Family Preservation

**BACKGROUND:** The Integration of Child Welfare and Substance Abuse Treatment  
Services Act was passed in the 2000 session of the Maryland  
General Assembly. The provisions of the Act require DHR and  
DHMH to develop a protocol for the integration of child welfare  
and substance abuse services. This circular letter sets forth the  
policy and procedures that govern implementation of elements of  
the Act.

**ACTION REQUIRED OF:** Local Department of Social Services Directors or Designees, Local  
Health Departments Directors or Designee

**ACTION DUE DATE:** Immediately

**ORIGINATING OFFICE AND  
CONTACT PERSON:** Office of Special Services, DHR/SSA  
Mildred Gee, Unit Manager, 410-767-7095 or Joseph E. Johnson,  
Project Manager, 410-767-7632

## I. INTRODUCTION:

The abuse of alcohol and other drugs (AOD) profoundly affects the integrity of family life and the well-being of children. Child welfare policies and practice must reflect an understanding and appreciation of how abuse of alcohol and other drugs affects child development and family systems. The Maryland General Assembly recognized the following in its decision to enact legislation for the integration of child welfare and substance abuse treatment services.

*Substance abuse is a key factor fueling intensification of child abuse and neglect in the 1990s. Sixty-two percent of children in Maryland (over 2,700 children) entering out-of-home placement in 1999 had a parent with an identified substance abuse problem. The child welfare system in the United States spends an estimated \$20 million per year to care for abused and neglected children of drug-and alcohol-abusing parents. The projected cost of a child entering the foster care system in Maryland is \$60,000 per episode. Nearly one-third of substance abusers achieve sustained abstinence in their first attempt at recovery and an additional one-third eventually achieve long-term abstinence. Forty-four percent of females in drug treatment report being in treatment in order to retain or regain custody of their children. Forty-eight percent of the clients in residential treatment with their children said they would not have been interested in treatment if they had not been able to bring their children with them. Women who complete residential treatment have significantly higher abstinence, employment, and arrest-free rates than do non-completers. Victims of child abuse and neglect and children of substance-abusing parents have increased risk of substance abuse problems. Linking child welfare and substance abuse programs would make both more effective. The strict time limits placed for family reunification in the federal Adoption and Safe Families Act make timely provision of quality substance abuse treatment programs essential. (Preamble HB 7)*

## II. PURPOSE:

The Integration of Child Welfare and Substance Abuse Services Act establishes minimum elements for inclusion in a statewide protocol implementing the Act. These elements provide steps toward addressing the unique problems related to serving children and families affected by alcohol and drug exposure. This circular letter provides guidance on the elements of the Act listed below for **local departments of social services where qualified HB7 addictions specialists have been placed in the child welfare office.**

- A. Placement of qualified addictions specialists in child welfare offices
- B. Screening, assessment and referral for substance abuse treatment services
- C. Notification to an at-risk parent of the availability of substance abuse treatment
- D. Notification to the local department of social services of the results of substance abuse assessment and testing
- E. Routine consultation and reevaluation of progress in a child welfare case
- F. Cross-training for child welfare and substance abuse treatment personnel

Additionally, this circular letter establishes requirements for local departments to submit to SSA local procedures to implement the integration of child welfare and substance abuse treatment services and periodic progress reports.

### III: DEFINITIONS:

- A. **Assessment**: see “Substance Abuse Assessment” below
- B. **At-Risk Parent** means a parent of a child entering out-of-home placement or identified as at-risk of entering out-of-home placement.
- C. **Child Welfare Personnel** means paraprofessionals, caseworkers, casework supervisors, and administrators who work in child welfare programs administered by the Department.
- D. **Cross-Training** means training of both child welfare and substance abuse treatment personnel provided by qualified trainers with an approved curriculum in essential areas, including both substance abuse and child welfare practices, procedures and laws.
- E. **Out-of-Home Placement** means placement of a child into Foster Care, Kinship Care, Group Care, or Residential Treatment Care
- F. **Addictions Specialist** means an individual who meets the qualifications for substance abuse counseling and screening established by the Department of Health and Mental Hygiene.
- G. **Screening** is the process used to preliminarily detect indicators that a client may have problems that may be alcohol or drug related and may require referral for comprehensive alcohol and other drug assessment and diagnosis.
- H. **Substance Abuse Assessment** is an effort to confirm or deny if a screened individual has a substance abuse problem. It involves a broad range of evaluation procedures and techniques designed to measure essential areas of an individual’s functioning as well as the individual’s environment. This circular letter will address two types of assessments: (1) The **preliminary Alcohol and Other Drug (AOD) screening** determines if a client may have problems that may be alcohol or drug related. A child welfare caseworker performs the preliminary AOD assessment using the **Preliminary Alcohol and Other Drug Sorting (PADS) Form** (DHR/SSA 1818, see Attachment A). (2) The **comprehensive Alcohol and Other Drug AOD assessment** is performed by a qualified addictions specialist following a positive PADS screening of a member of a family receiving child welfare services. Its purpose is to help design an intervention. A qualified addictions specialist will conduct the AOD comprehensive assessment.
- I. **Substance Abuse Testing** means testing that is performed by urinalysis, breathalyzer, dipstick, blood testing, or hair analysis to determine if an individual has used either drugs or alcohol.
- J. **Substance Abuse Treatment** means a program that provides the intensity and type of treatment needed for parents and their children to maximize the likelihood of long-term abstinence, including detoxification, intensive outpatient treatment, intermediate care and other residential treatment (including programs in which parents and their children can live and receive treatment together), and aftercare.
- K. **Substance Abuse Treatment Personnel** means personnel who work in a substance abuse treatment program.

### IV: PROCEDURES:

#### A. Placement of Qualified Addictions Specialists in Child Welfare Offices

The Department of Health and Mental Hygiene’s Alcohol and Drug Abuse Administration is responsible for hiring and *clinically* supervising the addictions specialists under the Act. Local Departments of Social Services provide *administrative* supervision of the addictions specialists.

Procedures in this circular letter apply to the local departments of social services listed below where qualified addictions specialists have been placed in the child welfare office.

- Baltimore City – 7 qualified addictions specialists
- Prince George’s County – 2 qualified addictions specialists

As future funding permits, additional addictions specialists will be assigned to other jurisdictions.

## **B. Screening, Assessment and Referral for Substance Abuse Treatment Services**

The Act requires that *in all cases accepted for child abuse and neglect investigation or out-of-home placement, assuring that parents are screened for substance abuse, and where there is any reasonable suspicion of substance abuse, assuring that qualified addictions specialists have the opportunity to consult.* This section provides guidance on the roles of the local department’s child welfare worker, HB7 addictions specialists, and family investment services office in the screening, assessment, and referral of clients for substance abuse treatment.

### **1. Role of the Child Welfare Worker:**

The child welfare worker’s screening and referral role is three-fold. The child welfare worker will conduct a preliminary alcohol and other drug assessment, refer appropriate clients to the addictions specialist for comprehensive assessment, and follow-up with clients referred.

- a. The child welfare caseworker shall conduct a **Preliminary Alcohol and Other Drug Sort (PADS)** in all cases accepted for child abuse and neglect investigation or out-of-home placement, with the exception of cases determined by the local child welfare director or his/her designee to have documented circumstances which preclude the need to conduct the PADS. There are two elements to performing a PADS: 1) completing the screening instrument and 2) collection of collateral information from different sources. The results of these two elements will determine if a client may have problems that may be alcohol or drug related.

- The Screening Instrument

In the child welfare office workers will use the Preliminary Alcohol and Drug Sort (PADS) form (DHR/SSA 1818) as a sorting/screening instrument (see Attachment A). The PADS shall be administered: 1) whenever a case is accepted for child abuse and neglect investigation or out-of-home placement; 2) when a child maltreatment allegation suggests that a child may be at risk of abuse or neglect due to the presence of substance abuse in the home; 3) when the observations of the caseworker in an ongoing case indicates substance abuse poses a risk of child abuse or neglect; or 4) at any point during the casework process, for example, when performing a risk assessment upon a child welfare client.

If one of the 13 items on the PADS form is checked with a “yes” then the child welfare worker should consider referring the child welfare client to the addictions specialist for a comprehensive alcohol and other drug assessment.

- **Collection of Collateral Information**

To supplement and corroborate the information gathered through the use of the PADS form additional data relating to AOD involvement should be collected from relatives, day care providers and other professionals associated with the particular child welfare allegation, e.g., physicians, nurses, school counselors, and teachers which support the client’s need for an AOD comprehensive assessment.

Once both of the above elements are completed, a PADS will produce the following options:

- **Screening Completed/No Referral Needed:** The child welfare client does not need a referral for a comprehensive AOD assessment.
- **Screening Not Completed/No Referral Needed:** The results of the preliminary AOD are inconclusive or incomplete. The child welfare client may be rescheduled for a preliminary AOD at a later time.
- **Screening Completed/Referral Needed:** The child welfare client does need a referral for a comprehensive AOD assessment. The child welfare worker will refer the client to the addictions specialist in the local child welfare office for a comprehensive AOD assessment. The referral information should include the results of the PADS instrument (DHR/SSA 1818), supporting observations that resulted in the child welfare worker’s “yes” response to any of the items on the PADS form, and documentation of information from collateral contacts. The child welfare worker will provide appropriate follow-up and case management services to the referred client.

b. **Referral to Addictions Specialist**

- When making a referral to the addictions specialists the child welfare worker completes the Alcohol and Other Drugs comprehensive assessment referral form (DHR/SSA1183, Attachment B). Accompanying the referral must be the Consent for Release of Information form (DHR/SSA704, Attachment C) signed by the child welfare client and the Consent for Release of Confidential Alcohol and Other Drug Information form (DHR/SSA 1185 – see Attachment D) signed by the client. This form documents that the client has consented to the exchange of alcohol and other drug information between the child welfare worker (LDSS employee) and the addictions specialist (local health department employee).

- The child welfare worker will advise the client that failure to sign the consent will be interpreted as noncompliance with needed services and could affect the decisions made regarding the client's child welfare case.
- The child welfare worker will include the AOD referral form (DHR/SSA1183), the PADS (DHR/SSA 1818), and consent forms DHR/SSA1185 and DHR/SSA704 in the referring information submitted to the addictions specialist.
- After referral to the addictions specialist, the child welfare worker will continue assessing the needs of the client and client's family, and arrange for services to meet the client's needs.

## 2. **Role of the Addictions Specialist**

- a. The addictions specialist placed in the local child welfare office supports the case management function of the child welfare worker as it relates to the involvement of a client and family with alcohol and other drugs. The addictions specialist provides consultation and technical assistance to child welfare personnel. Clinical supervision regarding client assessment, referral and treatment shall be provided by local health department personnel.

The addictions specialist is responsible for conducting the AOD comprehensive assessments and making appropriate referrals and follow-up of child welfare clients for substance abuse treatment.

- b. The AOD comprehensive assessment conducted by the addictions specialist is a thorough evaluation designed to establish definitively the presence or absence of a diagnosable disorder or disease. The AOD comprehensive assessment, in addition to ascertaining the presence of AOD disorders may also identify other problems related to the client's entry into the child welfare system. Based on the information obtained in an assessment, substance abuse service providers can begin to develop a problem list and treatment plan and determine a client's need for additional services.
- c. Upon receiving a referral from the child welfare worker, the addictions specialist will:
  - Schedule an AOD comprehensive assessment appointment with the client, and
  - Create a client case file containing the initial referral information from the child welfare worker
- d. At the time of the scheduled appointment the addictions specialist will:
  - Verify the identification of the client

- Notify the child welfare worker if a client fails to appear or fails to complete the comprehensive assessment.
  - Conduct the comprehensive AOD assessment for adults using the American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, 2<sup>nd</sup> edition (ASAM-PPC-2R).
  - Conduct the Problem Oriented Screening Instrument for Teenagers (POSIT) or a tool approved by DHMH/ADAA for persons under 20 years of age.
- e. Upon completion of the comprehensive AOD assessment the addictions specialist will obtain the necessary client consent to release information to:
- Notify the client's child welfare worker of the assessment results.
  - Notify, if appropriate, the client's Managed Care Organization (MCO) or the Behavior Health Organization (BHO).
  - Recommend a treatment facility for the client based on the results of the comprehensive AOD assessment.
  - Secure a treatment slot and refer the client to the treatment facility. Obtain appropriate signed consent to release information form from the client.
- f. Case Follow-Up
- The addictions specialist will plan and coordinate with the child welfare worker a package of health and social services individualized to meet the client's needs.
  - For the duration of an open child welfare case for a referred client, the addictions specialist will provide AOD related monitoring, tracking and support to the client throughout the course of his/her treatment and aftercare.

3. **Role of the Family Investment Office in Substance Abuse Screening, Assessment and Cross-Referral of Clients under the Welfare Innovation Act of 2000 (HB 1160)**

The Welfare Innovation Act of 2000 mandates the placement of addictions specialists in Local Departments of Social Services to provide a streamlined system of screening assessment and referral for cash assistance applicants and recipients, and certain food stamp applicants and recipients. The Department of Human Resource's Family Investment Administration (DHR/FIA) and the Department of Health and Mental Hygiene's Alcohol and Drug Abuse

Administration (DHMH/ADAA) have developed the Substance Abuse Treatment Services (SATS) program to implement House Bill 1160. Addictions specialists are located in all local Family Investment Offices providing AOD screening, assessment and referrals to FIA clients.

Some child welfare clients have active cases in FIA. Many of these same clients may have already seen a FIA Substance Abuse Treatment and Services (SATS) addictions specialist for an AOD screening and/or assessment. To avoid duplication in the AOD intervention process and to increase service coordination FIA and SSA have jointly developed the following process and guidelines for cross referrals in FIA and Child Welfare.

- a. All applicants for Temporary Cash Assistance and some Food Stamps applicants are provided with an AOD screen and or assessment. Where the SATS addictions specialist has identified an individual with a substance abuse problem the SATS addictions specialist will notify Child Welfare as follows: 1) obtain a signed Consent for Release of Information form(DHR/SSA704) from the client for release of information (this permits the exchange of child welfare information between FIA and Child Welfare employees), and 2) complete a Referral for Services Form (DHR/FIA 461, see Attachment E) and forward it to Child Welfare for a clearance through the Client Information System (CIS).
- b. If the Child Welfare screener determines that the FIA case is active in child welfare:
  - The child welfare screener should return a completed DHR/FIA 461 to the SATS addictions specialist and a copy of the DHR/FIA 461 should be sent to the appropriate Child Welfare caseworker.
  - Following existing local departmental procedures a team meeting between the customer, FIA, Child Welfare and Addictions staff should occur to coordinate AOD intervention services.
- c. If the Child Welfare screener determines that the FIA client is not active in child welfare.
  - The child welfare screener should return a completed DHR/FIA 461 to the SATS Addictions Specialist
  - The SATS Addictions Specialist forwards a copy of the DHR/FIA 461 to the FIA case manager and files a copy in the individual's SATS case file.
- d. Temporary Cash Assistance (TCA) and Food Stamp clients who are identified by SATS addictions specialist to have substance abuse problems but are sanctioned for failure to comply with SATS requirements such as enrolling or participating in recommended treatment may be referred to Child Welfare for Family Services using a Referral for Services form (DHR/FIA 461). The DHR/FIA 461 form should reflect that the referred client is in agreement with the referral and that such a referral is made to mitigate the barrier substance abuse has on the family's

well-being. Local Department of Social Services will review and dispose of these referrals following existing Social Services regulations.

- e. Whenever a child welfare caseworker's client exhibits a positive comprehensive AOD assessment (addictions specialist has confirmed the presence of a substance abuse problem) the caseworker should seek a clearance to determine if their client has an active case in FIA. If the child welfare case is concurrently active in FIA the child welfare caseworker must ensure that FIA is notified of the positive AOD assessment by obtaining from the client the signed Consent for Release of Information form (DHR/SSA 704). The SSA and FIA staff should coordinate the AOD treatment process with the appropriate personnel.

**C. Notifying an At-Risk Parent of the Availability of Substance Abuse Treatment**

Both child welfare workers and addictions specialists will provide to any at-risk parent a notification of the available substance abuse treatment services in their corresponding jurisdictions. This may be accomplished by various means including and not limited to the distribution of a current listing of local substance abuse treatment programs, local health department substance abuse assessment and referral programs, and/or the names and numbers of local addictions specialists who provide assessment and referral services.

Local child welfare personnel shall develop a procedure for the notification of the availability of substance abuse treatment for an at-risk parent and/or appropriate family member. Opportunity for notification to an at-risk parent and/or appropriate family member may occur:

- 1) when a case is accepted for child abuse and neglect investigation or out-of-home placement;
- 2) when a child maltreatment allegation suggests that a child may be at risk of abuse or neglect due to the presence of substance abuse in the home;
- 3) when the observations of the child welfare worker in an ongoing case indicates substance abuse poses a risk of child abuse or neglect;
- 4) when the child welfare worker conducts a PADS assessment;
- 5) when the addictions specialist conducts the comprehensive AOD assessment;
- 6) at the request of the client for information.

**D. Notifying the Local Department of Social Services of the Results of Substance Abuse Assessment and Testing**

The child welfare worker will use the Consent for Release of Confidential Alcohol and Other Drug information form DHR/SSA 1185 to obtain the client's signed consent to obtain information relating to the results of substance abuse assessment and testing performed by the addictions specialist.

**E. Routine Consultation and Reevaluation of Progress in a Child Welfare Case**

Continuous consultation and reevaluation of progress in substance abuse treatment is encouraged between the child welfare worker, addictions specialist, and other appropriate individuals

(e.g., the family investment caseworker), at each step as a child welfare case proceeds. The primary responsibility of the child welfare worker is that of the safety and well-being of the child. The primary responsibility of the addictions specialist is the treatment needs and progress of the parent or primary caregiver.

The local department shall develop a process for the routine consultation and reevaluation of the progress in substance abuse treatment at every step as a child welfare case proceeds when there is involvement by more than one agency, case manager, or service provider. The procedure must reflect appropriate signed consent from the client to share information.

#### **F. Cross-Training for Child Welfare and Substance Abuse Treatment Personnel**

A curriculum for cross-training has been developed and implemented by DHR/DHMH through the University of Maryland School of Social Work. Cross-training will be provided to child welfare caseworkers, addictions specialists and staff of AOD treatment providers. Cross-training will focus on developing competencies related to AOD treatment and child welfare services. Addictions staff will retain their assessment and treatment focus. Child Welfare staff will retain their risk assessment, child safety and well-being focus. Some of the competencies to be developed are:

- To become familiar with philosophical beliefs about the nature, causes and effects of child abuse and neglect and alcohol and other drug abuse
- To become aware of the scope of the "double abuse" problem
- To understand the need for interdisciplinary collaboration
- To become aware of the correlation between addictions and child maltreatment
- To understand the impact of acute intoxication, acute withdrawal, protracted withdrawal, neonatal complications and child outcomes in parenting
- To become aware of common health problems associated with drug addicted families
- To understand the common defense mechanisms used by "double abusers" to justify child maltreatment and drug use
- To understand the double abuse treatment model and its goals of treatment
- To understand the concepts and values that underlie public human service delivery: self-determination, family preservation, least restrictive intervention, strength-based perspective, child safety and well-being, parental rights
- To understand the application of values and principles underlying human service delivery
- To understand the philosophical basis inherent in laws affecting human services delivery by local departments of social services and their community partners

The ongoing provision of training is contingent upon the availability of funds.

#### **V. LDSS REPORTING REQUIREMENTS**

- A. Within 90 days of the issuance of this circular letter, the local department of social services shall submit to SSA procedures to implement the integration of child welfare and substance abuse treatment services at the local level.

The document shall include but is not limited to: 1) a procedure to assure that parents are screened for substance abuse in all cases accepted for child abuse and

neglect investigations or out-of-home placements (with the exception noted on page 4, B, 1, a.) that offers the opportunity for consultation by the addictions specialist where indicated, 2) a procedure for notifying an at-risk parent of the availability of substance abuse treatment, 3) a procedure for notifying the local department of the results of substance abuse assessment and testing, 4) a procedure for referral and follow-up, as needed, between family investment, child welfare, and addictions personnel that includes consents for release of information where required.

- B. The local department of social services shall submit quarterly reports by July 15, October 15, January 15, and April 15. SSA shall provide the local departments with a format for quarterly reporting.