TEXAS
Department of Family and Protective Services

Substance Use

Resource Guide

January 2024

Contents

INTRODUCTION

The purpose of this resource guide is to give casework practice with corresponding DFPS Policy to assist investigators to effectively work with families affected by substance use.
All DFPS Policy related to Substance Use in located in the CPS Policy 1900 Substance Use.

Gathering Information about Caregiver's Substance Use

Caseworkers should use tools and resources to address substance use (CPS Policy 1910 Tools and Resources to Address Substance Use). In addition, caseworkers should use credible evidence such as examples listed below of substance use should be documented by the investigator in IMPACT:

- Personal observation - We must be knowledgeable about the substance(s), we are there to investigate. What might the person look like under the influence of the substance, what may be the short-term and long-term effects of this substance's use?
- Medical, criminal, and substance use histories - We must obtain and read the CPS history (how did the last case(s) go, did it come in for the same/different substances, is there an escalation, did they complete OSAR screening, did they complete treatment, did they relapse, what was the outcome of our CPS case), criminal history (extensive history of possession charges, Public Intoxication citations, DWI charges, criminal record beginning as a juvenile, and/or current probation/parole) and medical records (prescriptions may explain drug test results)?
- Credible Collaterals Information - We need to speak to collaterals knowledgeable about substances, substance the person using, and ask them about this person and substances.
- Living Environment Observations- We have to know what we might find in the living environment of a person using the substance we are investigating (Is the physical living environment/condition hazardous and immediately threaten the health and safety of the child DI # 7: are there substance accessible to children, are they producing, manufacturing, or selling drugs).
- Drug test results - We need to know how long substances stay in oral, urine, hair strand drug tests to ensure we make choose the right tool.
- Case Record Information - Lastly, other information from the case record, what did the intake say, reporter, etc. (CPS Policy 1920 Factors to Consider to Identify Possible Substance Use

Some common warning signs include:

- Changes in behavior
- Changes in sleep patterns
- Problems with relationships
- Becoming distant from loved ones
- Unexplained financial problems
- Engaging in secretive behavior

While this list is not comprehensive, it provides you with common warning signs you might see when working with a family that is having trouble with substance use. Comprehensive

assessment of substance use history provides you with a pattern of use, warning signs, and relapse triggers. Families may be aware of these triggers, ask for information about warning signs and past experiences. If the family appears unaware, it is important to share education, resources, and warning signs of use with the person's support network. While warning signs do not prove that relapse will occur, they are strong predicators that the person needs additional support.

If you need assistance learning about substances and their effects of a person, please contact the SubstanceAbuseSpecialist@dfps.texas.gov mailbox for further assistance.

Processing Concerns with Caregivers

Key Elements of Family Engagement:

- Respect the family and allow for family input.
- Establish the purpose of involvement with each family.
- Honest communication.
- Support older youth's voice.
- Engage and involve fathers.
- Engage kinship families.
- Focus on family and parent/legal guardian strength.
- Plan **with** the family, not **for** the family.
- Set mutually acceptable goals.
- Provide access to resources.
- Role model healthy coping habits.

Engaging Parents/Legal Guardians

In order to process our concerns with parent/legal guardians, we should remember key elements of successful engagement with families. We must be clear with parent/legal guardians about our concerns for child safety and future risk of harm should substance use continue in the home/presence of the children.

Respectful engagement with parent/legal guardians can help ease some of the challenges we encounter with engaging with families - many families are distrustful of the Department due to prior involvement. Remember to let the parent/legal guardians and their supports take the lead on planning - plan WITH the family, rather than FOR the family.

We must meet families where they are. While we cannot disregard a family's history if you are working a case where substance use allegations were not the primary concern, but rather a historical concern, be sure to discuss and acknowledge what has changed, how far the parent/legal guardian has come in recovery or attempts to mitigate the effects of their substance use. Be sure to recognize the positives and point out strengths. If a parent/legal guardian has engaged in treatment before, or acknowledges they want to stop using, be sure to recognize these efforts and build upon them.

Engaging Children

Substance Abuse Mental Health Services Administration (SAMHSA) estimates about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a substance use disorder in the past year (SAMHSA, 2017).

Children may be exposed to parent/legal guardian substance use in a variety of ways:

- Seeing it
- Hearing it
- Intervening or trying to prevent continued use
- Seeing the effects (parent intoxicated, parent arrested or home raided, overdose)
- Being around unfamiliar adults (other people who use substances, law enforcement, CPS)
- Being maltreated directly

Parental substance use may teach children:

- Substance use is a way to celebrate good times.
- Substance use is a way to cope with stress.
- Substance use is a secret or private family matter.
- Home is unsafe.
- Adults are unpredictable.
- Parentification (when a child is forced to take on the role of an adult)

Not all children respond the same way to parental substance use. Their responses may be based on:

- The strength of parent-child relationships,
- The parent's maltreatment of the child(ren),
- The child's age,
- The child's developmental level,
- The severity, proximity, duration, and frequency of the substance use
- The child's role in the family
- The child's personal characteristics (i.e., sense of self, mastery of tasks, security)
- Other support system available to the child(ren)

Children may display different behaviors as a result of exposure to parental substance use

- Excessive irritability and/or clinginess to parents or substitute parent/legal guardians
- Excessively jumpy or nervous
- Immature or overly mature behavior
- Re-play of an incident of substance use
- Sleep disturbances and/or nightmares
- Emotional distress or limited range of emotions
- Return to enuresis (bedwetting)
- Use of substances themselves

Substance Use and Child Safety

Safety Assessment

In assessing the child's immediate safety, the caseworker considers the following:

- Behavior of the parent/legal guardian - Consider the parent/legal guardian's specific use behavior. Do they use while the child(ren) are home? Do they take the children with them to purchase the drugs? Are drugs sold out of the home? Is there involvement with law enforcement, domestic violence, attempts to stop use/engage in treatment have failed?
- Signs of impairment by the parent/legal guardian - Talk about signs of impairment with parent/legal guardians, when you see them, but also generally - signs of use, for example, with methamphetamine use we might see altered perception of time, increased physical activity (agitated, restless, increased heart rate and breathing rate), because methamphetamine affects the central nervous system. After using methamphetamine, a person may "crash" due to the strain on a person's body and nervous system leading to long periods of sleep/rest.
- Each child's age and level of vulnerability to measure the extent to which threats or risk of harm is present - Consider Child vulnerability- are the children able to self-advocate, self-protect or access their safety support network? What other child vulnerabilities are present with the children- developmental disability or delay, physical disability/impairment? Are the children's basic needs being met?
- Accessibility of substances to the child and physical safety. Be sure to assess the environment. For the example of methamphetamine use- look for and be aware of the signs of manufacturing- chemicals, strong odors or tools of use –syringes/needles, burnt spoons, surgical tubing, or pipes, aluminum foil, cans, or bottles (CPS Policy 1962 Safety and Risk When Substances Are Present).

After you've gathered information, you must think critically about how the parent/legal guardian's use is impacting their caregiving capabilities. Ensure you identify the specific reason for a parent/legal guardian's substance use and help the family address the reason for use with a specific intervention and response or referral to community resource. Substitute use or using in order to cope with an underlying issue (mental health, domestic violence, lack of support network) is common, and substance use can make addressing these key issues such as a pre-existing mental health diagnoses more challenging.

Determining Child Safety

We should utilize the information gathered about the substance itself and the individual parent/legal guardian's substance use to determine if children are safe. Here, you are assessing for **Danger Indicator #6**: **Caregiver's current substance use seriously impairs their ability to supervise, protect, or care for the child.**

- The caregiver has used legal or illegal substances or alcoholic beverages to the extent that the caregiver is unable to care for the child,

- The parents use of legal or illegal substances or alcoholic beverages creates dangerous behaviors (driving under the influence, becoming violent, exposing the child to unsafe environments, leaving the child unsupervised, or other hazards), and
- There is evidence that the mother used alcohol, prescription drugs, or illegal substances during pregnancy and there is an ongoing concern for the care of the child.

Questions to consider: Does the parent/legal guardian's substance use lead to inattentiveness of the children (i.e., unsupervised time inside/outside the home where injury or death can occur), making poor choices (i.e., allowing unsafe people around the children, not seeking medical care for fear of being under the influence), not being able to supervise children or participate in daily living (parents are out seeking, recovering, withdrawing from substances – leaving children home alone), increasing the level of violence and/or physical abuse between parents or parents and children in the home, and lastly, passive environmental exposure or accidental or unintentional ingestion of substances by children?

If you need assistance, please contact the SubstanceAbuseSpecialist@dfps.texas.gov mailbox for further assistance.

Safety Planning

We must utilize interview skills to obtain a comprehensive assessment of current, active substance use. We must be able to articulate to the parent/legal guardian the child safety threats present in the home including the connection between child safety and the parent/legal guardian substance use. By utilizing a safety assessment, we may determine child(ren) cannot remain in the home while the parent is actively using substances.

If we are completing a safety plan with a family due to concerns for parental substance use the following should be present:

- A sober, protective parent/legal guardian
- A safety support monitor who knows what substance use and withdrawal looks like. If they do not, provide education to the safety support monitor and document that conversation.
- A discussion with the safety monitor regarding what to do if a parent arrives under the influence or asking to see their children – what are the rules? Are they able to enforce the rules?
- An evaluation of the intervention – the safety plan - to determine when/if it is still appropriate to keep the children safe.

The chart below provides the child safety concern with a corresponding possible safety intervention. Remember that each case and family are unique:

Child Safety Concern	Protective Measures	Possible Safety Intervention
Active use in the home that threatens the	Ensure the child's immediate safety.	• Motion to participate • Order in aid of investigation

child's immediate safety and family is **not** compliant with DFPS recommendations.	Seek judicial oversight	• Petition for temporary managing conservatorship • Conservatorship removal
Active use in the home that threatens the child's immediate safety and family is compliant with DFPS directives	Ensure the child's immediate safety.	• Safety assessment • Safety plan • Parental-child safety placement (PCSP) • Referral to community resources or Family treatment drug court
Active use in the home that does **not** threaten the child's immediate safety	Help client achieve and maintain abstinence.	• Random drug testing • Refer to community resources and/or OSAR • Refer to physician or mental health specialist to address the possible reason for substance use
Recent but not active use in the home that does not threaten the child's safety **but presents a potential risk.**	Develop a relapse safety plan.	• Network of recovery support, sober friends, and family members • Identified friend or family member to protect the child if needed. •If eligible, refer to community resources and/or OSAR
Misuse, Risky use, non-recent, or active use in the home that does not threaten the child's safety but presents a potential risk.	Develop reliable sources of support. Guide parenting and child development.	• Community Referrals and Resources such as: TANF, Medicaid, Employment or job training, SNAP, Housing assistance, Parenting class, and/o Participation in ECI (Early Childhood Intervention) DFPS Protective day care

Documenting in IMPACT

In your initial contact with parent/legal guardian alleged to use substances, the following information should be gathered based on the parent/legal guardian's report:

- The specific facts of substance use,
- Where the children are when use occurs,
- The negative effects of use on themselves and their child(ren),
- The reason for use, and
- Previous efforts to discontinue use.

After you have gathered information, assessed safety, engaged with the family, and completed safety planning, be sure your hard work is documented.

When documenting about substance use remember to document the **specifics** in your case:

- Include the facts gathered around a parent/legal guardian's use behavior (when/where/why), signs/impact the use has on the parent/legal guardian- physically- losing weight? Health complications? Any Legal consequences- possession charges/DWI arrests, for example.
- Document contacts with relevant collaterals who have knowledge of a parent/legal guardian's substance use/ or treatment.
- Obtain information for providers treating for substance use disorder or prescribing medication for medication assisted treatment.
- Document discussions with doctors or mental health providers regarding concerns for substance use and/or effects of medication/substances on parent/legal guardian's mental health.

After you've gathered and documented all the relevant information it is *very important* that you include these specific details when/if you refer to OSAR on Form 2062: Referral to Substance Use Treatment.

Dispositions and Safety

Remember: Dispositions do not equal safety. It is important to remember that a disposition does not equal safety. We may not have the preponderance of evidence to confirm child abuse or neglect on any given investigation, but the disposition does not determine the case outcome. For example, a reason to believe disposition on an investigation does not automatically indicate that the family must receive further services or that legal intervention is needed. Conversely, a ruled out finding on an investigation where we are unable to meet the burden of proof ("immediate danger of harm") does not preclude a family from receiving or needing further services or intervention.

A parent/legal guardian's positive drug test alone is not evidence of child abuse or neglect. Drug tests are tools that can give us *some* information, but it is up to the caseworker to gather sufficient information to obtain a clear picture of each family's situation. A positive drug test alone is not evidence in and of itself of neglect. Caseworkers should look at the totality of the circumstances from the information gathered and assess if further intervention is warranted.

- Individual case circumstances drive decisions regarding next steps.
- When investigating abuse and neglect the standard that must meet for confirming dispositions is as follows:
    - A parent/legal guardian knew of harm to a child (abuse or neglect) and
    - Demonstrated "*blatant* disregard for consequences" which
    - Posed an "immediate danger of harm" to the child. (CPS Policy 2113.2 Definition of Neglect)

Drug Testing

Drug Testing and Prescription Medications

Before sending a person for a drug test, the caseworker asks the person about current prescriptions and any over-the-counter medications the person is taking. The caseworker records this information in IMPACT and, if the drug test results are positive, the caseworker contacts the Medical Review Officer (MRO) to provide prescription medications and over the counter medication administers by the person, thus receiving the most appropriate drug test result to the caseworker (CPS Policy 1931 Requirements for Requesting Drug Test).

A caseworker may request a drug test for any of the following reasons:

- When a court has ordered the drug test,
- To determine whether parent/legal guardian is actively using substances, or
- To encourage participation in substance use disorder treatment or long-term recovery.

If there is a child safety concern based on use of a prescription medication that is prescribed to a parent or caregiver, the caseworker must do the following:

- Assess the effects of the prescription medication on the ability to provide supervision and to keep children safe.
- Determine whether the medication is being taken as prescribed.
- Obtain the parent or caregiver's signature on Form 2063 Release of Confidential Information. If the parent or caregiver refuses to sign this form, the caseworker consults with the supervisor about whether to request legal intervention.
- Communicate with the prescribing health care provider after the release of confidential information form is signed, if the caseworker is concerned about misuse of prescription medication (CPS Policy 1940 Prescription Medication).

When assessing substance misuse by a parent/legal guardian, the caseworker may ask about the **medical conditions or mental health diagnosis:**

> *Example:* What medical conditions, disorder, diagnosis do you have? X How long have you had this condition? # Who do you see for it? X May I contact this person if I have questions? Yes or No.
>
> Do you take prescription medications for this condition? Yes or No. How long have you taken X? # How do you take X? Do you have a prescription bottle? (Read – see next slide) How often do you get a refill? # Does this medication help you? When you don't take this medication what are the affects? X

If a person has a positive drug test result and says it is because of a prescription medication, the caseworker determines whether the positive result is from the reported prescription medication. The caseworker determines this by doing the following:

- Directly observing the prescription medication.
- Obtaining consent to contact the prescribing provider.

- Reviewing medical records.

If the person has a valid prescription and is using it as prescribed by a licensed health care professional, the caseworker documents it in IMPACT as a "Positive Result with a Valid Prescription". If the caseworker is concerned that the parent or caregiver is misusing prescription medication, the caseworker verifies the following:

- The instructions on the container match the person's description of how the prescription medication is being used.
- The prescription medication is current.
- The patient's name on the prescription label matches the parent or caregiver's name.

The caseworker documents any prescribed medication in IMPACT.

The caseworker shares the information about the parent or caregiver's prescription medication with the lab's MRO. The MRO assesses whether the medication would have caused the positive test result (CPS Policy 1932 Positive Result with Valid Prescription).

Tell me about your typical day of taking your medications.

Example: Ms. J reported taking X medication at # dosage # times daily, once at #am, and another #pm. Ms. J reports administering this medication for the past # months. Caseworker verified that Ms. J is administering medication as prescribed on the bottle.

Example: Ms. J reported taking X medication at # dosage # times daily, once at #am, and another #pm. Ms. J reports administering this medication for the past # months. Caseworker verified that Ms. J is *not* administering medication as prescribed on the bottle. *Caseworker and Ms. J discuss adhere to medication schedule was imperative.*

Types of Drug Screens and Drug Tests

Drug Screen

A drug screen is any collected sample that does not have a laboratory confirmation, such as an instant oral swab. In addition, during pregnancy, a mother may be drug screened on one or numerous occasions. Common examples of drug screens are:

- A drug screen is generally performed by hospital-based care such as in emergency room visits, prenatal care clinics, and primary care offices. can
- Birthing hospitals may collect a urinalysis at delivery from the mother or a baby at delivery..

These drug screens are considered presumptive positives or preliminary positives and are not admissible in court (CPS Policy 1911 Drug Screen). If you need assistance in determining if a drug screen or a drug test, you can contact your regional Substance Use Specialist for assistance.

Drug Test

A drug test is a sample that has undergone preliminary screening and a secondary confirmation test to validate the findings. Drug tests are lab-confirmed, admissible in court, and verified by the MRO. The caseworker requires a parent/legal guardian to be drug tested within 48 hours of a child safety threat that the caseworker believes is related to substance use (CPS Policy 1912 Drug Test and Time Frame).

The table below shows the types of drug screens and drug tests that the caseworker may conduct or order for a client and detection period and drugs detected.

Drug Detection Periods by Drug Screen and Drug Test Type

Drug Screen and Drug Test Type	Detection Period	Drugs Detected
Instant Read Oral Swab Screen[i] Lab Confirmed Oral Swab Test	24-36 hours maximum	**Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, and Non-Synthetic Opioids**
Urinalysis Test[ii]	3-5 days	**Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, Opioids, Benzodiazepines, Methadone, Barbiturates, Methaqualone, Propoxyphene**
Head Hair Strand Test[iii]	Over the last 90 days	**Marijuana, Cocaine, PCP, Amphetamine, Methamphetamine, Non-Synthetic Opioids**
Body Hair Strand Test	Over the last year	
Nail Test	**Over the past 6-12 months**	

The caseworker completes a 2054 service authorization to conduct random drug tests and the lab confirmed drug test is needed to ensure child safety. The frequency of testing is dependent upon the test type.

Oral Fluid Testing: Oral fluid testing may be administered multiple times per week, when necessary as caseworker and supervisor deem appropriate.

Urinalysis Testing: Urinalysis testing occurs no more than once per week unless one of the following applies: A court orders more frequent urinalysis testing. or DFPS identifies new child safety concerns.

- **Hair Strand Testing:** Hair strand testing occurs no more often than every 105 calendar days per policy unless directed by court order. This drug testing timeframe is based on the detection window of hair strand drug testing (CPS Policy 1933 Frequency of Drug Testing).

In addition, a **screening tool** can be used by a caseworker to help determine whether a parent or legal guardian needs clinical screening, assessment, or substance use disorder treatment. Caseworkers may find screening tools on the Substance Abuse Forms page of the DFPS intranet (CPS Policy 1913 Screening Tools (Forms)

Drug Test Results

- **Negative Result:** A negative drug test result means the drug test detected no substances
- **Positive Result:** A positive drug test result confirms that use of or exposure to a detectable substance has occurred within the time frame that the test can detect.
- **Presumptive Positive Result:** A presumptive positive drug test result on a drug screen means the parent/legal guardian's sample (saliva or urine) contains substances that have met the screening threshold for an oral fluid screen device (such as iScreen), oral fluid test (such as a cheek swab), or external entity urinalysis. See: CPS Policy 1911 Drug Screen.
- **Invalid Result:** An invalid drug test result means the drug test could not be completed by the laboratory. There are a variety of reasons for this result but the most common is "Quantity not sufficient – No result available" because not enough of the specimen was collection during the collection process to determine a result.
- **Rejected Result:** A rejected drug test result means the sample did not meet the initial criteria for testing for one or more reasons, such as the following: The urine's temperature was not body temperature, there is not enough urine to test, or the sample is not urine or has been mixed with some other liquid.
- **Diluted Result:** A diluted drug test result means the client did one or both of the following: consumed a large amount of fluids or took a diuretic. For DFPS purposes, if the dilute specimen has a result (Negative or Positive) those results stand.

Drug test result information can be found at CPS Policy 1935 Drug Test Results.

If the lab indicates that a sample is rejected, dilute, or invalid, the caseworker may take one the following actions to make a conclusion about the client's use:

- Have the client retested.
- Request a different type of testing, such as a hair strand test instead of a urinalysis test.
- Rely on credible evidence from observation or from collaterals.

- Contact the MRO's office to determine the reason for the result to determine if it was a collector error or some other reason.

Drug Testing Children Key Reminders:

- Unless legally married or otherwise legally emancipated, a youth is not considered an adult until age 18, even if the youth is a parent.
- Court orders requiring drug testing supersede CPS Policy.
- The caseworker does not conduct a drug test on the minor themselves.

The caseworker may only request hair strand drug tests for minors, even if the youth is the perpetrator or a parent in the case (CPS Policy 1963.2 Children and Youth Who Are Not in DFPS Conservatorship and Are Not Emancipated).

If you need assistance with contacting the MRO's office or determining / interpreting drug test results, please contact the SubstanceAbuseSpecialist@dfps.texas.gov mailbox for further assistance.

Infants Exposed to or Affected by Substances

When assessing the criteria for prenatal exposure, there are many factors to consider (such as frequency of use, time frame of use, and the impact of the use on the child). In these situations, there is policy guidance (CPS Policy 2363 Dispositions Involving Drug or Alcohol Pre-Natal Exposure) to assist with determining the following: Criteria for Pre-natal exposure, Disposition of Neglectful Supervision, and Disposition of Physical Abuse.

Plans of Safe Care

DFPS handles all cases involving an infant prenatally exposed to or affected by substances on a case-by-case basis. Prior to child welfare involvement, a plan of safe care may be developed by health care professionals or other community partners. If the parent produces a Plan of Safe Care, you should review the resource and consult with the community partners. We should invite these community partners to Family Team Meetings, as appropriate. During a home visit, we should provide the parent/legal guardian with information and resources such as infant care and development, safe sleep precautions, SIDS reduction, substance use, parenting, and referral to Early Childhood Intervention (ECI) program. Plans of Safe Care are designed to ensure maternal and newborn short-term and long-term safety and well-being after discharge from the hospital setting (CPS Policy 1963.1 Infants Exposed to or Affected by Substances).

Substance Exposure to a Minor from Environmental Contamination

Environmental contamination exists when a living environment or home is contaminated by chemicals from drug handling, use, or manufacture that could harm a person living there.

The caseworker seeks immediate medical care for the minor if environmental contamination is suspected to adversely affect the minor's health. If recommended by the health care professional, the minor is drug tested (with consent of the legal guardian, or a court order) at an emergency room, medical facility, or contracted lab.

If the minor's drug test has a positive result, the caseworker shares the results with the physician or medical care provider, as well as the parent/legal guardian, to make sure the minor receives appropriate medical follow-up and referrals related to the substance exposure (CPS Policy 1963.2 Children and Youth Who Are Not in DFPS Conservatorship and Area Not Emancipated).

- **The caseworker seeks immediate medical care for the minor if environmental contamination is suspected to adversely affect the minor's health.** Potential adverse health effects of environmental exposure might include: Abnormal breathing (difficulty breathing, shortness of breath, excessive coughing, wheezing), burns or skin lesions, behavior changes (anxiety or lethargy), and/or neurological changes (confusion, sleepiness, excessive hyperactivity)
    - Considerations: Ages of the child(ren), Developmental level, Last pediatric / medical visit, Changes in child's normal behavior, and Other chronic diseases or conditions.

Substance Use Services and Treatment

Referral to Outreach, Screening, Assessment, and Referral (OSAR)

Caseworkers use their regional OSAR center when seeking treatment for a substance use disorder (SUD) for a client age 13 or older. OSAR centers facilitate access to substance use services , including intervention, treatment, and recovery options, as well as other community resources [(CPS Policy 1971 Referral to Outreach, Screening, Assessment, and Referral (OSAR) Center].

If you need assistance with communicating and working with OSAR, please contact the SubstanceAbuseSpecialist@dfps.texas.gov mailbox for further assistance.

Direct Referral to Treatment Provider

The caseworker may refer a client directly to a provider when any of the following applies:

- No provider of OSAR services is available within 14 business days.
- The distance to an OSAR center is excessive, and the OSAR center provider cannot travel to the client.
- The client has other means (such as health insurance) to get SUD treatment services (CPS Policy 1971.2 Direct Referral to Treatment Provider).

Referral Forms for Substance Use Services

To make a referral to an OSAR center or a direct referral to a treatment provider, the caseworker submits the following forms before the date when the client will be screened for SUD:

- Form 2062 Referral for Substance Abuse Services – used for referring adults and youth (age 13 and older) to an OSAR or another provider of services for SUD. When completing the Form 2062, ensure all items are answered to the best of the caseworker's knowledge.
- Form 2063 Release of Confidential Information – used when referring a client to an OSAR or another provider of SUD treatment services to make sure that both the provider and DFPS can

share client information. When completing the Form 2063, ensure OSAR is the entity for release of confidential information to, and the caseworker and client signature is complete.

If you need assistance finding or working with a community provider, please contact the SubstanceAbuseSpecialist@dfps.texas.gov mailbox for further assistance.

Monitoring and Evaluating a Client's Progress in Treatment
If a client is receiving treatment from a provider and the client has signed a Release of Confidential Information, Form 2063, allowing the provider to share information with DFPS, the caseworker should communicate with the provider about the status of the client's treatment. Specifically, the caseworker communicates with the provider to ensure that the client is receiving adequate and appropriate services, and determine the client's level of participation and progress.

Evaluation should include all elements of a DFPS case including substance use services:

- Continued positive drug test results.
- Frequent no-shows to visitation or court hearings.
- Lack of communication or active avoidance of caseworker.
- Noncompliance with DFPS service plan or safety plan.

Evaluation should also include positive indicators of progress in recovery that you can rely on in considering the next step in the DFPS case, while maintaining child safety, can include the following (CPS Policy 1982.1 Indicators of Progress in Recovery):

- Attendance at, engagement in, maintenance of, or completion of a substance use disorder treatment program.
- Participation or engagement in community-based recovery support or after-care programs (such as recovery support services, Alcoholics Anonymous, or Narcotics Anonymous).
- Achieving and sustaining a period of abstinence from substances.
- Compliance with the DFPS service plan.
- Compliance with the DFPS safety plan, if there is one.
- Development of a relapse safety plan.
- Achievement of parenting goals.
- Consistent attendance at and participation in visits with the child or children.
- Behavioral changes.
- Getting or maintaining employment (if applicable).
- No new reports of criminal activity.
- No new substantiated allegations of abuse or neglect that are related to substance use.
- Administration of prescription medications as prescribed (if applicable).

Purchase of Substance Use Disorder Treatment Services for Eligible Clients

DFPS may purchase substance use disorder treatment services through existing DFPS contracts when the necessary treatment services are unavailable through state funded providers.

DFPS clients may find state funded substance use disorder treatment services unavailable for the following reasons:

- The distance to an existing provider is too far for the client to travel.
- The treatment that the client most needs has a waiting list.
- The services that are available are insufficient to meet the client's needs.
- The client does not meet the financial eligibility requirements for state-funded services.

The caseworker contacts the regional contract specialist for a list of available DFPS contracted substance use services.

The caseworker completes Form 2054 Service Authorization, located in IMPACT, to purchase substance use disorder treatment services through existing DFPS contracts.

When services are provided through an existing DFPS contract, rather than through a state funded provider, the caseworker speaks with the primary counselor at the DFPS contracted service to determine the number of units (hours) of service, extensions, or re-authorizations are needed for the service.

Relapse Plans

Substance use disorder is a chronic, medical disorder requiring clinical care. The short-term nature of child welfare involvement leaves the families affected by substance use disorder, in a difficult position. A great opportunity for development of a relapse plan is at a Family Team Meeting with the assistance of the safety support network.

A relapse plan is not planning to fail. A relapse plan can develop support strategies to address cravings, stressors, and other temptations that may occur during and/or after child welfare involvement. In the relapse plan, the safety support network can:

- Identify persons, places, or things that may have been triggers for use in the past.
- Identify individuals that the parent/legal guardian can rely on for support. Support can range from identifying someone who will be available to take a call at any time of day or night, to someone who could assist a parent with transportation to a sober support meeting, to someone who would be willing to pick up the children and prevent them from being in an unsafe environment should a relapse occur. The more supports present at a family support meeting, the better. These supports can range from friends and family to a sponsor or recovery coach (CPS Policy 1982 Recovery, Relapse, and Long-Term Planning).

[i] Results available immediately. Drug screen is not admissible in court and not lab confirmed.

[ii] Certain substances or use behaviors can result in longer detection periods in urine. Marijuana, for example, if used for long periods or in high quantities is detectible longer than 3-5 days in urine. Additionally, long term prescription medication use can result in longer detection periods in urine.

[iii] DFPS Hair Strand tests do not test for barbiturates or benzodiazepines.