Statement of Consideration (SOC)

Working with Families Affected by Substance Misuse

The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate.

1. Comment: Could time frames for drug screening be included in the SOP, i.e., twice a week for the first 60 days?  Or, unless differently recommended by service provider?

Answer: Frequency is determined on a case-by-case basis. No change will be made.

1. Comment: I would like a bit more direction regarding the consequences of refusing the drug screen, or what steps we are to take at that point, petition, prevention plan the child with relative until SA assessment is complete….

Answer: Direction should come from consultations with supervisor. No change will be made.

1. Comment: My biggest concern is who will be paying for the drug screening. The families that we work with are low income with situational stress that has led them down the choices they are making. It has been my experience that getting their next “fix” outweighs any measures for them to negotiate the safety of their children to include, housing, food, etc.

Answer: Payment for drug screens varies across the state, based on this, SOP cannot dictate. No change will be made.

1. Comment: I think the new terms are substance misuse (replacing substance abuse) and Substance Use Disorder or SUD (replacing substance dependence or addiction) and make our SOP reflect newer terms.

Answer: SOP will be revised to replace substance abuse with substance misuse and substance addiction with substance use disorder.

1. Comment: Does the SOP relate to all drug cases or only the drug affected newborns?

Answer: The SOP pertains to all cases in which the family is affected by substance misuse.

1. Comment: Does this mean that all drug cases will have to be opened and monitored, or does this mean that all of the tasks will need to be completed during the investigation (i.e. SA assessment)?

Answer: No, cases are opened based on specific needs of the case and are handled based on safety and risk.

1. Comment: Does this include marijuana, too?

Answer: All substance misuse, including legal and illegal substances are included.

1. Comment: Is policy going to clarify that the MAT clinic needs to be monitored or certified? For instance, TN does not monitor the MAT clinics, meaning clients can get a full month script of Suboxone/methadone at a time, whereas the clinics in KY are monitored and have guidelines that they have to follow.

Answer: The Department for Behavioral Health, Developmental and Intellectual Disablities (BHDID) oversees MAT/methadone providers.

1. Comment: 1.15 Change substance abuse to substance use as that is the correct terminology.

Answer: See comment #4, SOP has been revised.

1. Comment: Page 1, Bullet 4: A little too gray; needs to spell out expectations or give clearer guidance around what types of cases would require more contact; what does more frequent mean?

Answer: Due to the many implementations, this is determined on a case by case basis depending on specific need as determined through ongoing consultation with supervisor. No change will be made.

1. Comment: Page 1, Bullet 5: And is an acceptable form of treatment but is only a piece of treatment and should be used in conjunction with additional services.

Answer: SOP has been revised to reflect this change.

1. Comment: Page 1, Bullet 6: Even with reasonable efforts we should continue to engage or attempt to engage. Maybe say case closure, perm custody or TPR.

Answer: This is determined on a case by case basis depending on specific need as determined through ongoing consultation with supervisor. No change will be made.

1. Comment: Page 2, #2: Should we add to provide the assessor with collateral information prior to the initial assessment?

Answer: Contact with substance misuse treatment providers should include all pertinent information. SSWs should communicate with treatment providers so that the provider understands the reason for the DCBS referral to treatment/assessment. No change will be made.

1. Comment: Page 2, #3: If there are allegations?

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’.

1. Comment: Page 2, #3: What if the report is unsubstantiated?

Answer: Report should be handled like any other unsubstantiated report. No change will be made.

1. Comment: Page 2, #3: What if it is one divorced parent calling in a false report on another parent?

Answer: Report should be handled like any other unsubstantiated report. No change will be made.

1. Comment: Page 2, #3: Could this read if there are “substantiated allegations” or “the SSW found that substance abuse directly or indirectly contributed to the maltreatment”

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’.

1. Comment: Page 2, #3: If an allegation of substance use is received for investigation but there are no indicators of substance abuse we would still need to request a drug screen?

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’.

1. Comment: Page2, #3: If a case is opened a drug screen is requested every six months if there has ever been an allegation of use?

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’.

1. Comment: Page 2, #4: Do we need to specify qualifications of providers and/or agencies?

Answer: No change will be made.

1. Comment: Page2, #4: If there is an allegation of use but no indicators of use we request a drug screen and even if it is negative we request a substance abuse assessment?

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’.

1. Comment: Page 2, # 4: Is this for anytime there is an allegation of substance abuse? Or specific to NAS babies? Because it is not realistic that send every person where there is an allegation they have used substances for an assessment. What if it read that the worker makes a SAA referral when the client tests negative but there are behavioral or collateral indicators that use affects parenting.

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’. This is not specific to NAS and relates to any case with indication of substance misuse.

1. Comment: Page 2, #4: Is this saying we have to refer every client for an assessment just because there are substance abuse allegations? That does not seem reasonable and I’m not sure how we would enforce that…

Answer: SOP will be revised to state ‘When there are indicators of substance misuse’

1. Comment: Page 2, #5: Should we add to provide the assessor with collateral information prior to the initial assessment

Answer: Contact with substance misuse treatment providers should include all pertinent information. SSWs should communicate with treatment providers so that the provider understands the reason for the DCBS referral to treatment/assessment. No change will be made.

1. Comment: Page 2, #6: A plan for safe sleep?

Answer: Plan for safe sleep is related to plan of safe care and is important in substance using families. A link for KY Safe Sleep website will be added to related resources.

1. Comment: Page 2, #6: Is this about supervision?

Answer: Plan for safe sleep is related to plan of safe care and is important in substance using families. A link for KY Safe Sleep website will be added to related resources.

1. Comment: Page 2, #6: While staff do prevention plans for safety, and one can argue the ability of the client to actually complete when addicted prior to any type of intervention, could the SSW ask the Substance Abuse Provider to include safety for children in the client’s relapse prevention plan?

Answer: SOP can not regulate outside entities, and it is DCBS’s responsibility to ensure the safety of children. No change will be made.

1. Comment: Page 2, #9: Will workers be provided gloves for counting?

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, #9: Will workers be required to wash their hands prior to counting?

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, #9: This sounds terribly unsanitary and an invasion of privacy.

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, #9: Will workers need to be trained to use a PDR to know what a specific medication will look like?

Answer: Medication bottles generally list a physical description of the medication. PDR training will not be made available.

1. Comment: Page 2, #9: What about liability issues when a client claims a worker stole the medication they were counting?

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, #9: What if the worker drops a pill and it bounces through a vent into the duct work.  Who is responsible for that?

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, #9: Could this be changed to the SSW asking the client to count the medication in front of the worker, so the worker doesn’t actually handle the medication?

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page2, #9: May want to include that workers wear sanitary gloves for this. We have had complaints of workers touching a clients medication.

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page2, #9: Some direction on how to count medication counts and worker observes, worker doesn’t touch medication directly so if they must be the one to count it don’t touch it; us a pen or butter knife with medication on a plate or paper towel.

Answer: SOP will be revised to state; “Assesses if caretaker is taking medication as prescribed (by counting pills or medication strips in the presence of SSW).”

1. Comment: Page 2, # 10: put this in a tipsheet/pocket guide so staff can have just this printed and accessible when talking to providers and case planning? Can we add this to the case planning document for CFSR/PIP purposes to incorporate the substance abusing families concern that was brought up by Ester.

Answer: The case plan is incorporated and therefore can not be changed. A suggestion may be that the worker print that portion of SOP and have it readily accessible when needed.

1. Comment: Page 2, #10 E: Verification of medication doses taken in the treatment provider’s office? Not DCBS office?

Answer: Provider’s office

1. Comment: Page 2, #10E: For self administered in the home, how to verify other than counting/screening?

Answer: This should be done in collaboration with treatment providers.

1. Comment: Page 2, #10E: Is the worker supposed to watch the client self administer the dosage at the DCBS office or client home?

Answer: This should be done in collaboration with treatment providers.

1. Comment: Page 2, #10 E: Verification of medication dose; is that verification from the provider?

Answer: Yes, This should be done in collaboration with treatment providers.

1. Comment: Page 3, #16: Can we give alternatives or examples here of what to do instead. Some may not know their approach is punitive or how to navigate. Maybe a footnote with links for suggestions?

Answer: SOP has been revised to state: “Does not set conditions on visitations that aren’t tied to a specific safety concern (i.e.: changing unsupervised to supervised, location from out of office to in office).”

1. Comment: Page 3, #16: 16 states that the SSW does not take a punitive approach with regard to relapse or treatment plan infractions such as withholding parent/child visits.
2. If an individual relapses or treatment plan infractions occur, sometimes it becomes a safety/supervision issue for children. While we do not believe placing supervision restraints is punitive, a parent may see it that way while the SSW would see it as safety of the child. Could we approach this differently or simply take this out as #17 appears to state exactly what should be stated “does not set conditions on visitation that are not tied to a specific safety concern”.

Answer: SOP has been revised to state: “ Does not set conditions on visitations that are not tied to a specific safety concern (i.e.: changing unsupervised to supervised, location from out of office to in office).”

1. Comment: Page 11, #2: Can we add email as well since a lot of people communicate that way?

Answer: No, at this time email is not a secure means of communication with all collateral contacts.