OVERVIEW

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

Substance use and/or abuse by a parent/caregiver may be a risk factor for child maltreatment. When substance use by a parent/caregiver or another adult in the home is alleged, caseworkers must evaluate its impact on child safety.

DEFINITIONS

Controlled Substance- A drug or chemical which is regulated by the government. 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.

Passive exposure- Exposure to a substance which occurs through being in the presence of someone smoking, inhaling the substance, or coming in physical contact with the substance, but not actively using the substance themselves. Prenatal exposure is an example of passive exposure.

INTAKE

To assign for investigation, complaints containing allegations of substance use must meet Child Protection Law (CPL) definitions of suspected child abuse and/or neglect, see PSM 712-8, CPS Intake Completion.
Assignment of Substance or Alcohol Exposed Infants

MCL 722.623a, requires mandated reporters who have reasonable cause to suspect that a newborn has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body to make a complaint of suspected child abuse to Child Protective Services (CPS). A CPS complaint is not required if the mandated reporter knows that the controlled substance, metabolite, or the child's symptoms are the result of MAT or medication prescribed to the mother or the newborn.

**Note:** Medical marijuana and MAT are medical treatment.

CPS will investigate complaints alleging that 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 newborn.
- 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.

**Pending Meconium Results**

If meconium results are pending, mandated reporters must be advised of their obligation to contact centralized intake (CI) again if the newborn’s tests are found to be positive for a controlled substance or if the newborn exhibits symptoms of exposure to a controlled substance.

**SAFETY AND DANGEROUS SUBSTANCE RESPONSE**

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.
- General neglect, such as squalor, lack of food, etc.
- Unmet needs of the child.
- Presence of individuals who endanger the child’s welfare and may have history of child abuse or neglect, and/or may be unwilling or unable to safely care for children.

When caseworker safety issues are identified, coordination with law-enforcement must occur. Caseworkers must have law enforcement accompany them when going to homes where there is known manufacture or distribution of illegal substances.

**Methamphetamine, Carfentanil, and Marijuana Butane Hash Oil Extraction**

Coordination with law enforcement must occur whenever allegations of concerns for the following are present:

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

**Caseworkers should not enter these homes without the assistance of law enforcement.**

**Methamphetamine**

Methamphetamine is a highly addictive and very potent central nervous 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.

provides guidelines for coordinated efforts among MDHHS caseworkers, law enforcement and medical services.

The CPL requires that a caseworker submit a petition to court within 24 hours of determining that a parent or person responsible allowed a child to be exposed to or have contact with methamphetamine production.

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

Carfentanil

Carfentanil is a synthetic opioid that can come in several forms, including powder, blotter paper, tablet, patch, and spray. Carfentanil and other fentanyl analogues present a serious risk to child welfare caseworkers, public safety, first responders, medical, treatment, and laboratory personnel. Caseworkers 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.

Caseworkers must not enter homes where there are concerns of manufacture of marijuana into concentrates. Law enforcement must be contacted to ensure the home is safe to enter.

Raids

A CPS investigation must be commenced when law enforcement contacts CI and indicates that due to evidence of illegal manufacturing, selling, or distribution of controlled, or illegal substances, a raid has occurred in the home where a child resides.

Caseworkers should assist the parent(s) in securing safety, including shelter if necessary, for the children when the home may not be safe for the children due to the raid, or due to the conditions which may have existed at the time of the raid.

INVESTIGATION REQUIREMENTS
Verification of Medication

Verification of mood-altering prescription medication is required when substance use may be a risk factor.

These medications include:
- Anti-depressant prescriptions.
- Anti-psychotic prescriptions.
- Opioid analgesics (narcotic pain medications).
- Any prescription identified as MAT (Suboxone, Methadone, etc.).

The caseworker verifies medication by completing and documenting in a social work contact, any of the following activities:
- Observing the written prescription.
- Observing the current prescription bottle.
- Contacting the prescribing medical professional.
Contact with the prescribing medical professional or his/her staff should be made when all of the following are present:

- Substance use is identified as a risk factor.
- A mood-altering medication is prescribed.
- Caseworker has concern for parental compliance with prescribed medication.

Caseworkers should contact the medical professional to inquire on compliance with prescribed medications and any potential impact of the medication on parenting.

For information on requesting medical or mental health information, see PSM 713-06, Requesting Medical and Mental Health Record Information.

**Medical Marijuana**

If a parent/caregiver indicates that she/he is medically authorized to use marijuana, caseworkers should verify that the parent has a Michigan Medical Marijuana Program (MMMP) card. Either of the following options can be used for verification:

- Observation of the card and documentation within a social work contact that the card was observed.
- Completion and submission of the form, MMMP Release for Disclosure of Information (MMP3000). This form may be sent electronically to Michigan Department of Licensing and Regulatory Affairs (LARA).

Once the MMMP card has been verified, this verification may be used in subsequent investigations.

In cases in which there is medical use of marijuana reported, the following steps should be taken, when applicable or warranted:

- Observation and verification that marijuana plants and any growing equipment are not accessible to the children in the home.
- Assessment of child safety and of the parent's ability to safely care for and protect the child.
- If necessary, develop a safety plan with the family to ensure that the child does not have access to the substance and is not exposed to the substance through passive means. See PSM
Caseworkers should seek a medical examination of the child if there is evidence of exposure to the child or accidental ingestion.

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

- Contact with medical staff to obtain confirmation of the following information:
  - Results of medical tests indicating that the newborn was exposed to substances and/or alcohol.
  - The health and status of the newborn.
  - Documented symptoms of withdrawal experienced by the newborn.
  - Medical treatment the child or mother may need.
  - Observations of the parents care of the newborn and the parent’s response to the newborn's needs.

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

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

With investigations involving allegations of substance use or exposure, caseworkers must make investigation decisions based on the presence or absence of evidence of child abuse or neglect.
as defined; see PSM 711-4, CPS Legal Requirements and Definitions. This includes investigations involving:

- Parental substance use.
- Substance exposed infants.
- Manufacturing, selling or distribution of substances where a child resides.

Parental substance use, or positive toxicology in a newborn does not in and of itself prove child abuse or neglect. A caseworker will need to determine if harm has occurred or is likely to occur, not simply if the child has been affected by or exposed to a substance.

Parental substance use is a risk factor, not a determinant for case confirmation. Many children of parents who are dependent on substances will not experience abuse or neglect or suffer negative developmental outcomes. They may however be at an increased risk for maltreatment and entering the child welfare system.

For guidance in assessing parent capacity and decision making, caseworkers 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 that the child was abused or neglected?

• Any other factor which demonstrates inability to protect the child(ren) and maintain child safety.

Consideration of these factors must be documented within social work contacts.

MCL 722.637 requires a petition for court jurisdiction in cases where the infant requires medical treatment or hospitalization resulting from substance/alcohol exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being; see PSM 715-3 Family Court: Petitions, Hearings and Court Orders. The caseworker should assess the need to file a petition only after contacting medical staff and obtaining the following:

• Information on treatment needed.

• Information on extent of anticipated hospitalization.

• Information on how exposure has resulted in diagnosis of a chronic medical condition, necessary ongoing medical treatment, or hospitalization of the infant.

• Specific details on how the exposure has seriously impaired the infant's health or physical well-being.

Safe Care Plan

In an investigation involving an infant born exposed to substances or having withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the caseworker must develop a safe care plan that addresses:

• The health and safety needs of the infant.
• The substance use treatment needs of the mother.
The needs of other household members.

Regardless of case disposition, 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:

- Early On
- Home visitation program.
- Substance use disorder prevention.
- Treatment or recovery.
- Family preservation.

The referral and implementation of these services must be documented by the caseworker in both the Social Work Contacts and the Case Disposition narrative in MiSACWIS.

**Early On®**

Children age 0 to 3 suspected of, or with confirmed substance exposure, and/or developmental delay must be referred to Early On®; see PSM 714-1 Post-Investigative Services.

**LEGAL BASE**

MCL 722-621-722.638

**POLICY CONTACT**

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