
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 abuse by a parent/caregiver may be a risk factor for child maltreatment. For cases involving known substance abuse caseworkers must evaluate its impact on child safety. Substance abuse is a mental health disorder and caseworkers should assist the parent/caregiver in accessing relevant supports and services.

DEFINITIONS**Controlled Substance**

A drug, substance, or immediate precursor. 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.

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.

**Assignment of
Complaints
Involving Infants
Exposed to
Substances or
Alcohol**

Mandated reporters who know, or from the infant's symptoms have reasonable cause to suspect that a infant has any amount of

alcohol, a controlled substance, or a metabolite of a controlled substance in the infant's body, must 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 alcohol, controlled substance, or metabolite, or the child's symptoms are the result of medical treatment administered to the infant or the infant's mother (MCL 722.623a).

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 infant.
- Positive result from meconium testing.
- Positive result from umbilical cord tissue testing.
- A medical professional reports that the child has symptoms that indicate exposure.

RESPONSE TO SAFETY CONCERNS

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 may 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 the following allegations or concerns exist:

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

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.

The [MDHHS Methamphetamine Protocol](#), found under Forms and Publications on the Michigan Department of Health and Human Services (MDHHS) website, addresses the immediate health and safety needs of children, establishes best practice, and provides guidelines for coordinated efforts among MDHHS caseworkers, law enforcement and medical services.

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 extracts. Law enforcement must be contacted to ensure the home is safe to enter.

Raids

A CPS investigation must be commenced when law enforcement contacts Centralized Intake and indicates a drug raid has occurred in the home and reports suspected child abuse or neglect.

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

Caseworkers may ask a parent to verify medication such as anti-depressants, anti-psychotics, narcotic pain medications or prescriptions identified as MAT.

Verification of medication may occur by any of the following:

- Observing the written prescription.
- Observing the prescription bottle.
- Contacting the prescribing medical professional.

A signed [DHS 1555-cs, Authorization to Release Confidential Information](#), must be signed by the caregiver prior to contacting the medical provider; see [SRM 131, Confidentiality](#), for more information.

Investigations Involving Infants

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

- Contact with medical staff to obtain the following information, if available:
 - Results of medical tests indicating infant exposure to substances and/or alcohol.
 - The health and status of the infant.

- Documented symptoms of withdrawal experienced by the infant.
- Medical treatment the infant or mother may need.
- Observations of the parents care of the infant and the parent's response to the infant's needs.
- Interview with the infant's parents and any relevant caregivers to assess the need for a referral for substance use disorder prevention, treatment, or recovery services.
- Assessment of the parent's capacity to adequately care for the infant and other children in the home.
- Contact with substance use treatment providers, if applicable, to determine the parent's level of participation.

DECISION MAKING FOR INVESTIGATIONS INVOLVING SUBSTANCES

Parental substance use, positive toxicology or withdrawal in an infant does not in and of itself indicate that child abuse or neglect has occurred or that the infant has been severely physically injured.

With investigations involving allegations of parental substance abuse or infant exposure, caseworkers must reach conclusions based on the presence or absence of evidence of child abuse or neglect as defined; [see PSM 711-4, CPS Legal Requirements and Definitions](#).

For guidance in assessing parenting capacity, whether child abuse or neglect occurred and how to best address safety, 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.

Infant Plan of Safe Care

In an investigation involving an infant born exposed to substances or having withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the caseworker must develop an infant plan of safe care 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 the Newborn Toxicology section located in CPS History and Trends.

Early On®

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

LABORATORY SCREENING

There may be situations in which caseworkers determine that substance/alcohol screens for parents or other persons responsible are necessary. Screening frequency should not exceed twice monthly; unless there is a need to verify use or abstinence, or a court order requiring additional screening. Substance use screening should not be completed as punitive action.

Regardless of the outcome of the drug screen, caseworkers should continuously engage with the parent, provide the parent with applicable services and assess the impact of the parent's substance use.

Consent

Federal regulations require that the civil rights of a client be protected. Informed consent is a mandatory component of screening procedures and caseworkers should ensure that a consent form is signed. If a client is screened, they must be provided with information on the potential subsequent action of screening.

If a client refuses to consent to screening, the caseworker should engage with the client and continue to assess for potential risks to the child(ren).

**Screening of
Minors**

CPS must **not** conduct a drug screen on a child.

**RELEASE OF
INFORMATION**

Because of the highly confidential status given to information concerning substance use disorder treatment, caseworkers must follow policy and only release this type of information under the provisions given; [see SRM 131, Confidentiality - Substance Abuse Records.](#)

LEGAL

MCL 722-621 et seq.

CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox.](#)