



New Jersey Department of Children and Families Policy Manual

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**Appendices - Case Handling Protocol for Referrals of CP&P Clients to Substance Abuse Treatment Programs
2-6-2006**

Statement of Purpose

Each CP&P client who presents with, or is assessed to have, a substance abuse problem requiring treatment shall have a comprehensive, integrated child welfare/substance abuse case plan. The integrated case plan shall clearly state what the tasks and goals of CP&P intervention will be, those of the substance abuse treatment provider and the client. This protocol primarily applies to inpatient treatment programs that accept mothers and their children but is also appropriate for use with referrals of CP&P clients to inpatient or outpatient substance abuse treatment programs. A copy of CP&P Form 26-81a/b, Family Summary/Case Plan, shall be made available to, and signed by all three (3) parties at the time of admission to the treatment program.

[CADC refers to Certified Alcohol and Drug Counselor]

CP&P Refers Client For Inpatient Substance Abuse

Based on the initial assessment (during an abuse/neglect investigation or when child welfare services are requested), or at any point in an ongoing case, the CP&P Worker will complete the following tasks to facilitate a client entering inpatient or outpatient substance abuse treatment:

Responsibility	Action Required
CP&P Worker	<ol style="list-style-type: none"> 1. Determine/assess that substance abuse may be a presenting problem(s) and may pose a risk to the safety and well-being of the child; 2. Consult with the Local Office assigned CADC and complete CP&P Form 11-46, Adult Substance Abuse Assessment Referral Form, requesting a substance abuse

	<p>assessment/evaluation. If a CADC is not assigned to the Local Office, refer client to a community-based substance abuse treatment provider for a substance abuse assessment/evaluation;</p> <ol style="list-style-type: none"> 3. Conference with the in-house CADC, or the community-based substance abuse treatment provider, the assessment/evaluation, and have the CP&P Supervisor review and concur with the plan; 4. Develop a congruent child welfare/protective service and substance abuse treatment case plan (CP&P Form 26-81a/b, Family Summary/Case Plan). Through a multidisciplinary team approach, and with input from the client and the CADC, the case plan clearly describes the client's need to enter a substance abuse treatment program; 5. Provide transportation, with the CADC if available, and accompany client to treatment program for pre-admission interview/assessment. The home visitor may also accompany the client and the CP&P Worker; 6. Give a copy of the CP&P case plan/goal to the treatment provider, and provide legal status of the child, if in a court ordered mother/child residential program; 7. Attend, within 10 business days, the conference at the substance abuse treatment facility to participate in development of the treatment plan, ensuring it dovetails with the CP&P case plan/goal; and 8. Ensure that all parties -- client, child (if program and age appropriate) and treatment program staff member(s) -- sign the treatment plan which is added, or attached, to the CP&P case plan; ensure each receives a copy.
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CP&P Client Referred to/Enters Treatment Program From Source Other than CP&P

When a substance abuse treatment program determines at the intake/admission process that the prospective client is receiving services from CP&P, the treatment program must:

Responsibility	Action Required
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Treatment Provider	<ol style="list-style-type: none"> 1. Immediately have the prospective client sign the program's release of information form, specifically identifying CP&P as the agency to whom information relative to the client's treatment may be released AND 2. Forward the program's release to the appropriate Local Office.
CP&P Worker, Client, Substance Abuse Counselor	<p>Upon receipt of a release from a substance abuse treatment program signed by a CP&P client, the CP&P Worker shall:</p> <ol style="list-style-type: none"> 3. Respond by arranging a face-to-face meeting at the program with the client and the substance abuse counselor; 4. Share with the substance abuse counselor, in the presence of the client, CP&P' case plan/goal, and the legal status of the child, when appropriate. For cases where the client is entering a mother/child residential facility, the following steps are required: <ul style="list-style-type: none"> • CP&P Worker advises the facility of the anticipated date the child will join the parent in the facility, if the child did not enter with the mother; • CP&P Worker apprises the facility, on a weekly basis, of the progress toward having the child join the mother; • If CP&P cannot meet the facility's timeframe for having the child join the mother, CP&P explains the reasons to the facility and the mother; <p style="margin-left: 40px;">The facility adjusts the timeframe, if possible, or alternate treatment is considered/planned for the mother; OR</p> <ul style="list-style-type: none"> • CP&P advises the facility and the mother that the child will not be joining the mother and the reason why. If reunification is still the goal, the treatment facility decides if the mother may continue in the program without the child and deals with the absence of the child in treatment; AND 5. The written CP&P case plan, CP&P Form 26-81a/b, and treatment program plan are signed by the CP&P Worker, the client (mother), and the substance abuse counselor, with

	each party retaining a copy.
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Substance Abuse Treatment Provider Communication Responsibilities

All substance abuse treatment providers must keep CP&P apprised, on a regular basis, of the progress being made in treatment by CP&P clients in their programs. Providers use their own agencies' forms to report progress. Outpatient and residential treatment programs of 31 days duration or less must submit a progress report on a biweekly basis to the client's CP&P Worker. Those programs of 31 days or more duration must submit a progress report on a monthly basis. The client's treatment counselor fills out the form indicating the progress the client is making in meeting/accomplishing the treatment goals and program requirements in four major areas:

- attendance,
- results of urine drug screens,
- psychosocial indicators, and
- mood/attitude toward treatment.

The substance abuse treatment provider retains a copy of the progress report for its client file.

Note: CP&P shall not close a case while a client is in any level of care of substance abuse treatment, including transitional housing which may be an integral part of a treatment program's continuum of care. The policies and procedures as outlined in, [CP&P-III-C-2-150](#), Service Termination, and [CP&P-III-C-8-100](#), Termination, apply as in any other CP&P-involved case.