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| --- | --- | --- | --- | --- | --- | --- |
| 1. Reviewed by: |  | | | | | |
| 2. Reviewed on: | Date: | | | | | |
| **Case Information** | | | | | | |
| 3. Case Number |  | | | | | |
| 4. Type of Case | GPS Case | | CPS Case | | | |
| 5. Case Opened | Date: | | | | | |
| 6. Case Closed | Date: | | N/A | | | |
| 7. Court Involved Case | Yes | | No | | | |
| 8. Docket Number  (if applicable) |  | | | | | |
| 9. Is substance abuse ever identified? | Yes | | No | | | |
| 9a. If yes, first date identified: | | | | | |
| *10. In allegation?* | Yes | | No | | | |
| *11. In case notes?* | Yes | | No | | | |
| *12. In the dependency petition?* | Yes | | No | | | N/A |
| *13. In affidavit for removal?* | Yes | | No | | | N/A |
| 14. Was the child or any sibling removed from the home? | Yes | | No | | | |
| 14a. If yes, was the removal due to substance abuse? | Yes | | No | | Unknown | |
| 14b. If unknown, provide explanation: | | | | | |
| **Custodial Parent and Family Characteristics** | | | | | | |
|  | | **Parent 1** | | **Parent 2** | | |
| Gender | | 15. Female  Male  Other  Unknown | | 18. Female  Male  Other  Unknown | | |
| Date of Birth | | 16. | | 19. | | |
|  | | **Parent 1** | | **Parent 2** | | |
| Race/Ethnicity  (you may select more than one) | | 17a. African-American  17b. Caucasian  17c. Hispanic  17d. Asian/Pacific Islander  17e. Native American  17f. Unknown | | 20a. African-American  20b. Caucasian  20c. Hispanic  20d. Asian/Pacific Islander  20e. Native American  20f. Unknown | | |
| Number of children in case | | 21. | | | | |
| Date of Birth for each child in case | | 22a. 1.  22b. 2.  22c. 3.  22.d 4. | | 22e. 5.  22f. 6.  22g. 7.  22h. 8. | | |
| **Infant/Toddler (birth to 36 months)** | | | | | | |
| 23. Does the case involve an infant or toddler? | | Yes | | No  (Skip to next section) | | |
| 23a. If yes, is there documentation of pre-natal or perinatal substance exposure? | | Yes | | No | | |
| 23b. If yes, was the infant/toddler referred to Early Intervention? | | Yes | | No | | |
| 23c. If yes, date of referral: | | | | |
| 23d. If yes, was the infant/toddler assessed by Early Intervention? | | Yes | | No | | |
| 23e. If yes, date assessed: | | | | |
| 23f. If yes, was the infant/ toddler determined to be eligible for Early Intervention services and an Individualized Family Service Plan (IFSP) was developed? | | Yes | | No | | |
| 23g. If yes, date of IFSP: | | | | |
| 24. Was a Plan of Safe Care developed? | | Yes | | No | | |
| 24a. If yes, date of plan: | | | | |
| 24b. If yes, did the family accept or reject the Plan of Safe Care? | | Accepted | | Rejected | | |

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| **Drug Screening and Testing** | | |
|  | **Parent 1** | **Parent 2** |
| Was any drug screening or drug testing undertaken? | 25. Yes  No | 27. Yes  No |
| Was drug screening or drug testing court ordered? | 26. Yes  No  N/A | 28. Yes  No  N/A |
| 26a. If yes, date of court order: | 28a. If yes, date of court order: |
| **Screening and Assessment for Substance Use Disorder** | | |
| 29. Does the County Children and Youth Agency have an identified substance use disorder screening instrument? | Yes | No |
| 29a. If yes, what instrument is used: | |
|  | **Parent 1** | **Parent 2** |
| Was a screening done by the County Children and Youth Agency for substance use problems? | 30. Yes  No | 32. Yes  No |
| 30a. If yes, date of screening: | 32a. If yes, date of screening: |
| Did the screening result in a referral being made for a substance use assessment? | 31. Yes  No | 33. Yes  No |
| 31a. If yes, date of referral: | 33a. If yes, date of referral: |
| *Assessment questions below must be answered regardless of whether screening occurred prior to the assessment or not at all.* | | |
| Was a referral for a substance use assessment made? | 34. Yes  No | 43. Yes  No |
| Was a referral for a substance use assessment ordered by the court? | 35. Yes  No  N/A | 44. Yes  No  N/A |

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| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| Was the substance use assessment completed? | 36. Yes  No | 45. Yes  No |
| 36a. If yes, date of assessment: | 45a. If yes, date of assessment: |
| Did the substance use assessment recommend treatment? | 37. Yes  No | 46. Yes  No |
| Were supports such as coaching/peer assistance provided? | 38. Yes  No | 47. Yes  No |
| Were other supportive services provided to the parent? | 39. Yes  No | 48. Yes  No |
| 39a. If yes, describe: | 48a. If yes, describe: |
| Were supportive services offered to the family? | 40. Yes  No | 49. Yes  No |
| 40a. If yes, describe: | 49a. If yes, describe: |
| Was the level of care determination available in County Children and Youth Agency record? | 41. Yes  No | 50. Yes  No |
| Comments/Notes | 42. | 51. |
| **Treatment Referral for Substance Use Disorder** | | |
|  | **Parent 1** | **Parent 2** |
| Was a referral made to substance use disorder treatment? | 52. Yes  No | 57. Yes  No |
| 52a. If yes, date of referral: | 57a. If yes, date of referral: |
|  | **Parent 1** | **Parent 2** |
| Was parent admitted to substance use disorder treatment? | 53. Yes  No | 58. Yes  No |
| 53a. If yes, date of admission: | 58a. If yes, date of admission: |
| If no, why? | 53b. Parent Already in Treatment  Parent Refused  Parent Incarcerated  Other | 58b. Parent Already in Treatment  Parent Refused  Parent incarcerated  Other |
| 53c. If other, describe: | 58c. If other, describe: |
| Was the referral documented in the County Children and Youth Agency record? | 54. Yes  No | 59. Yes  No |
| Was a confidentiality release signed by the parent? | 55. Yes  No | 60. Yes  No |
| 55a. If no, why: | 60a. If no, why: |
| Comments/Notes | 56. | 61. |
| **Treatment Services for Substance Use Disorder** | | |
|  | **Parent 1** | **Parent 2** |
| *Detox* | 62. Yes  No | 71. Yes  No |
| 62a. If yes, length of stay: | 71a. If yes, length of stay: |
| If yes, completed? | 62b. Yes  No | 71b. Yes  No |
| *Detox (continued)* | **Parent 1** | **Parent 2** |
| If no, why? | 62c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 71c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 62d. If other, describe: | 71d. If other, describe: |
| *Residential* | 63. Yes  No | 72. Yes  No |
| 63a. If yes, length of stay: | 72a. If yes, length of stay: |
| If yes, completed? | 63b. Yes  No | 72b. Yes  No |
| If no, why? | 63c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 72c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 63d. If other, describe: | 72d. If other, describe : |
| *Halfway House* | 64. Yes  No | 73. Yes  No |
| 64a. If yes, length of stay: | 73a. If yes, length of stay: |
| If yes completed? | 64b. Yes  No | 73b. Yes  No |

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| *Halfway House (continued)* | **Parent 1** | **Parent 2** |
| If no, why? | 64c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 73c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 64d. If other, describe: | 73d. If other, describe: |
| *Partial Hospitalization* | 65. Yes  No | 74. Yes  No |
| 65a. If yes, length of stay: | 74a. f yes, length of stay: |
| If yes, completed? | 65b. Yes  No | 74b. Yes  No |
| If no, why? | 65c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 74c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 65d. If other, describe: | 74d. If other, describe: |
| *Intensive Outpatient* | 66. Yes  No | 75. Yes  No |
| 66a. If yes, length of stay: | 75a. If yes, length of stay: |
| If yes, completed? | 66b. Yes  No | 75b. Yes  No |

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| *Intensive Outpatient (continued)* | **Parent 1** | **Parent 2** |
| If no, why? | 66c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 75c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 66d. If other, describe: | 75d. If other, describe: |
| *Outpatient* | 67. Yes  No | 76. Yes  No |
| 67a. If yes, length of stay: | 76a. If yes, length of stay: |
| If yes, completed? | 67b. Yes  No | 76b. Yes  No |
| If no, why? | 67c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other | 76c. Funding  Incarceration  Transferred  Left Against Advice  Terminated by Facility  Other |
| 67d. If other, describe: | 76d. If other, describe: |
| Was substance use disorder treatment information in the County Children and Youth Agency record? | 68. Yes  No | 77. Yes  No |
| What post-treatment services were provided? | 69. Aftercare  Recovery Support  Other | 78. Aftercare  Recovery Support  Other |
| 69a. If other, describe: | 78a. If other, describe: |
|  | **Parent 1** | **Parent 2** |
| Comments/Notes | 70. | 79. |
| **Court Involved Cases *(If the child was never involved with court, skip to the next section)*** | | |
| Shelter Care Hearing (If applicable) | | |
| 80a. Date of court order |  | |
| 80b. Was substance abuse mentioned? | Yes | No |
| 80c. Other factors mentioned (i.e.: dirty house) |  | |
| Adjudication Hearing | | |
| 81a. Date of court order |  | |
| 81b. Was substance abuse mentioned? | Yes | No |
| 81c. Other factors mentioned (i.e.: dirty house) |  | |
| Disposition Hearing | | |
| 82a. Date of court order |  | |
| 82b. Was substance abuse mentioned? | Yes | No |
| 82c. Other factors mentioned (i.e.: dirty house) |  | |
| First/Initial Permanency Review Hearing | | |
| 83a. Date of court order |  | |
| 83b. Was substance abuse mentioned? | Yes | No |
| 83c. Other factors mentioned (i.e.: dirty house) |  | |
| First/Initial Permanency Review Hearing (continued) | | |
| 83d. What is the permanency goal? | Remain Home  Reunification  Adoption | Permanent Legal Custodian  Fit & Willing Relative  APPLA |
| 83e. If APPLA, describe: | |
| Last/Most Recent Permanency Review Hearing | | |
| 84a. Date of court order |  | |
| 84b. Was substance abuse mentioned? | Yes | No |
| 84c. Other factors mentioned (i.e.: dirty house) |  | |
| 84d. What is the permanency goal? | Remain Home  Reunification  Adoption | Permanent Legal Custodian  Fit & Willing Relative  APPLA |
| 84e. If APPLA, describe: | |
| 85. Was court supervision terminated? | Yes | No |
| 85a. If yes, date of court order: | |

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| Comments - Please provide any addition clarification that may be needed: |
| 86.   1. To understand what role parental/caregiver substance abuse had in this case and how it affected permanency planning and disposition. |
| 87.   1. To understand what factors supported or impeded whether or not the parent/caregiver received substance use disorder assessment and/or treatment services if it was indicated. |
| 88.   1. To understand what may have been done differently in the life of the case to improve outcomes for children of parents with substance use disorders. |

*This form has been modified from the Case File Review for Substance Abuse document that was used during the Drug & Alcohol In-Depth Technical Assistance with the National Center on Substance Abuse and Child Welfare.*