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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. FemaleMaleOtherUnknown | 18. FemaleMaleOtherUnknown |
| Date of Birth | 16. | 19. |
|  | **Parent 1** | **Parent 2** |
| Race/Ethnicity (you may select more than one) | 17a. African-American17b. Caucasian17c. Hispanic17d. Asian/Pacific Islander17e. Native American17f. Unknown | 20a. African-American20b. Caucasian20c. Hispanic20d. Asian/Pacific Islander20e. Native American20f. 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. YesNo | 27. YesNo |
| Was drug screening or drug testing court ordered? | 26. YesNoN/A | 28. YesNoN/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. YesNo | 32. YesNo |
| 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. YesNo | 33. YesNo |
| 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. YesNo | 43. YesNo |
| Was a referral for a substance use assessment ordered by the court?  | 35. YesNoN/A | 44. YesNoN/A |

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

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| *Halfway House (continued)* | **Parent 1** | **Parent 2** |
| If no, why? | 64c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther | 73c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther |
| 64d. If other, describe: | 73d. If other, describe: |
| *Partial Hospitalization* | 65. YesNo | 74. YesNo |
| 65a. If yes, length of stay: | 74a. f yes, length of stay: |
| If yes, completed? | 65b. YesNo | 74b. YesNo |
| If no, why? | 65c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther | 74c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther |
| 65d. If other, describe: | 74d. If other, describe: |
| *Intensive Outpatient* | 66. YesNo | 75. YesNo |
| 66a. If yes, length of stay: | 75a. If yes, length of stay: |
| If yes, completed? | 66b. YesNo | 75b. YesNo |

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| *Intensive Outpatient (continued)* | **Parent 1** | **Parent 2** |
| If no, why? | 66c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther | 75c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther |
| 66d. If other, describe: | 75d. If other, describe: |
| *Outpatient* | 67. YesNo | 76. YesNo |
| 67a. If yes, length of stay: | 76a. If yes, length of stay: |
| If yes, completed? | 67b. YesNo | 76b. YesNo |
| If no, why? | 67c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther | 76c. FundingIncarcerationTransferredLeft Against AdviceTerminated by FacilityOther |
| 67d. If other, describe: | 76d. If other, describe: |
| Was substance use disorder treatment information in the County Children and Youth Agency record? | 68. YesNo | 77. YesNo |
| What post-treatment services were provided? | 69. AftercareRecovery SupportOther | 78. AftercareRecovery SupportOther |
| 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 HomeReunificationAdoption | Permanent Legal CustodianFit & Willing RelativeAPPLA |
| 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 HomeReunificationAdoption | Permanent Legal CustodianFit & Willing RelativeAPPLA |
| 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.
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*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.*