July 1, 2009

TO: Licensed Substance Abuse Programs
FROM: Kathy Stone, Division of Behavioral Health Director

In November 2007, IDPH, the Department of Human Services (DHS), and the Iowa Judicial Branch Children’s Justice Initiative implemented a partnership to address the needs of families involved with the child welfare, court, and substance abuse service systems. Substance abuse and child maltreatment are two of our most pressing social problems and are often intertwined. In Iowa, 70-80% of open child welfare cases are related to substance abuse. Through a wide variety of stakeholders statewide and an In-Depth Technical Assistance grant from the National Center for Substance Abuse and Child Welfare, the partnership is enhancing cross-system practices to improve outcomes for our shared families.

In 2008, through House File 2310, the Iowa Legislature directed IDPH and DHS to reduce child abuse related to parent or caregiver substance abuse. In implementing HF 2310, the Departments are to:

→ **in child abuse assessments** - determine the prevalence of substance use by the child’s parent or caregiver as a factor in the child abuse report and the finding of child abuse

→ **in Iowa law** - identify potential changes that could encourage a parent or caregiver to voluntarily seek substance abuse treatment

→ **in substance abuse evaluations** - identify the prevalence of the presence of children in the households of adults receiving an evaluation

- Based on data reported by providers, IDPH determined that approximately 22% of clients receiving substance abuse services report having children 17 years or younger living in the home and 22% report a DHS or child welfare connection.

→ **jointly implement a protocol** by July 1, 2009 to address child abuse cases related to parent or caregiver substance abuse.

The following are elements of our shared protocol for which we are asking your commitment:

1. During a substance abuse evaluation, ask the client if there are children 17 years of age or younger living in the household. (I-SMART admission form question #41).
   If the answer to question #41 is yes, ask:
   a) question #42 - “# of children spent last 6 months living with client” and
   b) question #43 - “Are children living with someone else due to protective order”
2. During a substance abuse evaluation, determine if the client is involved with DHS or the child welfare system by asking about referral sources as listed in I-SMART admission form question #14: DHS-Child Abuse, DHS-Drug Endangered Child, DHS-Child Welfare, or DHS-Other.

3. If a client answers yes to question #41 or #43 or if the client is referred by DHS as listed in question #14, ask if the client has a caseworker. If yes, request the DHS caseworker’s contact information and ask the client to sign a multi-party release (attached) allowing you to talk with the caseworker and other involved parties like Family Drug Court, Family Supports, mental health providers, etc. to coordinate care.

4. Contact the DHS caseworker to initiate your participation in care coordination. (Reminder: participation in Family Team Meetings for Medicaid enrollees can be authorized and reimbursed through the Iowa Plan.)

5. As part of your participation in ongoing care coordination, plan to share pertinent information on treatment planning and progress as well as discharge summaries, relapse prevention and continuing care plans, and recommendations for further treatment or other services.

Contact Michele Tilotta with any questions at MTilotta@idph.state.ia.us or 515-281-4816. Additional resources are posted on the IDPH website.

As always, thank you for your continued efforts on behalf of Iowa substance abuse clients and their families.

Attachment: Multi-Party Release of Information/Authorization to Disclose