

## DEPARTMENT OF SOCIAL SERVICES

## CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

## M E M O R A N D U M

TO: CHILDREN'S DIVISION STAFF

FROM: SARA SMITH, DIRECTOR

SUBJECT: CA/N Reports &amp; Non-CA/N Referrals Involving Fentanyl

## DISCUSSION:

While many substances are harmful to children and diminish caregiver protective capacities, fentanyl poses a significant safety threat because of its particularly lethal nature. Therefore, it is necessary to have additional policy and procedures in place specific to the Children's Division's response to CA/N Reports and Non-CA/N Referrals involving the presence of fentanyl in the home or fentanyl use by a child's caregiver **or household member**. The Fentanyl Case Review Subcommittee found, in its review of 2022 child fentanyl deaths, a need for the Children's Division to improve its response to possible child fentanyl exposure through enhanced practice utilizing Temporary Alternative Placement Agreements (TAPA) and improved information sharing with the Juvenile Office.

The information contained within this memo provides key highlights from Section 1, Chapter 5.6, CA/N Reports & Non-CA/N Referrals Involving Fentanyl. Regional Directors must ensure their staff thoroughly review the full policy and make any necessary adjustments to local response protocols to implement the new procedures outlined in this policy.

For purposes of this policy, Children's Division considers the home to include the vehicles of any household member. Also, for the purposes of this policy, the term "report" refers to any CA/N Report or Non-CA/N Referral with concerns involving fentanyl.

**Before Attempting Contact with the Family**

Preparation is vital prior to responding to any concerns of fentanyl. The prior history review is an essential component to corroborate the allegations, to help refute denials of substance use, and to guide decision making. Preparation is also important to worker safety.

- The worker will consult with a supervisor to discuss steps to be taken **before** attempting to make initial contact with the child(ren) and family.
- The supervisor will then inform the Circuit Manager of the report as an oversight measure.
- The worker will contact law enforcement to request that they respond to the home with the worker, even if the report is not an investigation.

### **Circuit Manager Consultation**

It is impossible for this policy to address all scenarios that workers may encounter when responding to concerns involving fentanyl. The Circuit Manager must ensure that all efforts are made to address the safety threat that fentanyl use creates for children. This must occur in real time throughout the duration of the report response.

- The worker and supervisor will consult about safety planning, interpretation of the fentanyl drug screen results, if applicable, and all case decisions with the Circuit Manager or their designee (who must be a Circuit Manager or above) **as they arise**.
- Once the Chief Investigator confirms the report is ready for approval, they will then forward it to the Circuit Manager or their designee for review and final approval.

### **Prescriptions**

The response outlined in this policy does not cease just because the individual has a prescription for fentanyl. Staff must still fully assess whether the presence of fentanyl creates a safety threat for the child and take efforts to prevent future harm.

- The worker should observe where the fentanyl is stored and address any storage concerns at that time. The worker should document how the fentanyl is stored by taking photographs on their work-issued device.
- The worker should discuss how any packaging or other materials left after the administration of fentanyl, such as patches, will be disposed of safely.
- Workers should also discuss the importance of having Narcan available in the event of accidental ingestion or overdose.
- The prescribed user(s)'s physician should be contacted to confirm the prescription and dosage of the medication.

### **Safety Response**

This policy outlines the procedures staff must follow for each of the most common scenarios when assessing fentanyl allegations:

- Admission or Confirmation of the Presence or Use of Fentanyl in the Home
- Admission or Confirmation of Fentanyl Use Outside the Home
- Denial of the Presence and Use of Fentanyl in the Home
- Concerns of Child Exposure to Fentanyl
- Inability to Confirm Fentanyl Use

- No Evidence of Fentanyl Use

#### Admission or Confirmation of the Presence or Use of Fentanyl in the Home

Due to the lethal nature of fentanyl, its presence in the child's home should be considered a safety threat because the home is hazardous and immediately threatening to the child's health and/or safety. Safety planning, pursuant to Section 1, Ch. 9, Safety Planning, must occur.

- When law enforcement has found unprescribed fentanyl in the home which resulted in the report, staff should consider this as confirmation.
- An ISIP or TAPA is only appropriate if the child(ren) leaves the home to reside in a different home with a safe parent or legal guardian. If neither an ISIP or a TAPA is appropriate, a referral to the Juvenile Office (CD-235) recommending removal from the home should be made immediately and without delay. However, the worker will also contact their supervisor immediately to schedule a Team Decision Making Meeting® (TDM™).
- The worker should provide the caregiver the Fentanyl Exposed Home Checklist (CD-337). If the caregiver continues living at the home in question, this checklist should be completed prior to the child(ren) returning home.

#### Admission or Confirmation of Fentanyl Use Outside the Home

A safety threat is possibly present if the alleged perpetrator or other household member(s) confirms the use of fentanyl in environments outside of the home or the worker finds evidence of fentanyl use outside of the home to which the child may be exposed.

- If the alleged perpetrator or other household member(s) confirms their fentanyl use, but it is not known whether this has occurred in the home or in the presence of the child(ren) the worker should, in consultation with the supervisor and Circuit Manager, evaluate whether the use impairs their ability to supervise, protect, or create a safe environment for the child and whether the child has been harmed or is likely to be harmed without intervention.
- If it is determined, in consultation with the supervisor and the Circuit Manager, as outlined above, that the caregiver(s) may be unable or unwilling to ensure the child will have a safe and unimpaired caregiver at all times, a safety threat is present. The worker should make a referral for an initial TDM™ to explore all options available to the family. A Referral to the Juvenile Office (CD-235) should also be completed to notify the Juvenile Office or depending on the recommendations of the TDM, to recommend the court take further action.

- For Newborn Crisis Assessments involving unprescribed fentanyl, if the infant or the mother's toxicology results are positive for fentanyl, the worker should treat this like a confirmation of fentanyl use outside the home.

#### Denial of the Presence and Use of Fentanyl in the Home

Staff should never take an individual's denial of substance use at face value and should make every effort to corroborate the individual's denial. It is important that workers address any information that conflicts with the individual's denial.

- When the subject of the fentanyl allegations denies the presence and use of fentanyl in the home, the worker should request that they submit to a drug test, inclusive of a fentanyl panel, within 24 hours.
- The worker must *immediately* obtain collateral contacts per policy in Section 2, Ch. 5.2.12, Safety Network, Witness, and Collaterals Contacts and review all relevant information, including but not limited to, Children's Division and criminal history to assess the child's safety as thoroughly as possible.
- If the drug test results are positive for fentanyl or the information available suggests the likelihood of fentanyl use, safety planning should begin immediately as outlined in the Admission or Confirmation of the Presence or Use of Fentanyl in the Home scenario.

#### Concerns of Child Exposure to Fentanyl

- When there are allegations that a child(ren) has been exposed to or has tested positive for fentanyl, the worker will immediately request that the child(ren) and any other household children be examined by a medical professional within 24 hours. If the child(ren) has been exposed but has not been drug tested, this evaluation should include a drug test with a fentanyl panel.
- If the child(ren) tests positive, safety planning should begin immediately as outlined in the Admission or Confirmation of the Presence or Use of Fentanyl in the Home scenario.
- If the parent(s) refuse to have the child(ren) examined by a medical professional, this should be treated as an inability to confirm as outlined in the Inability to Confirm Fentanyl Use scenario.

#### Inability to Confirm Fentanyl Use

- If the alleged perpetrator or household member(s) initially agrees to submit to a drug test for fentanyl, but does not complete it within the requested timeframe, refuses to submit to a drug test for fentanyl, or lacks reasonable access to drug testing services, the worker should consider whether the child(ren) will have a safe and unimpaired caregiver at all times.
- If it cannot be determined, in consultation with the supervisor and the Circuit Manager as outlined above, that the caregiver(s) is able to ensure the child will have a safe and unimpaired caregiver at all times, a referral should immediately be made for an initial TDM™.

### No Evidence of Fentanyl Use

- If the alleged perpetrator or household member tests negative for fentanyl and, after thorough assessment/investigation, there is no other evidence of the presence or use of fentanyl, the worker will continue the investigative or assessment process.

### **Monitoring Immediate Safety Intervention Plans (ISIP) and Temporary Alternative Placement Agreements (TAPA)**

- Before agreeing to terminate any ISIP or TAPA put in place as a result of this policy, the caregiver should complete the Fentanyl Exposed Home Checklist CD-337 and the worker should conduct a home visit.
- In addition to the monitoring requirements of an ISIP as outlined in Section 1, Ch. 9.3.1.2 Monitoring of the Immediate Safety Intervention Plan (CD-263), a Circuit Manager Consultation **must** be held prior to the termination of any ISIP put in place as a result of this policy.
- In addition to the monitoring requirements of a TAPA as outlined in Section 1, Ch. 9.3.2.6 TAPA Monitoring Requirements, a TDM™ **must** be held to discuss the termination of any TAPA put in place as a result of this policy.

### **Out of Home Investigations (OHI)**

This policy is generally applicable to reports assigned to OHI that involve concerns of fentanyl. It is the responsibility of the local office, not OHI, to assess whether the child has a safe and unimpaired caregiver at all times and to complete the procedures outlined in this policy.

When an allegation involving fentanyl is received by OHI, OHI will notify the local office immediately to begin coordinating the Children's Division's safety response.

<b>NECESSARY ACTION</b>  1. Review this memorandum with all Children's Division staff. 2. Review revised Child Welfare Manual chapters as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to:	
<b>PDS CONTACT</b> Cari Pointer <a href="mailto:Cari.A.Pointer@dss.mo.gov">Cari.A.Pointer@dss.mo.gov</a>	<b>MANAGER CONTACT</b> Kara Wilcox <a href="mailto:Kara.B.Wilcox@dss.mo.gov">Kara.B.Wilcox@dss.mo.gov</a>
<b>RELATED POLICIES:</b> <a href="#">Section 1, Chapter 5.6, CA/N Reports &amp; Non-CA/N Referrals Involving Fentanyl</a>	
<b>FORMS AND INSTRUCTIONS:</b> <a href="#">Fentanyl Exposed Home Checklist (CD-337)</a>	

**REFERENCE DOCUMENTS AND RESOURCES:**

[PA24-CM-02 Requesting testing of specific drugs for drug tests](#)

[FDA Parents of Caregivers of Children: It's Important to Safely Dispose of Opioids](#)

**RELATED STATUTE:**

N/A