

State of Illinois
Department of Children and Family Services
SUBSTANCE AFFECTED FAMILIES PROCEDURES CHECKLIST
Alcohol and Other Drug Abuse Services

DOCUMENTATION

Copies of all CFS 440 AODA forms and treatment reports should be filed together in the case file. Case notes must document required activities.

DIRECTIONS: DCP, Intact and CWS workers must check points that apply at each stage of the case to ensure compliance with procedure. Add a date when the task is completed for each client as applicable. Worker and supervisor signatures are required at each case hand-off on page 3.	Mother/ Caregiver	Father	Youth	Family/ Paramour/ Other
I SCREEN FOR SUBSTANCE ABUSE				
<input type="checkbox"/> CFS 440-5 Adult Substance Abuse Screen is completed on relevant adults including parents, household members or extended family, and child caregivers.				
<input type="checkbox"/> The CFS 440-8 Adolescent AODA Indicator is completed on any youth suspected of substance abuse.				
<input type="checkbox"/> NO AODA ASSESSMENT OR TREATMENT IS RECOMMENDED. STOP HERE.				
II REFERRAL FOR AODA ASSESSMENT				
<input type="checkbox"/> The CFS 440-5 Adult Substance Abuse Screen or the CFS 440-8 Adolescent AODA Indicator documents the need for further AODA assessment.				
<input type="checkbox"/> The CFS 440-6 DCFS Referral for Adult AODA Treatment Services is completed and faxed. <input type="checkbox"/> JCAP initiated in Cook County.				
<input type="checkbox"/> The CFS 440-7 Consent for Disclosure is completed and faxed to the AODA provider. <input type="checkbox"/> JCAP initiated in Cook County.				
<input type="checkbox"/> A relevant adult with a LEADS background check that indicates criminal history of drug related charges is referred for an AODA assessment.				
<input type="checkbox"/> DCFS/POS conveyed any information from the LEADS check to the DASA provider.				
<input type="checkbox"/> The Recovery Matrix is introduced and completed with the client. <input type="checkbox"/> Intact <input type="checkbox"/> Placement				
<input type="checkbox"/> DCFS obtained the Referral Acceptance Form or notice of appointment from the AODA provider.				
<input type="checkbox"/> Transportation for the initial appointment is confirmed, provided or arranged by the caseworker.				
<input type="checkbox"/> Appropriate childcare plans were facilitated with assistance of the caseworker.				
<input type="checkbox"/> Communication barriers such as literacy, language, or lack of telephone have been addressed.				
<input type="checkbox"/> A transitional visit was completed with the family within 48 hours of the case hand-off or TC.				
<input type="checkbox"/> SEI CASE – ALLEGATION #65				
<input type="checkbox"/> Obtain information and records from hospital social worker and nurse about the baby’s condition.				
<input type="checkbox"/> Collaborate with the local public health nurse or other health care professional.				
<input type="checkbox"/> Develop a child-care plan with intact family cases.				
<input type="checkbox"/> Screen cases involving second or subsequent SEI births with the State’s Attorney to request an Order of Protection from the court. <input type="checkbox"/> Accepted <input type="checkbox"/> Declined				

State of Illinois
Department of Children and Family Services
SUBSTANCE AFFECTED FAMILIES PROCEDURES CHECKLIST
Alcohol and Other Drug Abuse Services

III INTAKE FOR AODA SERVICES	Mother/ Caregiver	Father	Youth	Family/ Paramour/ Other
<input type="checkbox"/> The results of the initial scheduled appointment are documented.				
<input type="checkbox"/> The initial appointment was missed.				
<input type="checkbox"/> Follow up contact with the client was made within 48 hours after notification for an Intact Family.				
<input type="checkbox"/> Follow up contact with the client was made within one week for a Placement case.				
<input type="checkbox"/> Re-initiate the Referral for Adult AODA Treatment Services if client is willing to proceed.				
IV AODA TREATMENT				
<input type="checkbox"/> A Home Safety Checklist is completed.				
<input type="checkbox"/> A copy of the client's Integrated Assessment and Service Plan was given to the AODA provider within one week of completion.				
<input type="checkbox"/> Copies of the Client Progress Reports have been obtained from the AODA provider every 30 days.				
<input type="checkbox"/> Copies of the Observation of Parent Behavior Reports have been obtained from the AODA provider every 30 days.				
<input type="checkbox"/> The client is missing appointments.				
<input type="checkbox"/> A joint visit was made to the client by the DCFS/POS worker and AODA provider.				
<input type="checkbox"/> A relapse prevention plan has been developed with the client and AODA provider.				
<input type="checkbox"/> A copy of the Discharge Plan has been obtained.				
V COORDINATION OF TREATMENT WITH AODA PROVIDER				
<input type="checkbox"/> Weekly contact between the caseworker and the client is documented during the first six weeks of treatment regarding progress and needs.				
<input type="checkbox"/> Weekly contact between the caseworker and AODA provider is documented during the first six weeks of treatment regarding progress and needs.				
<input type="checkbox"/> An interagency staffing with the caseworker and AODA provider was coordinated with IA and convened within two weeks of beginning treatment.				
<input type="checkbox"/> Ongoing interagency staffings with the caseworker, the AODA provider, & other relevant service providers:				
<input type="checkbox"/> At the Family Meeting within 45 days of case opening				
<input type="checkbox"/> At least quarterly				
<input type="checkbox"/> Prior to changes in level of AODA care				
<input type="checkbox"/> Prior to planned discharges from treatment				
<input type="checkbox"/> Prior to Intact Family case closures				
<input type="checkbox"/> Prior to recommendation for unsupervised visits				
<input type="checkbox"/> Prior to Reunification or changes in child custody				
<input type="checkbox"/> Whenever events occur that might affect child safety, permanency, or treatment needs				
<input type="checkbox"/> AODA education and referrals to support services such AA, NA, Al-Anon, and Ala-Teen were provided to the client and family.				

State of Illinois
Department of Children and Family Services
SUBSTANCE AFFECTED FAMILIES PROCEDURES CHECKLIST
Alcohol and Other Drug Abuse Services

VI CASE CLOSING OR REUNIFICATION REQUIREMENTS FOR CASES WITH AODA ISSUES	Mother/ Caregiver	Father	Youth	Family/ Paramour/ Other
<input type="checkbox"/> Case Closing or Reunification Guidelines: Check all that apply.				
<input type="checkbox"/> Risk and safety assessments demonstrate that any threats of harm to the children are addressed.				
<input type="checkbox"/> Family has achieved service plan goals.				
<input type="checkbox"/> The parent has made substantial progress according to the Recovery Matrix.				
<input type="checkbox"/> The parent/caretaker has had negative urinalysis reports for past six months.				
<input type="checkbox"/> A LEADS check is free of current drug related or violent charges.				
<input type="checkbox"/> The parent demonstrates appropriate parenting skills according to the Reunification Checklist.				
<input type="checkbox"/> Children have access to extended family or a community support system to call for assistance.				
<input type="checkbox"/> Parent/caregiver has not successfully completed a substance abuse treatment program, but the worker has verified that the needs of the children are met and they are safe.				

Investigator Signature _____ Date _____ DCP Supervisor _____ Date _____

Worker Signature _____ Date _____ Supervisor _____ Date _____

Worker Signature _____ Date _____ Supervisor _____ Date _____

Worker Signature _____ Date _____ Supervisor _____ Date _____

Worker Signature _____ Date _____ Supervisor _____ Date _____