

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.

<b>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.</b>	<b>Mother/ Caregiver</b>	<b>Father</b>	<b>Youth</b>	<b>Family/ Paramour/ Other</b>
<b>I SCREEN FOR SUBSTANCE ABUSE</b>				
<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.				
<b>II REFERRAL FOR AODA ASSESSMENT</b>				
<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"/> <b>SEI CASE – ALLEGATION #65</b>				
<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				

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<b>III INTAKE FOR AODA SERVICES</b>	<b>Mother/ Caregiver</b>	<b>Father</b>	<b>Youth</b>	<b>Family/ Paramour/ Other</b>
<input type="checkbox"/> <b>The results of the initial scheduled appointment are documented.</b>				
<input type="checkbox"/> <b>The initial appointment was missed.</b>				
<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"/> <b>Re-initiate the Referral for Adult AODA Treatment Services if client is willing to proceed.</b>				
<b>IV AODA TREATMENT</b>				
<input type="checkbox"/> <b>A Home Safety Checklist is completed.</b>				
<input type="checkbox"/> <b>A copy of the client's Integrated Assessment and Service Plan was given to the AODA provider within one week of completion.</b>				
<input type="checkbox"/> <b>Copies of the Client Progress Reports have been obtained from the AODA provider every 30 days.</b>				
<input type="checkbox"/> <b>Copies of the Observation of Parent Behavior Reports have been obtained from the AODA provider every 30 days.</b>				
<input type="checkbox"/> <b>The client is missing appointments.</b>				
<input type="checkbox"/> A joint visit was made to the client by the DCFS/POS worker and AODA provider.				
<input type="checkbox"/> <b>A relapse prevention plan has been developed with the client and AODA provider.</b>				
<input type="checkbox"/> <b>A copy of the Discharge Plan has been obtained.</b>				
<b>V COORDINATION OF TREATMENT WITH AODA PROVIDER</b>				
<input type="checkbox"/> <b>Weekly contact between the caseworker and the client is documented during the first six weeks of treatment regarding progress and needs.</b>				
<input type="checkbox"/> <b>Weekly contact between the caseworker and AODA provider is documented during the first six weeks of treatment regarding progress and needs.</b>				
<input type="checkbox"/> <b>An interagency staffing with the caseworker and AODA provider was coordinated with IA and convened within two weeks of beginning treatment.</b>				
<input type="checkbox"/> <b>Ongoing interagency staffings with the caseworker, the AODA provider, &amp; other relevant service providers:</b>				
<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"/> <b>AODA education and referrals to support services such AA, NA, Al-Anon, and Ala-Teen were provided to the client and family.</b>				

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VI CASE CLOSING OR REUNIFICATION REQUIREMENTS FOR CASES WITH AODA ISSUES	Mother/ Caregiver	Father	Youth	Family/ Paramour/ Other
<input type="checkbox"/> <b>Case Closing or Reunification Guidelines: Check all that apply.</b>				
<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 \_\_\_\_\_

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