

Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

Cannabis Screening Guidelines

Proposal

Issue: The child protection screening guidelines for Cannabis use after legalization need to be adapted. As they currently stand they will cause workforce and timing issues because of the substantial child endangerment requirement. It also does not take into consideration medical cannabis which has other statutes and implications to consider. The lack of an impact on children to screen in is also something that should be looked at. We are not able to file a CHIPS without a harm statement. There needs to be a discussion on why this guidance is different and what the system impact is of that.

Implementation:

A change to the screening guidelines.

Systemic Priority/Paradigm Trend Alignment (highlight all that apply and explain why)

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority)* We know there is a disproportionate impact to people of color in the CP area. Moving cases like these to FI will enhance the negative consequences to people who are already disproportionately impacted by this system
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend)*
The changes in the screening guidelines are law since screening guidelines have to be followed in accordance with statute. We are concerned that putting things in screening guidelines that have a 24 hour response, that have conflicting language in other areas of statute, and are not required to have harm to the children demonstrated will tie up our already underfunded resource scarce system meeting deadlines that we may not be able to meet if parents refuse access and that don't have any legal recourse per the CHIPS statute. We also need to look at how medical cannabis plays into this.
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend)*

Operational Priority (Committee) Alignment (highlight all that apply and explain why)

Adult Services
Behavioral Health

Children's Services
Equity

Healthcare
Modernization

Policy
Self-Sufficiency

Why: The child maltreatment screening guidelines fit into children's services and we are asking for a change to it. It impacts equity

Rationale/Background:

Screening Guidelines currently:

Access to alcohol, controlled substances, and prescription drugs

Parent or caregiver knowingly and willingly permits access to alcohol or prescription drugs (not controlled substances), resulting in harm to children, including sickness or internal injury, subjects children to unnecessary medical procedures, or to control or punish them. This also includes knowingly and willingly permitting access to controlled substances, such as medical cannabis (THC/marijuana) not prescribed to them, or consumables containing THC. This refers to access, and impact of access on children, including but not limited to:

- A 2-year-old drinking alcohol from a cup that was accessible to them and they show signs of illness or intoxication
- Parent smoking marijuana in the same room as their 3-month-old
- Parent smoking marijuana with a child, or knowingly allowing them to smoke marijuana in the home.

This does not include medical cannabis as prescribed to a parent or caregiver. There shall be no presumption of neglect or child endangerment for conduct allowed under sections 152.22 to 152.37, unless a person's behavior is such that it creates an unreasonable danger to the safety of a minor, as established by clear and convincing evidence.

When reports involving a parent or caregiver possessing a controlled substance constituting criminal possession in violation of sections, 152.021, 152.022, 152.023, 152.024, or 152.0262 do not require information or statements of impact on a child to be screened in. These reports are considered substantial child endangerment and require investigative responses.

High-level, one paragraph description of the issue and its importance:

The current child protection screening guidelines around cannabis need to be adapted as they require a 24-hour response if a parent or caregiver is in possession of a criminal amount of cannabis, without the need for information or a statement of impact on a child. These guidelines are not consistent with how other substances are treated. These guidelines will impact the families we serve by requiring an investigative response and impact the child protection workforce who will have to meet this tight timeline and cannot file a CHIPS without a harm statement. These guidelines also do not adequately distinguish between recreational and medical cannabis.



MACSSA
Minnesota Association of County
Social Service Administrators

Submitted by: Stacy Hennen, WPHS

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