

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> January 1, 2018
	<b>Section 40: Drug Screening in Assessments</b>	<b>Version:</b> 1

**STATEMENTS OF PURPOSE**

The Indiana Department of Child Services (DCS) will consider using drug screening as a component of a comprehensive assessment of the family when there is an allegation of substance abuse or an indication that substance abuse may be a factor in the report of child abuse or neglect. Substance use or abuse may be a factor in assessments involving 1) the use of drugs during pregnancy; or 2) the use of drugs that results in a child’s physical or mental condition being seriously impaired or seriously endangered. The child’s safety as well as the family’s strengths, needs, and protective capacities will be assessed. Any indication of substance use or misuse (as evidenced by self-disclosure or drug screening results) will be assessed to determine if the use/misuse contributed to the maltreatment of the child.

**Note:** With the exception of [IC 31-34-1-10](#), the decision to substantiate or unsubstantiate an allegation of Child Abuse or Neglect (CA/N) should not be based solely on the existence or absence of substance use. Drug screen results alone should not be used to make an assessment decision, as these results capture only a snapshot of information. Credible evidence must be present, in addition to drug screen results, to determine assessment finding.

Code References

1. [IC 31-34-1-1: Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision](#)
2. [IC 31-34-1-2: Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health; victim of specified offense](#)
3. [IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body](#)
4. [IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Inquire about any current or prior substance use by the parent, guardian, or custodian, as well as, any current or prior participation in substance abuse treatment;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions, **if there is any indication or allegation of substance use and or abuse;**
3. Utilize the [UNCOPE](#) questionnaire to assess the client’s need for a substance abuse assessment;
4. Inform the parent, guardian, or custodian of the purpose of the drug screening and how the results will be used to address the family’s need for a substance abuse assessment

or treatment. See policy [4.26 Determining Service Levels and Transitioning to Permanency Services](#) for additional information;

5. Provide parent, guardian, or custodian an opportunity to voluntarily submit to drug screening. Ensure the consent for the drug screen is signed, on the drug screen chain of custody form, **prior to** performing the screen;
6. Administer an oral swab or refer for drug screening, if the chain of custody form has been signed or the screen has been ordered by the court, in assessments when child maltreatment appears to be a direct result of substance use or a connection can be made between the drug use and child maltreatment;

**Note:** For assessments involving a fatality or near fatality, see policy [4.31 Child Fatality and Near Fatality Assessments](#).

7. Obtain medical records to support substance use or abuse, **if there is any indication or allegation of substance use and or abuse**; and
8. Document all relevant factors of the assessment that indicate a drug screen is needed or indicated. If the parent, guardian or custodian refuses to submit to a drug screen a request may be made to the court to order the parent, guardian or custodian to submit to a drug screen.

**Note:** In situations where it is not clear if a drug screen is necessary to complete an assessment, the FCM should staff the case with an FCM Supervisor or DCS Local Office Director (LOD). Drug screening may not be appropriate if the parent, guardian, or custodian is actively involved in a substance abuse treatment program that already requires frequent random drug screening. Refusal to voluntarily consent to drug screening, without other child safety and risk factors, is not a sufficient basis for removal of a child from parents.

## PRACTICE GUIDANCE

### **Deciding to Request a Drug Screen**

During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian.

**Note:** Observations from various sources can show a picture of how a person is functioning on a day to day basis and provide justification for requesting a drug screen.

When there are observable facts and circumstances of substance use consistent with child abuse and neglect, the FCM should request that the parent, guardian, or custodian voluntarily submit to a drug screen and sign the consent for the drug screen on the drug screen chain of custody form **prior to** performing the screen. If he/she declines to consent to the drug screen, the FCM should continue thoroughly assessing the situation. If there are no indications of CA/N, the FCM should staff the assessment with the FCM Supervisor to determine the next step.

**Note:** DCS Local Office Staff Attorney should be consulted concerning the need to seek a Court order for the parent, guardian, or custodian to submit to a drug screen as part of the assessment.

### **Instant Drug Screens and the Confirmation Process**

Instant drug screen results are considered only presumptive positive until going through a confirmation process. The lab based mouth swabs, through the current provider, automatically go through a confirmation process when sent in to the lab if the screen is presumptive positive. Drug screens completed by outside providers and medical facilities may or may not be confirmed screens. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

### **The Assessment Decision Involving Substance Use**

Parental drug use or abuse constitutes child abuse or neglect when a child is seriously impaired or seriously endangered. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substances or substance use;
2. Evidence that the parent is a chronic drug user including a lengthy history of drug or alcohol abuse;
3. Evidence of the illegal manufacture of a drug or controlled substances on the property where the child resides;
4. Whether the parent has an addiction that renders the parent unable to provide appropriate care and supervision to the child;
5. The parents' willingness and ability to remain sober when caring for the child;
6. Parent, guardian or custodian behavior indicating use such as extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
7. One or more children living in the home discloses detailed knowledge or first-hand observations of parent's, guardian's, or custodian's drug use or impaired behavior;
8. Evidence that the parent exposed the child to an environment of illegal drug use which results in endangering the child's physical or mental condition including the presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
9. The drugs or drug paraphernalia present in the home was or could have been accessed by one or more children living in the home;
10. The condition of the home (odors commonly associated with drugs or alcohol);
11. The presence of additional allegations;
12. Input from the Child and Family Team (CFT);
13. Factors that support or eliminate that substance use directly endangers child safety; and
14. Any other pertinent information obtained by DCS in the assessment phase.

### **Assessment Involving Drug Exposed Infants**

A pregnant woman's drug abuse may constitute child abuse and neglect and may be legally sufficient for a finding of CHINS which requires the coercive intervention of the Court to ensure the family receives the necessary services. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Evidence that the child is born with fetal alcohol syndrome
2. Evidence that the child is born with neonatal abstinence syndrome
3. Evidence that the child is born with any amount of controlled substance, legend drug, or metabolite of a controlled substance or legend drug in child's body including blood, urine, umbilical cord tissue, or meconium absent a prescription or medical supervision.
4. Evidence that child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal that arises or is aggravated as a result of

the mother of the child use of alcohol, a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

5. Evidence that a child is at substantial risk of a life threatening condition that arises or is substantially aggravated because of the mother of the child use of alcohol a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

### **Parental Disclosure of Drug Use**

Any admissions by parents, guardian, or custodian that is a party to the case may be admissible as evidence in court proceedings. Best practice would include documenting discussions with parents, guardians, or custodians regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

### **Drug Screening Frequency**

The number of drug screens administered during the assessment phase will depend on several factors such as if a parent, guardian or custodian appears to be immediately impaired (slurred speech, poor balance, etc.), child reports witnessing drug use, a substance abuse counselor reports concerns, drug paraphernalia is located in home, or Law Enforcement Agency (LEA) is involved or an arrest is made regarding drug involvement.

If a client provides a negative drug screen and no other indicators of substance use are identified in the assessment process, additional drug screens are likely unwarranted.

If a situation arises and the FCM is unsure as to if it warrants a drug screen, the situation should be staffed with an FCM Supervisor. If parents refuse to voluntarily consent to a drug screen, the Local Office Staff Attorney should be consulted in regards to a legal basis for requesting a court order.

### **UNCOPE Questionnaire**

The UNCOPE is a six question verbal screening tool used to identify risk for alcohol and drug abuse. Answering yes to two or more of the UNCOPE questions indicates possible substance abuse or dependency and the need for further substance abuse assessment and evaluation.

The UNCOPE questions include:

U – Have you continued to **use** alcohol or drugs longer than you intended? Or, have you spent more time drinking or using than you intended?

N – Have you ever **neglected** some of your usual responsibilities because of alcohol or drug use?

C – Have you ever wanted to stop using alcohol or drugs but couldn't? (**cut down**)

O – Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?

P – Have you ever found yourself **preoccupied** with wanting to use alcohol or drugs? Or, have you frequently found yourself thinking about a drink or getting high?

E – Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?

(UNCOPE assessment is obtained from Evince Clinical Assessments at

[http://www.evinceassessment.com/UNCOPE\\_for\\_web.pdf](http://www.evinceassessment.com/UNCOPE_for_web.pdf))

### **Medication-Assisted Treatment (MAT)**

The use of medication-assisted treatment (MAT), in conjunction with psychosocial support and treatment, is considered best practice for the treatment of opioid use disorders. Clients should not be discouraged from using MAT as part of a substance abuse treatment plan. If a parent, guardian, or custodian indicates the use of MAT (such as the use of Methadone,

Buprenorphine, or Naltrexone), the FCM should attempt to collect the following information and documentation:

1. A statement from the parent, guardian, or custodian regarding any current or prior history of substance abuse that has led to the current use of MAT;
2. A statement from the parent, guardian, or custodian, regarding the details of the MAT program (including the name of the physician or agency prescribing the medication and the name of the provider of any associated therapy or substance abuse treatment services) and any other associated therapy or substance abuse treatment; and
3. A Release of Information to obtain verification of the parent's, guardian's or custodian's participation in MAT and other associated therapy or substance abuse treatment.

**Note:** If a Release of Information is signed, the FCM should share any positive drug screen results, as well as any other information pertinent to treatment, with the MAT provider so that the provider may make the most appropriate decisions regarding the treatment of the parent, guardian, or custodian.

## FORMS AND TOOLS

### [UNCOPE](#)

[Oral Swab](#) - Available in the Local Office

[Referral for Drug Screening](#) - Available in the case management system

## RELATED INFORMATION

### **The Law and Drug Screening**

A single occurrence of drug use outside the presence of the child without additional evidence of child abuse or neglect is legally insufficient to support the filing of a CHINS petition.

Good cause for the court to order a drug screen when parents, guardians, or custodians deny consent requires evidence beyond a report of child abuse or neglect from an undisclosed source. Admissions of drug use by a parent, guardian, or custodian is admissible to the court. The evidence must be specific to the case being investigated.

### **Types of Drug Screens**

**Oral (Saliva):** Research indicates oral test can most precisely indicate recent drug use, as substances appear in saliva only minutes after use. However, the detection window for oral (saliva) screens is narrow, as some substances remain in the saliva from hours to a few days.

**Urine:** Urine is the most accurate testing to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the testing dates and times increases the likelihood of substances being detected. As a caution, a urine test will not detect some substances for several hours past use.

**Hair Follicle:** Hair follicle drug screens should be requested very rarely and only in specific circumstances. These screens may be used on children to detect exposure to methamphetamines or if an oral/urine screen is uncollectable. The use of hair follicle testing should be limited to investigation of past usage or exposure to substances and in assisting in the determination of services to be provided to the client. The decision to utilize hair follicle screening should be approved by the Local Office Director (LOD)/Division Manager (DM) or designee or the hair follicle screen is court ordered.

### **Drug Screening Detection Windows**

The timeframe for drug screening is critical in detecting drug use. The amount of time a particular drug remains in the body depends on several factors such as the frequency of use, how much of the drug was taken as well as the metabolism of the individual. Levels that are under the cutoff are considered negative.

<b>Substance</b>	<b>Saliva (Forensic Fluids)</b>	<b>Saliva (Redwood)</b>	<b>Urine (Redwood)</b>	<b>Hair Follicle</b>
Alcohol	Not listed	Not listed	1 hour after absorption	Not on panel
Amphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Barbiturates	Up to 1 day (short acting)  Up to 2-3 weeks (long acting)	Up to 48 hours	3 days to 3 weeks (varies significantly by substance)	Not on panel
Benzodiazepines	Up to 5 days (longer if prolonged use)	Up to 48 hours	1 to 7 days (varies significantly by substance)	Not on panel
Cannabinoids (light or acute use)	Up to 3 days	Up to 24 hours	1 to 3 days	7 to 90 days
Cannabinoids (habitual use)	Up to 3 days	Up to 24 hours	3 to 5 days (Use 4 times/week) 10 to 21+ Days (daily use) 10 to 30+ days (5+ joints/day) 1 to 5 days (oral ingestion)	7 to 90 days
Synthetic Cannabinoids (single use)	Up to 3 days	Up to 48 hours	36 to 27 hours	Not on Panel
Synthetic Cannabinoids (chronic use)	Up to 3 days	Up to 48 hours	Up to 6 weeks	Not on Panel
Cocaine	Up to 4 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Opioids (inclusive of but not limited to Tramadol, Oxycodone, and Fentanyl)	Up to 3 days	Up to 48 hours	24 to 72 hours	7 to 90 days
Heroin	Up to 3 days	Up to 48 hours	24 hours	7 to 90 days
Methamphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days

Buprenorphine	Up to 3 days	Up to 48 hours	Up to 72 hours (low dose) Up to 6 days (high dose) Up to 10-14 days (extended therapeutic administration)	Not on panel
Methadone	Up to 4 days	Up to 48 hours	72 hours	Not on panel

\* Chart adapted from multiple sources

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