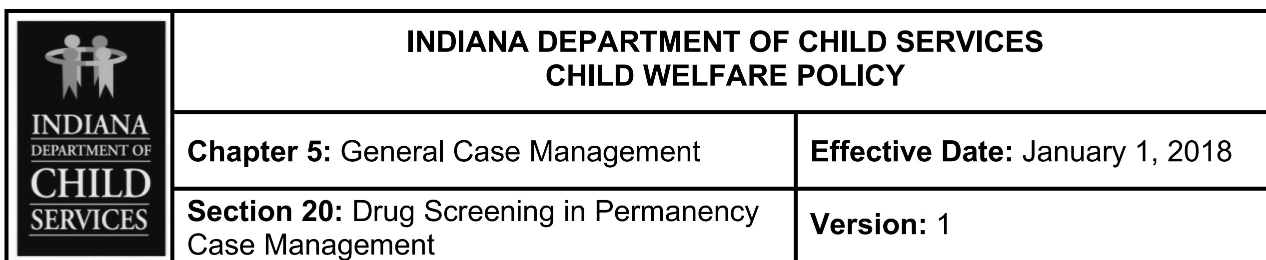

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 5: General Case Management	**Effective Date:** January 1, 2018
Section 20: Drug Screening in Permanency Case Management	**Version:** 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider drug screening and results as only one (1) component in the identification of safety threats, strengths, protective capacities and needs of a family. DCS will develop a therapeutic treatment approach with the family to continually address substance use as it relates to child maltreatment throughout a permanency case.

Decisions about permanency case management should be approached in a comprehensive manner allowing for all factors to be considered in addition to drug screen results.

DCS will not make decisions regarding the disposition or permanency of a case based solely on drug screen results. DCS will not cancel, withhold or restrict visitation based exclusively on drug screen results unless there are immediate safety risks or unless otherwise ordered by the court.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Request written reports from substance use disorder service providers regarding the parent, guardian, or custodian's participation in, and compliance with, substance abuse treatment program;
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;**

   Note: The FCM should inquire about prescription medications each time a drug screen is given to ensure accurate documentation of the parent, guardian, or custodian's current prescriptions.

3. Complete the DCS Drug Use Information Form, when appropriate. This form should only be utilized after a baseline of screens have been completed with a client;
4. Consider all relevant factors when a drug screen is needed or indicated prior to requesting the parent, guardian, or custodian submit to a drug screen or submitting a referral for a drug screen;

   Note: In situations where it is not clear if a drug screen should be administered immediately or referred at a later date, the FCM should staff the case with a FCM supervisor or DCS Local Office Director (LOD).

5. Inform the parent, guardian or custodian of the purpose of the drug screen and how the results will be used to address family's progress in treatment or address the family's need for assessments for services. See policy 5.10 Family Services for additional information;
6. 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; and
7. Administer an oral swab or refer for drug screens, if the chain of custody form has been signed or the screen has been ordered by the court, when concerns of child maltreatment, child safety, risks, or substance use appears to exist.

   Note: Oral swabs or drug screens may also be used to track parent, guardian, or custodian progress in maintaining sobriety and complying with the dispositional orders of the court.

8. Document drug screen result(s) in the case management system, case file, and court reports.

PRACTICE GUIDANCE

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.

Verifying Prescriptions (Pill Counts)
As part of verifying prescriptions, FCMs may conduct a "pill count" in-cases involving substance use or abuse related to child abuse or neglect. If conducting a pill count, FCMs should have the parent, guardian, or custodian count the pills in front of the FCM and ensure the pills match the description on the prescription bottle. **FCMs should never directly touch a client's medication**.

Deciding to Drug Screen in Permanency Case Management
During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian. It may also be beneficial to talk with service providers that are involved with the family to determine if there are any noticeable concerning behaviors related to substance use.

> **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 continuing to administer court ordered drug screens.

Factors that should be considered in deciding to administer or refer for a drug screen if authorized by consent or court order or when evaluating drug screen results in permanency case management include, but are not limited to:

1. Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substance or substance use;

2. The presence of protective factors to mitigate potential safety concerns (nurturing, attachment, knowledge of parenting skills, knowledge of youth development, family functioning, family resilience, social connections, and concrete supports for parents);
3. The parent, guardian or custodians level of compliance and progress in substance use treatment;
4. Reports from a service provider, Law Enforcement Agency (LEA), or other collateral contact that the parent, guardian, or custodian has used or is suspected to have used substances;
5. 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.);
6. 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;
7. The presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
8. The condition of the home (odors commonly associated with drugs or alcohol);
9. The presence of additional allegations;
10. Factors that support or eliminate that substance use directly endangers child safety;
11. Input from the Child, Family Team (CFT); and
12. Any other pertinent information obtained by DCS throughout the permanency case.

Note: 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. The DCS Staff Attorney should be consulted if the parents refuse to consent to the drug screen and there is no court order authorizing drug screens.

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.

Utilizing the Drug Use Information Form

Drug screens utilized in the permanency case management phase may be performed by the FCM or a service provider. The DCS Drug Use Information Form gives the parent, guardian or custodian the opportunity to be open and honest about substance abuse or use. This form should only be utilized after a baseline of screens have been completed with a client. It can be used as an engagement tool when discussing drug use with the parent, guardian or custodian. In some situations, the parent, guardian, or custodian may openly admit to drug use and acknowledges the need for additional treatment. This form would allow the parent, guardian or custodian to disclose the substance(s) used and document if he or she is current seeking or participating in treatment.

Utilizing Random Screens

DCS should not duplicate drug screens by administrating an oral swab, when the parent, guardian or custodian is actively involved in services performing the number of random screens ordered by the court. DCS should request written reports from service providers regarding compliance with treatment programs including any admissions by parents, guardians, or custodians regarding their drug use.

Frequency of Drug Screening
There is no set standard of drug screening frequency that will apply to every situation. The FCM, in conjunction with the supervisor, treatment providers, and Child and Family Team (CFT), should consider the following factors in deciding how frequently to drug screen a parent, guardian, or custodian:

1. The type of drug use and how long it can be detected;
2. The parent's, guardian's, or custodian's clinical diagnosis, including the severity of use, historical patterns of use, and changes in affect or physical appearance;
3. The participation of the parent, guardian, or custodian in substance abuse treatment and other recovery-support activities and overall level of compliance with the case plan;
4. The denial or minimization of substance use or its consequences by the parent, guardian, or custodian; and
5. The parent's, guardian's, or custodian's relapse-prevention plan, including the development and utilization of coping skills and whether the parent, guardian, or custodian has made changes in the people, places, and things associated with substance use.
6. The amount of time the parent, guardian, or custodian has remained stable and free of substance use. If a parent, guardian, or custodian has recently relapsed after a period of sobriety, frequency of screening should likely increase.

The table below contains suggested frequency of random drug screening based on the amount of time the client has been free of substance use and engaged in treatment.

Timeframe	Suggested Frequency
0 - 30 days	Twice Weekly
31 - 60 days	Weekly
61 - 120 days	Twice Monthly
120+ days	Monthly (until behavior indicates no further use)

*Adapted from: Center for Substance Abuse Treatment, Drug Testing in Child Welfare: Practice and Policy Considerations. HHS Pub. No. (SMA) 10-4556; Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

Note: If a parent, guardian, or custodian is regularly screening positive or regularly admitting to substance use, it may be appropriate for screening to occur less frequently than twice each week due to continued substance use being clearly established.

Positive Drug Screen Results
Positive drug screen results may indicate a one-time lapse or signal a return to chronic use. Positive drug screen results should be viewed as an indicator that the substance abuse treatment plan needs to be adjusted. FCMs should engage the parent, guardian, or custodian in the following steps after receiving positive drug screen results:

1. Discuss the results in a timely manner (preferably within 1-2 business days of receiving positive results) and give the parent, guardian, or custodian the opportunity to explain the results;
2. Obtain an assessment by a substance abuse professional if the parent, guardian, or custodian is not receiving substance abuse treatment services;
3. Consult with the substance abuse treatment provider if services are already in place. This consultation should include a review of the relapse prevention plan and

reassessment of the services in which the parent, guardian, or custodian is currently participating; and
4. Consider modifying the current frequency of drug screening.

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 will 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, guardian, 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

DCS Drug Use Information Form
Oral Swab available in the Local Office
Referral for Drug Screening available in KidTraks

RELATED INFORMATION

Protective Factors
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:
1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and
6. Social and emotional competence of children.

See https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ for additional information.

Types of Drug Screens

Oral (Saliva): Research indicates oral screen 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 screening to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the screening dates and times increases the likelihood of substances being detected. As a caution, a urine screen 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.

Substance	Saliva (Forensic Fluids)	Saliva (Redwood)	Urine (Redwood)	Hair Follicle
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