	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment **Section 40:** Drug Screening in Assessments	
	Effective Date: May 1, 2022	**Version:** 2

POLICY OVERVIEW

Substance use or abuse may be a factor in an Indiana Department of Child Services (DCS) assessment of alleged Child Abuse and/or Neglect (CA/N) when there is:

1. The alleged use of drugs during a pregnancy, resulting in the live birth of a child; or
2. The alleged use of drugs by the parent, guardian, or custodian, resulting in a child's physical or mental condition being seriously impaired or seriously endangered.

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, drug screening may be utilized to gather evidence of CA/N.

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PROCEDURE

DCS will consider screening for illicit substances 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 CA/N.

> **Note:** With the exception of IC 31-34-1-10, the decision to substantiate or unsubstantiate an allegation of 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. In addition to drug screen results, credible evidence must be present showing the causal link between the parent, guardian, and/or custodian's use of substances, and how it has seriously harmed or endangered the children, to determine the assessment finding.

Any indication of substance use or misuse (as evidenced by self-disclosure or drug screening results) will be assessed to determine if the use or misuse contributed to the maltreatment of the child. The child's safety as well as the family's strengths, needs, and protective capacities will also be considered during the assessment.

The Family Case Manager (FCM) will:

1. Gather information from various sources regarding the need to drug screen a parent, guardian, or custodian, including any current or prior substance use and participation in substance abuse treatment;

Note: 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.

2. Create a new referral in the case management system for each person, once it is determined an oral drug screen should be administered. If an oral screen is collected prior to creating the referral, create a new referral in the case management system within 48 business hours. See DCS Administered Testing document for additional guidance on creating a referral;
3. 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. 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;

   Note: DCS drug screens should not be used to determine if an individual is taking a prescription drug as prescribed, or at a therapeutic level. If there is concern about an individual taking more medication than prescribed, the FCM should contact the individual's prescribing doctor for additional guidance.

4. Staff with the FCM Supervisor if there are no indications of CA/N to determine next steps;
5. Utilize the UNCOPE questionnaire to identify risk for abuse or dependence for alcohol and other drugs;

   Note: In situations where it is not clear if completion of a drug screen is necessary during the assessment, the FCM should staff the case with a FCM Supervisor, DCS Local Office Director (LOD), or Division Manager (DM).

6. Inform the parent, guardian, or custodian of the purpose of 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 for additional information;
7. Provide the parent, guardian, or custodian an opportunity to voluntarily submit to a drug screen when there are observable facts and circumstances of substance use consistent with CA/N;
8. Ensure the parent, guardian, or custodian provides consent for the drug screen by signing the drug screen Chain of Custody form **prior to** performing the screen. The Chain of Custody form must be legible;
9. Upon signed consent for the drug screen, administer an oral swab and follow all steps in the DCS Administered Oral Fluid Collection Procedure document;

   Note: For assessments involving a fatality or near fatality, see policy 4.31 Child Fatality and Near Fatality Assessments.

10. Continue thoroughly assessing the situation and staff with the FCM Supervisor and the DCS Local Staff Attorney if the parent, guardian, or custodian refuses to voluntarily consent to a drug screen, to determine the need to seek a court order.

    Note: Refusal to voluntarily consent to drug screening, without other child safety and risk factors, is not sufficient basis for removal of a child.

11. Obtain medical records to support substance use or abuse, **if there is any indication or allegation of substance use and or abuse**;
12. View each drug screen result and discuss next steps with the FCM Supervisor, as needed;

    Note: The drug screen result must be matched in KidTraks to view it. See the Matching Guide for additional information.

13. Refer the parent, guardian, or custodian for ongoing drug screening, if it has been ordered by the court; and
14. Document all relevant factors of the assessment in the case management system, including but not limited to:
    a. Admission of drug use by the parent, guardian, or custodian,
    b. Observations of risk posed to the child due to the parent, guardian, or custodian's drug use,
    c. Any indication that a drug screen is warranted, and
    d. Completion and/or refusal of a drug screen.

The FCM Supervisor will:

1. Guide and assist the FCM through regular case staffing; and
2. Ensure any deviation from best practice is documented in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

Case staffing is a systematic and frequent review of all case information with safety and risk, stability, permanency, and well-being as driving forces for case activities.

Forms and Tools

- DCS Administered Oral Fluid Collection Procedure
- DCS Administered Testing document
- Drug Detection Times
- Matching Guide
- UNCOPE

Related Policies

- 4.26 Determining Service Levels and Transitioning to Permanency Services
- 4.31 Child Fatality and Near Fatality Assessments

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LEGAL REFERENCES

- 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
- 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

- IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body
- IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy

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PRACTICE GUIDANCE- DCS POLICY 4.40

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Assessment Decision Involving Substance Use

Parental drug use or abuse constitutes child abuse and/or neglect (CA/N) 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 (i.e., extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks);
7. One (1) or more children living in the home discloses detailed knowledge or first-hand observations of parent, guardian, 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 (e.g., syringes, pipes, charred spoons, foils, alcohol bottles) found in the home;
9. The drugs or drug paraphernalia present in the home was or could have been accessed by one (1) or more children living in the home;
10. The condition of the home (e.g., 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 CA/N and may be legally sufficient for a finding of CHINS, requiring the coercive intervention of the court to ensure the family receives the necessary services. Factors that should be considered in the comprehensive assessment, in addition to the drug screen results include, but are not limited to evidence that:

1. The child was born with fetal alcohol syndrome;
2. The child was born with neonatal abstinence syndrome;
3. The child was 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. The 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's use of alcohol, a controlled substance or legend drug during pregnancy absent a prescription or medical supervision; and
5. The child is at substantial risk of a life-threatening condition that arises or is substantially aggravated because of the child's mother's use of alcohol, a controlled substance, or legend drug during pregnancy without a prescription or medical supervision.

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. See the Drug Detection Times for additional information.

Drug Screening Frequency

The number of drug screens administered during the assessment phase will depend on several factors. 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. Factors to consider include, but are not limited to:

1. The parent, guardian or custodian appears to be immediately impaired (e.g., slurred speech, poor balance);
2. The child reports witnessing drug use;
3. A substance abuse counselor reports concerns;
4. Drug paraphernalia is located in the home; or
5. Law Enforcement Agency (LEA) is involved and/or an arrest is made regarding drug involvement.

Instant Drug Screens and the Confirmation Process

Instant drug screen results are considered only presumptive positive. The current instant oral drug screens available to DCS cannot be confirmed. If an instant oral drug screen is presumptively positive, it must be followed by the regular oral fluid swab that is sent to the lab for confirmation. Instant urine drug screens completed by providers and medical facilities that are presumptively positive, must be sent to the lab for confirmation. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

Medication-Assisted Treatment (MAT)

The use of medication-assisted treatment (MAT), such as the use of Methadone, Buprenorphine, or Naltrexone, 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, 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.

The FCM should not need confirmation of a substance that the parent is prescribed through MAT. The expectation that if a parent screens positive for the substance that they are prescribed, confirmation is not needed.

> **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.

The Law Regarding Drug Screening and Parental Disclosure of Drug Use

A single occurrence of drug use outside the presence of a child without additional evidence of CA/N is legally insufficient to support the filing of a CHINS petition. Good cause for the court to order a drug screen when a parent, guardian, or custodian denies consent requires evidence beyond a report of CA/N from an undisclosed source.

Admissions of drug use by a parent, guardian, or custodian is admissible as evidence in court proceedings. The evidence must be specific to the case being investigated. Best practice would include documenting discussions with the parent, guardian, or custodian regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

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 LOD/DM or designee or the hair follicle screen must be court ordered.

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