	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE POLICY**
	Chapter 5: General Case Management **Section 20:** Drug Screening in Permanency Case Management
	Effective Date: May 1, 2022 — **Version:** 2

POLICY OVERVIEW

Drug screening is a tool that may be utilized to help determine if a parent, guardian, or custodian is using substances that may affect their ability to keep their child safe. When child maltreatment appears to be a direct result of substance use or a connection can be made between the substance use and child maltreatment, drug screening may be utilized to obtain evidence of Child Abuse and/or Neglect (CA/N).

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PROCEDURE

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. The Indiana Department of Child Services (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 a court order. 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. DCS will consider drug screening and results as only one (1) component in the identification of safety threats, strengths, protective factors, and needs of a family.

The Family Case Manager (FCM) will:

1. 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 a drug screen referral should be made for a later date, the FCM should staff the case with a FCM Supervisor, DCS Local Office Director (LOD), or Division Manager (DM).

2. Inform the parent, guardian, or custodian of the purpose of the drug screen and how the results may be used to help identify needed services and/or monitor progress. See policy 5.10 Family Services for additional information;
3. Upon determining a one (1) time oral drug screen should be administered to the parent, guardian, or custodian:
   a. Create a referral in the case management system for the oral drug screen. 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;

b. Provide the parent, guardian, or custodian an opportunity to voluntarily submit to drug screening when there are observable facts or circumstances of substance use consistent with CA/N;
c. Ensure the parent, guardian, or custodian provides consent for the drug screen by signing the drug screen Chain of Custody **prior to** performing the drug screen. The chain of custody form must be legible; and

   Note: 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.

d. Upon signed consent for the drug screen, administer an oral swab and follow all steps in the DCS Administered Oral Fluid Collection Procedure document.

4. 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 a substance use disorder;

   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. See Practice Guidance for additional information.

5. Upon determination ongoing drug screens should be completed by the parent, guardian, or custodian, complete one (1) of the following referrals in the case management system:
   a. Substance use disorder assessment or treatment program, or
   b. Random drug screening.

   Note: DCS should not duplicate drug screens, when the parent, guardian, or custodian is actively involved in services performing the number of random screens ordered by the court.

6. Document any admission of substance use by a parent, guardian, or custodian that is a party to the case, in the case management system; and

   Note: Drug screen results may also be used to monitor the progress of the parent, guardian, or custodian in maintaining sobriety and complying with the dispositional orders of the court.

7. Review the drug screen results in the case management system, review reports from service providers, update information in the case management system, and document the drug screen results in court reports, as necessary.

The FCM Supervisor will:

1. Guide and assist the FCM through regular case staffing;
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, stability, permanency, and well-being as driving forces for case activities.

Protective Factors

Protective Factors are conditions or attributes in individuals, families, and communities that promote the safety, stability, permanency, and well-being of children and families.

Forms and Tools

- DCS Administered Testing document
- DCS Administered Oral Fluid Collection Procedure
- DCS Administered Oral Fluid Forms and Tools
- Drug Detection Times
- Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect

Related Policies

- 5.10 Family Services

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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, 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: Risk or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy
- IC 31-34-1-12: Exception for mother's good faith use of legend drug according to prescription
- IC 31-34-1-13: Exception for mother's good faith use of controlled substance according to prescription

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PRACTICE GUIDANCE- DCS POLICY 5.20

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.

Consideration of Protective Factors to Ensure Safety

Protective Factors are directly connected to the strengths of the family and may be used as a resource to learn new skills and solve problems. By using a protective factors approach, child welfare professionals and others can help parents find resources and supports that emphasize their strengths while also identifying areas where they need assistance, thereby mitigating the chances of child abuse and neglect. When completing a Safety Plan, consider the protective factors listed on the Protective Factors to Promote Well-Being and Prevent Child Abuse & Neglect webpage (linked above) as part of an evaluation of the family's ability to ensure the safety of the child.

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 custodian's level of compliance and progress in substance use treatment;
4. Reports from a service provider or Law Enforcement Agency (LEA), indicating the parent, guardian, or custodian has used or is suspected to have used substances;
5. Parent, guardian or custodian behavior indicating substance use (e.g., extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
6. One (1) 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.

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.

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 FCM 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, guardian, 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;
5. The parent, guardian, 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; and
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. 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. A parent should NOT be screened more than twice weekly with any combination of screens.

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.

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.

Parental Disclosure of Drug Use

Any admissions by a parent, guardian, or custodian that is a party to the DCS 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.

Positive Drug Screen Results

Positive drug screen results may indicate a one (1)-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.

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 must be court ordered.

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.

Verifying Prescriptions (Pill Counts)

As part of verifying prescriptions, FCMs may conduct a “pill count” in-cases involving substance use or abuse related to CA/N. 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**.

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