

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 1 of 6

Policy

The Department of Children and Families (DCF) shall promote a recovery-oriented system of care which means that prevention, recovery and resiliency factors, and readiness for change shall be part of any substance use disorder intervention plan.

If a pregnant woman, or a parent or guardian of a child or newborn infant, tests positive for cannabis the test shall not form the sole or primary basis for any action or proceeding by DCF. An action or proceeding may be initiated by the department based on harm or risk of harm to a child and the use of information on the presence of cannabinoid metabolites in the bodily fluids of any person may be included in any action or proceeding. DCF shall continue to assess parental capacity and the impact on the ability to care for the child regardless of the outcome of the cannabis test.

The DCF Social Workers shall use screening tools with all adult and adolescent clients, age 12 and older, with indicators of substance use disorders and refer those in need of further assessment or treatment to an appropriate provider.

Legal Reference: Conn. Gen. Stat. §21a-422a

Rationale

Nationally, nearly 8.7 million children (about 1 in 8) live in households with at least one parent with a substance use disorder. Compared to other children, these children are at elevated risk for unfavorable conditions and outcomes including removal from their caregivers, exposure to parental substance use, trauma, mental health, and substance use problems, and developmental and health issues. The Department also recognizes that substance use disorders are risk factors in child abuse and neglect, juvenile justice and behavioral health cases and, therefore, represent an important service need. Both early identification of substance use problems and appropriate interventions can increase safety, improve permanency, and improve the well-being of children and families. Substance use disorders often have co-occurring mental health disorders and require integrated treatment.

Definitions

Recovery means the ways in which a person with a substance use disorder experiences and manages his or her disorder in the process of reclaiming life in the community.

Screening means an ongoing process to identify substance use disorder indicators that warrant further assessment for intervention or treatment needs.

Substance misuse means the harmful use of substances for non-medical purposes.

Substance use disorder is a treatable, long-term health condition in which the misuse of substances (alcohol, prescription and/or both legal and/or illegal drugs) results in significant functional impairment or distress. It is characterized by an individual's continued use of a substance (alcohol or street, over the counter or prescribed drugs) despite significant substance-related problems, based on the criteria of the Diagnostic and Statistical Manual of Mental Disorders and the pattern of which interferes with the individual's functioning. Examples of a pattern of substance use include:

- a persistent and unsuccessful desire to cut down or regulate use
 - a great deal of time spent obtaining, using or recovering from the substance
 - an intense desire, urge or craving for the substance
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Continued on next page

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 2 of 6

Definitions (continued)

- an inability or failure to fulfill important social, occupational or recreational activities
- substance use in situations in which it is physically hazardous to use
- the continued use of a substance despite knowledge of a persistent or recurrent physical or psychological problem that is likely to have been caused by or made worse by the substance
- the increased tolerance to or withdrawal symptoms from the substance.

Substance use disorder evaluation means a formal structured interview with an individual by a licensed or certified professional trained in the assessment and treatment of substance use-related disorders to assess the severity of substance use; the level of care required; impact on parental capacity and the relationship of the substance use to social, family, interpersonal, occupational, legal, financial, emotional, physical and spiritual functioning. Collateral information may also be gathered to enhance the quality of assessment and to provide an accurate diagnosis and treatment recommendations.

Substance use disorder testing means a biological test for the presence of the metabolites of psycho-active substances in the body and may include:

- urine drug screen (UDS)
- hair test
- alcohol test.

Any testing completed will be required to be conducted by a contracted provider or substance use community provider so it can be used in guiding clinical decisions.

Substance use disorder treatment is provided by qualified licensed professionals who engage individuals in a particular plan of action that aims to reduce, reverse, avert and ameliorate substance use problems.

Overdose means when a person takes more than the normal or recommended amount of something, often a substance that may result in serious, harmful symptoms or death.

Intentional or deliberate overdose means when you take too much of something on purpose.

Accidental overdose is when an overdose occurs by mistake. For example, a young child may accidentally take an adult's heart medicine.

Ingestions means when you have swallowed something. Health care providers may refer to an overdose to a child as an ingestion

Note: An overdose is not the same as a **poisoning**, although the effects can be the same. **Poisoning** occurs when someone or something (such as the environment) exposes you to dangerous chemicals, plants, or other harmful substances without your knowledge.

For additional guidance see: DCF Practice Guide 21-7 PG, "Substance Use"

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 3 of 6

Purpose of Standardized Screening

The purpose of standardized screening is to identify problems related to substance misuse. Standardized substance use screening:

- provides a uniform screening process among staff
- quickly and accurately identifies individuals who are likely to benefit from a referral to the substance use treatment system or who are engaging in high-risk use
- embeds quality assurance into a system for staff to improve the reliability of screenings
- allows DCF to use screening information for area, regional and statewide program planning and evaluation purposes.

Indicators

Screening for risk and impact on a child related to substance use disorders may be indicated by, but is not necessarily limited to, the following:

- client appeared to be under the influence of substances or alcohol
- there is evidence of use in the home
- there is an allegation of substance misuse in a child protection report
- client has been in substance use treatment
- client has misused prescription, alcohol, legal, and or illegal substances and or used substances in the past 12 months
- client has experienced negative consequences from use
- persons who may be misusing substances, legal, illegal, prescription drugs and alcohol and have regular contact with the children
- client acknowledges medical complications or other problems due to the use of substances
- a child is diagnosed with Fetal Alcohol Spectrum Disorder, Syndrome or Exposure (FASD, FAS or FAE); birthing parent is being assessed around impact
- there is evidence of untreated trauma
- an adolescent has child traumatic stress symptoms.

Legal Reference: Conn. Gen. Stat. §21a-422a

Cross Reference: DCF Policy 22-3, "Operational Definitions of Abuse and Neglect"

Voluntary Participation and Release Forms

Participation in screening shall be voluntary and clients may refuse to answer specific questions.

Prior to a referral for testing, evaluation or treatment, the DCF-2131T and DCF-2131F "Authorization for Release of Information" forms shall be completed.

In addition, the DCF-2131T and DCF-2131F, "Authorization for Release of Information," shall be completed to permit screening in other areas of concern including but not limited to education and mental health, and to permit communication of confidential information from the DCF record to the provider.

See: *DCF Practice Guide 21-7 PG, "Substance Use"*

Continued on next page

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 4 of 6

Voluntary Participation and Release Forms (continued)

A minor may give legal consent to receipt of treatment or rehabilitation for alcohol or drug dependency. The fact that the minor sought such treatment or rehabilitation shall not be reported or disclosed to the parents or legal guardian or the minor without the minor's consent.

Legal Reference: Conn. Gen. Stat. §17a-688

Written consent by a conservator or plenary guardian may be required for adults with cognitive impairments, based on the conditions of the court of the conservatorship or guardianship.

Releases of information shall be kept current and reflect that the intended purpose is to provide ongoing information to DCF regarding the individual's treatment information including but not limited to:

- attendance
- progress towards treatment goals
- successful completion of the program
- recommendations from the treatment provider
- sober plan.

Refusals and Further Actions

As in other areas of practice, if a client refuses to participate in a substance use disorder screening or evaluation, and there are significant indicators of risk, impact on child/ren or need for this service, the Social Worker shall consult with his or her Supervisor and the Regional Resource Group (RRG) as necessary.

The RRG shall be available to make home visits to further assess a client's need for a substance use evaluation or other services.

The client's refusal to cooperate shall be factored into the determination as to the safety of the child. If it is determined that the safety of the child is at risk, the Social Worker shall consult with the Area Office legal staff or the Assistant Attorney General to determine if there is legal sufficiency to file a neglect petition in Superior Court for Juvenile Matters.

Documentation of Responses

Documentation of rationale of impact when completing the substance use screening tool and a hard copy of the report shall be placed in the "Confidential" section of the Uniform Case Record in addition to including a narrative/protocol in the computerized record and using the information to complete SDM questions and case plan. Documentation of a client's refusal to answer one or more questions is required.

In addition to the required documentation noted above, the resources below shall be shared and documented:

- education of Narcan/fentanyl test strips to caregiver/youth/family member
- education on safe storage.

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 5 of 6

Administration of Screening Tool

Standardized screening for problems related to substance use among clients includes verbal and electronically administering a standardized screening tool consisting of a standardized set of reliable and valid questions that quickly and accurately indicate the level of need for further assessment for substance use disorder treatment needs. Screening tools are not substance specific.

Standard questions shall be presented in the client's preferred language and in a setting that maintains the confidentiality of responses.

Cross Reference: Policy 21-3, Delivery of Services Using a Client's Preferred Method of Communication

The screening information will inform SDM as it pertains to child safety and impact in order to:

- determine the impact of substance use on the child
- screen for the need for further assessment for substance use treatment recommendations
- provide referral information to an assessment provider or other multidisciplinary team provider.

This screening shall be conducted at intake and as needed during the pendency of the case in a trauma-sensitive manner and using family-centered engagement practices.

For Screening Tools See: DCF Practice Guide 21-7 PG, "Substance Use"

Referrals and Case Planning

The results of the standardized toxicology screen, collateral interviews, careline report, assessment of impact to children, and other pertinent information shall be reviewed to determine the indicated level and the type of intervention needed, if any, for problems related to substance use. Clients whose responses indicate a need for further assessment or who, after consultation with the RRG, are determined to need evaluation or treatment, shall be referred to an appropriate provider.

If the Social Worker has significant indicators, other than self-report, he or she shall make a referral for a substance use evaluation. If the client self-reports a need for treatment, he or she shall be referred directly to treatment provider.

A substance use evaluation shall be conducted by qualified licensed professionals.

If a substance use disorder is present, this shall be addressed in case planning as well as in collaboration with a treating provider. If a substance use disorder is initially not indicated as a factor in family case planning, the Social Worker shall reassess whether substance use disorder indicators are present throughout the life of the case. (If a family is not making progress in other areas, an unidentified substance use disorder may be present which can hinder progress in other areas.)

Social Workers shall communicate with other treatment providers to ensure there is no duplication of services and to share other information relevant to treatment, including trauma history or symptoms related to trauma.

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Disorder Screening and Testing

21-7 Page 6 of 6

Confidentiality All drug and alcohol testing, evaluation and treatment information is protected under state and federal law. Any request for such records shall be directed to Area Office legal staff.
