

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Screening and Testing

21-7 Page 1 of 5

Policy

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

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.

Definitions

Accidental overdose is when an overdose occurs by mistake.

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

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

Recovery means the ways in which a person with a substance use disorder experiences and manages the person's 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 a serious public health challenge that includes the use of illegal drugs and the inappropriate use of legal substances.

Substance use means the harmful use of selected substances, including alcohol, tobacco products, drugs, inhalants and other substances that be consumed, inhaled, injected or otherwise absorbed into the body with possible dependence and other detrimental effects. for non-medical purposes.

Substance use disorder (SUD) 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 an inability or failure to fulfil 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; and/or
- the increased tolerance to or withdrawal symptoms from the substance.

Continued on next page

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Screening and Testing

21-7 Page 2 of 5

Definitions (continued)

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 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.

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 a person to dangerous chemicals, plants or other harmful substances without the person's knowledge.

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

Purpose of Standardized Screening

Screening and assessment of parental/adolescent substance use provides workers the opportunity to identify strengths, develop services, monitor progress, consider inequities of social influencers of health, address challenges, and connect families to services. Using standardized screening and assessment tools and procedures can reduce bias and stigma and identify all parents and youth who need a referral for a SUD assessment.

- Provide a uniform screening process among staff.
- Timely and equitable access to treatment services is critical for engagement and retention in services of families who are at higher risk of being affected by substance use disorders and are involved with child welfare services.
- 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, safety planning, and evaluation purposes.

Standardized and validated screening tools should be culturally responsive and linguistically appropriate for accurate results and elimination of disparity.

See: National Center of Substance Abuse and Child Welfare: Understanding Screening and Assessment of Substance Use Disorders: Child Welfare Practice Tips

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Screening and Testing

21-7 Page 3 of 5

Indicators

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

- evidence that the client is under the influence of substances i.e. slurring words, unsteady gait, etc;
- there is evidence of use in the home;
- there is an allegation of substance use 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; and
- an adolescent has child traumatic stress symptoms.

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

Voluntary Participation and Release Forms

A minor may give legal consent for the 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 of the minor without the minor's consent.

Legal reference: C.G.S. section 17a-688

Written consent by a conservator or plenary guardian may be required for adults with cognitive impairments to receive treatment, 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.

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Screening and Testing

21-7 Page 4 of 5

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 indicators of risk, impact on the child or need for this service, the social worker shall consult with the worker's 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 to determine if there is legal sufficiency to file a motion in Superior Court for Juvenile Matters.

Documentation of Responses

Documentation of the 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:

- Provided Naloxone (Narcan) kit, if resources allow, and education as well as education of fentanyl/xylazine test strips to caregiver/youth/family member; and
- education on secure storage and whether secure storage was provided.

Documentation of a client's refusal to answer one or more questions is required.

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.

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

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

This screening shall be conducted at intake, ongoing, family assessment 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"

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Substance Use Screening and Testing

21-7 Page 5 of 5

Referrals and Case Planning

The results of the standardized toxicology screen, collateral interviews, careline report, assessment of impact on 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, the social worker shall make a referral for a substance use evaluation. If the client self-reports a need for treatment, the client shall be referred directly to the treatment provider.

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

If an indicator is present, this shall be addressed in case planning as well as in collaboration with a treatment provider. If a substance use disorder is initially not indicated as a factor in family case planning, the social worker shall reassess using the ABCD Safety Child Practice model for substance use and Screening tool to determine whether substance use disorder indicators are present throughout the life of the case. 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.

Cross reference: DCF Policy, 21-2 & 21-2PG, ABCD Child Safety Practice Model

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.