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## Purpose

To outline substance use disorder screening and drug testing policy for parents/caretakers when there are indications of substance use disorder. Screening and drug testing can assist in the confirmation of substance use disorder that may contribute to increased risk of child maltreatment.

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## Definitions

**Substance Use Disorder (SUD)** is a DSM-5 diagnosis made by a licensed behavioral health clinician. The diagnosis is measured on a continuum from mild to severe. Criteria include tolerance or withdrawal, loss of control of frequency and/or amount of substance use and continued despite adverse consequences. Note: The DSM-5 combined the DSM-IV categories of substance abuse and substance dependence into a single disorder.

The following describe 3 tools available to determine the presence of substance use and the purpose of each tool. This policy describes how and at which point each tool is to be utilized.

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**Screening** is a preliminary systematic procedure to evaluate the likelihood that an individual is abusing substances or has a substance use disorder. It identifies whether or not a thorough assessment by a licensed behavioral health clinician is necessary. A screening is intended to identify people at risk for or actually experiencing harm associated with their use of alcohol and/or drugs. Anyone can administer a screen with appropriate training.

**Assessment** is a process by which a licensed counselor identifies and evaluates an individual's strengths, weaknesses, problems and needs in order to develop a diagnostic evaluation of the client's substance use disorder, the level of severity (mild, moderate or severe) and any co-existing conditions with the goal of providing an integrated approach to treatment planning. This should be driven by ASAM (American Society of Addiction Medicine) criteria for diagnostic consistency. It involves a review of an individual's alcohol and/or drug use pattern and areas affected by the substance use disorder such as family and social relationships, criminal justice and psychological distress. An assessment is intended to gather detailed information about an individual's pattern of substance use and subsequent consequences to inform the treatment plan.

**Drug Testing** is one tool to facilitate decision-making with families. Drug testing refers to the use of various biological sources such as urine, saliva, sweat, hair, breath, blood and meconium to determine the presence of specific substances and/or their metabolites. In combination with information gathered from multiple sources including the Child Safety Interventions, safety and risk assessments, family assessments, etc., drug test results can be used to:

- Provide proof or rule out substance use as part of a Child Safety Intervention and determine whether substance use is associated with child risk;
- Monitor whether a parent is continuing to use during an open child welfare case; and
- Provide documented evidence that a parent is drug-free.

Drug test results do not indicate the level of use disorder nor does a negative test reveal that a parent/caretaker does not abuse substances or have a substance use disorder.

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## Policy

### Screening and Referral for Assessment

**Child Safety Interventions:** Social workers will complete the UNCOPE (Appendix 1) screening with the parent/caretaker at the time of the Safety/Danger Assessment during all Child Safety Interventions with the exception of cases accepted for sexual abuse by an out of home perpetrator. In cases where the allegation is sexual abuse by an out of home perpetrator, the social worker will only do the UNCOPE if there are explicit concerns about substance abuse outlined in the report OR if there is information to suggest that lack of appropriate supervision by the caretaker was a factor in the child’s victimization

**Family Support Cases:** Social workers will complete the UNCOPE whenever a risk reassessment is completed.

**Court Involved Cases:** Social workers will complete the UNCOPE at the time they develop a Disposition Case Plan.

The UNCOPE can be administered by asking the caretaker the questions & recording their answers on the form. The caretaker can be given the questions in written form and provided with a quiet space to complete the questions, returning the form to the social worker when completed. In districts where co-located screening staff complete screening, they will document this screening on Appendix 1 and provide documentation to the social worker immediately following screening.

The social worker will complete Appendix 2, Substance Use Indicator Checklist to document point in time information that is known/observed by the social worker when any of the following occurs:

- An UNCOPE screening indicates a need for further assessment,
- Information arises during a Child Safety Intervention, not part of the original concern, about possible substance use disorder.

If the UNCOPE indicates a need for further assessment at any time, the caretaker will be

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assisted in scheduling the assessment with the preferred provider in the community.

If the UNCOPE is negative and the social worker has concerns regarding substance use disorder because of observed indicators or knowledge from collateral contacts or other sources the social worker will complete the Substance Use Indicators Checklist and refer for an assessment.

The results of the UNCOPE and any action taken as a result will be documented in case notes.

If the parent/caretaker is working with a Reach Up Case Manager, the results of the UNCOPE and any action taken as a result will be shared with the case manager.

### **Drug Testing**

Drug testing by DCF Family Services is indicated under the following circumstances:

1. Child Safety Intervention – Allegation of risk due to use of substance
  - a. Parent denies current use and parent actively involved in treatment – DCF Family Services will request a release to contact current treatment provider to determine progress in treatment. If parent treatment provider agrees to complete drug testing based on current information, drug testing by DCF Family Services is not appropriate. If parent’s treatment provider does not agree to complete drug testing based on current information and there are concerns regarding the safety of the child(ren), DCF Family Services will refer to testing under the DCF contract. If the parent refuses to sign a release with current treatment provider DCF Family Services will refer to drug testing under the DCF contract
  - b. Parent denies current use and social worker identifies indicators of use (e.g. as established by completion of the Substance Use Indicators Checklist) - DCF will assist the parent to schedule an assessment with the preferred provider in the community. If assessment can occur timely and will include observed drug testing, DCF Family Services will not refer to DCF contract

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for testing. If assessment will not occur timely and/or will not include observed drug testing, DCF Family Services will concurrently refer to drug testing under the DCF contract.

2. On-Going Cases – 1) a and 1) b apply. In addition, if a parent has been referred to an assessment, drug testing referrals under the DCF contract can be made prior to the completion of assessment if the assessment will not include observed drug testing or will not be done timely. Following the assessment, Family Services will coordinate with the treatment provider and plan for the frequency of drug testing.

Family Services will not refer to drug testing under the DCF contract if there is an existing treatment plan and drug testing is part of that plan (or can become part of that plan) unless there is new information to suggest that this is necessary and the parents' use creates a potential current risk to a child. Releases need to be in place so that DCF can receive the results. DCF Family Services will not refer to drug testing under the DCF contract if the parent is not compliant with other aspects of recommended treatment and there are behavioral indicators of use.

The social worker will complete the Urine Drug Screen Requisition form provided by the contractor and fax/scan it to the appropriate collection site. The social worker will include in the referral parent/caretaker's self-disclosure regarding all drugs and medications they are taking.

A parent/caretaker is only to be referred to the drug testing contractor's Color Line Program for ongoing random testing if the parent/caretaker's health care provider has completed the U/A Need Form (Appendix 3) so that Medicaid can be billed for up to eight tests per month or the District Director has consulted with their Operations Manager and approval for use of the contract has been given.

#### **Talking with the Parents about Drug Testing**

Whenever a social worker sees indicators of substance use disorder and is considering drug testing he/she will talk with the parent/caretaker about the Division's drug testing policy. The social worker will:

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- Give the parent/caretaker the opportunity for self-disclosure as to what the test is likely to reveal. This should be done in an effort to engage the parent in treatment. Terms like “dirty” or “clean” to describe test results should not be used; instead use “positive or negative for substances”;
- Ask the parent/caretaker to disclose medical conditions, prescription and over the counter drugs that the parent/caretaker is taking;
- Inform the parent/caretaker that the purpose of the testing is to inform case determination, planning, assessment of danger/risk for the children and/or monitor progress in treatment;
- Describe the Division’s contracted testing procedures providing them with literature from the contactor; and
- Inform the parent as to how results and refusals will be shared and considered.

When a parent/caretaker has a positive test result the social worker will:

- Discuss the results in a timely manner with the parent (preferably within 1-2 days of obtaining them), giving the parent the opportunity to explain them;
- If the parent is not in treatment refer him/her for an assessment;
- If the parent is in treatment, consult with the parent/caretaker’s treatment provider reviewing the relapse prevention plan and plan of services with modification as needed; and
- Consider modifying the frequency of testing in collaboration with any involved treatment provider and/or Department of Corrections if the caretaker is under DOC supervision.

**Refusal to Consent to Screening, Tests or Assessments or to Release Results**

The parent/caretaker is under no obligation to consent to drug testing or to release the results. If the parent/caretaker refuses to participate, Family Services may not automatically assume that the results would have been positive. However, the refusal should be considered along with any other information in an overall assessment of safety and risk to the child(ren).

The social worker and supervisor will consider the refusal decision as part of the overall assessment of on-going safety and risk.

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## Tasks

### Social Worker Tasks:

- The Child Safety Intervention social worker will complete the UNCOPE with every parent/caretaker who is the subject of a CSI at the time of the Safety/Danger Assessment (Policy 52).
- The Ongoing social worker will complete the UNCOPE with every risk reassessment for Family Support cases and at the time a Disposition Case Plan is completed for court involved cases.
- The social worker will complete the Substance Use Indicators Checklist when the UNCOPE is positive or there are other indications that substance abuse is contributing to danger and risk.
- Results of the UNCOPE and any action taken as a result will be documented in case notes and shared with the Reach Up Case Manager if there is one.
- Social workers will assist the parent with scheduling an assessment with the preferred provider as indicated in this policy if the UNCOPE is positive or if the UNCOPE is negative and the social worker has other information that leads to concerns regarding substance use disorder.
- The social worker will share the results of the UNCOPE and the Substance Use Indicators Checklist with the assessor. The social worker will receive the results in a timely manner using the information for case planning and safety planning.
- The social worker will attempt to obtain a release of information to receive results of assessments, drug tests & progress reports from the parent/caretaker's treatment provider and/or DOC Probation/Parole Officer and to provide them with information from DCF.
- The social worker will obtain a release of information from the parent/caretaker's primary care doctor and discuss with the doctor an order for drug testing given medical necessity so it can be billed to Medicaid (See Appendix Three).
- The social worker will discuss with the parent/caretaker the drug testing policy if they are going to refer for testing.
- To refer a parent/caretaker for a drug test, the social worker will complete the Drug Screen Requisition and fax/scan it to the collection site. The parent/caretaker can also take it to the site.
- The social worker will obtain a release from the parent/caretaker to share results of tests done under the Division's contract with the treatment providers and others involved with the family.

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- The social worker will communicate with treatment providers and others involved in supporting the family on a monthly basis to assess danger and risk as it relates to progress in recovery. A family centered meeting is one way to accomplish this.

**Supervisor Tasks:**

- The supervisor will review the social worker's assessment and collaborative efforts and give direction around frequency of testing and progress with case plan goals.

Appendix One

**UNCOPE**

Client: \_\_\_\_\_  
Intake #: \_\_\_\_\_  
Date: \_\_\_\_\_  
SSMIS: \_\_\_\_\_  
Social Worker: \_\_\_\_\_

U -- Have you spent more time drinking or **using** than you intended?/ or In the past year, have you ever drank or used drugs more than you meant to? Y N

N - Have you ever **neglected** some of your usual responsibilities because of alcohol or drug use? Y N

C - Have you felt you wanted or needed to **cut down** on your use of alcohol or drugs in the past year? Y N

O - Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use? /or Has anyone objected to your drinking or drug use? Y N

P - Have you ever found yourself **preoccupied** or frequently thinking about drinking or using drugs? Y N

E - Have you ever used alcohol or drugs to relieve **emotional** discomfort such as sadness, anger, or boredom? Y N

Total yes responses:

Two or more yes answers: An assessment is required to determine if there is a need for a treatment plan and services.

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Appendix Two

**SUBSTANCE USE INDICATORS CHECKLIST**

**Parent's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(MM/DD/YYYY)

**Intake/SSMIS #** \_\_\_\_\_

This checklist is a tool to assist social workers in reviewing specific criteria that are identified as indicators of a parent or primary caregiver's alcohol and/or drug use. Social workers are to check which sign or symptom, observation and awareness of the child(ren) and/or confirmed allegation(s) of alcohol or drug use by the parent or primary caregiver, exist(s). The additional line next to each item is made available for the social worker to record comments that may be helpful in further review.

**A. Signs and Symptoms, Environmental Factors and Behaviors**

- Smell of alcohol or drugs: \_\_\_\_\_
- Slurred speech: \_\_\_\_\_
- Lack of Mental focus: \_\_\_\_\_
- Lack of Coordination/Motor Skills: \_\_\_\_\_
- Needle Tracks: \_\_\_\_\_
- Skin abscesses: \_\_\_\_\_
- Lip/tongue burn: \_\_\_\_\_
- Nausea: \_\_\_\_\_
- Euphoria: \_\_\_\_\_
- Hallucinations: \_\_\_\_\_
- Slowed thinking: \_\_\_\_\_
- Lethargy: \_\_\_\_\_
- Hyperactive: \_\_\_\_\_
- Lack of food: \_\_\_\_\_
- Signs of drug manufacturing: \_\_\_\_\_
- Blacked out windows: \_\_\_\_\_
- Aggressive Behavior: \_\_\_\_\_

**B. Observations and awareness of the Child(ren)**

- Injury: \_\_\_\_\_
- Lack of Medical Care: \_\_\_\_\_
- Neglect Food, Clothing \_\_\_\_\_
- Sexual abuse: \_\_\_\_\_
- Inadequate education, such as school enrollment: \_\_\_\_\_
- Appearance or history of prenatal exposure: \_\_\_\_\_
- Noted delays in achieving developmental milestones: \_\_\_\_\_
- Lack of age appropriate care/supervision \_\_\_\_\_

**Physical signs of substance misuse**

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

**Behavioral signs of substance misuse**

- Drop in attendance and performance at work, not keeping appointments.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors.
- Lying (often very convincingly), untrustworthy, secretive
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).

**Psychological signs of substance misuse**

- Unexplained change in personality or attitude.
- Focused on self & seemingly little empathy or concern for others and their needs.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or "spaced out."
- Appears fearful, anxious, or paranoid, with no reason.

**C. Other - Confirmed allegations of a Parent or Primary Caregiver's Drug Use**

One additional and important criteria to review is any confirmation of allegation of a parent or primary caregiver's alcohol and/or drug use as noted by the following:

- Substance use confirmed by a collateral contact: \_\_\_\_\_
- Child(ren) prenatally exposed and/or parent has a history of other prenatally exposed children.

A report either in an intake or to an ongoing social worker that a parent/ caretaker has a current pattern of use of illegal substances or misuse of legal substances (e.g. alcohol) or prescription drugs;

Denial and/or minimization the issue of substance use disorder when faced with information that points to use disorder;

DCF Family Services social worker's knowledge of parent/caretaker incapacitation or other behavioral indicators either through observation or from other documentation i.e. police or physician reports and / or treatment notes

Affidavits or other court documents stating that alcohol and or other drugs contributed to the behavior that led to legal involvement. These documents do not have to be directly connected to the child protection concern. Rather, the totality of the information and its relevance to danger and risk should be considered by the social worker and supervisor.

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*Signature of social worker*

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*Date*

Appendix Three

**U/A Needs Form**

Client Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

The above client is working with DCF Family Services regarding the safety & well-being of their child/ren. Based on concerns regarding their caregiver's substance abuse, DCF is requesting medical providers authorize \_\_\_\_\_ screens per week at Burlington Labs. DCF is requesting full panel screens that also include the following substances:

If there are any questions regarding this request, please contact the social worker identified below at (802).

Assigned Social Worker(s): \_\_\_\_\_