

SUBSTANCE USE DISORDER SCREENING AND TESTING

Substance Use Disorder Screening and Testing

35-45-3

Policy

The Department of Children and Families shall screen all adult and adolescent clients for indicators of substance use disorders and refer those in need of further assessment or treatment to an appropriate provider.

DCF shall promote a Recovery 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.

Rationale

The Department of Children and Families recognizes that substance use disorders are risk factors in child abuse and neglect, juvenile justice and behavioral health cases and, therefore, represent a service need. Both early identification and appropriate interventions can increase safety, improve permanency and improve the well-being of children and families. Substance use disorders, especially in adolescents, often have co-occurring mental health disorders and require integrated treatment.

Definitions

Recovery means the ways in which a person with an addiction 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 dependent person means an individual who is physically or psychologically reliant upon alcohol or a drug as a result of (1) substance abuse, (2) the lawful use of alcohol or a drug for the sole purpose of alleviating a physical or psychological reliance, or (3) the repeated use of alcohol or a prescribed drug within or as part of licensed medical care.

Substance use disorder means 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 latest edition of the Diagnostic and Statistical Manual of Mental Disorders, the pattern of which interferes with the individual's functioning. Examples of such a pattern 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 fulfill important social, occupational or recreational activities;
 - substance use in situations in which it is physically hazardous to use;
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Definitions (continued)

- 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
- 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; 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 recommendations.

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

- urine drug screen (UDS);
- hair test; or
- breathalyzer.

Substance use disorder treatment means the engagement of an individual in a particular plan of action for intervention and services, the aim of which is to arrest, reverse and ameliorate substance use problems.

Purpose of Standardized Screening

The purpose of standardized screening for problems related to substance use, including abuse and dependence, is two-fold. Standardized drug screening:

- quickly and accurately identifies individuals who are likely to benefit from a referral to the substance abuse treatment system or who are engaging in high risk use and rules out those who are not likely to have a substance use disorder; and
- embeds quality assurance into a system for staff to improve the reliability of screenings.

Indicators

Screening for risk 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 drugs or alcohol;
 - there is evidence of use in the home;
 - client had a positive drug screen at the birth of a child;
 - there is an allegation of substance abuse in a CPS report;
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Indicators (continued)

- client has been in substance abuse treatment;
- client has used drugs in the past 12 months;
- client has experienced negative consequences from use;
- persons who may be abusing drugs or alcohol 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);
- the child had a positive toxicology screen at birth and the primary caregiver is the birthing parent;
- there is evidence of untreated trauma; or
- an adolescent has child traumatic stress symptoms.

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.

In Connecticut, minors aged 13 and older have the legal right to access substance abuse treatment without parental consent or notification. Social Workers, with the minor's permission, shall assist in engaging and involving the parent or guardian in the consent process as much as possible.

Written consent by a conservator may be required for adults with cognitive impairments, based on the legal conditions of the conservatorship.

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; and
 - recommendations from the treatment provider.
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Refusals and Further Actions

As in other areas of practice, if a client refuses to participate in a substance abuse disorder screening or evaluation, and there are significant indicators of risk or need for this service, the Social Worker shall consult with his or her Supervisor and the RRG as necessary.

The RRG shall be available to make home visits to further assess a client's need for a substance abuse 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.

Administration of Screening Tool

Standardized screening for problems related to substance use among clients includes verbally 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.

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

The purpose of the screening is to:

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

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

Documentation of Responses

Documentation of responses to every item on the screening tool and a hard copy of the report shall be placed in the Confidential section of the case record.

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

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Referrals and Case Planning The results of the standardized drug screen shall be reviewed to determine the indicated level 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 Regional Resource Group, 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 abuse assessment or evaluation. If the client self-reports a need for treatment, he or she shall be referred directly to treatment or to an outpatient assessment for the appropriate level and type of care.

Assessments and evaluations shall be conducted by qualified professionals.

If a substance use disorder is present, this shall be addressed in case planning. If a substance use disorder is initially ruled out as a factor in family case planning, the Social Worker shall reassess whether substance use disorder indicators are present during the pendency 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.

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.
