


| | | | | |
|---|---|-----------------------------|-----------------|-----------|
|  | CHILD AND FAMILY SERVICES MANUAL | Effective Date 9/27/2011 | | |
| | Children's Services | Section 2 | Subsection 5 | Page 1 |

2.5 Assessment in Substance Abusing Families

D. Drug Testing Policy and Procedure

Philosophy

Alcohol and other drug use can impair a parent's judgment and ability to provide the adequate care, supervision, and guidance that all children need. Drug testing is one tool that child welfare workers can use to engage parents and facilitate decision-making with families. Drug testing can be a very valuable resource in child welfare cases. It should be used in conjunction with other clinical tools and Signs of Safety mapping to gather the information needed to understand a person's struggle with addiction or substance use. Child welfare workers use test results to make informed decisions regarding child removal, family support services, family reunification, or termination of parental rights. However, a drug test alone cannot determine the existence or absence of a substance use disorder. Drug test results indicate only that the drug or its metabolite is present at or above the established concentration cut off level in the test specimen. Test results do not reveal whether a parent abuses or is dependent on illicit drugs or alcohol. In addition, drug tests alone do not provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case (including those decisions about visitation, child removal, family reunification, or termination of parental rights). Child welfare must make these decisions using information from processes of child safety assessments, family assessments, and a comprehensive clinical assessment, such as the Families Affected by Substance Abuse (FASA) assessments.


Legal Base: Title 22, §4004 Authorizations

Purpose

Reasons For Using Drug Tests

Substance abuse treatment agencies and child welfare commonly use drug testing for different purposes because they have different mandates and different underlying missions. It is important to establish a collaborative approach with other agencies when drug testing clients. Clients may be tested at other treatment programs or by law enforcement and probation officers, and open and honest communication with these providers is encouraged. Drug testing by child welfare is not a stand-alone activity. It should be part of a larger effort to assess and address substance use by parents.

The best way to evaluate the probability that someone is using substances is by utilizing a combination of random drug tests, self-reports, and observations of behavioral indicators by substance abuse professionals or child welfare.

| | | | | |
|---|---|--|-----------------------------|-----------------|
|  | CHILD AND FAMILY SERVICES MANUAL | | Effective Date 9/27/2011 | |
| | Children's Services | | Section 2 | Subsection 5 |

The purpose of drug testing along with other tools, is to provide proof of or rule out that substance use as part of the child safety and risk assessment, to monitor whether a parent is continuing to use during an open child welfare case, to guide the reunification process, to determine what services are offered to families, to motivate parents who are using substances to become engaged in treatment services and to provide positive reinforcement for parents in the early stages of recovery. If substance use is a child safety factor continued monitoring can be considered.

Drug testing in child welfare cases should be one component of a comprehensive family assessment to identify or eliminate substance use as a contributing factor in maltreatment. Drug testing can be a component of the child welfare process, but it is not a substitute for a clinical assessment.

Procedures

Drug Testing Considerations


Who to test and whom not to test

Selective testing should take place when child welfare caseworkers have identified individuals to test using information from the Signs of Safety mapping and other collateral information. **The initiation of a drug testing plan must be must approved by a supervisor.**

It may not be necessary to test parents in treatment programs that already test clients. Ever effort should be made to communicate through use of appropriate releases of information to facilitate shared information of testing results. It is often unnecessary to tests parents who admit to recent use or relapse; unless testing is a significant part of the recovery plan and supports the client's refrain from use.

Specimen Types

Although testing can be done on various types of bodily fluid or tissue such as blood saliva, breath, sweat or hair, **the only type of testing that is permitted for OCFS staff to request is urine screening.** Urine screens are the most commonly used because they are relatively easy to obtain, contain a high concentration of drugs, provide a good analytical specimen, show recent use, are cost effective, and are a recognized method in court. When done properly, and by a trained professional, urine drug testing is very accurate. Drug test results can be inaccurate when poor procedures or testing methods are utilized. It is important for drug screens to be random and observed by laboratory staff to discourage specimen tampering. OCFS should always request that tests are

| | | | | |
|---|---|-----------------------------|-----------------|-----------|
|  | CHILD AND FAMILY SERVICES MANUAL | Effective Date 9/27/2011 | | |
| | Children's Services | Section 2 | Subsection 5 | Page 3 |

observed. **Due to serious implications of testing, every possible precaution should be in place to ensure accuracy of the testing procedures by the laboratory used.** Toxicology screening should be performed at a certified laboratory by scientific analysis. OCFS staff are not required or permitted to participate in the testing procedure.

Collection

Specimen collection should only be conducted by trained professionals. Drug test laboratories should be able to demonstrate a chain of custody to document the sample's handling and storage, and must ensure that tests are labeled correctly.

Frequency

In the early stages of a case it may be necessary to randomly drug test a client more frequently to deter them from use and to encourage them to accept treatment services, although this must be a part of the plan and meet the safety needs of the child. Early in a parent's participation in services drug testing results may very likely be positive. Impact on the child must be determined throughout recovery. Once a client has stabilized and is actively pursuing recovery it may be appropriate to decrease frequency or eliminate the use of drug testing. Observation of a person's behaviors and impact on the child will assist caseworkers in deciding when to request random and situational drug tests.

Costs


Urine has been determined to be the most accurate and cost effective testing device and therefore funding approval will only be provided for urine drug screens.

Interpreting results

Only trained and qualified professionals at drug testing laboratories are able to interpret drug testing results. A drug test result is positive, negative, or tampered/inconclusive. **Urine drug screens are meant to be qualitative. Positive urine drug screens can show if a person has tested positive for drugs but should not be used to determine how much of a drug was ingested.** Levels in urine samples should **not** be used to interpret how much was ingested, when it was ingested, if levels are going up or down, or if a person is taking medication appropriately. **Urine drug levels have no interpretative value other than positive or negative.**

Understanding Tampering

To ensure testing integrity, laboratories must ensure that parents do not tamper with or alter their specimens. Tampering attempts are not uncommon with urine drug screens. Best practice is for the laboratory to have a member of the same sex as the parent available to monitor the urine collection. If that is not possible, it is important that laboratories take other measures to reduce the risk of tampering such as making sure the

| | | | | |
|---|---|-----------------------------|-----------------|-----------|
|  | CHILD AND FAMILY SERVICES MANUAL | Effective Date 9/27/2011 | | |
| | Children's Services | Section 2 | Subsection 5 | Page 4 |

test is random, checking the specimen's temperature and limiting access to water sources such as sinks and toilet water, which can be used for dilution.

External tampering means that people alter the specimen by introducing fluids or chemicals after the sample is collected or try to use other people's urine to pass a test. Strict lab testing procedures and observation is the most effective way to reduce the likelihood of tampering.

Internal tampering means that a person can consume large quantities of liquid, usually water, prior to a test and produce a dilute sample. This means that the sample has less than a 20 mg/dL creatinine level. Creatinine is produced by the body and is found in bodily fluids, such as urine. Normal creatinine levels are between 20 and 300 mg/dL. When a sample comes back from the laboratory with less than 20 mg/dL and is identified as dilute, it means the sample is considered mostly water. Because it is not urine it is almost always impossible to detect drugs or metabolites, even if a person has recently used. A diluted test is considered a tampered and inconclusive test. It is important to ask the laboratory to test for adulteration and dilution in all samples.

No shows for testing cannot be reported as a positive test but should be tracked for behavioral patterns.


Discussing results with parents

When testing is a part of a parent's service or reunification plan it is important to discuss the protocols with them openly at the beginning of the case. This allows a parent the opportunity to self disclose prior to a test. This discussion should be conducted in an effort to engage the parent in services. Discuss the need for complete disclosure from the parents regarding their use as well as any prescription medications or medical conditions. Advise the parents of the purpose of the drug testing, which is to assist in case planning, address child safety and to monitor the progress of their treatment services. Describe the testing procedures in detail, including the location of the testing facility, how samples will be collected and how they will be notified of results.

When a parent receives a positive drug test result, a caseworker should:

- Discuss the results in a timely manner with the parent, preferably 1-2 days after receiving the result, giving the parent the opportunity to be honest about the result.
- Consult with all substance abuse professionals involved in the case.
- Consider modifying the frequency of drug testing for that parent.

Addressing results and refusals

| | | | | |
|---|---|-----------------------------|-----------------|-----------|
|  | CHILD AND FAMILY SERVICES MANUAL | Effective Date 9/27/2011 | | |
| | Children's Services | Section 2 | Subsection 5 | Page 5 |

All positive and negative drug screens are admissible in a court hearing. Any missed or tampered tests must also be reported as such.

Positive test results might mean a one-time relapse or a return to chronic use. Positive drug test results indicate that the treatment plan may need adjusting. Assessing a positive drug test along with other indicators such as change in a parent's behavior or appearance, missed appointments or failure to follow through with reunification plans are all components in determining the potential impact on a child's safety and risk. When used effectively, drug testing can serve as a catalyst for the individual to stop using drugs, a deterrent to continued drug use, and positive reinforcement for continued abstinence. Drug testing results contribute to the full spectrum of client monitoring and support needed to ensure a child's safety, permanency, and well being, as well as family recovery.

Reference

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.

E. In-patient Substance Abuse Services

When child welfare clients have a substance abuse assessment, preferably through the Families Affected by Substance Abuse (FASA) network, that recommends entering a substance abuse residential facility, payment must be approved and made through the Office of Child and Family Services Central Office Residential Services Program Supervisor. The Residential Services Program Supervisor will work directly with the facility to negotiate the rate.

For information regarding what is available for substance abuse residential facilities or for other questions on the FASA network or provider information contact the Women and Adolescent Treatment Specialist at the DHHS Office of Substance Abuse.