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Drug Testing in Child Welfare: Practice and Policy Considerations

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Drug Testing in Child Welfare:
Practice and Policy Considerations

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
And
Administration for Children and Families
Administration on Children, Youth and Families
Children’s Bureau

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I. INTRODUCTION

Alcohol and other drug use can impair a parent's judgment and ability to provide the consistent care, supervision, and guidance that all children need. For child welfare workers who are charged with ensuring the safety of children, it is often difficult to determine what level of functional improvement will enable a parent with a substance use disorder to retain or resume his or her parental role without jeopardizing the child's well-being. Child welfare professionals are faced with the difficult task of collecting adequate information about families, making informed and insightful decisions based on this information, and taking timely and appropriate action to safeguard children.

The Adoption and Safe Families Act (P.L. 105-89) of 1997 requires that child welfare agencies and courts ensure that permanency in children's caregiving relationship is provided consistent with statutory timelines. These timelines, including a court hearing to oversee that a permanent placement is obtained twelve months after a child is placed in out-of-home-care, created a renewed urgency for finding effective ways to address concurrent substance abuse and child maltreatment in families whose children have been placed in protective custody.

Drug testing is one tool that child welfare workers often use to facilitate decision-making with these families. Drug testing refers to the use of various biologic sources such as urine, saliva, sweat, hair, breath, blood and meconium to determine the presence of specific substances and/or their metabolites in an individual's system. Child welfare workers use test results to make informed decisions regarding child removal, family support services, family reunification, or termination of parental rights. However, limited information has been available to child welfare workers, judges, and attorneys on the utility of drug testing and how to correctly interpret the results in the context of child welfare practice.
A drug test alone cannot determine the existence or absence of a substance use disorder. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case (including decisions regarding child removal, family reunification, or termination of parental rights). Child welfare workers, judges, and attorneys must make these decisions using information from the child abuse investigation, child safety and risk assessments, family assessments, and a comprehensive substance abuse assessment. It is helpful for these practitioners and policymakers to establish partnerships with their local substance abuse treatment counterparts, who can assist in the decision making that is critical to successful development and implementation of drug testing policies.

A drug test alone cannot determine the existence or absence of a substance use disorder. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case.

Organization and Purpose of This Paper

The purpose of this paper is to guide child welfare agency policymakers in developing practice and policy protocols regarding the use of drug testing in child welfare practice. This guidance describes the practice and policy issues that policymakers must address to include drug testing in the comprehensive assessment and monitoring that child welfare agencies provide.

The paper focuses primarily on drug testing of parents who come to the attention of child welfare agencies and courts through reports of child abuse or neglect. However, court practices and policies might use testing in other child welfare contexts. For example, drug testing might be useful for conducting home studies for prospective foster or adoptive parents, understanding drug use patterns among teens in out-of-home care, or evaluating older youth in independent living programs.

Throughout the paper, we identify key action steps to help child welfare agencies implement drug testing. We also include an appendix describing the Sacramento County, California, Divisions of Child Protective Services and Alcohol and Drug Services drug testing policy and procedures as an illustration of a well-developed policy.

II. CONSIDERATIONS FOR USING DRUG TESTING

Agency Values and Mandates

Policy discussions about drug testing often focus on technical testing methods, verification of test results, costs, staffing issues, and legal issues related to confidentiality. The values that shape drug testing policy are discusssed less often. However, the values of child welfare, substance abuse agencies, and courts deserve adequate attention at the beginning of the policy-making process to clarify the reasons for using drug testing.

Substance abuse treatment agencies and child welfare agencies commonly use drug testing for different purposes because they have different mandates and different underlying values and missions. These agencies' and professionals' values include attitudes about the nature of addiction, abstinence, and relapse, and about the effects of substance use and abuse on parenting.

Key Action Step: Partner agencies need to understand value differences across systems concerning approaches to families affected by substance use disorders.

These attitudes influence approaches to identifying and working with parents with substance use disorders, beyond drug testing. However, drug testing policies typically reflect agency mandates and values as well. The National Center on Substance Abuse and Child Welfare (NCSACW), funded by the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families, has adopted the Collaborative Values Inventory (CVI) developed by Children and Family Futures. Partner agencies can administer the inventory

anonymously to a group and then review the results to explore group members' values. Several of the questions address values related to drug testing. We recommend that partners explore these values when they begin forming policies and procedures governing drug testing. For information about the CVI, visit http://www.ncsacw.samhsa.gov.

The Special Issues of Testing for Prenatal Substance Exposure

Several factors influence policies regarding the testing of newborns for evidence of prenatal substance exposure. These factors include cost and privacy concerns as well as societal, systems, and organizational values. Very few hospitals test newborns routinely, and studies have indicated that hospitals do not usually inform child welfare or other State agencies about the number of infants tested at birth, test results, or referrals to child welfare agencies (Young et al., 2008). However, recent legislation in some States requires a referral of children to a child welfare agency when drug exposure is detected, based on States' efforts to follow the Federal policy stated in the 2003 amendments to the Child Abuse Prevention and Treatment Act. Children with fetal alcohol spectrum disorders have also received increased attention in some States including the development of State policy committees. In addition, some States and localities have significantly expanded prenatal screening, rather than relying solely on testing at birth.

Establishing a Collaborative Approach before Implementing Drug Testing

Drug testing by child welfare agencies is not a stand-alone activity. It should be part of a larger effort to address substance use by parents and must therefore fit into the agency's and community's approach to substance abuse and take into consideration any State law or prior court cases affecting practice or policy. For additional information about creating a comprehensive, collaborative approach to address the screening and assessment needs of families with substance use disorders who are involved in the child welfare system, consult *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*, a guidebook developed by the National Center on Substance Abuse and Child Welfare (Young, et al., 2007).

Drug Testing in Substance Abuse Treatment and Child Welfare Programs

Historically, child welfare agencies and substance abuse treatment agencies have used drug testing for different purposes. Both types of agencies conduct drug testing because it provides information about a client's drug use behavior that can confirm or contradict what the agency has learned through other assessments and observations. Agencies test people who might underreport or deny substance use due to fear of real or perceived negative reprisals.

Drug test results indicate only that the drug or its metabolite is present at or above the established concentration cutoff level in the test specimen. They do not reveal whether a parent abuses or is dependent on illicit drugs or alcohol. Conversely,

child welfare agency professionals should not rely on a negative drug test result as the sole determining factor for ruling out substance use, abuse, or dependence. A negative drug test result only indicates that the test did not detect the drug or its metabolite or that its concentration is below the established cutoff level in that particular specimen at that time. Similarly, a drug test on a newborn at birth does not determine whether the mother's use or the extent of the mother's use has compromised her infant's growth or development.

Key Action Step: Complete training on recognizing signs and symptoms of substance use disorders.

The best way to evaluate the probability that someone is not using drugs is by using a combination of random drug tests, self-reports, and observations of behavioral indicators by substance abuse treatment providers or professionals and child welfare workers. Observations include positive changes in hygiene and grooming; improved functioning in daily life; improved work behavior; avoidance of people, places, and things associated with drug use; and improved consistency in complying with child welfare and substance abuse treatment case plan requirements.

Drug Testing in Substance Abuse Treatment Settings

Substance abuse treatment providers commonly use drug testing as a tool to help clinically diagnose substance use disorders, plan treatment, monitor progress, and support recovery. Substance abuse treatment professionals use behavioral indications, such as those described above, to determine whether a parent is sustaining recovery, and they view drug testing as a useful test to confirm drug use.

Specifically, substance abuse treatment providers use drug testing to:

- Provide objective data in assessing and diagnosing substance use disorders and monitoring progress during treatment;[1]
- Provide an opportunity to address a parent's denial, inability, or unwillingness to recognize a need for intervention or treatment services and to address their motivation to stop using drugs;
- Provide an additional measure of accountability for clients and agencies by monitoring treatment efficacy; and

[1] Although drug testing has several uses, it has limited value for diagnosing a parent's current substance use, abuse, or dependence on substances. Biological, genetic, and clinical research findings have shown that *substance dependence* is a chronic disorder and, unlike *substance abuse*, is associated with tolerance or withdrawal, loss of control of the frequency and/or amount of substance use, and continued use despite adverse consequences (American Psychiatric Association, 2000). Drug testing is only one component that addiction professionals use to establish a diagnosis. Other information sources include parent interviews, generally using standardized instruments, as well as a review of the parent's pertinent history. Although an addiction professional can conduct an assessment to identify a substance use disorder, in most States, only a licensed practitioner (such as a physician, registered nurse practitioner, psychologist, or licensed clinical social worker) can make a diagnosis in accordance with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (DSM-IV) (2000).

- Present objective evidence to the courts, child welfare agencies, criminal justice agencies, and other involved agencies that a parent is not using drugs, particularly when testing is conducted randomly over a period of time.

Drug Testing in Child Welfare Settings

Key Action Step:Identify a clear purpose forusing drug testing.

Child welfare settings employ drug tests for different purposes than substance abuse treatment settings. Some of the more frequent uses for child welfare drug testing, in concert with other tools, are to:

- Provide proof of or rule out substance abuse as part of a child maltreatment or child abuse investigation and determine whether substance abuse is associated with child risk;
- Monitor whether a parent is continuing to use during an open child welfare case;
- Provide evidence that family reunification is warranted or unwarranted; and,
- Provide documented evidence that the parent is drug free (courts often order such documentation).

Key Action Step: Determine how drug testing currently fits with the child welfare agency's overall risk and safety assessment protocols.

Child welfare agencies can also use drug testing to motivate parents who use substances to become involved in treatment and to provide motivation and positive reinforcement for parents in the early stages of recovery.

Drug testing in child welfare settings should be one component of a comprehensive family assessment to identify or eliminate substance abuse as a contributing factor to maltreatment.

Situations in which drug testing is not appropriate in child welfare practice and policy include:

- The parent is an active participant in a substance abuse treatment program that already requires frequent random drug testing.
- The parent informs the case manager, treatment provider, or both of a relapse. In this circumstance, the case manager or treatment provider should assess the child's safety and risk. The provider should also consider assessing the parent's current drug use patterns and need for a treatment or alternative intervention. If the parent is under the court's jurisdiction, providers should also ask the parent to sign a drug use acknowledgement form as is common practice in criminal justice probation agencies.

III. DRUG TESTING CONSIDERATIONS

Policymakers must make several decisions to launch a drug testing program in a child welfare setting. These decisions include whether to test all parents reported to the agency, as well as where to conduct tests, the types of specimen to collect, and which substances to test for. Administrative considerations are important as well and include staff training and qualification requirements and costs associated with testing. Each of these issues is addressed below.

Determine Whom to Test

Due to the high rates of substance use disorders in parents reported to child welfare agencies for suspected child abuse or neglect, some child welfare agencies have decided to conduct drug tests on all parents under court jurisdiction. However, given the limitations of drug testing, this might not be cost effective. Selective testing is an alternative to testing all parents by providing the option to choose which parents need to undergo a drug test. This option potentially reduces the overall cost of the testing program by reducing the total number of tests.

When only testing selected parents, child welfare staff members should base decisions on which individuals to test using information from the child abuse investigation, child safety and risk assessments, and family assessments. Other considerations in determining who to drug test may involve mothers of babies who were identified at birth as having been prenatally exposed to drugs. Remember, drug testing can be a component of the child welfare assessment process, but is not a substitute for a substance abuse assessment.

A comprehensive substance abuse assessment involves a review of an individual's drug use pattern and areas of life affected by substance abuse such as family and social relationships, criminal justice, and psychological distress.

Key Action Step: Decide which individuals to test.

Specimen Types

Drugs and/or their metabolites can be detected in several different biological matrices. Drug testing facilities use the term "matrix" to refer to the specimen type analyzed in a drug test. Each specific specimen matrix including urine (the most common matrix used), saliva, sweat, hair, breath, blood, and meconium has a unique set of considerations during testing. Due to the serious implications of testing, every possible precaution should be in place to ensure the accuracy of the testing procedures.

The Substance Abuse and Mental Health Services Administration (SAMHSA) certifies drug testing laboratories for the Federal Workplace Drug Testing Program. This certification is currently only available for urine specimen testing, but proposed Federal guidelines are under consideration that may extend the process to hair, oral-fluid, and sweat-patch testing. Child welfare agencies are not bound by the Federal Employee Drug Testing Program requirements, but they might want to

adopt this model program to ensure a high level of accuracy. For more information about the Federal drug testing program, as well as a list of certified laboratories, visit http://workplace.samhsa.gov/DrugTesting.

The following section provides a description of the various types of specimen tests and some of their implications based on information from the U.S. Department of Justice (2000) and Office on National Drug Control Policy (2007).

Urine specimens are the most widely used, cost effective, and well-researched specimens for detecting drugs in adults, older children, and youth. Most illicit drugs are excreted into urine during the 48 hours after use. For some drugs, frequent and multiple drug use can result in an extended detection period. For example, chronic, high dose marijuana users may produce confirmed positive results in urine for up to 30 days (Ellis, Mann, Judson, Schramm & Tashchian, 1985). To deter the individual who is undergoing the drug test from tampering with or adulterating his/her urine specimen, or from substituting his/her specimen with a specimen from someone else, agencies must use a supervised collection method. At this time, urine is the only biological specimen for which Federal guidelines are available.

Oral fluid, or saliva, is a more recently used matrix for drug testing. An oral fluid specimen is collected on a swab placed inside the cheek within the mouth. The advantages of testing oral fluids include the ease of collecting a sample, the noninvasive sample collection method, and the ability to identify drugs used within the previous 24 hours. Drug testing on oral fluid specimens can be performed either with a point-of-collection device or a laboratory test. Oral-fluid tests may be unable to detect use after 48 hours with some metabolites or drugs and may be less effective than urine tests in detecting past marijuana use. In addition, although studies have demonstrated that oral-fluid testing has clinically useful levels of accuracy, not all commercial drug testing products for oral fluids are equally reliable.

Sweat specimens are collected by applying a gauze patch with a tamper-evident adhesive seal directly to the skin for typically a 7-day period. The patch is usually applied to the upper arm or upper back. The sweat patch is analyzed by the laboratory for drugs and/or their metabolites. The sweat patch specimen provides a cumulative record of the individual's drug use during the time frame that the patch is worn. The advantages of using sweat patch tests include its cumulative record of drug use. Although this type of collection is noninvasive, it may be unsuitable for people with sensitive skin. External contamination from drugs is possible due to improper skin cleansing prior to patch application. Individual differences in amounts of sweat produced can also affect drug test results.

The use of **hair** specimens to detect drugs has become more common in recent years. Hair specimen tests can detect drug use over several months, depending on the length of the hair specimen. Other advantages of hair testing include the ability to pinpoint long-term changes in drug use patterns, difficulty of substituting specimens or invalidating results, and the noninvasive specimen collection method. Disadvantages include the test's inability to detect single-drug use within the last 3

days. Hair specimen testing is not effective for monitoring compliance on a regular basis because it cannot discriminate between recent drug use and use that occurred months earlier. Differences in hair structure, porosity, use of hair-color products, and external contamination can affect drug test results.

Breath specimens are collected using a device that estimates a person's blood-alcohol content. For forensically valid use, breath testing devices, commonly known as "breathalyzers"must be calibrated according to the U.S. Department of Transportation standards and State statutes or regulations (U.S. Department of Transportation, 2007). The major advantages of this specimen collection method include that it is inexpensive, noninvasive, and reliable for detecting the presence and concentration of alcohol. A limitation of breath specimen testing is that it only provides information about recent alcohol use but not drug use.

Blood specimens are collected to detect use of both alcohol and drugs. However, the process for obtaining blood specimens is invasive and qualified personnel must collect these specimens.

Meconium (contents of fetal intestines) specimens are collected from early newborn stools. Meconium testing detects the presence of drugs and alcohol, which helps determine if the infant has been prenatally exposed to these substances, indicating that the mother used drugs after 13 weeks of pregnancy. Meconium testing can detect use of alcohol, cocaine, marijuana, opiates, barbiturates, benzodiazepines, amphetamines, and phencyclidine (PCP) during pregnancy.

When deciding which specimen(s) to collect, child welfare agencies should determine which types of testing devices or instruments used to analyze specimens are available from vendors. They should choose the most accurate and cost-effective testing device for their program.

Key Action Step: Select the type of specimen to collect and the testing device to use.

Detection Window

Timing is a critical factor in drug testing. The specific drug used, amount of drug in the person's body, the frequency of drug use, and metabolism affect how long the drug remains in the body. The detection window determines the type of specimen to collect because different types of specimens have different detection timeframes. Table 1 provides additional information from the Office of National Drug Control Policy (Office of National Drug Control Policy, 2002) on the pros and cons of various drug testing specimen matrices. The table also provides general guidelines from SAMHSA (Center for Substance Abuse Treatment [CSAT], 2006) on the detection period for each specimen matrix to help in the selection of the appropriate specimen type. The table also includes information on breath, blood, and meconium testing.

Table 1: Pros and Cons of Different Specimen Sources			
Specimen	**Window of Detection**	**Pros**	**Cons**
Urine	• Up to 2–4 days	• Most accurate results • Least expensive • Most flexibility for testing different drugs • Most likely to withstand legal challenge	• Specimen can be adulterated, substituted, or diluted • Limited detection window • Collection can be invasive or embarrassing • Specimen handling and shipping can be hazardous
Oral Fluid	• Up to 48 hours	• Collecting the oral fluid specimen can be observed • Minimal risk of tampering • Noninvasive • Can be collected easily in virtually any environment • Can be used to detect alcohol use • Can be used to detect recent drug use	• Drugs and drug metabolites do not remain in saliva as long as in urine • Less efficient than other testing methods for detecting marijuana use • pH changes can alter specimen • Moderate to high cost
Sweat	• FDA ceared for 7 days	• Relatively noninvasive • Sweat patch typically worn for 7 days • Quick application and removal of sweat patch • Patch seal tampering minimized • Longer window of drug detection than urine and blood • Relatively resistant to specimen adulteration • No specimen substitution possible	• Only a few laboratories offer sweat patch testing • Those with sensitive skin may react to the patch • Possible time-dependent drug loss from the patch • Possible external drug contamination from improper skin cleansing prior to application • For marijuana, current use by a naïve user may not be detected • For marijuana, positive sweat results are possible in current abstinent, but previously chronic high dose, users • Sweat production dependent • Moderate to high cost
Hair	• Up to 4–6 mnths	• Collecting the hair specimen can be observed • Long detection window • Does not deteriorate • Can be used to measure chronic drug use • Convenient shipping and storage; needs no refrigeration • Noninvasive • More difficult to adulterate than urine	• Moderate to high cost • Cannot be used to detect alcohol use • Cannot be used to detect drug use 1–7 days prior to drug test • Not effective for compliance monitoring • External contamination
Breath	• Up to 12–24 hours	• Minimal cost • Reliable detector of presence and amount of alcohol • Noninvasive	• Very limited detection window for alcohol • Can only be used to detect presence of alcohol
Blood	• Up to 12-24 hours	• Can be used to detect presence of drugs and alcohol • Test produces accurate results	• Invasive • Moderate to high cost
Meconium	• Up to 2-3 days	• Can be used to detect long-term use • Can be used to detect presence of drugs and alcohol • Easy to collect and highly reliable	• Short detection window after infant's birth

(Office of National Drug Control Policy, 2002; Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2006)

Drug testing Methods

Point of Collection and Laboratory Testing

Drug testing of specimens can be conducted at the point of collection or the specimen can be transported to a laboratory for testing.

<u>*Point-of-collection tests*</u> are screening tests conducted in the field at such locations as treatment facilities, child welfare offices, and courts. Field tests should be confirmed by a laboratory. Results from point-of-collection screening tests are usually visually interpreted by an analyst but many new technologies are using laboratory instruments to verify color differences. Some point-of-collection tests produce results in the form of a color on a dip stick. Differences in color acuity, color perception, and lighting can lead to misinterpretation of results. Staff conducting point-of-collection tests must be qualified in interpreting test results. If the results are to be used in court proceedings for purposes other than monitoring case progress, agencies should have the specimen confirmed using a laboratory test or procedure (see below).

Point-of-collection drug testing devices can only be used with urine, saliva, and breath specimens. The U.S. Food and Drug Administration (FDA) has approved several urine point-of-collection devices but only one saliva point-of-collection device. To find out more information about which point-of-collection devices are FDA approved, visit http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/PCDSimpleSearch.cfm.

Key Action Step: Determine when to use point-of-collection versus laboratory testing.

<u>*Laboratory tests*</u> usually involve two phases—an instrumented screening test and a confirmatory test. The screening test can detect the presence of a substance, but the quantitative confirmatory test distinguishes the presence of a specific drug and/or metabolite in the presence of other various drugs and determines the drug's concentration. Screening tests are used initially to determine if a confirmatory test should be conducted. Laboratories use confirmatory tests to clearly identify the drugs that are present. Details on the types of tests conducted for screening and confirmatory testing and common terminology and acronyms used in these processes are often found on laboratory test reports.

Screening for a specified panel of drugs typically involves the use of immunoassay technology (a laboratory technique that makes use of the binding between an antigen (i.e., drug) and its homologous antibody to identify and quantify the specific antigen or antibody in a sample). Common immunoassay technologies that are utilized for laboratory screening testresults include the enzyme multiplied immunoassay technique (EMIT), fluorescence polarization immunoassay (FPIA), radioimmunoassay (RIA), and kinetic interaction of microparticles in solution

(KIMS). These screening assays are very sensitive to the presence of a drug or its metabolites. Immunoassay technologies have become less expensive, provide results rapidly, and are sufficiently sensitive to detect targeted drugs, their metabolites, or both.
However, chemical reactions that occur during this process can make it difficult to distinguish a given drug from other drugs, such as a prescription drugs with a similar chemical structure. Therefore the potential for cross reactivity with another substance to create a misleading drug test results always exists. For example, some over-the-counter cold medications (e.g., pseudo-ephedrine and ephedrine) have chemical structures very similar to amphetamine metabolites and therefore may cross react with the drug assay and cause a positive amphetamine screen result. For this reason, immunoassay manufacturers recommend confirming all positive drug screening results with a more specific confirmatory test that uses an analytically different technology (U.S. Department of Justice, 1999). Laboratories perform this quantitative level of drug testing to confirm positive drug test results on the same specimen, typically using gas chromatography/mass spectrometry (GC/MS) technology (a method which identifies and quantifies compounds that can be vaporized without decomposition). The results of the GC/MS test must agree with the initial drug screen result to confirm a positive drug test result (HHS, 2008). Confirmatory analyses can be significantly more expensive than screening tests but are much more sensitive and accurate for detecting a specific analyte or drug. A positive screening drug test result is considered a "presumptive positive" until confirmed by GC/MS methodology. Agencies should use a SAMHSA-certified laboratory to confirm drug test results that will be used in court proceedings. http://workplace.samhsa.gov/DrugTesting.

When child welfare agencies present drug test results in court that could result in serious consequences for the parent and his or her children (such as requiring substance abuse treatment for the parent or removal of the children from the parent's custody), agencies should perform confirmatory instrument testing to ensure the drug test's accuracy. Tests results used in case decisions require the greatest accuracy possible.

Specimen Integrity

To ensure the testing program's integrity, agencies must ensure that parents do not tamper with or alter their specimens and that they correctly match each specimen to the parent who provided it. The likelihood that a parent can tamper with a specimen depends on the specimen type. Unfortunately, tampering attempts are not uncommon with the type of specimen tested most frequently—urine.

Key Action Step: Establish the procedure for specimen collection and observation.

Agencies must take steps to minimize specimen tampering to obtain an accurate drug test result.

When a staff member of the same sex as the parent is not available to monitor urine collection, the agency must implement other measures to reduce the likelihood that the parent will adulterate or substitute the specimen. These measures might include checking the specimen's temperature and adding a tint to the toilet water to prevent the parent from giving toilet water as a specimen or diluting the specimen with toilet water. Random testing reduces the possibility that parents will bring another individual's clean specimen as a substitute for their own. In addition, agencies must make every effort to ensure that they identify each specimen with the name of the person who provided the specimen. A chain of custody protocol helps document the specimen's handling and storage. For more information on preventing tampering and maintaining the chain of custody, visit http://www.drugfreeworkplace.org.

Which Drugs to Test For

In deciding which drugs to test for, the agency should consider the prevalence of different drugs in the community, which drugs are prone to be abused, and the history of the individual undergoing the test. Single drug tests can screen for the presence of only one drug, whereas panel testing screens for multiple drugs. Panel testing is particularly useful for testing parents because most parents who use drugs may use several different drugs. The National Institute on Drug Abuse (NIDA) suggests testing for a panel of five drugs: marijuana, cocaine, opioids, amphetamines, and phencyclidine (PCP) (NIDA, 2007). Some jurisdictions modify these five drug panels to reflect their local drug use patterns. With panel drug tests, parents can provide one specimen and obtain multiple drug test results. For example, a typical six-panel test might include marijuana, cocaine, opiates, benzodiazepines, amphetamines, and barbiturates. Agencies can also use tests to detect alcohol, but due to its short duration in the bloodstream and its short detection window in urine, agencies do not usually include alcohol in these panel tests unless they have reason to believe that the person has consumed alcohol in the past 12 hours. However, many agencies supplement the panel test with a breathalyzer to detect alcohol use.

Many laboratories also offer a wider set of screening and confirmatory tests for additional drugs that might be prevalent in a given geographic area. These could include pain management medications, such as oxycodone and hydrocodone, and benzodiazepines (Valium®, Xanax®, and others). Some drugs, such as steroids and d-lysergic acid diethylamide (LSD), require special laboratory testing procedures at a considerably higher cost.

Key Action Step: Determine which drug(s) to include in the test panel.

Costs

Cost is an important consideration in developing the agency's drug testing protocol. When planning a drug testing program, agencies must determine how much staff time, space for collecting specimens, and storage space they will need, as well as

how they will transport specimens. These considerations are especially important if the agency anticipates a high volume of drug testing. Costs have been reduced in some sites that have established guidelines that, in most cases, do not include conducting a drug test if the parent admits drug use and by implementing random testing protocols, which allow for less frequent tests.

The costs of drug tests depend on the number of drugs tested for, the drug testing matrix, the specimen collection method, the vendor, and the volume of tests conducted. Testing a specimen for a panel of drugs costs more than testing a specimen for one drug. Tests that use specialized laboratory equipment or extensive laboratory procedures are more costly. Agencies must consider these factors before implementing a drug testing program and must continually evaluate their program's cost effectiveness.

Key Action Step:
Consider cost implications of the drug testing protocoland choice of a vendor.

Laboratories and vendors charge less per test for point-of-collection tests as the total volume of tests conducted for an agency increases. If the agency's drug test volume is high, an investment in point-of-collection devices might be cost effective. Furthermore, many State correctional agencies negotiate statewide contracts with vendors for testing by all probation staff throughout the State. Although multi-agency contracts might not be feasible for community-based child welfare agencies, negotiating with vendors in partnership with a local substance abuse treatment agency or criminal justice agency might yield better prices than separate contracts with vendors. Considerations in contracting with vendors include specifying which services will be included in their responsibilities such as data collection and reporting, scheduling with clients for testing times, testifying in legal proceedings, and responsibilities for communicating with child welfare and the courts.

Staff Skills and Qualifications

Staff need training to perform different drug testing procedures and to collect the different kinds of specimens. The agency's vendor should provide adequate staff training on the use of their equipment and testing procedures. Staff who administer drug tests should have experience in laboratory drug testing and point-of-collection drug testing, as well as documented training.

With the increased use and abuse of opiate-derivative pain killers, such as oxycodone and hydrocodone, additional precautions against false positives need to be taken when testing for misuse of opiates, such as heroin or prescription medications. Unlike illegal drugs, where any use is always a red flag, use of prescription medication is often under a physician's care. Agencies should consult a Medical Review Officer (MRO) to establish appropriate drug testing procedures and to interpret drug test results for prescription drugs.

An MRO is a physician with expertise in substance abuse who receives, interprets, and evaluates drug test results. General information about MROs is available at the U.S. Department of Transportation's Web site at http://www.dot.gov/ost/dapc/mro.html.

Key Action Step: Determine the type of staff training to provide on drug testing and the type of qualifications needed to administer the tests.

Drug Enforcement Administration Guidelines

The U.S. Drug Enforcement Administration provides guidelines on Drug-Free Workforce Programs http://www.alwaystestclean.com/dea_guidelines.htm. DEA suggests the following guidelines for drug testing programs:

- Contract with a reliable, professional drug testing vendor who will ensure quality control and chain of custody for drug test samples. More information on factors to consider when contracting with a vendor is provided in Appendix C of this paper. SAMHSA maintains a list of federally approved laboratories at http://www.drugfreeworkplace.gov/DrugTesting.

- To obtain certification from the HHS National Laboratory Certification Program, drug testing laboratories must successfully complete three rounds of performance testing on samples, undergo a laboratory inspection, and ensure that the personnel providing the services are trained in the drug testing procedures. Laboratories must document this training and maintain and test the equipment according to the manufacturer's instructions (HHS, 2007).

- Implement drug testing in as fair, accurate, and legally defensible a manner as is reasonable. Ensure that the collection, handling, and drug testing procedures are reliable and accurate and that they reduce the risk of misidentification.

- Establish legal counsel's approval of the drug testing methods.

- Perform a confirmation drug test when an initial drug test result is positive, preferably using GC/MS, and have a Medical Review Officer review the results.

- Provide timely notification of drug test results to the parent and other interested agencies.

IV. INCORPORATING DRUG TESTING INTO CHILD WELFARE CASEWORK

Discussing Drug Testing With Parents

When an agency's drug testing protocol calls for testing a parent, agency staff should:

- Discuss drug testing with the parent, allowing the parent to self-disclose what the drug test results are likely to reveal and his or her past use of illicit drugs and the misuse of prescription drugs, including previous patterns of drug use and specific drugs used. This discussion should be conducted in an effort to engage the parent in services without using pejorative terms such as "clean or dirty" test results.

  Key Action Step: Develop a parent-engagement strategy.

  Discuss with the parent the need for complete disclosure of medical conditions and prescription and over-the-counter drugs and medication. With the increase in prescription drug misuse and abuse, it is important to get an accurate history of current and recent prescription medications. Provide the information that the parent discloses to the Medical Review Officer at the drug testing laboratory.

- Advise the parent of the purpose of the drug testing, which is to assist in case planning and to monitor progress if substance abuse treatment services are warranted. The parent needs to understand the consequences of positive and negative test results, how the agency will interpret a refusal to undergo a test, and how the agency will use the results in assessing child safety and risk.

- Describe the agency's drug testing procedures, including the testing location and date and the need for the parent to bring identification to the testing site and if the protocol includes random testing, the procedures for how random specimens are collected. It is helpful to provide a calendar that lists the parent's drug testing appointments and requirements and it is important to provide this information in writing so that it is easily understood.

Frequency of Testing

Recovery from drug use can be a long-term process and requires a disease management approach to recovery which acknowledges the chronic nature of substance use disorders. Parents might need several months of substance abuse treatment to reach stability and integrate recovery into their lives sufficiently to ensure their children's safety.

Drug testing can help child welfare workers assess the effectiveness of substance abuse interventions in reducing threats to child safety and risks of future maltreatment. Early in the parents' participation in child welfare services and a treatment and drug testing program, drug test results may likely be positive. Helping the parent understand the scope and implications of his or her substance use disorder is an important task in this phase of treatment engagement and agencies should consider positive initial drug test results in this context when implementing consequences.
After initial drug testing, a randomized or ongoing drug testing program could be beneficial to provide evidence of success for parents, monitor compliance and evaluate progress in treatment. For example, Table 2 describes the frequency and intensity of the State of Arizona's testing services for parents undergoing a substance abuse treatment program (Arizona Department of Economic Security Child Protective Services, 2007).

Table 2: Drug Testing Service	
Timeframe	**Suggested Frequency**
0-60 days	Twice weekly
61-120 days	Twice per month
121 days or when behaviors indicate no further use	Monthly

Key Action Step: Establish frequency of testing.

Agencies should make decisions to modify drug testing frequency and intensity with input from the parent, supervisor, substance abuse treatment provider, and other professionals working with the family, particularly when drug testing is being conducted in multiple settings or agencies.

When making such decisions, child welfare workers should take into account the following:

- The type of drug used and how long it can be detected;
- Clinical diagnosis, including the severity of the substance use disorder, the parent's historical patterns of use, and changes in affect and physical appearance;
- Whether the parent is participating in a residential treatment program (because testing is not usually beneficial until the individual has left the campus or otherwise has access to alcohol or drugs);
- Whether the parent consistently attends or participates in service delivery, particularly substance abuse treatment, self-help groups, or other recovery-support activities, and his or her level of cooperation with the case plan;
- Parent's denial or minimization, which can indicate that the parent does not understand the seriousness of his or her substance use and its consequences; and

- The parent's relapse-prevention plan, including the coping skills that the parent will use in unsafe environments in which he or she might face pressure to use, and whether the parent has made changes in the people, places, and things associated with his or her substance use.

Child welfare case workers may discontinue testing, with supervisor approval and input from the substance abuse treatment provider, if the parent no longer exhibits substance use behavior or the parent has received consistent negative drug testing results. With supervisory approval, the parent might need additional drug tests after the agency has stopped testing the parent if a staff member suspects that the parent has relapsed and is not admitting to resumed use. If a court has ordered the drug testing, child welfare workers should consult their supervisor and legal counsel for guidance regarding modification of drug testing.

Substance-Exposed Infants

Substance-exposed infants are exposed to alcohol and other drugs that the mother ingested during pregnancy. This exposure may or may not be detected by drug testing.

Clear, standardized procedures for newborn testing are not available and policies vary among hospitals. In an estimated 90–95% of babies born who have been exposed to alcohol or illegal drugs, the exposure is not detected at birth and the infants go home with their birth parents without any interventions (Young et al., 2008). Some people perceive efforts to identify infants who have been prenatally exposed to conflict with privacy rights and others are concerned that detection will not lead to effective treatment, but only to punitive action. Recent prenatal screening and prevalence surveys have documented that 10-20% of all babies born have been exposed prenatally to illicit drugs or alcohol (Young et al., 2008). The 2003 amendments to the Child Abuse Prevention and Treatment Act required States receiving funding through the Act to provide a "plan of safe care" for infants determined to be "drug-affected" and to report such cases to a child protective services agency. A review of State policies on substance-exposed infants is available from the SAMHSA document, *Substance Exposed Infants: State Responses to the Problem*, available at http://www.ncsacw.samhsa.gov.

Addressing Drug Test Results and Refusals

Agencies must make policy decisions regarding how to address a parent's negative drug test result, positive test result, refusal to submit to a drug test, and adulteration or dilution of a specimen. These decisions should include consideration of the differences in responses to parents under a court order and to parents who are not court ordered for drug testing. For parents under a court order, all drug test results and refusals should be reported to the courts for any implications this may have in the parent's case.

Drug tests serve as a mechanism to enhance discussions about recovery. Negative drug test results provide an opportunity to offer the parent positive reinforcement, recognize the parent's accomplishments, and offer continued support and encouragement. Parents often have difficulty being forthright about relapses, even when they are unlikely to suffer any punitive responses. Also, parents under a court order who demonstrate negative test results may receive certain incentives that parents without a court order may not receive.

A positive drug test result might mean a one-time lapse, or it might signal a return to chronic use. Child-welfare workers should view positive drug test results as indicators that the substance abuse treatment plan needs adjusting. As with the initial child safety assessment, child welfare workers should assess positive drug test results along with other indicators (such as a change in the parent's behavior or appearance, missed appointments, or failure to follow through with case plan objectives) to determine its potential impact on a child's safety and risk. A positive drug test result can also create an opportunity for intervention that the parent might have resisted previously.

Key Action Step: Decide how to address positive drug test results, negative results, refusals to undergo testing, and adulterated specimens.

Finally, a positive drug test result can provide an opportunity to employ strength-based or motivational-enhancement techniques to encourage the parent to continue to work on completing the case plan, particularly if he or she under a court order. Information about the use of motivational enhancement techniques can be found in a SAMHSA Treatment Improvement Protocol on the SAMHSA website at http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A61302.

When a parent receives a positive drug test result, the child welfare worker should:

- Discuss the results in a timely manner with the parent, preferably within 1-2 days of obtaining the results, giving the parent the opportunity to explain the results;
- Obtain an assessment by a substance abuse professional if the parent is not receiving substance abuse treatment or recovery services;
- Consult with the parent's substance abuse treatment provider; this consultation should include a review of the parent's relapse prevention plan and a reassessment of the array of services and interventions in which the parent is currently participating, as well as modifications of the parent's relapse prevention plan as needed; and
- Consider modifying the frequency of current drug testing for the parent.

Agencies might consider a parent's refusal to submit as a failure to test on that given day. Policies can also be developed to specifically address parents who tamper with or adulterate the drug test specimen. At a minimum, substance abuse treatment staff should record refusals in the parent's case file and should notify the judge and appropriate attorneys about parents under the court's jurisdiction.

Key Action Step: Develop a procedure to notify child welfare agencies and courts of drug test results.

Coordination and Collaboration

Child welfare agencies expect most of the families they serve to complete numerous tasks as part of their case plan. Agencies should coordinate these services with the family and the service agencies responsible for providing these services to prevent unrealistic burdens on families. When a child welfare agency initiates ongoing drug testing for the parent, it needs to inform case workers whether the substance abuse treatment or probation agency is also requiring the parent to participate in drug testing. When health insurance pays for the testing, considerations for the protection of health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191) must be addressed.

When parents must pay for drug testing, agencies should avoid duplicative drug tests. Sacramento County, California, pays for drug tests for parents with an open child welfare case because the financial cost could create a barrier to reunification. Depending on the jurisdiction, courts might decide who has to pay for a drug test and, in some circumstances, they might require parents to pay for their drug test at a local service provider. The use of valid information-release forms can enable these agencies to share drug test results, minimize costs to parents and agencies, and increase the likelihood of the parent's compliance. This coordination can ensure that drug testing contributes to child safety assessments and evaluations.

Key Action Step: Establish drug testing coordination and monitoring strategies with treatment agencies and courts.

In 2007, the NCSACW published the Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR) Model. This model provides guidance on strengthening cross-system collaborations to improve outcomes for families with substance use disorders who are involved with the child welfare system and those who are also involved with the court system (Young et al., 2007). NCSACW conducted an extensive review of the literature and concluded that, at present, no definitive research-driven or evidence-based method exists to determine whether drug use is contributing to child maltreatment. However, research and practical experience repeatedly indicate that parental substance use disorders and child maltreatment are highly correlated and that many, if not most, children under the jurisdiction of child welfare agencies and the courts come from families with substance use disorders (Young, Nakashian, Yeh & Amatetti, 2007). NCSACW examined the wide variety of available screening and assessment methodologies to identify the best tools for identifying child maltreatment or risk and for screening for potential substance abuse and dependence. The Center found that the quality of the teamwork among the agencies involved is much more

important than the quality of any tool or set of tools (Young, Nakashian, Yeh & Amatetti, 2007).

This message has powerful implications for this discussion of the role of drug testing in child protection. The tool, in this case the drug test, cannot by itself convey a full picture of the strengths and needs of the family being served. A single tool screens for only one set of challenges and therefore requires additional input from multiple agencies with a broader perspective on the whole family to enable an agency to assess the child's safety and the parent's progress in recovery. Joint case staffing or family case conferencing with appropriate training can enhance this effort to share important information, continuously assess a family's progress in meeting case plan goals, and change case plans accordingly with the family's progress and evolving needs. More information on improving collaborative practice for families affected by substance use disorders and child maltreatment can be found at http://ncsacw.samhsa.gov.

V. SUMMARY

Throughout this document, we have identified key action steps to help child welfare and substance abuse agencies develop comprehensive policies and protocols covering several critical dimensions. These key steps are summarized here:

- Understand value differences between partner agencies concerning approaches to families affected by substance use disorders.
- Complete training on recognizing signs and symptoms of substance use disorders.
- Identify a clear purpose for using drug testing.
- Determine how drug testing fits with the child welfare agency's overall risk and safety assessment protocols.
- Decide which individuals to test.
- Select the type of specimen to collect and the testing methodology to use.
- Determine when to use point-of-collection versus laboratory testing.
- Establish the procedure for specimen collection and observation.
- Determine which drug(s) to include in the drug testing panel.
- Consider cost implications of the drug testing protocol and choice of a vendor.
- Determine what type of staff training to provide on drug testing and the qualifications needed to administer the tests.
- Develop a parent engagement strategy.
- Establish frequency of testing.

- Decide how to address confirmed positive drug results, negative results, refusals to undergo testing, and adulterated specimens.
- Develop a procedure to notify child welfare agencies and courts of drug test results.
- Establish drug testing coordination and monitoring strategies with treatment agencies and courts.

Drug testing can be an important addition to a child safety and risk assessment, family assessment, comprehensive substance abuse assessment, case planning, and substance abuse intervention and treatment services. Test results can provide useful information for determining whether a parent is using or abstaining from the use of illicit drugs or misuse or abuse of legal drugs. Agencies should not use drug testing as the sole or primary measure of the existence or absence of a substance use disorder, degree of impairment, or parent's ability to effectively care for his or her child; agencies can best make these determinations using a combination of ongoing assessment, random drug tests, observations of the parent's behavior and participation in the case plan, and parent self-reports. Before implementing drug testing, child welfare agencies need to develop policies and procedures for testing, provide adequate staff training, and procure the services of a drug testing laboratory and Medical Review Officer.

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.

VI. APPENDICES

Appendix A: Drug testing Policy Example, Sacramento County, CA

The following is a detailed description of the drug testing protocol that Sacramento County, California implemented. The county has more than a decade-long history of service system reforms to address parental substance use in the child welfare population. This description includes the county's decisions and agreements among the substance abuse, child welfare, and court agencies to use drug testing results most effectively and efficiently in conjunction with other behavioral signs and symptoms to monitor progress in treatment and family case plans.

Policy Environment and Purposes

The Specialized Treatment and Recovery Services (STARS) program conducts a model drug testing program in accordance with the county's collaboratively established drug testing policies and procedures. STARS workers (referred to as recovery specialists) provide recovery-management services to all parents with substance use disorders and an open child welfare case in two settings: (1) voluntary services programs in which the child has not been removed from parental custody, and (2) family reunification programs for families whose child is in protective custody.

STARS recovery specialists ensure immediate access for the parent to substance abuse treatment services. They also offer monitoring and accountability for the parent's treatment requirements. In addition, the recovery specialists communicate drug test results and compliance with treatment requirements to the child welfare agency and the court under a negotiated protocol among all three parties.

The STARS program offers parents a supportive environment with an emphasis on honesty and recovery and uses drug testing to assist parents in their recovery process. The goal of drug and alcohol testing is to hold parents accountable for their substance use and to provide opportunities for intervention at critical points in the recovery process. Observed urine collection can be invasive and embarrassing for parents, so recovery specialists are trained to put parents at ease. Most STARS workers are in recovery themselves, and they quickly develop trusting, supportive relationships with parents.

The STARS program philosophy is based on helping parents improve their lives and the well-being of their children; the program's purpose is not to "catch" parents using drugs. Rather, the drug testing program is presented to parents as an effective way for them to gather evidence about their successes and ability to care for their children.

The STARS drug testing model is intended to significantly reduce costs to the county by reducing the number of drug tests required for each parent as he or she progresses in recovery by eliminating duplication of testing across county agencies. The model also reduces the number of tests required by not testing parents who admit to substance use.

Funding

The STARS program is a 501(c)(3) nonprofit organization, funded by general funds from Sacramento County's Child Welfare Services and Alcohol and Drug Services. STARS also receives financial support from its parent company, BRIDGES, Inc. A toxicology laboratory has a contract with the county's Division of Child Protective Services (CPS) to provide testing equipment and laboratory services for all STARS parents involved with CPS. The STARS program contracts directly with another vendor for laboratory tests that the primary contractor cannot provide, such as benzodiazepine panels.

Drug Testing Procedures

All STARS parents are required to undergo observed drug and alcohol testing on a random schedule. The recovery specialists determine the appropriate number of tests according to STARS protocol. The recovery specialists can do the drug and alcohol testing and can send specimens for confirmations. Parents must sign an authorization form for release of health care information and the client drug screening agreement form prior to submitting a specimen for drug testing. Parents must also review the STARS "Client Guide for the Safe Use of Medications in Your Recovery" and sign the medication management agreement form. All forms used in the STARS program are included at the end of this appendix.

Random Tests

Recovery specialists are required to assign all drug and alcohol testing in a random manner, implementing irregular testing patterns in consecutive bimonthly reporting periods. However, recovery specialists may direct parents to undergo an alcohol or drug test if they suspect that a parent has used a substance.

Color Code System

In addition to testing requested directly by recovery specialists, STARS parents are required to submit to observed drug and alcohol tests according to a color code system. The system assigns parents to one of four testing colors at enrollment intake. Men are assigned to the green group (about 30% of parents in STARS are fathers) and women are assigned to the red or yellow group. All STARS parents who have participated in the program for 6 months are assigned to the blue group. The system assigns all of the parents in a recovery specialist's case load to the same group. The system develops a color code calendar each month and distributes it to STARS recovery specialists to help them schedule appointments and contact the parents. A sample monthly calendar is included in this appendix.

Parents must call the STARS office every Sunday, Tuesday, and Thursday after 6:00 p.m. to find out if their group needs to be tested. If so, the parents must appear at a testing site by the end of the following business day to submit a specimen for drug testing.

STARS calls in parents for testing in irregular patterns. Recovery specialists monitor the frequency and reporting of alcohol and drug tests from both the color code scheme and the additional random tests that they order.

Frequency

The number of drug tests that each parent must undergo depends on how long the parent has participated in STARS, his or her progress in recovery, relevant court orders, CPS mandates, and the STARS support service plan which details the substance abuse treatment requirements. Typically, parents are tested at least twice per week initially; the frequency decreases over time to about twice per month after 6 months in most cases.

Testing Equipment

Recovery specialists use two types of point-of-collection devices, the Intoximeter breathalyzer and the ValTox specimen bottle and urine drug test strip, also known as a dipstick.[2] Specialists use the breathalyzer tests and test strips because of their low cost and because they provide immediate results that can form the basis of a therapeutic intervention.

- Intoximeter breathalyzer: Each recovery specialist uses an Intoximeter breathalyzer to determine the presence of alcohol in the parent's breath. The vendor services and recalibrates the Intoximeters weekly to ensure test reliability. Parents blow into the breathalyzer mouthpiece, and results are instantaneous.
- ValTox specimen bottle and urine drug test strips: The recovery specialist transfers each urine specimen into the ValTox specimen bottle provided by the contracted vendor. The specimen bottles contain a preservative, a temperature strip, a lid, and a label. A STARS worker dips a test strip into the urine specimen and reads the results within 5 minutes. This strip tests for the presence of amphetamine/methamphetamine, cocaine, tetrahydrocannabinol, phencyclidine (PCP), and opiates.

Chain of Custody

STARS require each recovery specialist to maintain custody of the instant test strips, breathalyzer mouthpieces, and specimen bottles. To obtain testing equipment, recovery specialists must request the items they need in the STARS inventory log. Only authorized STARS personnel are allowed to distribute test devices and kits.

If the ValTox test result is positive, the recovery specialist asks the parent if he or she wants to have laboratory confirmation testing. When sending a urine specimen to the laboratory, the recovery specialist indicates the date, time, and temperature of the specimen on the label. After signing the label, the recovery specialist places

[2] The Intoximeter and ValTox brands that the STARS program uses are only some of the many devices available. Agencies need to determine which brands their vendors provide and choose the brand that is best for their drug testing program.

the specimen in the laboratory envelope, which contains information about the parent, test date, recovery specialist signature, and parent signature. The recovery specialist then places the envelope in a secure specimen lock box located in the STARS offices.

Whenever recovery specialists send specimens for further testing, they must record the specimen transfer in the laboratory testing logbook. The STARS building has two logbooks, one near each of the two locked specimen containers.

Therapeutic Intervention and Experience

Negative Drug Test Result

When the results of a STARS screening drug dipstick and alcohol breathalyzer test are negative, the parent and the recovery specialist sign a negative results receipt and each receives a copy of the receipt. A sample receipt is included in this appendix. In most cases, parents with a negative urine drug test strip result do not undergo further drug testing. A recovery specialist might order a confirmatory laboratory analysis, however, if the parent's behavior is not consistent with point-of-collection test results or if the specimen temperature suggests laboratory testing is warranted.

Positive Drug Test Result

If the result of the breathalyzer or screening dipstick drug test is presumptively positive for any substance, the recovery specialist offers the parent the opportunity to admit to recent use and sign a statement of noncompliance with their case plan.

If the parent denies drug use and requests that a confirmation test be conducted, the recovery specialist labels the bottle, deposits the bottle into the laboratory-provided envelope, records the test in a laboratory-testing logbook and parent file, and sends the specimen for confirmation testing. In such cases, the program considers the point-of-collection-testing results to be presumptive until confirmatory results are available.

If the parent admits to use, the recovery specialist asks the parent to sign a statement of noncompliance, which the recovery specialist also signs. The recovery specialist discusses the use with the parent and develops a plan to address any barriers to success and to prevent additional substance use. The recovery specialist encourages the parent to call his or her CPS social worker immediately to inform him or her of the noncompliance and describe the plan for continuing recovery.

The statement of noncompliance specifies the substance used and date of last use. The parent, CPS, and recovery specialist receive copies of the form. A sample form is provided in this appendix. Depending on the substance(s) that the parent reports using and other behavioral indicators, the recovery specialist might order a confirmatory laboratory test.

Voluntary Positive Reports

STARS recovery specialists give parents the opportunity to admit to recent drug or alcohol use at any time, without the need for a drug test. If a parent admits recent use, the recovery specialist discusses the use with the parent and develops a plan to address any barriers and prevent future use. The recovery specialist encourages the parent to call his or her CPS social worker immediately to inform him or her of the noncompliance and describe the plan for continuing recovery.

The recovery specialist also asks the parent to sign and date a statement of noncompliance. The recovery specialist also signs and dates the statement, which specifies the substance used and date of last use. The parent, social worker and recovery specialist receive copies of the statement.

Tests that are Considered Not Compliant with Court Orders

- STARS does not consider any test not directed by STARS personnel, either directly or via the color code call-in system, to be a valid authorized test for their reporting to the court or CPS.
- STARS considers any specimen left unattended or not handled according to chain-of-custody guidelines to be invalid.
- STARS considers any failure to provide a specimen to be a failure to test.
- Recovery specialists use the test temperature gauge included on the bottle and visual checks to evaluate if the specimen may have been diluted. If so, they send the urine specimen to the laboratory for verification of test strip results. These confirmatory tests are paid for by the STARS program.
- STARS recovery specialists report to the court and to CPS any tests involving diluted urine specimens and urine specimens whose temperature is out of the normal range as the parent is noncompliant with the testing requirements of their case plan.

Notification of Confirmed Positive Drug Tests and Failures to Test

STARS requires recovery specialists to inform the CPS social worker, treatment provider, and STARS supervisor of all positive test strip results and failure-to-test incidents. If a parent has a positive test result for alcohol or drugs or fails to test and the parent has a child in his or her care or has unsupervised visits with the child, the recovery specialist is required to notify a CPS staff member within 30 minutes of the test. The notification must be made directly to a CPS staff member; a message cannot be left on an answering service.

In the fall of 2009, confirmation test procedures were changed in that CPS now considers all positive strip results as positive and specimens are only sent for confirmation if the parent states that the strip test is not accurate and requests that a confirmation be conducted. The parent must pay the $20 for the confirmation test to be conducted and if the result is negative, the parent receives a refund from

CPS. If the test confirms that there is a positive result, the parent is responsible for the $20 confirmation test fee.

For more information about the STARS program, please contact Jeff Pogue, STARS program director:

Jeff Pogue, Director
STARS Program
3600 Power Inn Road, Suite D3
Sacramento, CA 95826
Phone: 916/453-2704, Ext. 17
E-mail: jeff@bridgesinc.net

The following forms are provided as samples to assist organizations in developing drug testing policies and procedures.

- Client Drug Screening Agreement
- Client Drug Screening Agreement Track III
- Authorization for Release of Health Care Information
- Medication Management Agreement
- Drug and Alcohol Screening Test – Negative Results
- Drug and Alcohol Screening Test – Presumptive/Altered Results
- Color Code System Calendar

(Bridges, Inc., 2001).

S.T.A.R.S.
Specialized Treatment And Recovery Services
A program of Bridges Inc.

CLIENT DRUG SCREENING AGREEMENT

All STARS clients are required to submit to random observed drug and alcohol screenings unless otherwise instructed. With the prior approval of both the client's social worker and the director of STARS, clients may be assigned to a blanket-testing schedule, which will consist of testing on each:

______ Monday, Wednesday, and Friday
OR
______ Tuesday, Thursday, and Saturday

If the client fails to test on the day that they are instructed to test on, they will receive an administrative positive which will automatically make them non-compliant during that report period. Clients directed to Valley Toxicology to test must obtain proof of test and submit it to their Recovery Specialist by the last day of the report period to receive credit for the test. Clients in residential treatment are excused from participating in the process described above while in treatment but must begin doing so on the first day following discharge.

The Recovery Specialist, apart from the process described above, will also direct clients to test on a random basis. The Recovery Specialist may direct the client to test on any day either with the Recovery Specialist or at a Valley Toxicology testing site. If a client fails to test as directed by their Recovery Specialist, they will receive an administrative positive which will make them automatically non-compliant during that report period.

Upon completing any test at Valley Toxicology or the Effort, all clients are required to call and report the test to their Recovery Specialist's phone extension. If any client fails to test as required by the this agreement or directed by their Recovery Specialist they must immediately call their Recovery Specialist and they are required to appear at the STARS Program office the next day before 10:00 AM.

Clients are to be ready to test at all scheduled Treatment sessions. Clients are required to be on site at the Treatment Provider 15 minutes before their scheduled treatment session and then wait 15 minutes after the treatment session in case the Recovery Specialist shows up to test the client. Failure to show at a scheduled treatment session will result in an administrative positive if the Recovery Specialist shows up to test the client and the client is not present. Recovery Specialists are required to wait up to 15 minutes for the client to produce a specimen and to furnish the client with a receipt.

________ **1. I understand that I am required to follow the above testing instructions and that a failure to test as directed will result in an administrative positive.**

________ **2. I understand that I am required to submit to random observed drug and alcohol screening as directed by the Recovery Specialist and that I should be ready to test 15 minutes before and after all scheduled Treatment sessions.**

______________________________ ______________
Client Date

______________________________ ______________
Treatment Coordinator Date

TRACK III
CLIENT DRUG SCREENING AGREEMENT

All Track III STARS clients are still required to submit to random observed drug and alcohol screenings*. Each Level III client will be assigned the color Blue.* They will be required to call the STARS telephone number (916) 453-2704) every Sunday, Tuesday and Thursday evening after 6:00 pm to receive instructions whether they are supposed to go to a Valley Toxicology testing site the next day to be tested based upon their color assignment. If the client fails to test on the day that they are instructed to test on the recorder, they will receive an administrative positive which will automatically make them non-compliant during that report period. Clients directed to Valley Toxicology to test must obtain proof of test and submit it to their Recovery Specialist by the last day of the report period to receive credit for the test. Clients in residential treatment are excused from participating in the call in process described above while in treatment but must begin calling in on the first day following discharge.

Clients will also be directed to test on a random basis by their Recovery Specialist apart from the call in process described above. The Recovery Specialist may direct the client to test on any day either with the Recovery Specialist or at a Valley Toxicology testing site. If a client fails to test as directed by their Recovery Specialist, they will receive an administrative positive which will make them automatically non-compliant during that report period.

Upon completing any color code or directed test all clients are required to call and report the test to their Recovery Specialist's phone extension. If any client fails to test as required by the color code or as directed by their Recovery Specialist they must immediately call their Recovery Specialist and they are required to appear at the STARS Program office the next day before 10:00 AM.

Clients are to be ready to test at all scheduled Treatment sessions. Clients are required to be on site at the Treatment Provider 15 minutes before their scheduled session and then wait 15 minutes after the session in case the Recovery Specialist shows up to test the client. Failure to show at a scheduled Treatment session will result in an administrative positive if the Recovery Specialist shows up to test the client and the client is not present. Recovery Specialists are required to wait up to 15 minutes for the client to produce a specimen and to furnish the client with a receipt.

__________ **1. I understand that I am required to call STARS every Sunday, Tuesday, and Thursday evening after 6:00 pm to receive testing instructions and that failure to call or to test as directed on the recorder will result in an administrative positive.**

__________ **2. I understand that I am required to submit to random observed drug and alcohol screening as directed by the Recovery Specialist and that I should be ready to test 15 minutes before and after all scheduled Treatment sessions.**

Client	**Date**
Recovery Specialist	**Date**

Specialized Treatment and
Recovery Services
3600 Power Inn Rd. Suite C
Sacramento, CA 95826
Office 916 453-2704
Fax 916 453-2708

Authorization for Release of Health Care Information

To: Dr. ___________________________

Your patient __________________________________ is receiving services from the Specialized Treatment and Recovery Services (STARS) program. This program provides case management for your patient for the purposes of recovery from substance abuse. As a part of the program, your patient is subject to random urine drug testing for controlled substances. For that reason your patient has been asked to provide us with a list of prescribed medications.

It is our hope that in the treatment of your patient, non-narcotic medications can be prescribed whenever possible to help your patient continue in recovery and eliminate potential positive drug tests.

Occasionally, it is necessary to contact the prescribing physician to confirm that a participant is receiving a prescribed medication that has resulted in a positive drug screening. Your patient has signed this release of information so that the specified recovery specialist may contact you for this information. PLEASE KEEP THIS RELEASE IN YOUR PATIENT'S RECORDS.

Thank you for your assistance

Sincerely,

Jeff Pogue
Director/Drug Court Coordinator
Specialized Treatment and Recovery Services

RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of information regarding any medication, which could result in a positive test on a drug screening that is currently being prescribed for my medical use. The information is to be released only to STARS Director Jeff Pogue or to Recovery Specialist _________________________.
This authorization will be effective for one year from the date of my signature or until my STARS case is closed.

Signature __________________________________Date_____________________

Witness____________________________________Date_____________________

Specialized Treatment and
Recovery Services
3600 Power Inn Rd. Suite C
Sacramento, CA 95826
Office 916 453-2704
Fax 916 453-2708

Medication Management Agreement

This agreement between ____and Specialized Treatment and Recovery Services (STARS) is for the purpose of establishing an agreement and to clarify the conditions upon which STARS is willing to accept the use of mind-altering prescription medications. This agreement is a necessary factor in establishing and maintaining the trust and confidence necessary to accurately report your progress to the Dependency Court. The patient agrees to and accepts the following conditions for the use of prescription medications:

I will not use any illegal or uncontrolled drugs.

I will not share, sell, or trade my medications for money, goods, or services.

I will not attempt to obtain additional pain type medications or other mind-altering medications from any other health care provider without notifying this office. I understand that doing so may result in a non-compliant report from this program.

I agree to safeguard my medications in such a manner that it will prevent loss or theft.

I agree that I will use my medications exactly as prescribed, at a rate no greater than prescribed.

I understand that unless otherwise specified by my physician, my prescription is only valid for thirty (30) days from the date the prescription is filled. The only exception to this is a chronic pain diagnosis or other medically documented reason. The STARS director must approve these exceptions.

I have read & understand all of the above policy.

This agreement is entered into on this day ____________________, ___________.

Client Signature: ____

Please Print Name: ____

Witness: ____

Sacramento County
Department of Health and Human Services
Specialized Treatment and Recovery Services (STARS)
Drug and Alcohol Screening Test – Negative Results

Client Name____

Test Date ______/______/______ **Temperature**_______

Social Worker___________________________ **Worker Code**____________

Test Location

STARS___ Treatment Provider___ Field___ Home___ Other___

I submitted to a breath and urine sample on the above stated date and the results were negative

________________________ ____________________________

[Date] ***Client Signature***

________________________ ____________________________

[Date] ***Recovery Specialist Signature***

Sacramento County
Department of Health and Human Services

Specialized Treatment and Recovery Services (STARS)

Drug and Alcohol Screening Test – Presumptive/Altered Results

Client Name______________________________________

Test Date ______/______/______ **Temperature**_______

Social Worker____________________________________ **Worker Code**____________

Test Location

STARS___ **Treatment Provider**___ **Field**___ **Home**___ **Other**___

I understand that I submitted a breath/urine sample on the above stated date and that the breath/urine sample has indicated a presumptive positive result for the following:

Alcohol Breathalyzer Result: ______________	**Cocaine**	**Opiates**
	Marijuana/THC	**Benzodiazepines**
Methamphetamine/Amphetamine	**PCP**	**Sample Diluted/Altered**

_________**I waive my option of a confirmation test and accept the positive result of the initial screen. I recognize that this acceptance constitutes a full admission of drug use and further admit using the above drugs on the date listed** _________________.

_________**I waive my option of providing a breath and urine sample and admit that I used the above noted drug/alcohol on the date listed**________________.

_________ **I do not accept the result of the initial screen that resulted in the presumptive positive and/or diluted/altered test. I hereby request a confirmation test to be completed.**

______________________________ ______________________________

[Date] ***Client Signature***

______________________________ ______________________________

[Date] ***Recovery Specialist Signature***

June 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Purple, Blue, Yellow	3	4 Red	5	6 Green	7
8 **Note: Yellow is called 2x this week>>**	9 Green, Red, Yellow	10	11 Purple	12	13 Yellow	14
15	16 Yellow	17	18 Green	19	20 Purple, Red	21
22	23 Green, Red	24	25 Purple, Yellow	26	27 Blue	28
29	30 Purple					

STARS COLOR CODE CALENDAR

Appendix B: Establishing Cutoff Levels

Established cutoff levels are preset thresholds that laboratories use to determine whether a drug test result is negative or positive. Positive drug test results have concentration levels above the cutoff levels, whereas the levels in negative results are below the cutoff levels. Laboratories set the levels at a value designed to indicate whether a certain amount of an illicit drug is present. Depending on the purpose of the drug testing program, these values may vary between laboratories or for specific clients of the laboratories.

The Mandatory Guidelines for Federal Workplace Drug Testing Programs have established cutoff levels for Federal workplace settings (HHS, 2004). Table 3 displays standards that can serve as the basis for developing child welfare testing protocols, although local jurisdictions might want to adapt these standards for their child welfare or treatment practices. These levels reflect the 5.1.2010 Guidelines.

Table 3: Cutoff Level Standards for Federal Workplace Drug Testing Programs, in Nanograms per Milliliter

Cutoff Levels	Initial Screen	Confirmatory Test
Amphetamines	1000	500
Cocaine Metabolites	300	150
Marijuana Metabolites	50	15
Opiate Metabolites	2,000	2,000
Phencyclidine (PCP)	25	25

Another example of established cutoff levels comes from the Professional Health Monitoring Programs (personal communication, 2009). Table 4 shows drug testing program standards for compliance monitoring for physicians, nurses, dentists, lawyers, social workers, psychologists, pharmacists, and health paraprofessionals.

Table 4: Cutoff Level Standards for Professional Health Monitoring Programs, in Nanograms per Milliliter

Cutoff Levels	Initial Screen	Confirmatory Test
Amphetamines	1,000	200
Antidepressants	100	100
Antihistamines	100	100
Barbiturates	300	200
Benzodiazepines	50	10-50
Narcotics/Opiates	100-750	100-500
Stimulants	500	500

Child-welfare and substance-abuse treatment agencies should consult their laboratories to determine the cutoff levels used to indicate a positive drug test result. These cutoff levels might be lower than the Federal standards for drug-free workplaces, resulting in a higher likelihood of positive drug test results. For example, cutoff levels for amphetamines, including methamphetamine, might be 200 nanograms per milliliter (ng/mL), which is well below the Federal Drug Free Workplace standards. However, 300 ng/mL would be a confirmed positive drug test result based on the cutoff levels used by the Professional Health Monitoring Programs with a confirmatory cutoff of 200 ng/ml. Although using Federal Drug-Free Workplace cutoff levels is more defensible than other cutoff levels in court, these levels might under-indentify individuals who have used an illicit drug.

Determining appropriate cutoff levels in child welfare practice is a local implementation issue for policymakers. We recommend that the child welfare agencies consult with their general counsel and local alcohol and drug treatment administration when determining what cutoff thresholds to use. Some local jurisdictions set common cutoff levels for multiple systems, including criminal justice and probation, child welfare, and substance abuse treatment agencies. If the laboratory does not use the same levels as those that the systems use, the courts and each system should train its staff members to ensure that they give parents common messages and use the same approaches to drug testing.

Appendix C: Considerations in Contracting with a Vendor for Drug Testing

In 2003, the U.S. Drug Enforcement Administration developed *Guidelines for a Drug-Free Workforce*. Agencies should consider these guidelines when contracting with a vendor to implement drug testing:

- The vendor should provide guidance in developing collection procedures to ensure that agencies obtain specimens properly and that parents do not tamper with their specimens.
- The vendor should provide all of the materials that the agency needs for specimen collection and written instructions for collecting specimens. These materials might include containers, chain-of-custody and report forms, evidence tape, prepaid tamper-proof mailers, and labels. The contract price should include these items as well as courier service. An agency might need to make separate financial arrangements if it requires a urine-collection vendor in addition to the laboratory services. If an agency uses a separate collection vendor, this vendor should be a facility that specializes in specimen collection for workplace drug testing.
- Containers should be sterile and not contain preservatives that might alter the drugs or metabolites being tested for or interfere with the drug test result. Containers should also include a built-in temperature strip that can measure the urine specimen’s temperature. This is useful for detecting specimen substitutions or other attempts to tamper with the specimen.
- The vendor and its drug testing analysts must comply with State and Federal licensing and certification requirements.
- The vendor must provide a clear, up-to-date procedure manual for laboratory drug testing and point-of-collection methods. Laboratories certified by the National Laboratory Certification Program follow the procedural guidelines approved by HHS (HHS, 2007).
- The laboratory must furnish an analytical plan to ensure that it confirms all screened positive drug test results with a GC/MS confirmatory test and that it does not transmit any results to the agency based solely on the initial screening drug test result. In other words, the vendor should automatically submit all initial screening positive drug test specimens for GC/MS confirmation and quantization testing.
- The vendor should define the analytical sensitivity and specificity for each drug test procedure. Most employers, including non-regulated employers, follow the cutoff levels established by the U.S. Department of Transportation’s drug testing program. However, the agency and the vendor should agree on any change from the drug test laboratory’s normal thresholds for detection in writing.

- The vendor’s drug testing procedures should differentiate between legitimate therapeutic drug, illegal drug use or misuse, and illicit drug use. Thus, the tests should rule out legal medications that parents use for legitimate medical reasons before declaring a drug test result to be positive. Agencies should consider contracting with a Medical Review Officer to determine whether the parent might have used prescription medications for legitimate purposes.
- The vendor should be able to identify any of the normally abused illegal drugs or their metabolites and offer several drug panel tests as a cost effective option.
- Once the specimen has arrived at the laboratory via an approved courier, the vendor should deliver a confirmed written drug test result within 2–3 days. Agencies should never base their child-placement actions on oral notification of drug test results. The vendor and child welfare agency or substance abuse provider should establish procedures to maintain confidentiality, and the laboratory should offer refrigerated storage for confirmed positive specimens.
- With timely notification, the vendor should make available expert testimony in the form of written records and personal appearances to describe results, drug testing methodology, and opinions.
- Technical and managerial laboratory personnel should be trained and qualified to conduct all point of collection and laboratory drug testing.

Appendix D: Definitions and Terms

Adulterated Specimen. A specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Aliquot. A fractional part of a specimen used for testing, representing the whole specimen.

Calibrator. A solution of known concentration in the appropriate matrix that is used to define expected outcomes of a measurement procedure or to compare the response obtained with the response of a test specimen aliquot/sample. The concentration of the analyte of interest in the calibrator is known within limits ascertained during its preparation. Calibrators may be used to establish a calibration curve over a concentration range.

Chain of Custody (COC). Procedures to account for the integrity of each specimen or aliquot by tracking its handling and storage from point of specimen collection to final disposition of the specimen and its aliquots.

Control. A sample used to evaluate whether an analytical procedure or test is operating within predefined tolerance limits.

Cutoff. The decision point or value used to establish and report a specimen as negative, positive, adulterated, substituted, or invalid.

Donor. The individual from whom a specimen is collected.

HHS. The U.S. Department of Health and Human Services.

Initial Drug Test. The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Invalid Result. The result reported by an HHS-certified laboratory in accordance with the criteria established in Section 3.8 when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory. A permanent location where initial and confirmatory testing, reporting of results, and recordkeeping is performed under the supervision of a responsible person.

Medical Review Officer (MRO). A licensed physician who reviews, verifies, and reports a specimen test result to the agency.

Negative Result. The result reported by an HHS-certified laboratory, IITF, or POCT tester to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for that drug or drug class and the specimen is a valid specimen.

Positive Result. The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentration.

Sample. A performance testing sample, quality control material used for testing, or a representative portion of a donor specimen.

Specimen. Fluid or material collected from a donor at the collection site for the purpose of a drug test. Urine is the only specimen allowed for Federal workplace drug testing programs.

Standard. Reference material of known purity or a solution containing a reference material at a known concentration.

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