



BRIEF 1

CONSIDERATIONS FOR DEVELOPING A CHILD WELFARE DRUG TESTING POLICY AND PROTOCOL





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Purpose

Parental substance use affects many families who come to the attention of child welfare services. Alcohol and other drug use can impair a parent’s judgment and ability to provide the consistent care, supervision, and guidance that children need. Child welfare, charged with ensuring the safety and well-being of children, must determine whether or not a parent’s substance use jeopardizes a child’s safety or creates risk. These professionals face the difficult task of collecting adequate information about families, making informed and insightful decisions based on that information, and taking timely and appropriate action to keep children safe.

Drug testing is one tool child welfare can use within an overall approach when working with parents. The National Center on Substance Abuse and Child Welfare (NCSACW) has developed two briefs to help child welfare agencies develop policy and practice protocols regarding the use of drug testing, while offering general considerations for their agencies and staff. They also stress the importance of coordinating and collaborating with substance use disorder (SUD) treatment providers and the courts.

This information stems from best practices in the field—gleaned from NCSACW’s experience working with child welfare jurisdictions across the country, a thorough review of existing guidelines from the Substance Abuse and Mental Health Service Administration (SAMHSA) and the American Society of Addiction Medicine (ASAM), and a comprehensive literature review.

Brief 1 offers key steps for child welfare agency policymakers to consider when developing a drug testing policy for child welfare practice.

Brief 2 provides general considerations to help child welfare workers implement drug testing into their practice.

Brief 1 covers four steps:

01
step

Determine the Purpose of Drug Testing

02
step

Determine Whom to Test and When

03
step

Determine Method of Testing

04
step

Determine Budget

Background

Many systems serve families involved in child welfare. SUD treatment staff, court professionals, and child welfare bring their own experiences, backgrounds, beliefs, and values to their work with families. It is important for all systems serving families to have a common understanding of the underlying values and beliefs behind each system's framework and priorities. This enables professionals to support parents and caregivers, while keeping children safe and providing for their well-being.

As the child welfare system develops drug testing policy and protocols, it is important to clarify how other systems serving families use testing. It can be one component of assessing child abuse and/or neglect allegations, a condition of the court, or part of the individual's treatment program to inform treatment progress.

DRUG TESTING IN THE SUD TREATMENT SETTING:

SUD treatment providers commonly use drug testing as a tool to help clinically diagnose a SUD, plan treatment, monitor progress, and support recovery. Specifically, SUD treatment providers use drug testing to provide objective data in assessing and diagnosing SUDs; monitor progress during treatment; provide an opportunity to respond to a parent's denial, or inability/unwillingness to accept a need for intervention or treatment services; examine a parent's motivation to stop using drugs; and provide an additional measure of accountability for clients and agencies by monitoring treatment efficacy, and offering positive reinforcement for a parent's recovery.



DRUG TESTING IN THE COURT SETTING:

Courts typically use drug testing to monitor compliance and provide legal documentation. Dependency courts use it as legal documentation to guide decisions such as removal, reunification, or termination of parental rights. Family treatment courts use testing to engage families and monitor ambivalence as part of treatment planning and their overall program.

Creating a clearly defined drug testing policy for child welfare helps standardize practice while clarifying roles and responsibilities with partner agencies. For more information about examining values and developing shared principles in a cross-systems team, see [Building Collaborative Capacity Series Module 2: Setting the Collaborative Foundation: Addressing Values and Developing Shared Principles and Trust in Collaborative Teams](#).

Getting Started : A Collaborative Approach to Drug Testing

Although this brief is intended to help child welfare develop a drug testing policy, having a clear understanding of drug testing across systems is important. Start by gathering partners from child welfare, court, and SUD treatment systems—along with other key community partners serving parents affected by SUDs.

Other partners might include family treatment courts, birthing centers or hospitals that serve pregnant women with SUDs, mental health service providers, supportive housing, home visiting programs, and persons with lived experience. Ideally, these partners have either established, or are willing to establish, a collaborative team to align their efforts, gain an understanding of how each system uses drug testing, develop an understanding of how drug testing results will be shared across systems, and align policies and practices to promote recovery for parents and caregivers.

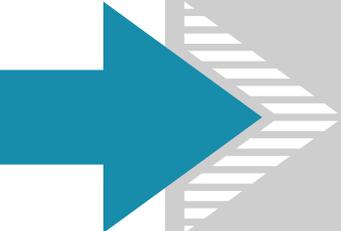


Questions to Consider:

- What are the partner agencies' drug testing policies?
- What are the communication and collaboration expectations for each of the partners?
- How does each partner use drug testing in their area of practice? What is going well? What are the challenges/concerns with current practice?
- How are the experiences of participants included in the planning?
- How are the results shared with other stakeholders?
- Where is the alignment within and between the systems? Where are the differences?

Trust and communication are foundational components of a collaborative team. A collaborative approach to drug testing can enhance cross-systems communication, coordinate services for parents and caregivers, develop a shared language to use when talking about parents affected by substance use (see Language Matters), and reduce duplication of testing. The collaborative team comes together to discuss their values, purpose of drug testing, funding sources, communication across systems, and collaboration principles as the child welfare agency moves toward Step 1: Determine the Purpose of Drug Testing.

This collaborative effort to meet challenges while working with parents and caregivers affected by SUDs should be a continuous process that evolves over time. For more information about developing a collaborative team, see [Building Collaborative Capacity Series Module 1: Setting the Collaborative Foundation: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders](#).



Language Matters

The language we use has a profound effect on our attitudes and beliefs; our words can either perpetuate or overcome stereotypes and lack of empathy toward others.^{1,2} Developing shared language is an important step in cross-systems work. Defining key terms, using person-first language, and being mindful of language can prompt values discussions and serve as a starting point when working with parents affected by SUDs.

PARTNERS SHOULD REVISIT THIS ISSUE ON A REGULAR BASIS SINCE PREFERRED LANGUAGE CHANGES OVER TIME.

For example, the SUD treatment field now uses the terms “substance use disorder” or “addiction” in place of “substance abuse.” SAMHSA recommends the use of person-first language, as it emphasizes the person and not the disorder or disability. For example, “a person with a substance use disorder” suggests the person has a problem that professionals can treat. By contrast, calling someone an “addict” or “drug abuser” implies that “the person” is the problem.

Partners should also review language like “clean” or “dirty” to describe drug test results. Many agencies use “positive” or “negative,” or “present” or “absent,” in these cases. One Texas court has adopted “substance detected” and “substance not detected” to describe drug test results in a neutral way. This has contributed to a shift in the way staff members view and interact with parents and caregivers in the program.



STEP 1 | Determine the Purpose of Drug Testing

Drug testing is just one part of a comprehensive approach to identify, assess, and support parents in the child welfare system affected by substance use. It is also important to recognize that not all substance use leads to child safety concerns, and not all parents brought to the attention of the child welfare system—with substance use identified as a contributing factor—will meet the criteria for a SUD diagnosis.

Still, parents referred to the child welfare system often have problematic substance use that may go undetected. In these cases, drug testing is simply one tool to detect use at a certain level and point in time.

Drug testing cannot provide information on the nature or severity of someone’s substance use or determine whether a child is safe.

In child welfare, drug testing should be part of a comprehensive approach that includes evidence-based screening, comprehensive assessment, and collaboration with SUD treatment providers to determine if a parent has a SUD and the need for further treatment.



The child welfare, court, and SUD treatment systems each play a unique role supporting parents and caregivers affected by SUDs. As noted above, each of these systems may have their own purpose for using drug testing. Still, it is important to consider these different perspectives when creating a policy designed to achieve the shared goal of recovery for parents and caregivers. Drug testing should not be the only tool that child welfare uses when there is a concern regarding a parent’s substance use. It should be one part of a comprehensive approach that includes screening, assessment, and referral to treatment in a manner that facilitates recovery. The following table illustrates what drug testing can provide to child welfare, court, and SUD treatment systems.

Child Welfare	Courts	SUD Treatment
<ul style="list-style-type: none"> • Information about whether a parent or caregiver is using a substance and what type(s) of substances they are using at a point in time • Monitor substance use or abstinence during an ongoing child welfare case • Motivation and positive reinforcement for parents/caregivers in the early stages of recovery • Information for the case planning process 	<ul style="list-style-type: none"> • Legal documentation of a parent’s/ caregiver’s substance use or lack thereof to guide decisions about reunification or termination of parental rights along with information from other assessments • Motivation and positive reinforcement for parents/caregivers in the early stages of recovery 	<ul style="list-style-type: none"> • Objective data to assess substance use and monitor progress during treatment • An opportunity to engage a parent or caregiver about their substance use and increase motivation to change • Accountability for clients and agencies • To support therapeutic progress and identify at the earliest point when additional or different treatment, services, and supports are needed

One reason it’s critically important to include all partners when developing a drug testing policy is to avoid duplicated or inappropriate testing such as:

- Testing a parent/caregiver receiving regular drug testing as part of their SUD treatment program
- Using testing as the sole factor determining parent-child family time
- Using testing as a sole indicator to make a decision about child removal, reunification, or termination of parental rights
- Using testing to substantiate a child abuse or neglect allegation in the absence of a comprehensive investigation and family assessment
- Using a drug test as standalone proof that a parent/caregiver is not using substances or that a child is safe

The ASAM consensus statement, [Appropriate Use of Drug Testing in Clinical Addiction Medicine](#), clarifies the role of drug testing in addiction medicine and guides SUD treatment systems. The statement emphasizes using drug testing for the identification, diagnosis, treatment, and recovery of an individual with, or at risk of, addiction. SUD treatment programs can have their own representatives share their policies and protocols with child welfare policymakers so everyone is aware of the drug testing protocols when a parent or caregiver begins SUD treatment. The child welfare and SUD treatment systems must agree to share information in a timely and appropriate manner to make decisions to support the family. Developing an agreement that cements these ideals can facilitate trust, ensure the collaborative's success, and reduce duplication of drug testing.

Resource Highlight

Memorandum of Understanding between the Ashtabula County Children Services Board and Substance Use Disorder Treatment Providers for the Sobriety, Treatment and Reducing Trauma Program (Ohio START), see [Appendix A - Memorandum of Understanding](#).

The court system, which maintains significant influence over the use of drug testing for court-involved parents in child welfare, should consider how their orders align with SUD treatment best practices and child welfare policy. Bringing partners together, including judicial officers as well as parent and child attorneys, can clarify drug testing's purpose: that is, each system's access to drug testing, the standards of information sharing between systems, and the information each system gathers to determine both the safety of children as well as a parent's SUD treatment and recovery. All partners should consider the burden that frequent drug testing places on parents involved in multiple systems.

Resource Highlight

A Bench Card for Judges on Drug Testing: Questions & Answers to Consider when Assessing Progress of a Parent, see [Appendix B - Bench Card](#).

Since drug testing provides only limited information, child welfare should consider other physical and behavioral factors when making important decisions regarding child safety. For more information, please review [Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips](#).



Questions to Consider:

- What is the purpose of drug testing for the child welfare agency? How does the purpose align with the use of drug testing for SUD treatment providers and the courts?
- What other tools will child welfare workers use to determine risk and safety in conjunction with drug testing?
- Is it standard practice for all individuals in a SUD treatment program to receive drug testing? If not, how do staff determine who gets tested and how often?
- What testing information is shared between child welfare, SUD treatment, and the courts?

STEP 2 | Determine Whom to Test and When

Policy and protocols should indicate when a drug test is administered throughout the life of a child welfare case—from the initial investigation/assessment to case closure. Child welfare agencies need to clearly define who gets tested and under what circumstances. Initial investigation/assessment drug testing procedures may differ from those in an ongoing case. At the beginning drug testing is often used as one tool to identify substance use and determine the need for a referral to SUD assessment and treatment. For ongoing cases drug testing informs case planning and acts as a monitoring tool. Agencies need to determine if the policies and protocols are applied consistently and provide thorough guidance if variations exist.

Differences may occur when child welfare agencies leave testing decisions up to workers. It is important to develop and standardize processes to identify which parents should participate and to assess if the policy is applied consistently. A consistent policy also supports positive relationships between child welfare, SUD treatment, and the court system by clarifying who gets tested and for what purpose.



Consider the following risk factors when deciding whom to test:



Did the initial allegation include knowledge or concern of substance use?



Is there collateral information from police or other sources indicating substance use?



Did the parent/caregiver complete a screening tool indicating substance use?



Has the child welfare worker or collateral contacts observed behavioral indicators of substance use (e.g., agitation/euphoria, impaired functioning, slurred speech, etc.)?



Did the worker and/or collateral contacts observe paraphernalia or other signs of substance use in the home?



Is the parent/caregiver denying substance use despite observable indicators, collateral information, or other concerns?



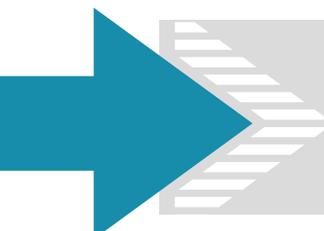
Is the parent/caregiver disconnected from SUD treatment despite substance use concerns?



Are there concerns related to child safety regarding a parent's/caregiver's substance use?

The policy should provide guidance on when to initiate drug testing for parents and caregivers amid concerns about substance use, while indicating next steps for child welfare workers. Drug testing should not be the only element of a screening process in child welfare; it does not replace the need for universal screening using a validated screening tool.

During this process the child welfare worker should explain why they are requesting drug testing and how the results will inform both the case and possible referrals. This dialogue can help build rapport between the parent and worker. Early identification of parental substance use is crucial for engagement and referral to treatment. If a child welfare worker suspects problematic substance use and identifies it during a screening process, they should refer the parent for a SUD assessment from a SUD treatment provider.



For further information on talking with parents about drug testing in the child welfare system, please see *Part 2, Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points*.

If a parent is referred to a SUD treatment provider, it is important for child welfare and the provider to share information only with an appropriate Release of Information form in place. Federal regulations, including [Health Privacy Rule 42 CFR Part 2](#) (42 CFR 2), and the [Health Insurance Portability and Accountability Act](#) (HIPAA), protect parents who receive a SUD assessment and engage in treatment. The purpose is to encourage individuals to seek and engage in treatment without fear of legal or social ramifications. Child welfare should collaborate with treatment providers on acceptable release forms that protect parents. The policy should indicate who will ensure the appropriate Release of Information, how parents/caregivers will provide it, with whom they will share it, and how long the release is valid.

If a parent or caregiver receives a SUD diagnosis—and already participates in SUD treatment—the child welfare agency can collaborate with the SUD treatment provider. With an appropriate Release of Information in place, collaboration and coordination can determine the need for child welfare drug testing, particularly when the SUD treatment agency is conducting drug testing as well. Both agencies should determine the timeframes for communicating results, how the information will flow between system partners and the parent, and how results inform decisions and next steps.

Child welfare agencies may use an Admission of Use form when a parent admits to engaging in substance use. This form can assist child welfare workers and SUD treatment staff in encouraging the parent to be open about current/ongoing substance use and minimize the overall cost of drug testing. [Appendix C - Admission of Use Form](#) is an example of what Sacramento County, California uses in their family treatment courts. Parents participating in the courts can sign a “Statement of Use” in place of taking a drug test.

Earlier collaborative team discussions about the purpose of testing should inform testing frequency. If a parent/caregiver is actively engaged in SUD treatment and there is strong communication between the SUD treatment provider and the child welfare worker, it may be unnecessary for child welfare to test at all.

Staff may adjust the frequency of testing over time. Drug testing best practices suggest random frequent testing is the most effective approach.³ ASAM guidelines, which also support that approach, recommend SUD treatment providers schedule random drug tests at least weekly in the early phases of treatment and taper down as an individual progresses in their recovery.⁴ Similarly, the [Family Treatment Court Best Practice Standards](#) recommend twice-weekly testing for parents or caregivers engaged in a family treatment court based on the fact that substances are present in urine for two to four days.⁵ (Learn more about specimen type and specific detection windows in Step 5: Determine Method of Testing.)

Testing more frequently at the beginning of a case can motivate a parent or caregiver to engage in treatment. Positive tests at the start of a child welfare case are not uncommon and provide an opportunity to discuss a parent's/caregiver's substance use. Once a parent/caregiver is engaged in SUD treatment and showing progress, they may not need to test as frequently—particularly if there is randomization in frequency and when a parent is tested. Avoiding bias and increasing consistency require a clear policy and protocol outlining who is tested, how often and which behavioral markers or decision points indicate less frequent testing.



Questions to Consider:

- What is the SUD screening process for substance use in the child welfare system? Will an initial drug test occur as part of the screening process?
- What is the purpose of drug testing for cases during an emergency response, investigation/assessment, ongoing cases, and cases under court jurisdiction? Are these the same or different?
- How and when will the parent/caregiver be referred for a SUD assessment if indicated by the screening process?
- How will drug testing be used if a parent/caregiver is engaged in SUD treatment and adhering to their treatment plan? Who will be responsible for administering the drug tests? If the treatment provider conducts drug testing while the parent/caregiver is in treatment, what circumstances support supplementary testing by child welfare? How, and how quickly, will the results be communicated between agencies?
- How will the agency ensure that drug testing is administered objectively and consistently?
- If a parent/caregiver has not been diagnosed with a SUD, what circumstances would warrant a drug test?
- Will Admission of Use forms be used? If so, when and how?
- What needs to appear on a Release of Information form to satisfy requirements of child welfare and treatment provider agencies? Who will be responsible for obtaining the initial Release from the parent? How long will the Release be valid and who will obtain subsequent Releases as needed? How will other agencies learn about the Release?

STEP 3 | Determine Method of Testing

Child welfare staff must establish and understand the collection method, protocols, and chain of custody regardless of the type of test selected. If the agency chooses point-of-care testing, it is important to determine who will collect the samples. When agencies use laboratory testing and/or confirmation, particularly in cases with court oversight in which testing results may be used as evidence, they must determine how to collect samples using a chain of custody procedure. For more information on types of testing, tests panels, adulterants, and collection information, please refer to SAMHSA's [Clinical Drug Testing in Primary Care - Technical Assistance Publication 32](#).



Questions to Consider:

- How can the agency streamline drug testing and minimize duplication of efforts between agencies working with parents?
- Who will administer drug tests?
- How will those administering the drug tests be trained? Who will conduct the training?
- How does the drug testing policy address adulteration or missed testing?
- What is the chain of custody? What is the protocol when chain of custody is not followed and/or integrity of the sample cannot be assured?



Type of Test

While most child welfare agencies use urinalysis some use saliva, sweat, hair follicle, breath, or blood testing. There are pros and cons to each type, including differing levels of accuracy, cost, feasibility, possibility for contamination, reliability, and windows of detection (see figure below). The collaborative team should weigh these when developing drug testing policy and determine the method that best aligns with their original purpose for drug testing.

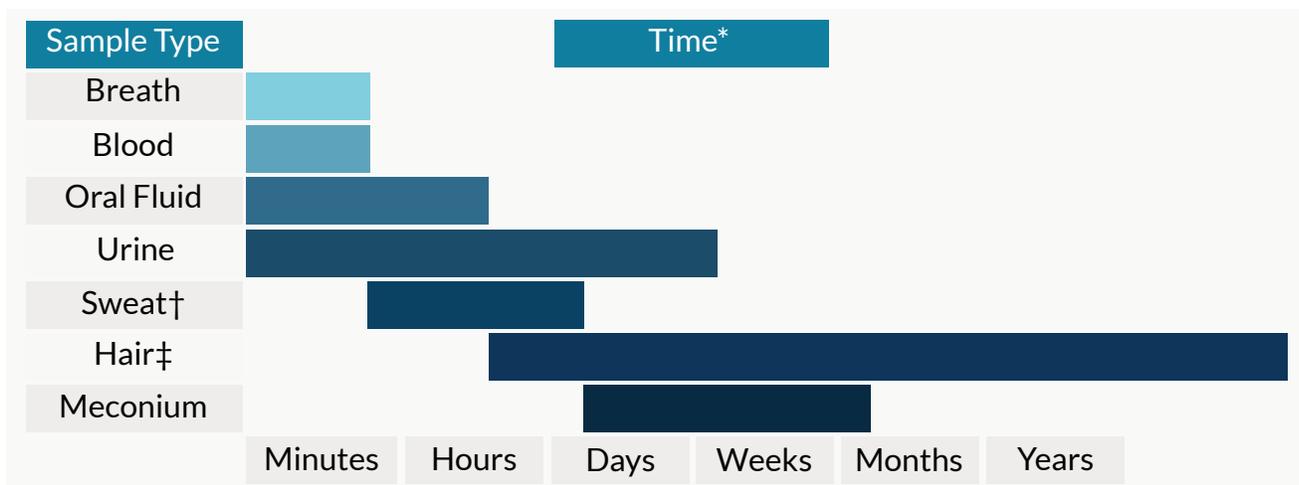
The limitations of each type of test should be clear to the requester. For example, hair follicle testing can determine past substance use but cannot provide information about a parent's current or recent use. Even a breath alcohol test may not detect recent alcohol use since alcohol metabolizes quickly. Still, as noted above, drug testing alone cannot determine the effects of substance use on parenting or child safety.

Questions to Consider:

- What type of test (e.g., urine, saliva, hair follicle, etc.) is most practical given the considerations of cost and feasibility?
- How long is the detection window for the specific substances the child welfare agency is testing for?
- Does the testing panel for each type and method need to be the same or different?
- Are there situations where a worker may request different types of specimen collection?

Detection Window

The detection window is dependent on the specific substance, including the amount of the substance used, how a person metabolizes substances, and how frequently they are using. The figure below provides a snapshot of the types of drug tests and their specific window of detection.



* Broad estimates that depend on the substance, amount and frequency of use, and other factors

† As long as the patch is worn; usually 7 days

‡ Seven to 10 days after use to the time passed to grow the length of hair, but may be limited to 6 months of hair growth. However, most laboratories analyze the amount of hair equivalent to 3 months of growth.

Source: Substance Abuse and Mental Health Services Administration. Clinical Drug Testing in Primary Care. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012

There are a variety of drug tests for adults: urine, oral fluid, sweat, blood, hair, and breath (alcohol only). Neonates can be tested using meconium. Urine is the most common test and the most widely researched.⁶ The table below provides an overview of the advantages and disadvantages of each test type.

Matrix	Advantages	Disadvantages
URINE	<ul style="list-style-type: none"> • Available in sufficient quantities • Higher concentrations of parent drugs and/or metabolites than in blood • Availability of point-of-care tests (POCTs) • Well-researched testing techniques 	<ul style="list-style-type: none"> • Short to intermediate window of detection • Easy to adulterate or substitute • May require observed collection • Some individuals experience “shy bladder” syndrome and cannot produce a specimen
ORAL FLUID	<ul style="list-style-type: none"> • Noninvasive specimen collection • Easy to collect • Reduced risk of adulteration • Directly observed specimen collection • Parent drug rather than metabolite can be the target of the assay • Able to detect same-day use in some cases • Availability of POCTs • Detect residual drug in the mouth 	<ul style="list-style-type: none"> • Limited specimen volume • Possibility of contamination from residual drug in mouth that cannot be correlated with blood concentrations • Short window of detection • Requires supervision of patient for 10–30 minutes before sampling • Salivation reduced by stimulant use • Need for elution solvent to efficiently remove drugs absorbed to collection device • Cannabinoids in oral fluid have been shown to arise from contamination of the oral cavity rather than excretion in saliva from blood

Matrix	Advantages	Disadvantages
SWEAT	<ul style="list-style-type: none"> • Detects recent use (fewer than 24 hours with a sweat swipe) or allows for cumulative testing with the sweat patch (worn for up to 7-14 days) • Noninvasive specimen collection • Difficult to adulterate • Requires little training to collect specimen • May be an economical alternative to urine 	<ul style="list-style-type: none"> • Few facilities and limited expertise for testing • Risk of accidental or deliberate removal of the sweat patch collection device • Unknown effects of variable sweat excretion among individuals • Only a single sweat collection patch available so multiple analyses cannot be done if needed (i.e., more than one positive initial test) • May be affected by external contaminants • Requires two visits, one for patch placement and one for patch removal
BLOOD	<ul style="list-style-type: none"> • Generally detects recent use • Established laboratory test method 	<ul style="list-style-type: none"> • Expensive, except to detect ethanol • Limited window of detection • Invasive specimen collection (venipuncture) • Risk of infection • Requires training to collect specimen • May not be an option for individual with poor venous access

Matrix	Advantages	Disadvantages
HAIR	<ul style="list-style-type: none"> • Longest window of detection • May be able to detect changes in drug use over time (from 7–10 days after drug use to 3 months, depending on length of hair tested) • Directly observed specimen collection • Noninvasive specimen collection • Four tests will cover 1 year • Easy storage and transport • Difficult to adulterate or substitute • Readily available sample, depending on length of hair tested 	<ul style="list-style-type: none"> • Cannot detect use within the previous 7–10 days • Difficult to interpret results • Costly and time consuming to prepare specimen for testing • Few laboratories available to perform testing • No POCTs currently available • Difficult to detect low-level use (e.g., single-use episode) • May be biased with hair color (dark hair contains more of some basic drugs [cocaine, methamphetamine, opioids] due to enhanced binding to melanin in hair) • Possibility of environmental contamination • Specimen can be removed by shaving
BREATH	<ul style="list-style-type: none"> • Well-established method for alcohol testing • Readily available 	<ul style="list-style-type: none"> • Used only for alcohol and other volatiles • Short window of detection • May be difficult to obtain adequate sample, especially with patients who are very intoxicated or uncooperative • Uncommon in clinical setting

Matrix	Advantages	Disadvantages
MECONIUM	<ul style="list-style-type: none"> • Can detect maternal drug abuse and fetal or infant exposure • Wide window of drug detection (third trimester of gestation) • Noninvasive collection from diaper. Generally, adequate specimen amount 	<ul style="list-style-type: none"> • Narrow collection window can be missed, especially in babies with low birth weight • Testing not available in all labs • Requires extra steps (weighing and extraction) • Confirmation assays more difficult than for urine

Source: Substance Abuse and Mental Health Services Administration. Clinical Drug Testing in Primary Care. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012

Point-of-Care vs. Laboratory Testing

Effective use of drug testing in child welfare requires quickly sharing test results with the appropriate people. Point-of-care tests that use urine, saliva, or breath samples can take place in the field and allow for fast results. However, point-of-care tests require whoever is collecting the samples to receive training on how to administer, maintain chain of custody, and interpret the results—and may require further laboratory confirmation—particularly if a court will use the results. If a parent discloses substance use and does not contest the results of a point-of-care test, staff may substitute an Admission of Use form in place of laboratory confirmation.

Laboratory tests are more precise and can provide additional information about the substance detected, including multiple substances at once, or substances at a lower concentration. The specific reasons for conducting the test may help determine if point-of-care testing is sufficient. For example, if a parent/caregiver is tested twice weekly to gather information about current substance use or sustained abstinence, a point-of-care test may be enough. If the plan is to use test results as legal evidence in a child welfare case, staff should rely on laboratory testing to ensure accuracy. Laboratory tests are also appropriate if a parent contests the results or if results inform decisions about a case or the treatment plan.

When deciding on point-of-care testing versus laboratory testing, it is important to consider if sample collection will be supervised and how dilution/adulterants will factor into the drug testing policy. If drug testing collection is supervised, a trauma-informed approach that ensures the integrity of the specimen collection while valuing privacy remains an important component of the drug testing policy.

Confirmation Testing

Confirmation testing ensures accuracy by using industry standard methods such as enzyme assay (EA), enzyme immunoassay (EIA), gas chromatography/mass spectrometry (GS/MS), or liquid chromatography with tandem mass spectrometry (LC/MS/MS). When a point-of-care drug test detects a substance, the results are presumptive until a laboratory confirms. If a point-of-care test fails to detect substances, the results may be confirmed if needed, such as when providing evidence in court. Most initial drug screens are confirmed and validated as part of the laboratory testing process.

For further information on point-of-care testing and laboratory testing, please review SAMHSA's [Clinical Drug Testing in Primary Care: Technical Assistance Publication 32](#). Both methods require trained child welfare workers to interpret the results. It is also critical for workers to understand cutoff levels, and how legal and prescribed medications show up on results. Workers should always consult with their supervisor before making decisions following drug testing results.



Questions to Consider:

- Will staff use point-of-care or laboratory tests?
- If point-of-care tests are used, under what circumstances will test results be confirmed in a laboratory?
- Under what circumstances will staff use an Admission of Use form with parents/caregivers? What is the next step if a parent signs an Admission of Use form?
- If using point-of-care tests, what method is recommended?
- If using a laboratory to confirm results, what are the timeframes for receiving results? What should staff do between the time the test is administered and confirmation results are received to ensure the parent/caregiver gets treatment and support (e.g., connection to peer support specialist)?
- What training will child welfare workers receive on interpreting drug test results?



Substances

Drug testing protocols should also specify for which substances the child welfare agency will test based on regional or local substance use trends, input from the SUD treatment providers, and a parent or caregiver's substance use history. Some communities have a drug task force either through local law enforcement or a community initiative. Staff should consult these resources to learn about the presence of drugs in the area.

The child welfare agency may choose to test for individual substances or use a panel test to screen for multiple substances. Agencies generally prefer a panel test since it gives a more complete picture of a parent's/caregiver's substance use, including polysubstance use. Tests for individual substances are generally based on a parent's history of substance use or pattern of current use. An individual approach to drug testing can reduce the overall cost by not testing for a full panel of substances, but may miss new substance use.

Using a panel test helps the child welfare worker and SUD treatment professional understand the full breadth of current substance use, as polysubstance use is common. For legal substances, staff should determine if a medical professional prescribed the substance and if the prescriber has any concerns about possible misuse.

Policies should determine if and how staff use cutoff levels in drug testing results (A cutoff level is the substance or metabolite concentration at which tests detect a substance). The table below highlights commonly accepted cutoff levels by substance. These levels help reduce errors and increase test reliability.

Drug	Screening Cutoffs (in ng/mL)	Confirmation Cutoffs (in ng/mL)
Amphetamines	500 or 1000	500
Barbiturates	200 or 300	100–300
Benzodiazepines	200 or 300	100–300
Cannabinoids	20–50	15
Cocaine Metabolite	150 or 300	150
Opiates	300	100–300
Alcohol	Variable	10 mg/dL

Source: National Drug Court Institute (2017). The Drug Court Judicial Benchbook. <https://www.ndci.org/wp-content/uploads/2016/05/Judicial-Benchbook-2017-Update.pdf>

In addition to establishing the use of cutoff levels, drug testing policy must also specify the use/misuse of prescription medication, medication-assisted treatment (MAT) for parents with opioid use disorders, and the presence of marijuana as a legal or prescribed substance. If a prescribed or legal substance appears in the drug tests, the child welfare worker will need guidance on how to respond and verify the prescription.



Questions to Consider:

- What substances are frequently found in this region?
- What panel tests are local SUD treatment providers using? What substances are they testing for?
- How will the child welfare agency address legal or prescribed substances?
- Has the agency consulted with a medical review officer to establish appropriate procedures for prescription drugs?

STEP 4 | Determine Budget

Drug testing can be expensive. Determining the budget at the start will help guide many of the decisions about who will conduct drug testing, who receives testing, the frequency of testing, and the type used. The agreed upon purpose should drive budget decisions. If drug testing is just one mechanism to determine whether substance use is a factor in a case, the budget will guide decisions about which (and how often) parents or caregivers undergo testing.

As noted, when a parent or caregiver takes part in SUD treatment that includes frequent, random drug testing, it is both an inappropriate and unnecessary cost to have child welfare or the court test as well. Child welfare and SUD treatment providers should determine how they can work together to share results and collaboratively determine next steps to continue family engagement. Some courts may require testing for all participants, regardless of whether they are engaged in SUD treatment. If so, the collaborative team should discuss this overlap and find ways to streamline this process. Otherwise, drug testing may overwhelm parents and caregivers already facing other child welfare and SUD treatment requirements.

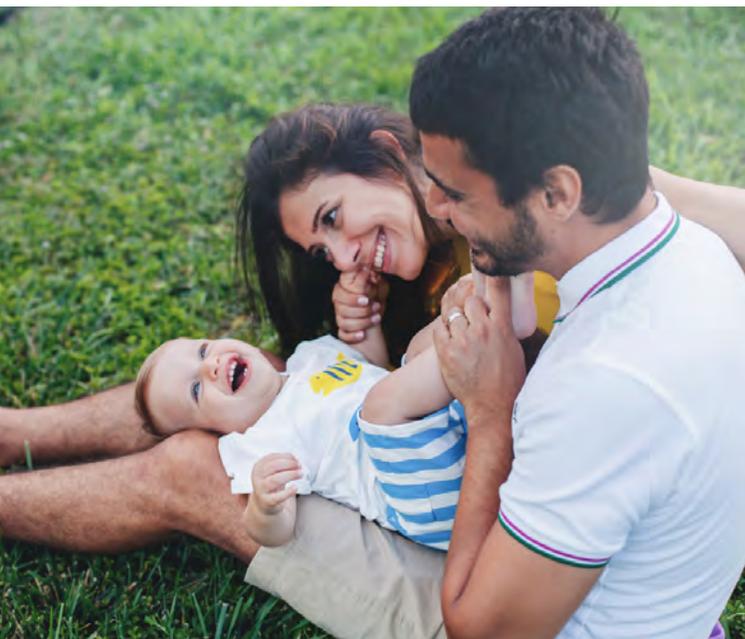
Other considerations related to cost include the number of individuals referred for testing, the type of test (point-of-contact vs. laboratory), the number of tests conducted (including frequency), whether the test is for a single substance or a panel of substances, test specimens (hair follicle, urine, saliva, blood), confirmation testing, and who conducts the tests. Counties may benefit from state contracts with drug testing providers, or through multiagency agreements where the county or state contracts for drug testing on behalf of local agencies.





Questions to Consider:

- What are the criteria for testing?
- Who currently conducts drug testing (e.g., child welfare, SUD treatment, etc.)? What is the current frequency? What works well with the current system? What challenges are present?
- What types of testing are used by each system? What challenges or concerns do systems have with using each collection method?
- Is a random drug testing collection system currently used? If not, how can this be implemented?
- Does the state child welfare agency have a contract with a drug testing vendor, or will the county have to develop its own contract?
- How are drug tests currently funded? What is the overall budget for drug testing? Are there opportunities to blend funding streams? If so, who needs to be involved to further the conversation? Are parents responsible for the costs?





Summary

In *Brief 1: Considerations for Developing a Child Welfare Drug Testing Policy and Protocol*, we have identified the steps to consider when developing a drug testing policy for child welfare:

- Step 1: Determine the Purpose of Drug Testing
- Step 2: Determine Whom to Test & When
- Step 3: Determine Method of Testing
- Step 4: Determine Budget

Drug testing can help staff identify and engage with parents/caregivers in the child welfare system who are affected by substance use. Working collaboratively with partners produces a comprehensive policy and promotes coordination across systems to support families.

Brief 2 describes general considerations to help child welfare workers implement drug testing into their practice.

CONTACT US

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References

- ¹ Kelly, J. F., & Westerhoff, C.M. (2009). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202-207. <https://doi.org/10.1016/j.drugpo.2009.10.010>
- ² Ferner, M. (2015, March 3). Here's one simple way we can change the conversation about drug abuse. HuffPost. https://www.huffpost.com/entry/drug-addiction-language_n_6773246?guccounter=2
- ³ Lloyd, M. H., & Brook, J. (2019). Drug testing in child welfare: A systematic review. *Children and Youth Services Review*, 104, Article 104389. <https://doi.org/10.1016/j.childyouth.2019.104389>
- ⁴ Jarvis, M., Williams, J., Hurford, M., Lindsay, D., Lincoln, P., Giles, L., Luongo, P., & Safarian, T. (2017). Appropriate use of drug testing in clinical addiction medicine. *Journal of Addiction Medicine*, 11(3), 163-173. <https://doi.org/10.1097/ADM.0000000000000323>
- ⁵ Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). Family Treatment Court Best Practice Standards. Prepared for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Office of Justice Programs (OJP), U.S. Department of Justice (DOJ).
- ⁶ Substance Abuse and Mental Health Services Administration. *Clinical Drug Testing in Primary Care*. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Appendix A - Memorandum of Understanding



Tania Burnett, MSW, LISW-S
Executive Director

Beverly DeFazio, MSW
Social Services Director

Barbara Legeza, CPA
Finance Director

MEMORANDUM OF UNDERSTANDING BETWEEN THE ASHTABULA COUNTY CHILDRENS SERVICES BOARD AND SUBSTANCE USE DISORDER TREATMENT PROVIDERS FOR THE SOBRIETY, TREATMENT AND REDUCING TRAUMA PROGRAM (START)

The Ashtabula County Children Services Board (ACCSB) and Substance Use Disorder (SUD) treatment providers have developed this Memorandum of Understanding to enhance collaboration, create a mutual understanding of the procedures and expectations of each party and establish a process for problem solving, both clinically and administratively, regarding clients participating in the Sobriety, Treatment and Reducing Trauma Program (START).

A. ASHTABULA COUNTY CHILDREN SERVICES RESPONSIBILITIES

- ACCSB will review the cases of parents whose children are at risk of being removed from their home due to substance use and determine if they meet the eligibility criteria for participation in the START program. Eligibility for the START program includes a score of 3 or higher on the UNCOPE and a primary concern of substance use disorder (SUD).
- ACCSB will provide a dedicated case worker/family peer mentor (FPM) dyad to work with participating families.
- ACCSB will make referrals to SUD treatment providers based on participant choice using the same agreed upon referral document and release of information used with the Ashtabula County Family Drug Court (FDC) as these documents also meet the needs of the START program.
- ACCSB will facilitate monthly Direct Service Team meetings (DST) with participating providers to allow for case conferencing and sharing of information with direct service staff.
- ACCSB will facilitate quarterly steering committee meeting with the directors or administrators of the collaborating agencies. The purpose of this meeting is to provide START program updates, to examine both process and outcomes issues and provide a forum through which other treatment issues can be addressed.

B. SUBSTANCE USE DISORDER (SUD) TREATMENT PROVIDER RESPONSIBILITIES

- SUD Treatment Providers will provide early access to treatment for START participants. Providers will offer same day intake appointments or schedule intake appointments for participants as soon as possible. An assessment appointment will be scheduled within 5 days of the intake and treatment will begin within 5 days of the assessment.
- SUD Treatment Providers will provide the assessment results to the assigned case worker within 5 business days of completion of the SUD assessment for START participants.
- SUD Treatment Providers will provide weekly progress reports to the assigned START case worker.
- SUD Treatment Providers agree to provide full frontal observation by an appropriate staff member of all alcohol and/or drug screening participants during its assessment and treatment processes as deemed appropriate by the treatment provider when the client presents for screening.

- SUD Treatment Providers agree to complete no less than a “Standard UDS” panel for each screening to include at least the following: amphetamines, methamphetamines, barbiturates, benzodiazepines screen, PCP, Cocaine metabolite, marijuana metabolite, alcohol metabolites, opiate screen, oxycodone, methadone and heroin metabolite. All screens will be conducted in compliance with the Ohio Department of Mental Health and Addiction Services certification standards and per the agency’s policies and procedures for chain of custody.
- SUD Treatment Providers will automatically send all positive screens through laboratory confirmation. Confirmed results will be sent to the assigned START case worker within one business day of receipt.
- SUD Treatment Providers will notify the assigned START case worker within five business days if a person discontinues treatment services.
- SUD Treatment Providers will assign a treatment provider to attend the monthly direct service team meetings.
- SUD Treatment Providers will assign an administrator to attend the quarterly steering committee meetings.

C. SHARED RESPONSIBILITIES

- ACCSB and the SUD Treatment Providers agree to adhere to confidentiality provisions of Part 2 of Title 42 of the Code of Federal Regulations and any other applicable State laws regarding the confidentiality of alcohol and drug abuse client records.
- This agreement will be reviewed and updated by the parties as needed.

D. SIGNATURES

Tania Burnett, MSW, LISW-S
Executive Director, ACCSB

Date

Appendix B - Bench Card

A Bench Card for Judges on Drug Testing: Questions & Answers to Consider When Assessing Progress of a Parent

1. How do I gauge the relationship between drug test results and a parent's pattern of recovery?

Many sources of information should be used when discerning what is currently happening and what is changing over time in a parent's life -especially in areas related to the outcomes that matter for child safety and well-being and for the parent's recovery and parenting capacities. Developing an understanding of the parent's functional skills and life patterns is essential when child welfare practitioners and the court are making important decisions affecting the lives of parents and children.

A broad-based understanding -- derived from use of clinical and functional assessments coupled with practical reasoning -- is necessary for finding successful life-change strategies for a parent who is experiencing challenging life circumstances. Symptoms of behavioral health problems (psychiatric needs and addiction-related concerns) should be understood in the context of accurate diagnoses and the parent's life circumstances. The co-occurrence of a relapse with the loss of a job or an eviction from housing should be seen and understood as part of a larger pattern rather than seen as separate, unrelated events. Results of a drug test offer a single data point that only makes sense when put into the context of a larger and longer pattern. Seeing the big picture rather than focusing only on small details helps to promote understanding and enhance wisdom in decision making.

Attorneys, judges, and child welfare practitioners should make use of the *Recovery Progress Matrix* and the *Drug Testing Practice Guidelines* [see the companion tools provided] to monitor progress in the substance use recovery process. The Matrix assists child welfare and court decision makers to assess the level of progress made over time by a parent involved in the substance use recovery process. The Guidelines provide suggestions about the frequency of drug testing. Testing frequency generally should be reduced over time to make more efficient use of limited drug testing resources. Please see the Guidelines for more information about drug testing information. Drug testing is best used for the following purposes:

- Using drug test results only as one part of a pattern of behavior to frame child removal, reunification, or permanency decisions.
- Using drug testing as an adjunct to treatment.
- When a positive drug test results in rapid intervention relevant to their current situation.
- As another tool to monitor abstinence and relapse.
- Providing for incentives, supports, and accountability for parents.
- As a positive support and deterrent to future drug use.

2. What other information should be considered along with drug test results?

The assessed level of progress in recovery is a critical element to consider when making a decision about maintaining or returning a child in foster care to a parent. The Recovery Matrix can be used with a parent when setting goals and evaluating progress. Nine factors are used to assess progress in recovery-based on cognitive and behavioral changes observed in the following areas:

- Parental skill building and parental functioning.
- Substance abuse treatment.
- Substance abuse education.
- Participation in recovery support systems.
- Abstinence from drug use.
- Compliance with planned child welfare service requirements.
- Parent-child visiting (if the child is served in out-of-home care)
- Other interpersonal relationships.
- Life skill building leading to greater family functioning.

When fully assembled, the findings produced from these tools can help practitioners develop a big picture understanding of a person's pattern of recovery. **Seeing the big picture is essential for understanding the current situation and for planning meaningful action**, especially when working with people experiencing substance use disorders that disrupt their lives.

Judges and attorneys can use the Matrix to structure questions for in-court testimony and to come to decisions and make findings regarding the level of progress during court reviews.

3. In what situations would drug testing be appropriate?

- When drug testing is one element of a comprehensive family assessment used to identify or treat substance use as a contributing factor to child maltreatment when there are indications of substance use impairment.
- When the purposes to be served by drug testing of the parent are clearly stated and understood by the parent and other parties involved.
- When the parent's clinical diagnoses -- including the severity of the substance use disorder, the parent's historic pattern of use, psychiatric care needs, and changes in affect or physical appearance are being accurately assessed, tracked, and reported.
- When monitoring a parent's substance use pattern, especially in early recovery.
- When providing positive feedback and reinforcement for progress being made.
- When addressing a parent's denial, inability, or unwillingness to recognize a need for intervention or treatment services, and to address a parent's motivation to stop using drugs, to pursue treatment and to support ongoing recovery.
- When the parent's relapse-prevention plan is of sufficient relevance, scope, and detail to support recovery and to provide an accurate measure of plan implementation and effectiveness for the purposes of evaluation and accountability.
- When providing a measure of parent accountability that demonstrates coping skills the parent is using in unsafe environments where pressure to use may exist, and whether the parent is making changes in the people, places, and things associated with past substance use.
- When providing a measure of service provider accountability that demonstrates delivery of timely, appropriate, and adequate services to parents that is of sufficient quality and intensity to support recovery.

4. In what situations would drug testing be inappropriate?

- Drug testing should never be used as punishment to a parent.
- When used as a sole indicator of a parent's progress.
- When a parent already is an active participant in a substance abuse treatment program in which frequent, random drug testing is being performed as a requirement of the program.
- When the parent admits to a relapse and an ongoing assessment of the child's well-being is being done to ensure child safety.
- When used as a single quantitative measure rather than as part of a larger qualitative assessment.

5. In what ways should drug test results be used?

- Using drug test results to frame child safety, removal, reunification, or permanency decisions for a parent that may be indicated by a long-term pattern of drug test results.
- Using drug testing results as an adjunct to the treatment planning process.
- Monitoring abstinence from alcohol and drug use by random testing until a clear pattern of recovery has been established.
- Providing rapid intervention when indicated by drug test results.
- Identifying parents who are maintaining abstinence and others who may have relapsed.
- Using drug testing as a deterrent to future drug use, early on in recovery.
- Providing incentives, supports, and accountability for parents.
- Maintaining a high degree of accuracy in drug test results, when test results are in question.
- Making efficient use of limited resources by reducing drug testing over time based on the pattern revealed during recovery.

6. How should I view a person's recovery from a substance use disorder?

- Recovery is a lifelong process.
- Being able to assess someone's stability in recovery is a key factor to use in prudent decision making.
- Relapse prevention should be thought of as process-focused rather than event-focused. Lapse/relapse language tends to be event focused rather than recovery process-focused.
- It is wiser to focus on the larger patterns related to recovery evident in the parent's life than to focus only on specific incidents at points in time.

Iowa Children's Initiative, 2014

Appendix C - Admission of Use Form



Sacramento County
Child Protective Services
Urine Analysis Test Results

Provider: STARS Wellspace Health

Client Last Name: _____ Client First Name: _____ DOB: _____

Test Date: ___/___/20___ Temperature: _____ Children in the home: Yes No

Social Worker Name: _____ Social Worker Code: _____

Client failed to test as directed Client tested negative for all substance, or

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:

<input type="checkbox"/> Alcohol Breathalyzer	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Sample Diluted/Altered
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Methadone	<input type="checkbox"/> THC/Marijuana
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Opiates	Level of THC _____ (Lab Result)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Other
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Propoxyphene (Darvon)	ETG <input type="checkbox"/> Positive <input type="checkbox"/> Negative (Lab Result)

Prescriptions on file: _____

Prescription medications may not be responsible for a presumptive positive test.

I waive my option of a confirmation test and accept the results of the initial screen.

I do not accept the results of the initial screen that resulted in the presumptive positive and /or diluted/altered test. I hereby request a confirmation test to be completed with the understanding that I have 24 hours to provide payment.

Confirmation fee: Paid Unpaid Date: _____ (int) ___/___/20___ Staff Initials _____

Sample to be sent for analyses: Urine Oral EtG urine Req. # _____

Statement of Use

I, _____ admit that on ____/____/20____

I used the following substance (s): _____

Client Signature: _____ **Staff:** _____

Date: ____/____/20____

Date: ____/____/20____

Comments: _____

CS1069- Revised 7-20-2020
White copy - Program case file

Yellow copy – CPS case file

Pink copy - Client