

Child Protective Services: Investigations

2104.26 Drug Tests

Requirement

Best practices dictate that case managers should always ask parents and adult caretakers about their substance use to screen for alcohol or other substance abuse. Substance abuse screening alone is never diagnostic but screening can indicate whether a full assessment or evaluation is necessary. Screens should be brief and should include questions about unintended use and/or desire to end use, as well as some questions regarding consequences of use or concerns about such consequences. One well-known screening tool for case manager use is the four-question CAGE:

C – Have you ever felt the need to **cut** down on your drinking or drug use?

A – Have you ever felt **annoyed** by people criticizing your drinking or drug use?

G – Have you ever felt bad or **guilty** about your drinking or drug use?

E – Have you ever had a drink or used a drug first thing in the morning to steady your nerves or get rid of a hangover (**eye-opener**)?

Scoring: If the answer is “yes” to one or more questions, the parent should receive a formal alcohol and drug assessment. “Yes” to one or two questions may indicate alcohol and drug-related problems. “Yes” to three or four questions may indicate alcohol and drug dependence.

This is a quick screening tool that should be used in conjunction with other information and observations. Answering “no” to all questions does not rule out the possibility of an alcohol or drug-related problem.

Drug Monitoring

According to the National Institute on Drug Abuse (NIDA), one principle of effective treatment for substance abuse is that “possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment.” The objective monitoring of a client’s drug and alcohol use during treatment, such as through urinalysis or other tests, can help the client withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual’s treatment plan can be adjusted. Feedback to clients who test positive for illicit drug use is an important element of monitoring.

Case managers should request a voluntary drug test from the parent in investigations where there is alleged alcohol and/or other substance abuse or if there is corroborating evidence of such or other risk issues are identified. Drug tests should be requested in a random manner and without prior notice to the parent. Instruct the parent to obtain the requested drug test within twenty-four hours. If a parent refuses to voluntarily submit to a drug test, evaluate with the supervisor the existing evidence of substantiated maltreatment as the basis for filing a deprivation petition to obtain a court-ordered drug test.

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Procedures/Practice Issues

Corroborating evidence may include many observations, some of which are statements from collaterals who believe that alcohol and/or other substance abuse is present in the home, statements from the children when they are interviewed, observations by the case manager of the conditions of the home and of family members, police reports documenting arrests or calls to a home etc (see 2103.8 and [Section IV, Appendix A](#)). Corroborating evidence may also be affirmative answers to screening tools as the “CAGE” mentioned above.

Case managers will have the client sign a Release of Information for permission to discuss and receive copies of records pertaining to their referral for a drug test and/or treatment.

When requesting drug tests, be educated and knowledgeable as to the type of drug to test for and the type panel needed. If rapid drug tests are requested and indicate positive for use, case managers will request the test be validated through comprehensive testing. When requesting rapid drug tests, results should be received no later than one hour after testing. Comprehensive testing should be received no later than 14 days following the test. Vendors will be contacted and informed which specific drugs are to be included in the test. For all clients referred for a 5-panel drug test, ensure drug test results are reported for the following:

- Marijuana/Cannabinoids (THC)
- Cocaine
- Amphetamines/Methamphetamines
- Opiates
- Phencyclidine (PCP)

For all clients referred for a 10-panel drug test, ensure drug tests results are reported for the following:

- Marijuana/Cannabinoids (THC)
- Cocaine
- Methamphetamines
- Opiates
- Phencyclidine (PCP)
- Methadone
- Barbiturates
- Benzodiazepines
- Tricyclic Antidepressants
- Amphetamines

Counties will use a local community behavioral health board provider or “Promoting Safe and Stable Families Providers” if services are available in their community. If private providers/vendors are used, counties will use providers/vendors where contracts with existing confidentiality and HIPPA agreements have been signed.

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Various properties of different substances may affect whether the drug will be detected in the system if it is not obtained timely. In addition to being random, drug tests should be obtained within 24 hours of the request and should be requested on days when detection of a drug is more likely, such as after a weekend or holiday. The case manager should be educated and knowledgeable about the quality of drug tests obtained and be able to interpret the results (See Appendix A).

A positive drug test will require a parent/caretaker to submit to a substance abuse assessment. The need for drug treatment will be dependent on the results of the assessment and evaluation. If no treatment is recommended, random tests are no longer required unless additional allegations or risk to the child are reported. Case managers will discuss with providers that additional tests are not needed when treatment is not recommended; and that additional allegations or risk to the child must be reported before additional tests and an assessment can be completed.

Case managers will not share the results of drug tests or drug assessment with foster parents, children or anyone other than the client receiving the test or treatment without a signed Release of Information or by court order. Providers/vendors are bound by the confidentiality clause in the contract. Private/vendors are prohibited from revealing results of drugs tests to anyone.

Use PUP funds to pay for drug tests when no other payment resources are identified i.e., private health insurance, Medicaid etc., (See 2107.16 through 2107.24).

PUP funds may be authorized to contract for necessary test screens and substance abuse assessments in investigations (See 2107.9 through 2107.19 for PUP Program description, authorization procedures, and approved services). Counties using PUP for drug tests should use the local community behavioral health provider or "Promoting Safe and Stable Families Providers" if services are available in their community. If private providers/vendors are used counties will use providers/vendors where contracts with existing confidentiality and HIPPA agreements have been signed.