

# **Drug Testing, Practice, Policy, and Protocols**

**Effective August 2021**

**Table of Contents**

**DHS Drug Testing Policy and Practice ..... 1**

- Purpose of Drug Testing ..... 1
- Limitations of Drug Testing ..... 1
- Appropriate Use of Drug Testing ..... 1
- DHS Approach to Drug Testing ..... 2
- Drug Testing Based on Behavioral Indicators ..... 3

**Drug Testing Services for the Parent/Caretaker ..... 4**

- Effective Use of Drug Testing ..... 4
- Sharing Drug Testing Results With the Parent/Caretaker ..... 5
- A Relapse or Return to Use ..... 5

**Drug Testing Training, Resources, and Supports ..... 6**

- Service Area Drug Testing Coordinators ..... 6

**DHS Laboratory and Collection Services Contracts ..... 7**

- Drug Testing Laboratory and Collection Services Contractors ..... 7
- Types of Drug Testing ..... 8
- Modes of Collection ..... 8
- Costs of Laboratory and Collection Drug Testing Services ..... 8
  - Drug Testing Laboratory Costs ..... 8
  - Drug Testing Collection Costs ..... 9
- Court Testimony ..... 10

**DHS Drug Testing Protocols ..... 11**

- Authorizing Drug Tests ..... 11
- Types of Drug Tests ..... 11
- Drug Tests and Detection Times ..... 12
- Modes of Collection ..... 13
  - Fixed Site Testing ..... 13
  - In-Home Testing ..... 13
  - Emergency Testing ..... 14
- Frequency and Duration of Drug Testing ..... 15
- DHS Drug Testing Authorization System ..... 15

**DHS Statewide Drug Testing Guidelines ..... 17**

- Child Abuse Assessments and Drug Testing ..... 17
- Court Ordered Drug Testing ..... 17
- Drug Testing Services for Children ..... 18
- DHS Statewide Drug Testing Procedures ..... 18

## **DHS Drug Testing Policy and Practice**

### **Purpose of Drug Testing**

Drug testing is the process by which a sample of hair, sweat, or urine is obtained from a donor's body and through laboratory analysis; the sample is chemically analyzed to determine the presence of certain legal or illegal substances. In child welfare, drug testing is conducted to better protect children. Drug testing results often assist in the effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or child welfare service case. Drug testing may indicate a parent/caretaker's past substance use or the absence of an illegal substance. Drug testing may also be used as a check against a parent/caretaker's verbal assertions in regards to usage or to confirm or contradict what has been learned through direct observation and information gathered from other sources and assessments. With regard to children, drug testing may indicate possible ingestion or exposure to drugs.

### **Limitations of Drug Testing**

Drug testing results do not reveal the existence nor the absence of a substance abuse disorder. Results cannot detect low levels of substance use or substance use that occurred outside of the detection period. Drug testing results can only determine if a drug or its metabolite is present at or above the established concentration cutoff level. With regard to child welfare, drug testing is limited in terms of its ability to provide sufficient information in determining or predicting a parent/caretaker's behavioral patterns or their ability to parent effectively. As such, drug testing does not indicate how substance use is impacting parenting or child safety. Due to these limitations, drug testing results should not be relied on as the sole measure in determining issues of danger and risk. Drug testing results should be viewed as one component of the accumulated information that needs to be considered during a child abuse assessment and an ongoing child welfare service case.

### **Appropriate Use of Drug Testing**

Drug testing is considered appropriate:

- ◆ When used to identify and/or eliminate substance abuse as a possible contributing factor or risk in a child abuse case
- ◆ When used as part of a comprehensive assessment to identify and address or to monitor danger and risks to a child
- ◆ As a check against a parent/caretaker's verbal assertions in regards to usage
- ◆ To confirm or contradict what has been learned through direct observation and information gathered from other sources and assessments.

**DHS Approach to Drug Testing**

It is important that Department of Human Services (DHS) child welfare workers have a working knowledge of substance abuse and the potential risk it poses to child safety. Substance abuse can lead to drug addiction and chemical dependency. Addiction is a chronic illness that has a powerful and adverse impact on brain functions to the point that an individual can experience a compulsive need for drugs regardless of any consequences. Recovery can be a long-term process which often requires months of substance abuse treatment and aftercare services for a person to sufficiently stabilize his or her life.

Equally important is that DHS child welfare workers understand their role when working with a parent/caretaker who is dealing with a substance abuse disorder. That role is to support the client's treatment and recovery and to reduce barriers to services whenever possible. This is in contrast to a more punitive approach in which the emphasis is on "catching clients" through drug testing and punishing the parent/caregiver in some way if caught. DHS child welfare workers who are working with client's who are suffering from a substance abuse disorder or addiction should also be mindful of the language they use. In practice, this includes refraining from such things as labeling the parent/caretaker as "cheaters" of drug testing. Such language indicates a lack of understanding that relapse is often a part of substance abuse treatment and recovery. The role of the DHS child welfare worker should include the use of strength-based language and strategies that assist the parent/caretaker in moving to a more functional level of behavior through abstinence as well as, adherence to the appropriate treatment plan goals regarding substance abuse recovery.

**Drug Testing Based on Behavioral Indicators**

Whenever possible drug testing should be limited to situations where behavioral indicators have been observed and/or reported that could potentially impact a child’s safety. Behavioral Indicators that have been observed and/or reported should be documented in the Child Abuse Assessment, Case Plan, and/or Case Notes.

The *National Center on Substance Abuse and Child Welfare* offers a listing of some of physiological signs and symptoms that drug use may cause and what signs to watch for in the home environment. By observing the person and the home environment important indicators of drug use may become apparent.

*National Center on Substance Abuse and Child Welfare:*

<b><u>Behavioral Indicators</u></b>	<b><u>Personal Appearance</u></b>	<b><u>Physical Environment</u></b>
<ul style="list-style-type: none"> <li>◆ Agitated behavior or mood</li> <li>◆ Excessive talking</li> <li>◆ Paranoia</li> <li>◆ Depression</li> <li>◆ Manic behavior</li> <li>◆ Lack of motivation</li> <li>◆ Criminal activity</li> <li>◆ Financial challenges</li> <li>◆ Missed appointments</li> </ul>	<ul style="list-style-type: none"> <li>◆ Slurred speech</li> <li>◆ Nodding off</li> <li>◆ Disorientation</li> <li>◆ Tremors</li> <li>◆ Cold or sweaty palms</li> <li>◆ Dilated or constricted pupils</li> <li>◆ Bloodshot or glazed-over eyes</li> <li>◆ Needle marks</li> <li>◆ Bruises</li> <li>◆ Poor personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>◆ Signs of drug paraphernalia (such as straws, rolling papers, razorblades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)</li> <li>◆ Unusual smells</li> <li>◆ Reluctance to allow home visits</li> <li>◆ Unexplained visitors in and out of home</li> </ul>

## **Drug Testing Services for the Parent/Caretaker**

It is essential that the parent/caretaker who is receiving drug testing services understand the purpose of drug testing and the procedures involved within the context of child welfare services. In an effort to engage the parent/caretaker in drug testing services the following information should be shared with the parent/caretaker in a non-shaming open-ended way:

- ◆ The purpose of drug testing (*to assist in case planning and to monitor progress if substance abuse treatment services are warranted*).
- ◆ The process and procedures involved in taking a drug sample.
- ◆ What random drug testing means and how to access the CIJDC collection site information online including hour of operation for the day: <https://www.cijdc.com/today.pdf>
- ◆ The current collection methods (urine, sweat patch and hair test) that DHS uses in drug testing.
- ◆ What a positive or negative test result means (*A positive test indicates a substance was detected. A negative test indicates that no drugs or metabolites were detected above the cutoff level in the sample tested*).
- ◆ The need for complete disclosure of any medical conditions, prescriptions, and/or over-the-counter drugs and medication taken by the parent/caretaker. (*With the increase in prescription drug abuse it is important to get an accurate history of current and recent prescriptions and over-the-counter medication*).
- ◆ How and when the parent/caretaker will receive their drug testing results.
- ◆ How DHS will use the drug testing results in assessing their child's safety.
- ◆ The services and supports available to parents/caretakers who may have a positive test result.
- ◆ How DHS may interpret a refusal to undergo a drug test.

### **Effective Use of Drug Testing**

- ◆ Drug testing may be an incentive for the parent/caretaker to stop using drugs.
- ◆ Drug Testing may serve as a positive reinforcement for continued abstinence during the early recovery stage.
- ◆ Drug Testing may motivate the parent/caretaker to enter or continue with treatment services.
- ◆ Drug Testing may encourage a parent/caretaker to self-disclose.

### **Sharing Drug Testing Results With the Parent/Caretaker**

A discussion of the drug testing results with the parent/caretaker should be done in a timely manner when warranted. A **negative result** can provide positive reinforcement and encouragement for a parent/caretaker to participate in treatment interventions and case planning.

A **positive drug test result** may mean a one-time lapse or it may signal a return to chronic use. The DHS child welfare worker should communicate the test results directly to the parent/caregiver. Positive and non-stigmatizing language should be used when discussing drug test results such as, using the terms positive or negative result verses clean or dirty results. When a positive test result is received, discuss with the parent/caretaker the possible need for alternative interventions and/or adjustments in the current treatment services. Where applicable, discussions should also include the substance abuse treatment provider. If behavioral, relational, psychological, and/or physical indicators of substance abuse are present and the parent/caretaker's ability to provide safe care for the child is in question, the danger and risk to the child should be reassessed to ascertain if any safety factors have risen to the level of a safety threat. If so, safety planning is needed.

### **A Relapse or Return to Use**

A relapse or a return to use can be part of the recovery process. A positive test may signal that the current treatment plan and/or services need to be modified or added to. Following a positive test result, discuss with the parent/caregiver what happened before, during, and after the use. If a safety plan is part of the case, ask if it was enacted. Ask the parent/caregiver what they will do next time to avoid use and/or to ensure child safety. Consult with the supervisor and the treatment provider to determine if adjustments to the treatment plan and/or to the drug testing schedule are needed.

## **Drug Testing Training, Resources, and Supports**

Drug testing training and other additional resources and supports are available to all DHS child welfare workers.

- ◆ Substance abuse training is available to all workers and can be found on the DHS Learning Management System (LMS).
- ◆ Drug testing information can also be found on the **DHS Drug Testing SharePoint**: <http://dhssp/fo/Service/Drug%20Testing/Forms/AllItems.aspx> . A variety of different resources are available at this site including documents and reports on laboratory analysis of drug testing, Iowa court rulings in drug testing cases, expert opinions on toxicology reports, and a Q & A document regarding the different types of drug tests that are available under the DHS contracts.
- ◆ DHS child welfare workers are encouraged to consult with any treatment providers who may be involved in the case. Input from substance abuse and mental health providers as well as, medical personnel can provide additional insight into the parent/caretaker's substance abuse disorder and their treatment needs. Such information may help to improve child safety.
- ◆ An excellent resource for DHS child welfare workers is the website for the National Center on Substance Abuse and Child Welfare: <http://ncsacw.samhsa.gov> . This website offers technical assistance and a large number of resources including publications, webinars, and tools that child welfare workers can use to better serve children and families that are involved in the child welfare system due to substance abuse issues.

### **Service Area Drug Testing Coordinators**

Each of the five DHS Service Areas has designated a **Service Area Drug Testing Coordinator** to perform duties related to the Drug Testing Laboratory and Collections contracts. These persons are responsible for the day-to-day implementation of drug testing services within their respective Service Area and for providing ongoing consultation and technical assistance to staff. Additional tasks assigned to the Drug Testing Coordinators include: arranging for and approving the purchase of supplies from the laboratory contractor, reviewing and submitting invoices to payments and receipts for final processing, calculating the collection error data, and working with the contractors to resolve any Service Area issues that may arise in the provision of services. Service Area Drug Testing Coordinators also receive and review all Service Area requests regarding the internal drug testing authorization process.



## **DHS Laboratory and Collection Services Contracts**

DHS has two statewide contracts for the purpose of securing drug testing services. This includes a contract for Drug Testing Laboratory Services and a contract for Drug Testing Collection Services. The move to statewide drug testing contracts was related to the need for cost containment in this area and statewide consistency in collection services and laboratory analysis. Benefits gained from having instituted statewide Collection and Laboratory contracts include the following:

- ◆ **Certification Requirements for Laboratory Contractor.** Certifications requirements include the College of American Pathologists, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Clinical Laboratory Improvement Amendments Program.
- ◆ **Standardized cutoff levels.** Industry standard cut off levels established through the Federal Government Substance Abuse and Mental Health Services Administration are required when applicable for drug testing analysis under these contracts to ensure that all testing of all DHS clients is handled in the same manner.
- ◆ **Uniformity in confirming tests.** All laboratory testing incorporates immunoassay technology. Positive results are verified by Gas Chromatography/Mass Spectrometry (GC/MS), Liquid Chromatography/Mass Spectrometry (LC/MS) or Liquid Chromatography – Mass Spectrometry/Mass Spectrometry (LC-MS/MS).
- ◆ **Statewide Drug Testing Protocol.** The Laboratory and Collections contracts reflect the drug testing protocol that is aligned with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) requirements.

### **Drug Testing Laboratory and Collection Services Contractors**

The Contractors for drug testing services are listed below followed by a description of the key provisions within the contracts including; the types of drug testing that are available, the modes of collections, the current costs of Laboratory and Collection services, and the availability of court testimony.

#### **Laboratory Contractor**

CSS, LLC (Comprehensive Screening Solutions)  
20 E Clementon Road  
Suite 201-S  
Gibbsboro, NJ 08026

#### **Collection Contractor**

Central Iowa Juvenile Detention Center (CIJDC)  
2317 Rick Collins Way  
Eldora, IA 50627

### **Types of Drug Testing**

The following types of tests are available under the current Laboratory and Collection Drug Testing contracts:

- ◆ Lab-Based Urine
- ◆ Hair
- ◆ Sweat Patch
- ◆ Point of Collection "Instant" Tests for urine screening

### **Modes of Collection**

Under the Drug Testing Collection Services Contract there are three modes of collection. These include Fixed Site, In-Home and Emergency testing. The modes of collection services are discussed in detail later in this report

### **Costs of Laboratory and Collection Drug Testing Services**

Following are the costs for drug testing laboratory services and the costs for collection services. It is important to note that these are two separate services with costs associated with each.

#### **Drug Testing Laboratory Costs**

Laboratory service costs are **per person** and **type of test** conducted.

<b>Laboratory Drug Testing Costs 07/01/2021 – 06/30/2022</b>	
<b>Type of Drug</b>	<b>Cost Per Test</b>
Hair - 5 Panel	\$70.38
UA - 9 Panel	\$15.50
UA - 9 Panel + Alcohol	\$17.54
UA - 14 Panel	\$30.86
Canceled or Rejected Specimen for Analysis	\$15.00
<b>Purchased Items</b>	
Sweat Patch - 5 Panel - Sweat Patch includes cost of Laboratory Analysis. (Minimum order quantity - 50 per box)	\$39.27

**Drug Testing Collection Costs**

Collection Service Costs are **per person** and **by the collection mode used**. As such, the cost for a drug test per person may differ depending on the type of drug test that is conducted and the collection mode that is used.

<b>Drug Testing Collection Costs 07/01/2021 – 06/30/2022</b>	
<b>Basic Collection Type (Fixed Site Collection)</b>	<b>Cost Per Collection</b>
Hair	\$72.10
UA	\$72.10
Sweat Patch	\$72.10
Instant Urine	\$72.10
<b>Additional Charge (In-Home &amp; Emergency Collections)</b>	
In-Home Trip Fee	\$200.58
Emergency Collection	\$296.64

Charges per collection are adjusted up or down depending on volume, so the actual cost may vary depending on the volume. If multiple persons are tested at same household address, the Collector is able to charge a collection fee of \$72.10 for each sample collected.

EXAMPLE:

DHS authorizes the Collection Contractor to conduct an In-Home collection at a family’s home. The Collection Contractor is to collect a UA 9 panel sample from the mother, the father, and the 16 year old son. The charges for this collection are as follows:

First attempt, the collections were made:

- ◆ Attempt/ charge for In-Home Testing = \$ 200.58
- ◆ Collection fee for the mother’s sample = \$ 72.10
- ◆ Collection fee for the father’s sample = \$ 72.10
- ◆ Collection fee for the son’s sample = \$ 72.10

Total cost for In-Home Collection= \$ 416.88

**Court Testimony**

Requests for expert court testimony shall be made through the Service Area Drug Testing Coordinator. The Drug Testing Coordinator will contact and work with the Laboratory Contractor on the request and will work the Drug Testing Collection Contractor when required. All requests for expert court testimony must be approved by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.

<b>Expert Court Testimony Costs 07/01/2021 – 06/30/2022</b>	
Collections Services By phone per hour ( <i>Services available only by phone</i> )	\$72.10
Laboratory Services By phone per hour ( <i>Services available only by phone</i> )	Varies based on level of expertise

## **DHS Drug Testing Protocols**

The following DHS Drug Testing Protocols reflect the parameters and procedures contained within the current Drug Testing Laboratory and Collection Services contracts and the most recent changes (August 2021) to the DHS Drug Testing Authorization System.

### **Authorizing Drug Tests**

The Collection Contractor is responsible for providing drug testing collection services at the request of the DHS child welfare worker. To initiate drug testing services, the DHS child welfare worker must authorize the testing through the DHS Drug Testing Authorization System that is located in JARVIS. When authorizing a drug test the worker must enter the following information into the system prior to the Collector collecting a sample:

- ◆ **Type of drug testing to be conducted** (Urine, Hair, Sweat Patch)
- ◆ **Mode of collection** (Fixed-Site, In-Home, or Emergency)
- ◆ **Frequency of the drug testing** (Number of tests)
- ◆ **Duration of the testing** (Over what time period the testing will be conducted)

### **Types of Drug Tests**

Under the statewide DHS *Drug Testing Laboratory Services Contract*, the number and types of illegal drugs that can be tested in the same panel has been standardized. This allows for the bundling of compatible kinds of illegal drugs that can be analyzed in the same laboratory procedure which ultimately results in cost savings.

Below are the test panels that are available under the *Drug Testing Laboratory Services Contract* followed by a listing of the drugs that each panel can detect:

- ◆ **Urine 9 Panel Test** - detects THC/marijuana, cocaine, opiates, PCP, benzodiazepines, barbiturates, methadone, propoxyphene, and amphetamines.
- ◆ **Urine 9 Panel Test +Alcohol** – detects all of the 9 drugs listed above plus alcohol.
- ◆ **Instant Tests** 10 panel – this test corresponds to the 9 panel Urine. The 10<sup>th</sup> panel is for measuring urine Temperature. If an instant test produces a presumptive positive, then the sample will be submitted to the laboratory for analysis.
- ◆ **Patch 5 Panel** - detects THC, opiates, amphetamines, cocaine, and PCP.
- ◆ **Hair Test 5 Panel** - detects Amphetamines (Amphetamine, Methamphetamine, Ecstasy (MDMA), MDA-Methylenedioxy, and MDEA (Eve)); Cocaine/Metabolites (Benzoylecgonine, Cocaine, Cocaethylene, and Norocaine); Marijuana Metabolite (THCA), Opiates (Morphine, Codeine, 6-Monoacetylmorphine (6-MAM) Heroin, Hydromorphone, Hydrocodone, Oxycodone, Oxymorphone) and Phencyclidine.
- ◆ **Urine 14 Panel** based detects THC/marijuana, cocaine, opiates, barbiturates, methadone, propoxyphene, amphetamine, fentanyl, meperidine, nalbuphine, oxycodone, oxymorphone, and pentazocine.

## **Drug Tests and Detection Times**

Timing is a critical factor in drug testing. How long a drug remains in the body is dependent upon the specific drug used, the amount of drug that has been introduced into the person's body, the frequency of the drug use, and the person's metabolism. ***The window of detection for each drug type should be considered in determining which test panel should be used in collecting the specimen.***

### **Strengths and Limitations of the Drug Tests**

In selecting the appropriate test panel to use, it is important that the DHS child welfare worker be familiar with the strengths and limitations of the drug tests that are available under the current DHS Laboratory and Collection contracts.

- ◆ **Urine Testing.** Most illicit drugs are excreted into urine within 48 hours after use. Urine testing is widely used based on its well-researched results for detecting drug usage in adults and for its cost effectiveness. A disadvantage of urine testing is that the specimen may be adulterated, substituted or diluted without careful observation during the collection process. As such, a urine test can be considered invasive and uncomfortable.
- ◆ A **Hair specimen test** can detect drug use over several months depending on the length and type of the hair specimen. Additional advantages of hair testing include: the ability to pinpoint long-term changes in drug use patterns, difficulty of substituting specimens or invalidating the test results, and the non-invasive collection method. Disadvantages of hair testing are the test's inability to detect drug use within the past 3 – 5 days and the fact that the test does not discriminate between recent drug use and drug use that possibly occurred months earlier. Due to these limitations hair testing is not consider an effective way to monitor compliance on a regular basis.
- ◆ **Sweat patch 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. A sweat patch is relatively non-invasive and is difficult to tamper with. The window of detection for a sweat patch is 1-2 days prior to the application and up to seven days after or whenever the patch is removed. Limitations for a sweat patch includes the limited number of drugs it detects and the possibility of contamination during the application and removal process.
- ◆ **Point of Collection "Instant" Tests for urine** may be used if there is need for an immediate, preliminary result determination. An understanding of a presumptive positive test is essential when using an Instant test. When considering this type of testing it is always advised to obtain lab-based GC/MS or equivalent confirmation before making significant case-related decisions or seeking court action based on a positive result. Without obtaining a lab-based GC/MS or equivalent confirmation, an instant test result is not always legally defensible in court. The DHS child welfare worker should make sure the court accepts instant test results before authorizing this method of collection.

## **Modes of Collection**

Under the *Drug Testing Collection Services Contract* there are three modes of collection. These include Fixed Site, In-Home and Emergency testing. All collected samples, regardless of the mode of collection that is used, are to be submitted to the laboratory facility for analysis within two (2) business days of collection.

### **Fixed Site Testing**

**Fixed-Site Testing** means that the client physically goes to a specific site or location to complete a drug test. The number and locations of the Fixed –Sites were determined by each Service Areas. A listing of the locations of Fixed-Sties can be found at: <https://www.cijdc.com/today.pdf>

- ◆ The **days and operational hours at Fixed-Sites are randomized** with those areas doing a lower volume of drug testing having less hours of operation compared to a high-volume area.
- ◆ The Collection Contractor sends out a **Drug and Alcohol Testing Calendar** with the hours of operation for each of the Fixed-Site locations **10 days prior to the beginning of the month**. The monthly schedule is sent by email to the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- ◆ If changes need to be made to the monthly Drug and Alcohol Testing Calendar, the Collection Contractor will send out a **revised Drug and Alcohol Testing Calendar with the changes highlighted** to the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee affected.
- ◆ All Fixed-Site **attempts and/or collections are documented and reported** to the designated Service Area.

### **In-Home Testing**

To address drug testing needs in areas where Fixed-Sites are not located or easily accessible, In-Home testing is available. **“In-Home Testing”** means that the Collector physically goes out to the client’s home or an address as arranged to collect a sample. An **“In-Home Collection Attempt”** means the physical arrival of the Collector at the client’s home or address as arranged and includes the related collection efforts performed at the home or address to obtain a sample for laboratory drug testing analysis.

- ◆ In-Home Testing **must be approved** by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- ◆ In-Home Testing should be limited to those circumstances in which **distance and/or transportation are an issue** and DHS cannot demonstrate reasonable efforts without bringing the test to the parent/caretaker. To minimize the need for In-Home Testing, workers should attempt to problem solve with the client regarding the use of informal supports to assist the client in accessing a Fixed-Site location for drug testing.

- ◆ The Collector will make an In-Home collection attempt or collect the specimen **within 3 calendar days of the referral**
- ◆ **A maximum of two attempts to collect an In-Home specimen is allowed.** DHS will not reimburse the Collection Contractor beyond **one attempt per day**, up to a maximum of two attempts. A phone call does not constitute an attempt and cannot be billed.
- ◆ As only two In-Home collection attempts, it is essential that the authorization include **the correct address, any unique or case specific information regarding the location and/or barriers to accessing the place of collection, and the time that the client will be available.**
- ◆ All **In-Home attempts and/or collections will be documented in a collection log and reported/sent** to the designated Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.

### **Emergency Testing**

In addition to Fixed-Site and In-Home collection services, the Drug Testing Collection Services Contract allows for Emergency Testing. **“Emergency Testing”** means an expedited test is required. **Emergency Testing is to be limited to rare occasions such as during a child abuse assessment when an immediate drug test may be required.**

- ◆ Emergency Testing **must be approved** by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- ◆ Emergency Testing is **available at all hours and includes weekends.**
- ◆ Emergency Testing **may be conducted in the home of the client or at an agreed upon location.**
- ◆ After an Emergency Testing authorization is approved, the DHS referral worker and/or supervisor **must contact the Collection Contractor by email or phone** to notify them of the request for an emergency test. The number and email for CIJDC is:  
  
Phone: 641-858-3852  
Email address: [drugtesting@cijdc.com](mailto:drugtesting@cijdc.com)
- ◆ Within **one hour** of receiving an approved authorization for Emergency Testing, the Collection Collector will respond to the referring DHS worker and/or supervisor by email or phone verifying receipt of the authorization.
- ◆ The Collection Collector shall collect the specimen or make an attempt to **collect a sample within two days of the referral.**
- ◆ The Collector shall make **only two Emergency attempts** to collect a specimen. DHS will not reimburse beyond one attempt per day, up to a maximum of two total attempts.



- ◆ All Emergency Testing **attempts and/or collections will be documented and reported** to the designated Service Area Manager, Social Work Administrators and/or Designee.

### **Frequency and Duration of Drug Testing**

When determining the frequency and duration of drug testing, or the modification of either or both of these, input may be sought from the supervisor and the Service Area Drug Testing Coordinator. To determine the frequency and duration of drug testing, a number of factors should be taken into account including:

- ◆ If behavioral, relational, psychological, and/or physical indicators have been observed and/or reported.
- ◆ Type of drug being used.
- ◆ The detection time for each type of drug.
- ◆ Any current clinical diagnosis.
- ◆ Severity of the parent/caretaker's substance use disorder.
- ◆ Parent/caretaker's historical patterns of use.
- ◆ Any input from the substance abuse treatment provider and/or other professionals working with the family.

### **DHS Drug Testing Authorization System**

The DHS Drug Testing Authorization System was redesigned to promote the use of behavioral indicators in determining the need for testing and to support best practice decisions in terms of the type of test that should be authorized and the frequency and duration of testing. To this end, guidance features that highlight best practice and help workers determine the appropriate type of test to authorize are available within the authorization system. Workers can now access information within the system on each type of test and what drugs a particular test can detect. In addition to the guidance features, the DHS Drug Testing Authorization System includes a checks and balance aspect whereby Supervisors are required to approve test(s) in certain circumstances with an effort to prevent unnecessary testing.

The redesigned Drug testing Authorization System also allows for data collection. Drug testing information and data are being collected to better understand child welfare practices and needs. The information will be used to help identify what changes and/or adjustments may be needed to DHS policy and procedures regarding drug testing. The information and data that is being collected includes the following:

- ◆ Information regarding Court Orders
- ◆ Documentation of Behavioral Indicators
- ◆ Length of time the case has been opened
- ◆ Substance Abuse Treatment Services
- ◆ Supervisory Approvals

If DHS workers have problems accessing and/or entering an authorization in the DHS Drug Testing Authorization System they should contact the DHS, CWIS Help Desk at: [cwishelp@dhs.state.ia.us](mailto:cwishelp@dhs.state.ia.us).

## **DHS Statewide Drug Testing Guidelines**

Following are the DHS Statewide Drug Testing Guidelines that reflect best practices in the area of drug testing. Any DHS drug testing beyond these guidelines is not recommended but they do not preclude the use of a lesser frequency and/or stopping drug testing altogether if the situation or results warrant it. As drug usage increases and as new drugs emerge on the scene, DHS policies and procedures will be added and/or amended to these guidelines to reflect the changing trends and practices.

### **Child Abuse Assessments and Drug Testing**

- ◆ One test per client is allowed during a child abuse assessment. Any type of test (urine, sweat patch, hair) may be authorized.
- ◆ At the request of DHS, a health practitioner may perform drug testing of a child before or during a child abuse assessment when the practitioner has determined that it is medically indicated.
- ◆ Drug testing should not be authorized during a Family Assessment.
- ◆ Drug testing requested by a DHS child protection worker should be performed whenever possible during the child abuse assessment. If the drug test is authorized and scheduled before the conclusion of the assessment, but cannot be administered before the completion of the assessment or the results have not yet been received, document in the written report that an Addendum will be submitted.

### **Court Ordered Drug Testing**

- ◆ If drug testing is court-ordered and the **court order is prescriptive** as to the type, frequency and duration of testing, the drug testing should follow the court order. Document this in the Child Abuse Assessment, Case Plan, and/or Case Notes.
- ◆ If the court order states drug testing **at the discretion of DHS or drug testing with no other specifics**, the **DHS Statewide Drug Testing Guidelines** in this Protocol are to be followed.
- ◆ If drug testing is court-ordered and DHS believes the testing level could be decreased, a recommendation as such, should be made to the court.
- ◆ Inform the court when **the parent/caretaker is participating in drug testing with other agencies** as the court may accept drug testing results from other agencies.
- ◆ Within the DHS Authorization System, **any type of test is allowed with a court order**. The type of test authorized may vary for a person throughout the duration of testing or as specifically stated in the court order.
- ◆ When authorizing court ordered testing, workers will be asked to enter **the Court Order docket number, the effective date of the court order, and the name of issuing Judge**.

### **Drug Testing Services for Children**

Service Areas should continue to follow their current practice for screening infants and children through the Child Protection/Advocacy Centers. While under the current Drug Testing Collections Contract CIJDC is able to provide drug testing for children, it is in very limited circumstances and is dependent upon the developmental level of the child. For example, CIJDC cannot do drug testing on infants. CIJDC could do a hair collection on a five year old with sufficient hair but attempting to capture a UA for this same child would not be an option.

### **DHS Statewide Drug Testing Procedures**

- ◆ Whenever possible **drug testing should be limited to situations where behavioral indicators have been observed and/or reported.** Behavioral indicators are to be documented in the Child Abuse Assessment, Case Plan and/or in Case Notes.
- ◆ **One test per client is allowed without a court order** when behavioral indicators have been observed and/or reported and have been documented. Any type of test (urine, sweat patch, hair) may be ordered. The authorization will be active for 30 days.
- ◆ The DHS Drug Testing Authorization System will indicate if there is already a **current/active test and the expiration date of that test.**
- ◆ **A retest is warranted under the following conditions:** if the sample provided (hair or urine) was insufficient for the lab analysis and as result, the lab had to cancel the analysis; if the lab analysis had to reject analysis because of a chain of custody flaw or seal was broken; or a sweat patch had been tampered with.
- ◆ After **two consecutive negative tests and the parent/caretaker no longer exhibits substance use behavior,** routine drug testing should be discontinued. Following supervisory consultation and approval, additional testing in these cases may be authorized at any time when behavioral indicators have been observed and/or reported.
- ◆ When the parent/caregiver **admits or acknowledges drug use** testing may not be necessary as in a case where prior testing has continuously yielded positive results. Exceptions to this may be:
  - If the behavioral indicators do not fit the admission such as; the parent/caretaker admits to marijuana use but behaviors are indicative of methamphetamine use.
  - The parent/caretaker admits to recent methamphetamine use but denies current use.

In these situations the danger and risk to the child's safety should be reassessed to ascertain if any safety factors have risen to the level of a safety threat and if so, safety planning is needed.

- ◆ Drug testing may not be needed if the parent/caregiver is an active participant in a **substance abuse treatment program** that requires frequent, random drug testing and the testing results are available to DHS.

- ◆ Drug testing may not be required when the parent/caretaker is **being randomly tested by a probation/parole officer** and the testing results are being shared with DHS.
- ◆ **Following a positive test result** the parent/caretaker should be referred for a substance abuse evaluation if deemed appropriate. A substance abuse evaluation can provide a clinical diagnosis and recommendations for the treatment services and supports.
- ◆ **Repeated positive test results** do not always indicate a need to increase testing, but rather a need for increased interventions and/or a change in the level of services.
- ◆ At each reauthorization for testing, the worker and supervisor should **review the current level of drug testing** to see if it can be decreased and/or otherwise modified as needed.
- ◆ With appropriate releases of information, whenever possible **share drug testing results across systems** with other providers involved in the case such as substance abuse and mental health providers and medical personnel. Sharing drug testing results avoids duplication of services while promoting a more integrated and effective approach to rehabilitation and recovery services for the parent/caretaker.