

# Drug Testing: Practice, Policy and Protocols

## **Purpose of Drug Testing**

Drug testing within child welfare serves as a critical tool in identifying, addressing and managing risks related to parental or caregiver substance use. It supports comprehensive assessment strategies to ensure child safety, aids in case and treatment plan development, guides judicial decision-making, and supports long-term recovery and family reunification efforts. Drug testing provides objective, documented evidence regarding substance use or abstinence, and supports informed decision-making across multidisciplinary teams (NCSACW Brief 1 & 2, 2021).

Drug testing can be:

- A tool to assist in improved case management decisions.
- A means for assessing safety.
- Used to confirm or verify a parent's attestation and/or reports of substance use.
- Accountability for parents/caregivers/children during substance use recovery.
- A screening for reported concerns of potential placement options for child(ren).
- A mechanism to assess if substance use evaluation and/or treatment may be needed.
- Encouragement for parents/caregivers/children during substance use recovery.
- Early detection for substance use disorders and can lead to early intervention and long-term recovery.
- A piece of guidance to help in judicial decision-making.

## **Limitations of Drug Testing**

It is important to recognize that drug testing alone cannot determine the existence or severity of a Substance Use Disorder (SUD), predict parental abilities, or fully ensure child safety. Drug testing results can only determine if a drug or its metabolite is present at or above the established concentration cutoff level. Drug tests provide a snapshot of substance use at a specific point or within a brief window of time determined by the method of collection. Comprehensive assessments must therefore include drug testing results alongside detailed behavioral observations, clinical evaluations, parental engagement in treatment programs, collateral reports and other relevant information (NCSACW Brief 2, 2021; START Protocol, 2025).

## **Child Protective Services (CPS) Approach to Drug Testing**

Child Protective Services (CPS) employs a collaborative, trauma-informed and supportive approach to drug testing. Workers are expected to:

- Clearly and transparently communicate the rationale, methods and implications of testing to children/parents/caretakers.
- Engage parents respectfully and non-judgmentally while maintaining dignity and reducing potential stigma.
- Provide results in a timely manner.
- Utilize constructive discussion using a strength-based approach.
- Use person-first language and avoid stigmatizing terms like “clean” or “dirty,” instead using “present/absent” or “substance detected/not detected” (NCSACW Brief 2, 2021; START Summary, 2025).

### **Appropriate and Effective Use of Drug Testing**

Drug testing should be strategically applied within comprehensive assessment and intervention frameworks. Appropriate and effective use includes:

- When used to identify and/or eliminate substance use as a possible contributing factor or risk in a child abuse case.
- To confirm or contradict what has been learned through direct observation and information gathered from credible sources and assessments.
- Regular monitoring to ensure commitment to substance use treatment programs and case planning goals.
- Providing reliable documentation for child welfare and judicial proceedings.
- Supporting timely interventions and necessary adjustments in case and treatment plans.
- Level of supervision in family interaction planning.
- Frequent, random testing in initial phases of case management to promote accountability and recovery.
- Adjustment of testing frequency based on consistent commitment to sobriety and substance not detected results, transitioning to less frequent testing as stabilization is demonstrated.
- Immediate and targeted testing in response to indicators suggesting return to use.
- Collaboration with judicial and substance use treatment partners to minimize redundant testing and maximize consistent interventions (START Protocol, 2025).

Drug testing is inappropriate as a punitive measure or as the sole determinant in critical child welfare decisions such as:

- Removal, custody determinations, reunification recommendation and/or termination of parental rights.
- Determining family interaction frequency or duration during supervised interactions.

- Only justification for determining outcome of child abuse assessment.
- Referral for substance use evaluation.
- Standalone verification that a parent/caregiver is not using substances, or a child is safe.

(NCSACW Brief 1, 2021; START Protocol, 2025).

## Behavioral Indicators and Screening

Decisions to implement drug testing must rely on clearly documented behavioral indicators of potential substance use and through effective screening tools, including but not limited to:

Behavioral Indicators	Personal Appearance	Physical Environment
<ul style="list-style-type: none"><li>• Erratic behavior</li><li>• Excessive talking</li><li>• Paranoia</li><li>• Depression</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><li>• Significant changes in the home (a home that was clean is now cluttered, dirty) and a departure from what has been previously observed</li></ul>

## CPS Screening Tools

When screening adults, utilize the UNCOPE or CAGE questions. When screening adolescents, utilize the CRAFFT. These screening tools will be used in the CPS assessment and ongoing case management in consultation with the supervisor.

### UNCOPE

1. In the past year, have you ever drank or Used drugs more than you meant to? Or, have you spent more time drinking or using than you intended to?
2. Have you ever Neglected some of your usual responsibilities because of using alcohol or drugs?
3. Have you felt you wanted or needed to Cut down on your drinking or drug use in the last year?
4. Has anyone Objected to your drinking or drug use? Or, has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
5. Have you ever found yourself Preoccupied with wanting to use alcohol or drugs? Or, have you found yourself thinking a lot about drinking or using?
6. Have you ever used alcohol or drugs to relieve Emotional discomfort, such as sadness, anger, or boredom?

Two or more affirmative responses indicate possible substance abuse or substance dependence.

### CAGE

1. Have you ever felt you should Cut down on your drinking?
2. Have people Annoyed you by criticizing your drinking?
3. Have you ever felt bad or Guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eyeopener)?

Two or more affirmative responses suggest the client is a problem drinker. Studies indicate two "yes" answers to the CAGE questionnaire will correctly identify 75% of the alcoholics who respond to it and accurately eliminate 96% of non-alcoholics. Modifying the CAGE questionnaire for other drugs involves simply substituting "drug use" for "drinking" in the first three questions, and asking for the fourth question, "Have you ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?"

### CRAFFT Screening for Adolescents

#### Part A

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips and excluding sips of alcohol taken during family or religious events)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high (includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")?

If the individual provides an affirmative response to any of the above, proceed to ask all 6 questions under Part B.

## Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. Do you ever use alcohol/drugs while you are by yourself, or ALONE?
4. Do you ever FORGET things you did while using alcohol or drugs?
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. Have you gotten into TROUBLE while you were using alcohol or drugs?

Two or more affirmative responses indicate a need to refer the individual for a professional substance use evaluation. Studies indicate the CRAFFT has a sensitivity of 92% and a specificity of 82% for identifying adolescents who need intensive substance use treatment.

These behavioral indicators and screenings must be thoroughly documented within the child welfare records (NCSACW Brief 2, 2021).

## Drug Testing Services for Parents and Caregivers

When initiating drug testing services, CPS workers must thoroughly educate parents/caretakers about:

- The objectives and expectations related to testing within their case plan goals.
- Specific methods available for testing (urine, oral swab, hair follicle, sweat patch).
- 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>
- Procedures for sample collection, including privacy considerations.
- Availability and linkage to treatment or support services if needed.
- 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).
- Refusal to participate in testing (START Protocol, 2025).

## 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 as to what test panel to select. The parent/legal guardian shall be consulted prior to sample collection regarding the mode of collection, test panel that will be utilized and

possible case planning recommendations if a substance is or is not detected. If the parent/legal guardian consents to the drug test, supervisory consultation and approval is required to authorize the drug test. Drug testing of children under the guardianship of CPS requires SWA approval. A drug test for a child must be a stand-alone test as they are ineligible to participate in initial phase testing.

## **CPS Policy for Frequency and Duration**

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

Drug testing requested by a CPS 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.

- One test per client is allowed during a child abuse assessment.
- Any type of test (urine, oral swab, sweat patch, hair) may be authorized.
- At the request of CPS, 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.

### **Ongoing Case Management and Drug Testing**

#### **Initial Phase**

Case management may authorize a maximum of 1 random drug test (urine or oral swab) per week for 60 days during the following:

- Case initiation. (START Summary, 2025)
- During intensive part of substance use treatment. (START Summary, 2025)
- Observation of return to use indicators (START Protocol, 2025).
- When a substance use concern is identified as impacting child safety throughout life of the case.

#### **Things for consideration**

- Geographical location of families and availability of testing site locations may impact weekly collection.
- If an individual is completing lab verified drug testing with their substance use treatment provider, probation officer, or in a residential setting and drug testing results are available to CPS, this can be used as supplemental information.
- Sweat patch may be utilized versus the urine/oral swab with supervisor approval.
- Weekly testing may not be necessary if:

- It has already been established that the client is using (probation/police reports) and;
  - Client is admitting ongoing use while displaying behavioral indicators consistent with the admission;
  - Client is not following through with treatment recommendations.
- Weekly testing should be used to support commitment monitoring, as the random testing pattern helps to reinforce early recovery behaviors because reinforcement, when it is unexpected, can be more effective than reinforcement that is expected.

### Stabilization Phase

Frequency of testing may be reduced to every other week or less when parents are doing well as shown by treatment participation, consistent test results of substance not detected and/or absence of concerning behavior. Testing method of collection may include urine, oral swab or sweat patch. Consultation with supervisor is required prior to entering stabilization phase of testing.

### Handling Relapse and/or Return to Use

Recognizing relapse as a possible phase in recovery, CPS protocol requires:

- Immediate discussions with parents to understand circumstances of relapse.
- Prompt reassessment and potential adjustments of child safety and treatment plans.
- Close collaboration with treatment providers to enhance supports, modify interventions, and re-stabilize family circumstances effectively (START Summary, 2025).
- In consultation with a supervisor, may return to initial phase of weekly testing.

### Court-Ordered Drug Testing

Court-ordered drug testing should adhere strictly to the outlined evidence-based guidelines, ensuring effective coordination with judicial partners to prevent duplication and ensure consistency across involved agencies (Family Treatment Court Best Practice Standards).

- 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 CPS or drug testing with no other specifics, the CPS policy for frequency & duration in this protocol are to be followed.
- If drug testing is court-ordered and CPS 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 as supplemental information from other agencies.
- Within the CPS 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.

## Sharing Drug Testing Results with Parents/Caretakers

Communication of drug testing results shall occur in person or by phone call.

- Best practice is notifying parents/caretakers within 48 hours of CPS receiving drug testing results.
- Drug testing results should not be texted as it is not HIPPA compliant.
- Emailing drug testing results is strongly discouraged.
- Disclosing substance detected/not detected in drug testing results is based on the method collection detection window. (A substance not detected result indicates that no substances were detected above the cutoff level in the sample tested.) (NCSACW Brief 2, 2021)

## CPS Drug Testing Protocols

The following CPS drug testing protocols reflect the parameters and procedures contained within the current drug testing laboratory and collection services contract and the most recent changes to the CPS drug testing authorization system.

### Types of 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.

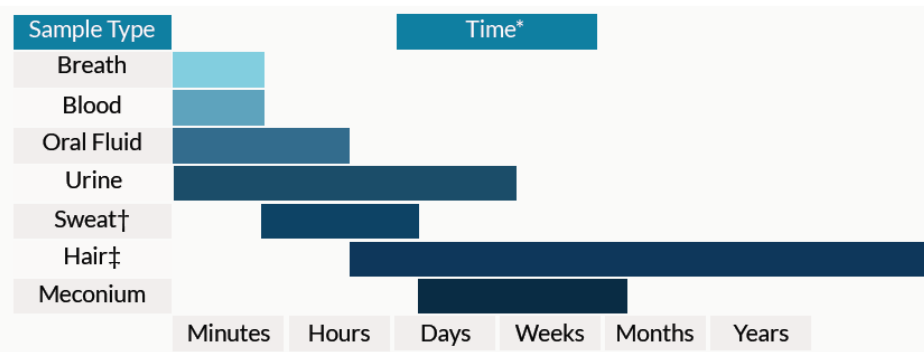
UA 9 & Instant	UA 9 + Alcohol	UA 14	Oral Swab 7	Sweat Patch	Hair	Drugs Detected
X	X	X	X	X	X	THC
X	X	X	X	X	X	Cocaine
X	X	X	X	X	X	Opiates
X	X	X	X	X	X	Amphetamines



UA 9 & Instant	UA 9 + Alcohol	UA 14	Oral Swab 7	Sweat Patch	Hair	Drugs Detected
X	X	X	X	X	X	PCP
X	X	X				Barbiturates
X	X	X				Methadone
X	X	X				Propoxyphene
X	X	X				Benzodiazepines
	X					Alcohol 12-48 hrs prior
		X	X			Fentanyl
		X				Meperidine (Demerol)
		X				Nalbuphine (Nubain)
		X				Oxycodone (Oxycontin)
		X				Oxymorphone
		X				Pentazocine (Talwin)

## 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

NOTE: CPS may on occasion receive testing results from other agencies that utilize alternative testing methods. This chart can be used to compare those detection windows with current CPS authorized tests.

## Strengths and Limitations of the Drug Tests

In selecting the appropriate test panel to use, it is important that the CPS child welfare workers be familiar with the strengths and limitations of the drug tests that are available under the current drug testing laboratory and collection services contract. (Dr. Kruse, 2025)

Child Protective Services (CPS) contracts with the Central Iowa Juvenile Detention Center (CIJDC) to provide drug testing services statewide. These services are designed to support case planning, monitor treatment progress, meet court compliance requirements, and ensure child safety.

CPS contracted testing panels follow SAMHSA standards for drug detection and cutoffs.

CPS staff will be utilizing urine testing and oral swabs as the collection method for Weekly, Bi-Weekly, and Monthly testing.

- Urine testing is best used for routine screening, commitment monitoring, and on-going case management. Urine drug tests typically detect substance use within the past 1-3 days, but certain drugs like tetrahydrocannabinol (THC) can remain detectable for a longer period- especially with frequent or chronic use. Urine testing is federally approved by DOT, CPS, SAMHSA with well-established cutoff levels.
- Oral swab is best for immediate suspicion of impairment. The detection window for oral swabs is within the last few minutes up to 48 hours. The oral swab detects recent drug use immediately. It is less invasive and careful collection reduces tampering. Oral swabs are also approved by SAMHSA & DOT in 2023. Oral swabs can be good for situations where immediate action is needed (e.g., suspected impairment while caring for a child). Oral swab is recommended for on-site testing when a parent is suspected of being under the influence or in situations requiring real-time results before making child safety decisions.

Hair, sweat patch, and instant urine testing may be authorized only under specific circumstances where the primary collection methods are insufficient or unavailable. Use must be supported by case-specific factors and supervisory consultation.

- A hair specimen test is best for detecting chronic or repeated use over time. The detection window for hair testing is up to 90 days. Hair testing provides a history of drug use rather than detecting recent use. Hair testing can be useful in cases where a parent has been absent for several months and reports sobriety and

CPS is looking to verify this information. Hair specimen tests require supervisor approval.

- Hair testing shall be reserved for specific situations:
  - A parent that has been absent from involvement for several months with no contact; re-engages with services claiming to have been sober for that period of time
  - A non-custodial parent is discovered later in a case. Where background checks and/or collateral information shows a history of substance use and the parent is claiming they have been sober for an extended period of time.
  - A parent engages in a new romantic partnership. Where background checks and/or collateral information shows a history of substance use and the partner is claiming they have been sober for an extended period of time
  - Court ordered.
- Sweat patch specimens are best for detecting recent use and allows for cumulative testing while the patch is worn. Sweat patches are collected by applying a gauze patch with a tamper-evident adhesive seal directly to the skin for typically a 7-day period. Sweat patch testing requires supervisor approval and should only be authorized when all other reasonable options have been exhausted
  - Sweat patch testing shall be reserved for when frequent, observed testing is not feasible, but monitoring is still necessary:
    - The person being requested to test lives in a rural area, lacks transportation, has unstable housing, or employment commitments that prevent them from reliably attending fixed site testing or in-home collections.
- Point of collection “instant” tests for urine: An understanding of a presumptive indicated substance shall be lab verified for accuracy. 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 substance detected result. Without obtaining a lab-based GC/MS or equivalent confirmation, an instant test result is not always legally defensible in court. Instant urine tests require supervisor approval.

### Medical Review Officer Service (MRO)

The laboratory utilizes the services of a Medical Review Officer (MRO) through a company called Cynergy for the review and interpretation of laboratory-based drug test results. The MRO is a licensed physician with appropriate medical training and certification in toxicology and substance use testing review. The MRO reviews and verifies positive, adulterated, substituted and invalid test results. The MRO conducts

confidential interviews with individuals to determine whether an alternative medical explanation exists for any non-negative laboratory result. The MRO will make 2 contact attempts within 2 business days and will release the result on the 3rd business day. The MRO will utilize the phone number listed on the CCF form to contact the client. Negative results do not require MRO review.

### Modes of Collection

Under the drug testing collection and laboratory services contract there are three modes of collection. These include fixed sites, in-home and emergency testing. All collected samples, regardless of the mode of collection, will be sent by overnight mail to the laboratory facility for analysis.

#### 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 the service areas. A listing of the locations of fixed sites 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 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 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) and/or designee.

- In-home testing should be limited to those circumstances in which distance and/or transportation are an issue and CPS 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 72 hours of the referral.
- A maximum of two attempts to collect an in-home specimen is allowed. CPS will not reimburse the 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 are allowed, it is essential that the authorization includes 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) and/or designee.

### Emergency Testing

In addition to fixed-site and in-home collection services, the 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) 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 CPS referral worker and/or supervisor must contact the contractor by email or phone to notify them of the request for an emergency test.
  - CIJDC phone number: 641-858-3852
  - CIJDC email address: [drugtesting@cijdc.com](mailto:drugtesting@cijdc.com)
- Within one hour of receiving an approved authorization for emergency testing, the contractor will respond to the referring CPS worker and/or supervisor by email or phone verifying receipt of the authorization.
- The collector shall collect the specimen or make an attempt to collect a sample within 24 hours of the referral.
- The collector shall make only one emergency attempt to collect a specimen. CPS will not reimburse beyond the one attempt.

- All emergency testing attempts and/or collections will be documented and reported to the designated SAM and/or designee.

## **CPS Drug Testing Authorization System**

The CPS 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 as well as 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 for each type of test and the drugs a particular test can detect. In addition to the guidance features, the CPS Drug Testing Authorization System includes a checks and balance aspect whereby supervisors and/or SWAs are required to approve test(s) in certain circumstances with an effort to prevent unnecessary testing. If CPS workers have problems accessing and/or entering an authorization in the CPS Drug Testing Authorization System, they should contact the CPS CWIS Help Desk at: [cwishelp@CPS.iowa.gov](mailto:cwishelp@CPS.iowa.gov).

## **Service Area Drug Testing Coordinators**

CPS assigns specific drug testing coordinators in each service area, responsible for:

- Policy implementation oversight and staff training.
- Offering direct consultation and technical assistance.
- Facilitating effective communication and coordination with judicial and treatment partners.

Contact your supervisor to find the drug testing coordinator is in your service area.

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

CPS is committed to providing comprehensive, ongoing training for CPS team members, focused on:

- Substance use disorder fundamentals, treatments, and recovery processes.
- Implementing trauma-informed drug testing protocols and practices.
- Effective collaboration strategies among CPS, courts and treatment providers.
- UNCOPE, CAGE, & CRAFT screening tools.
- Drug testing SharePoint page - [Service Help Desk - Drug Testing](#)

Training materials and evidence-based guidelines provided by the National Center on Substance Abuse and Child Welfare (NCSACW), American Society of Addiction Medicine (ASAM), and National Child Traumatic Stress Network (NCTSN) are available and regularly updated for staff reference (NCSACW Brief 1 & 2, 2021).

## **Citations**

1. National Center on Substance Abuse and Child Welfare (NCSACW) - Brief 1 Policy, 2021.
2. National Center on Substance Abuse and Child Welfare (NCSACW) - Brief 2 Practice, 2021.
3. National START Model Sample Protocol for Drug Testing, 2025.
4. Trauma-Informed Drug Testing in Child Welfare: START Approach Webinar Summary, 2025.
5. Family Treatment Court Best Practice Standards, Center for Children and Family Futures.
6. American Society of Addiction Medicine (ASAM) Drug Testing Guidelines.
7. Dr. Robert Kruse MD, MPH State Medical Director, 2025.