Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	3 – Screening, Assessment and Service Resources
	Part No./Name	100 – Drug Screening in CW Cases
	Section No./Name	Drug Screening in CW Cases
	Document No./Name	3-100 Drug Screening in Child Welfare Cases
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I. STATEMENT OF POLICY

The Department of Children and Family Services (DCFS) is committed to improving outcomes for families with substance use disorders. Drug testing is just one tool used to guide decision-making and case planning activities with families affected by Substance Use Disorders, along with a comprehensive family assessment to assess child safety and risk for repeat maltreatment. Other factors to consider in assessing substance use include personal observations, medical, criminal, and substance use histories, collateral information, living environment observations, and case record information. Alcohol and other substance use can impair a caretaker's judgment and ability to provide the consistent care, supervision, and guidance that children need. Drug testing provides an opportunity to discuss a caretaker's substance use and motivate them for needed change. Strategies in discussing drug testing results can be found at: https://ncsacw.acf.hhs.gov/files/drug-testing-brief-2-508.pdf. It is important to note that a caretaker's positive drug test alone is not evidence of child abuse or neglect.

II. PROCEDURES

Drug testing should be considered in the following situations:

- As part of a CPS investigation and determining substance abuse is associated with child safety/risk. Drug Testing is to be completed if there is a Drug/Alcohol Abuse or Drug Exposed Child allegation.
- When substance use is suspected, and is needed in the assessment of safety, risk, and permanency needs.
- If a child is suspected of substance exposure or ingestion, including if treated at a hospital for suspected Opioid overdose and responds to Narcan or Romazicon.

A. DRUG TESTING PROVIDERS

The State of Louisiana contracts with Premier Biotech for drug testing services. Premier Biotech subcontracts with various testing facilities to administer necessary testing. A list of available testing site can be obtained through the Regional Operations Managers. Because the testing sites are independently owned and operated, there may be times when a testing site is not able to conduct the type of testing needed. In those situations, an exception can be requested to use a non-contracted provider for necessary drug testing. Drug testing fees must be in line with the contracted amounts. Exception requests are made to the CPS Unit in State Office by emailing: DCFS.ChildProtectiveServices@la.gov.

B. DRUG TESTING PROTOCOL

1. Determine the need and purpose for drug testing.

2. Determine the type of test needed.

   There are two primary considerations for the type of testing needed: the purpose and method of testing needed for the detection of substance use or exposure, and the substances to be tested for. A Supervisor's approval is needed on the Referral form used for drug testing. The Supervisor is to review the below considerations in considering the correct type of test to request.

   Premier Biotech offers urinalysis testing, oral testing, hair testing, and hair exposure testing.

   Urinalysis testing is the preferred method for DCFS adult clients. A urine test is detectable within 24 hours after the donor has used, and is indicated for frequent use of substances. Urine is the most accurate test to assist in determining ongoing drug use by clients. Urine has a longer detection window than oral testing for substances, and randomizing the testing dates and times increases the likelihood of substances being detected. A urine drug screen may not be an effective tool for testing if the client does not present for the drug screen as scheduled (waiting an extended period of time to show up for the test). Also note, a urine test will not detect some substances until several hours after use. There are two types of urine testing: a 12-panel urine test, and a 12-panel urine test plus ETG (Alcohol). Urinalysis testing is only available for minors through a policy exception granted by CPS programs. Because urinalysis testing typically involves direct observation, most test sites are not willing to perform this type of test on minors.

   Oral testing indicates acute intoxication or recent use in the past 24 hours. It is easy to collect, but it is not effective after 48 hours of suspected drug use. After 48 hours, most substances are not detectable in the saliva. Oral testing would be ineffective at this point, and urine testing should be considered. The worker or supervisor must obtain approval from the Area Director when requesting an oral and urine screen on the same day.

   Hair Follicle testing in adults indicates habitual or chronic use, or a past history of compromised specimens, or to establish long-term or a history of drug usage. A hair test is not effective if the person is also submitting to urine drug screens and the levels are going down. Hair Testing should not be used on a routine basis. The CW Assistant Medical Director's approval is needed

to exceed more than one follicle test per client. A hair test has an initial detection of 7-10 days after ingestion/use. The duration of detection is 90 days.

Hair Exposure test is the preferred method for child(ren) under the age of 18. Hair exposure testing has the potential to determine exposure to drugs (immediately) and/or ingestion of drugs (7-10 days after ingestion). It is the only test designed to detect passive exposure to drugs, distinguishing between native drugs and drug metabolites in the hair. The duration of detection is 90 days. A positive test can suggest: contact with drug smoke, contact with sweat or skin oil of a drug user, contact with the actual drug, accidental or intentional ingestion of the drug.

Urinalysis Screen for minor children shall be requested only under rare circumstances, such as when the minor has dyed their hair or does not have enough hair to test. The minor must be able to understand instructions and be able to be left in the restroom alone. Prior to submitting the request, the assigned worker or supervisor must contact their designated collection site to confirm that the appropriate procedures and accommodations are in place for testing minors.

If the collection site agrees, the case worker must then obtain approval from their Area Director. After approval, the worker or supervisor should provide the Referral or Authorization for Services-DCFS Client Testing to the collection site and document on the authorization form who they spoke with at the site, noting that the request is for testing a minor. If, for any reason, the temperature is out of range, the collector will not be able to proceed with a direct observed collection.

The chart below provides more details on available drug tests:

Drug Testing Type	Detection Period	Substances Detected	Contract Price
10 Panel + Fentanyl Hair	90 days of drug use	Amphetamines/Methamphetamines Cocaine Marijuana Metabolites Opiates Phencyclidine Propoxyphene Benzodiazepines Barbiturates	$125.00

		Methadone Oxycodone Fentanyl	
10 Panel Exposure +Fentanyl Hair (children)	Exposure detections is instant. Ingestion within 7-10 days and history up to 90 days	Amphetamines/Methamphetamines Cocaine Marijuana Metabolites Opiates Phencyclidine Propoxyphene Benzodiazepines Barbiturates Methadone Oxycodone Fentanyl	$139.00
12 Panel Urine +ETG(when requested)	Within 24 hours after use	Amphetamines/Methamphetamines Benzodiazepines Buprenorphine Cocaine Fentanyl Marijuana Methadone Opiates (EO) Oxycodone Synthetic Marijuana EtG (alcohol urine add on)	$38.52
Oral Fluid 10 Panel+ Fentanyl	1-2 days for drug use other than THC. For THC less than a day.	Amphetamines/Methamphetamines Barbiturates Benzodiazepines Buprenorphine Cocaine Marijuana Methadone Methamphetamines Opiates Oxycodone PCP-Phencyclidine Fentanyl	$44.75

3. Determine the Collection Site/Location

   Because the Collection sites are independently owned and operated, there may be times when a testing site is not able to conduct the type of testing

needed. If it is not known if a collection site offers certain testing, staff should contact the respective collection site to confirm before submitting a referral form.

In situations where a contract provider cannot be located to conduct a needed test, an exception can be requested to use a non-contracted provider. Drug Testing fees must be in line with the contracted amounts. Exception requests are sent to the CPS Unit in State Office via email.

Mobile testing may be available through certain collection sites and can be used in limited circumstances. If allowed by the respective prison, mobile testing can be performed at the prison with a court order. Otherwise, a policy exception would be needed for mobile testing. When approved, DCFS staff shall coordinate with Premier a minimum of 3 days prior to needing a mobile screening. The worker is still required to complete the Referral or Authorization for Services-DCFS Client Testing form. Mileage reimbursement associated with mobile testing should adhere to the guidelines of State Travel Policy PPM 49 and is capped at 99 miles.

4. Submit the Drug Screen Referral Form

   A Referral or Authorization for Services – DCFS Client Testing Form is completed and sent to the Collection Site via their normal protocol, to Premier Biotech via email to: premierladcfs@premierbiotech.com, and to the DCFS regional designee responsible for payments to Premier Biotech.

   The drug screen and other payments forms completed by the case worker shall be filed in the case record. Any forms completed by clerical staff shall be filed in the TIPS financial folder. When the case is closed, all records are combined and filed together. The case shall not be closed until the provider has received payment for the requested drug screen.

5. Advise the individual to be tested

   Before sending a person for a drug test, the case worker asks the person about current prescriptions and any over-the-counter medications the person is taking. The caseworker documents this information in the case record. The individual should be given a 24-48hour timeframe for when the drug test must be completed . The referral form will expire 10 days from authorization from the caseworker. The person shall present to the drug testing site with their ID. If the person does not have their ID, then the caseworker will have to go to the drug testing site to identify the person.

C. Frequency of Testing

There is no set standard of drug screening frequency that will apply to every situation. The Case worker, in conjunction with the supervisor and/or treatment providers, should consider the following factors in deciding how frequently to drug screen a parent, guardian,-custodian, or child. If the parent, guardian, custodian, or child is being screened by an outside service provider, the worker or supervisor shall obtain those testing results and include them in the case record. If the outside services provider is not conducting screenings, the worker and supervisor shall discuss and determine the need for screening.

a. The type of drug use and how long it can be detected.

b. The parent, guardian, custodian, and/or child's clinical diagnosis, including the severity of use, historical patterns of use, and changes in affect or physical appearance.

c. Participation of the parent, guardian, or custodian and/or child in substance use disorder treatment and other recovery-support activities and overall level of compliance with the case plan.

d. The denial or minimization of substance use or its consequences by the parent, guardian, custodian, and/or child.

e. The parent, guardian, custodian, and/or child's relapse-prevention plan, including the development and utilization of coping skills and whether the parent, guardian, custodian, and/or child has made changes in the people, places, and things associated with substance use.

f. The amount of time the parent, guardian, custodian, and/or child has had declining levels of substance use. If a parent, guardian, custodian, and/or child has recently relapsed after a period of sobriety, the frequency of screening should likely increase.

The table below contains **only suggested frequency** of random urine drug screening based on the amount of time the client has been free of substance use and engaged in treatment.

Timeframe	Suggested Frequency
0-60 days	Twice weekly
61-120 days	Twice per month

120 + days	Monthly (when behaviors indicate no further use)

Adapted from: Center for Substance Abuse Treatment, Drug Testing in Child Welfare: Practice and Policy Considerations. HHS Pub. No. (SMA) 10-4556; Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

D. Refusal for Testing and Other Compliance Considerations

When a parent, guardian, custodian, or child refuses to submit to a screen, it shall not be documented as a "positive" drug screen but shall be considered a **failure to test** on that given day and recorded in the family's case notes. When testing the parent, guardian, or child, it shall be labeled as a Random drug screen. If the client does not show up for the drug screen on the scheduled date, it shall be counted as a no-show. The collections sites are to notify DCFS of No-shows, refusals, unable to produce, and other special issues via email addresses established for each region. The region is to designate who monitors the established email boxes to ensure timely distribution to assigned staff. If the worker needs to know that the client was a no-show before the 10th day authorized date, the worker needs to document on the referral form the time frame, in which they need the no-show drug screen form back.

When substance abuse treatment is a requirement within the case plan, and a parent, guardian, custodian, or child fails to provide a negative test result for all synthetic or other controlled dangerous substances except for any drug for which the parent has lawfully received a prescription, it shall be documented as **a lack of compliance** on his or her case plan. For parents under court order, all drug test results and refusals should be reported to the courts for any implications that this may have on the parent, guardian, or custodian's case plan.

E. PAYMENT PROCEDURES

Each region is responsible for designating staff who are responsible for processing payments to Premier Biotech, and ensuring that staff are aware of the local procedures for processing timely payments. Premier Biotech submits invoices for payment, and the DCFS regional designee will initiate the TIPS 212 payment process via DocuSign.

F. UNDERSTANDING DRUG SCREEN RESULTS

Drug Test results can be difficult to interpret. If guidance is needed, a medical consultation can be requested. Each region has designated users of the online portal to obtain drug test results.

Due to certain substances being available via a valid prescription, there is a two-step process in determining positive drug screen results for these possible substances. When this occurs, the test results will initially indicate "Non-Contact Positive" or "Positive Until Further Verification of Prescriptions would be released." This is not a final result. When this occurs, Premier Biotech implements a Medical Review Officer review process to determine if a legal prescription exists. When the result is released, the Non-Contact result will remain until further verification. The caseworker/supervisor needs to print the initial results and instruct the donor to contact the MRO at 1-877-585-7366 ext. 1. The MRO will have the donor verify information to ensure they have the correct account pulled up. The donor will need to mention to the MRO if they completed a urine, hair, or oral test. Once the donor calls in and speak to the MRO, the MRO will then give a timeline to provide the information to verify their valid prescription. If the MRO does verify that it is a valid prescription, the results will be updated to negative, and then the caseworker/supervisor will need to keep both the initial and updated results on file. If the donor does not contact the MRO, there will not be an update or change to the results posted.

Below is a description of other possible results:

Invalid- A specimen that is not suitable for drug testing, as it has failed the validity tests for an unknown reason. The case worker will need to make the determination if the donor needs to be sent back to a collection site to provide another sample.

Lab Reject- If the reject reason is due to a correctable error, Premier Biotech Operations will work to obtain the affidavit so the specimen can be placed into testing. If the lab rejection is due to a FATAL FLAW, which means the specimen cannot be tested, you will not receive a result. The specimen cannot be tested, and the case worker will need to make the determination if the donor needs to be sent back to a collection site to provide another sample.

Adulteration- When a donor attempts to alter the drug test results by tampering with the specimen. You will not receive a result. The case manager would need to confirm if they are considering this a refusal to test, positive results, or will be sending the donor back for a direct observed collection if the specimen methodology is urine.

Dilute Specimen- Urine specimen that has a greater concentration of water than that of a normal urine specimen. You can have a positive or negative diluted specimen.

The contact information for the TPA managing your accounts is clientservices@premierbiotech.com, and their phone number is 855-718-6917 extension 6208

G. Addressing Drug Test Results and Refusals

Positive drug screen results may indicate a one-time lapse or signal a return to chronic use. Positive drug screen results may indicate that the substance abuse treatment plan needs to be adjusted. The substance use disorder treatment provider should be consulted. The case worker should engage the parent, guardian, custodian, or child in the following steps after receiving positive drug screen results:

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

H. Discussion of Drug Testing with a Parent, Guardian, Custodian and/or Child

When indicated, the case worker shall discuss drug testing with the parent and/or child. Allow the parent or child, when there is an allegation of Drug/Alcohol Abuse or Drug Exposed Child, to self-disclose what the drug test results are likely to reveal, and his or her past use of illicit drugs and the misuse of prescription drugs, including previous patterns of drug use and specific drugs used.

The case worker should also discuss with the parent, guardian, custodian, and/or child the need for complete disclosure of medical conditions and prescriptions, and over-the-counter drugs and medication. With the increase in prescription drug misuse and abuse, it is important to get an accurate history of current and recent prescription medications. This discussion should be conducted in an effort to engage the parent and/or child in services without negative terms such as "clean" or "dirty" test results.

The information that the parent, guardian, custodian, or child discloses shall be shared with the Medical Review Officer at the drug testing laboratory.

The parent, guardian, custodian, and/or child will need to understand the consequences of positive and negative test results, how DCFS will interpret a refusal to undergo a test, and how DCFS will use the results in assessing child safety and risk. To that end, the case worker shall advise the parent and/or child of the purpose of the drug testing, which is to assist in determining child safety in a Child Protective Services (CPS) investigation, case planning, and/or to monitor substance abuse treatment services when indicated in a Family Services (FS) or Foster Care (FC) case.

The case worker shall describe the department's drug testing procedures, including the testing location and date, and the need for the parent and/or child to bring identification for themselves when needed to the testing site, and if the protocol includes random testing.

III. FORMS AND INSTRUCTIONS

TIPS 106 Form / Instructions TIPS Client Service Authorizations Generic Client

TIPS 106B Form / Instructions Client Service Authorization – Foster Care Client

TIPS 212 Form / Instructions Vendor Reimbursement

Referral or Authorization for Services – DCFS Client Testing Form / Instructions

IV. REFERENCES

4-518 Substance Exposed Newborns - Prenatal Neglect

www.samhsa.gov

Office of National Drug Control Policy, 2002 / Drug Testing in Child Welfare: Practice and Policy Considerations