

700 GENERAL MAJOR OBJECTIVES

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701 Administrative Hearings

Philosophy

The goal and purpose of the Administrative Hearing process is to provide an avenue for an alleged perpetrator to challenge the conclusion of the Child and Family Services caseworker who made a supported finding of one of the non-severe types of child abuse or neglect. This opportunity is provided through an informal hearing before an administrative law judge. This process is distinct from that used when a finding of severe abuse or neglect is challenged.

701.1 Right to Hearing for Alleged Perpetrators of Non-Severe Abuse and Neglect

Major objectives:

Child and Family Services will advise individuals of their hearing rights and assist them with the administrative hearing process.

Applicable Law

Utah Code Ann. [§80-2-1104](#). Request for division removal of name from Licensing Information System -- Petition for evidentiary hearing or substantiation.

Practice Guidelines

- A. Hearing opportunity: When a Child and Family Services caseworker makes a supported finding of non-severe abuse or neglect, the alleged perpetrator will be informed of their right to challenge that finding before an administrative law judge. The alleged perpetrator has responsibility to request the hearing from the Utah Department of Health and Human Services (DHHS), Office of Administrative Hearings.
- B. Request for and Review of Documents: An alleged perpetrator has the right to review documents related to the finding made by Child and Family Services prior to a hearing. The documents will be provided only when a proper request is made using processes established under the Government Records Access and Management Act (GRAMA). All documents relevant to the caseworker's finding, which can be released to the alleged perpetrator under GRAMA, will be prepared and released sufficiently in advance of the hearing to allow the alleged perpetrator to prepare for the hearing. The Child and Family Services caseworker making the supported finding and his or her supervisor will assist in the process of compiling and preparing the documents for release.
- C. Internal Review of Findings: Upon receiving notice that a hearing has been requested, the caseworker making the supported finding will review the case with his or her supervisor or other person within their region designated to review such findings. If the Child and Family Services caseworker believes upon reviewing the case that the supported finding was reached in error, the caseworker will ask that the record be changed prior to the hearing.

- D. Caseworker participation and administrative support: The Child and Family Services caseworker who made the original finding will appear at a hearing to provide testimony and information to the administrative law judge and the alleged perpetrator as appropriate. A supervisor or administrator will appear with each caseworker at every hearing.
- E. Appeal of the administrative law judge decision: If, after a hearing, the Child and Family Services caseworker believes the administrative law judge reached an incorrect conclusion, the caseworker, through their supervisor, will request an appeal to the juvenile court. This request must be communicated to the Office of the Attorney General, Child Protection Division, within 10 days of the date the administrative law judge signs the final order overturning the Child and Family Services caseworker's finding.
- F. Effect of court proceedings: If the same allegations that underlie the Child and Family Services caseworker's conclusions have already been adjudicated in a juvenile, district, or justice court, and the alleged perpetrator has been found to be responsible for acts that constitute abuse, neglect, or dependency, Child and Family Services will not provide a hearing to the alleged perpetrator. When these circumstances exist the Child and Family Services caseworker and his or her supervisor, through an Assistant Attorney General, will request that the Office of Administrative Hearings dismiss the hearing request. The Child and Family Services caseworker will nevertheless appear at a hearing scheduled by the administrative law judge unless the case is dismissed by the Office of Administrative Hearings.
- G. Stay of Office of Administrative Hearings proceedings: When a district, juvenile, or justice court is considering allegations relating to abuse, neglect, or dependency against a person who is the subject of a supported finding, and that person has requested a hearing before an administrative law judge, Child and Family Services may request a "stay" in the Office of Administrative Hearings proceedings. This does not limit the alleged perpetrator's rights and allows for the Office of Administrative Hearings to consider the Child and Family Services caseworker's finding at a later time. Child and Family Services will not ask for a stay in the Office of Administrative Hearings proceeding unless there is a court case underway at the time the request for hearing is made. Once a decision is made by a court, the Child and Family Services caseworker will ask to have the stay lifted and to have the case move forward. Where appropriate, Child and Family Services will use the findings made by the court to prove the accuracy of the Child and Family Services caseworker's finding.
- H. Standard for proving supported finding was appropriate: By statute, the standard to be applied by the administrative law judge in reviewing the Child and Family Services caseworker's conclusion is the same as that which is applied by the caseworker when reaching a conclusion. That is, whether there is a reasonable basis to conclude that abuse,

neglect, or dependency occurred based on the evidence known to or available to the Child and Family Services caseworker at the time of the original finding.

- I. The administrative law judge is required to make a separate finding regarding every allegation of non-severe abuse, neglect, or dependency that the alleged perpetrator challenges. Allegations of severe abuse will not be heard before an administrative law judge. Allegations of non-severe abuse or neglect may be heard together with allegations of severe abuse in the juvenile court.
- J. If the case is appealed to a juvenile court, the court will apply the same standard as applied by the administrative law judge.
- K. Whenever a caseworker receives a decision from the Office of Administrative Hearings, they should determine whether it has also been sent to the Child and Family Services Administrative Hearing Tracker. If it has not, they must forward a copy to the tracker. The tracker will ensure that the changes to the information system are made if the decision has been overturned.
- L. Once a decision is made the caseworker should enter the information into the SAFE system under the Hearings tab. If the decision changes the finding originally entered in SAFE the Administrative Hearing Tracker will be responsible for ensuring the change is made.
- M. Child and Family Services caseworkers should be aware that the Office of Administrative Hearings might dismiss a hearing request on certain allegations but not on all allegations. This might happen when some of the claims but not others have been decided by a court.
- N. A stay in administrative proceedings should only be asked for or agreed to when there is a court proceeding underway at the time the request for a hearing or a stay of hearing is made. Child and Family Services case workers should ask for a stay only when the court proceeding that is underway involves Child and Family Services as a party. There is no requirement for Child and Family Services to stay its proceedings while a criminal or delinquency proceeding moves forward.

702 Child and Family Services Employees as Out-Of-Home Caregivers

Major objectives:

Child and Family Services employees may be licensed to provide out-of-home care for Child and Family Services. Placement of a child with a Child and Family Services employee must be in the best interest of the child. Child and Family Services staff will not receive preferential consideration for placements. Children considered for placement with a current employee must be either a kinship placement or as an adoptive placement for a child that is legally free.

Applicable Law

Administrative Rule [R501-12-6](#). Foster and Proctor Parent Requirements.

Practice Guidelines

- A. A Child and Family Services employee wanting to apply to be an out-of-home caregiver must:
1. Receive approval from the region director of the region in which the caseworker is employed.
 2. Children being considered for placement with a current employee must either:
 - a. Meet the definition of kinship to the current employee; or
 - b. Be legally free and the intent of the placement is for adoption.
 3. Any conflict of interest matters must be addressed prior to approval of the waiver.
 4. Submit a completed waiver request form to the Office of Licensing.
 5. The case will be staffed in another Child and Family Services region for approval or denial of placement.
 6. If the Office of Licensing denies the waiver, an appeal process is available through the DHHS assistant director and/or the Office of Administrative Hearings.

703 Interstate Compact on Placement of Children

(See Practice Guidelines [Section 703](#).)

704 Placement of a Child in Protective Custody

Applicable Law

Utah Code Ann. [§80-3-303](#). Post-shelter hearing placement of a child in division's temporary custody.

Practice Guidelines

- A. When children are placed in protective custody, case workers will immediately work with the staff designated by the region, such as resource family consultants and/or kinship specialists, to find a placement for the child within 24 hours or removal. The caseworker

will also consult with the family and/or available or potential Child and Family Team Members at removal regarding potential placement options. The placement decision is subject to the best interest of the child.

- B. The best interest of the child will be taken into account when considering preference for placement. The child's needs should be considered, such as the following (these are in no particular order, rather they should be considered in the context of each case and situation):
1. Safety factors in regards to the potential placement, including the threats of harm to the child, the protective capacity of the caregiver, and the child's vulnerabilities.
 2. Reasonable proximity to the child's home.
 3. Potential benefit of placing siblings together.
 4. Educational needs, including proximity to the child's school and child's need for maintaining connections to school.
 5. Needs specific to the child's age, including developmental progress.
 6. Cultural factors, language, and religion specific to the child.
 7. Existing relationship between a kinship caregiver and the child.
 8. Health and mental health needs.
 9. Potential for ongoing care or permanency with the kinship caregiver to prevent unnecessary changes in placement.
- C. The following order of preference applies to placement of a child in custody of Child and Family Services, and is subject to the child's best interest:
1. A non-custodial parent of the child.
 2. A relative of the child.
 3. A friend designated by the custodial parent or guardian of the child or an extended family member of the child, if licensed as a foster parent or if the friend obtains a child specific license. The custodial parent or guardian may only designate one friend as a potential Preliminary Placement, unless Child and Family Services otherwise agrees. A foster parent who has formerly adopted a sibling of the child may be considered as a kinship placement.
 4. A former foster placement if still licensed, and if applicable.
 5. Other licensed family resource home.
 6. "Crisis placements," such as Christmas Box House, Family Support Centers, or resource families who will take the child on a temporary basis while another placement is being explored. Using these facilities or crisis placements for longer than 24 hours will be the last consideration, to reduce the trauma experienced by the child because of multiple moves. (Please refer to Practice Guidelines [Section 704.1](#) regarding Crisis placements.)
 7. An eligible Indian child must be placed within the foster placement preferences established by ICWA:
 - a. A noncustodial parent of the child.

- b. Member of the child's extended family, according to the tribe's customary definition of extended family (25 U.S.C. §1903(2)).
 - c. Foster home licensed, approved, or specified by the Indian child's tribe.
 - d. Indian foster home licensed or approved by an authorized non-Indian.
 - e. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the child's needs.
 - f. If none of the above is possible, the child may be placed in a non-Indian foster home or other appropriate out of home placement.
- D. The caseworker will follow the protocol outlined in Practice Guidelines [Section 502](#), Kinship services – Preliminary Placement in order to investigate if there is a non-custodial parent or other relatives available that would be able to have the child placed in the home.
- E. If Child and Family Services is unable to locate a placement for the child with a non-custodial parent or in a kinship home, then the child may be placed in a home with a licensed resource family. If the child is not placed with a noncustodial parent, a relative, or a designated friend, as defined in statute and guidelines, the caseworker will send an email to his or her supervisor explaining why a different placement was in the child's best interest and will copy and paste this email into the activity logs.
- F. Each region will implement a process that will allow caseworkers to match children who have been removed with appropriate resource homes. Caseworkers should also refer to Practice Guidelines [Section 301.4](#) for further considerations when selecting an out-of-home caregiver.
 - 1. If a child has been in foster care previously and reenters protective custody, the child's former foster parents will be notified if still licensed. Child and Family Services will make a determination of the former foster parent's willingness and ability to safely and appropriately care for the child. If the former foster home is determined by Child and Family Services to be appropriate, the former foster parent will be given a preference over other foster parents for placement of the child.
 - 2. To minimize the number of placement moves for a child, Child and Family Services should attempt to locate a resource family that is willing to have the child remain with them while the case progresses and the permanency plan for the child is being worked on. Permanency planning will continually be assessed and explored by the caseworker and the Child and Family Team. Child and Family Services will work with the resource family to provide them with support and services to maintain the child in the placement and to minimize the number of placement moves that the child experiences.
 - 3. The resource family should not be pressured to decide if they are willing to adopt the child when the child is first placed in the home.
 - 4. Upon placement of the child in a resource home, the caseworker will include the resource family in the Child and Family Team and ensure that they understand the permanency goal and concurrent plan for the child. Child and Family Services

- will keep the resource family informed of progress towards reunification, other potential placement options for the child (including kinship), and imminent changes in the long-term view and/or permanency goals.
5. Considering the permanency needs of the child, Child and Family Services may give preference for the initial placement of the child to be in a resource home of a family that has already expressed a desire to adopt a child. However, if a home that has expressed a desire to adopt is unable to be located at the initiation of a case, the child may be placed in a resource home that is willing to keep the child while reunification is still in progress and/or until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the permanent home.
 6. The caseworker should use sensitivity when approaching the subject of adoption with a kinship or resource family and should allow the family an opportunity to get to know the child, understand the child's issues, and explore how adopting the child would affect their family. Keeping in mind the urgent permanency needs of the child, the caseworker will continually assess the resource family's desire to provide permanency to the child and will have ongoing discussions with the resource family to assess the situation. When a family that the child is placed with states that they will not adopt the child, the child does not have to be moved immediately; however, the caseworker will take immediate steps to initiate the process to locate another permanent placement for the child. If reunification is not successful, no kinship placement options are located, and the resource family does not desire to adopt the child, the caseworker will maintain the child in the home of the resource family until another appropriate permanent family is located. The resource family will then assist with the transition of the child into the permanent home.
 7. If Child and Family Services is unable to immediately locate a resource family that is willing to provide care for the child, a "crisis placement" may be used for the child. Crisis placements are a last resort and should be used sparingly and only after all other placement options have been explored. (Refer to Practice Guidelines [Section 704.1](#) for definitions and guidelines related to crisis placements.)
- G. The Child and Family Services caseworker will make reasonable efforts to obtain information essential to the safety and well being of the child and provide the information to the out-of-home caregivers within 24 hours of placement. Either the regional resource family consultant or the caseworker may provide the information so the out-of-home caregiver can make an informed decision regarding the care of the child. Form CPS23 is used for removals as a result of a CPS case (see Practice Guidelines [Section 205.2](#)), and may be used to gather the information and provide it to the caregiver for children who come into protective custody through other means.
1. The Child and Family Services staff that provided the information to the caregiver will document that the information has been provided to the caregiver in the

- SAFE activity logs and will add the policy attachment “Placement – Child info Given to caregiver prior to placement”.
2. Caseworkers should refer to Practice Guidelines [Section 301.4](#) for further guidance on the type of information that should be provided to the out-of-home caregiver as well as information on allowing the out-of-home caregiver to review the child’s case file.
- H. The Child and Family Services caseworker will visit the child in the placement by midnight on the second day after the date of removal from the child’s parents/guardians to assess the child’s adjustment to the placement and the child’s well-being. Following the visit, a Child and Family Services caseworker will continue to visit the child in the placement once per week for the first four weeks that the child is in care.
- I. Once the ongoing caseworker has been assigned, that caseworker will be responsible for completing the weekly visits for the first four weeks that the child is in care. After the first four weeks, the caseworker will follow Practice Guidelines [Section 302.2](#) regarding “Purposeful visiting with a child, out-of-home caregivers, and parents” while the child is still in care.
- J. The Child and Family Services caseworker will offer the parents a visit with the child within three working days of removal, if appropriate.
- K. The caseworker will ensure that any immediate medical needs for a child brought into protective custody are addressed. A physical, dental, and mental health evaluation will each be completed within 30 working days from the time the child is placed in protective custody.
- L. The ongoing case will be opened in accordance with the timelines outlined in Practice Guideline [Section 301.01](#) “Opening a Foster Care Case”.
- M. The placement information for each child will be documented in SAFE by midnight of the second business day after the removal or change in placement.

704.1 Crisis Placements

Major objectives:

When a child enters protective custody, Child and Family Services will minimize the use of “crisis placements” while other placement options are explored. Using any crisis placement for longer than 24 hours will be the last consideration, to reduce the trauma experienced by the child because of multiple moves. Placing a child in a crisis placement in a “congregate care” setting is a placement of last resort, when all other placement options have been exhausted or when there are extenuating circumstances.

Practice Guidelines

Using a crisis placement is acceptable for less than 24 hours while the caseworker explores placement options. The caseworker should take measures to explain to the child in an age-appropriate manner (if the child's mental capacity permits) that the placement is temporary.

- A. A "crisis placement" is a placement that is willing to keep the child for a temporary, short-term basis, and there is an understanding that Child and Family Services is actively working towards moving the child to a kinship placement, another resource family, or another type of placement appropriate for the child's needs. It does not include group or therapeutic settings whose purpose is to provide assessment and/or treatment for mental health or delinquency issues. A child placed in a crisis placement will have at least one unavoidable placement move. Examples of crisis placements include Christmas Box House, Family Support Centers, or resource families who will take the child on a temporary, short-term basis while other placements options are sought.
1. A "congregate care" setting is a facility that provides temporary, 24-hour care to a child by trained, rotating staff. A congregate care facility generally combines living quarters with centralized dining services, shared living spaces, and access to social and recreational activities.
 2. Children aged zero to five will be placed directly into a family home setting unless:
 - a. There are extenuating circumstances, such as they are part of a sibling group, and it is determined by the caseworker or regionally designated personnel that keeping them together outweighs the benefit of single caregiver placement. Extenuating circumstances will be documented in activity logs and approved by regionally designated personnel.
 3. The case worker should make every effort so that the child will not remain in a crisis placement for more than 14 days. The Child and Family Services caseworker will coordinate with staff designated by the region, such as resource family consultants, to locate a placement appropriate for the child's needs if the child is placed in a crisis placement.
 4. If a placement has not been found within 14 days, the Child and Family Services caseworker will review the child's case weekly with the designated regional Placement Screening Committee.
 5. For children that are initially placed in congregate care settings, there will be daily efforts made to find a placement for the child. Child and Family Services will implement a specific high-level administrative review process in each region for children placed in congregate care that includes review of all children placed in congregate care at placement and weekly thereafter.
 6. Efforts to find a placement for the child will be documented in the SAFE activity logs.

704.2 Voluntary Placements

Major objectives:

The parents or guardian of a child may request that Child and Family Services place their child in a voluntary temporary out-of-home placement, or a Child and Family Services caseworker may offer a voluntary temporary out-of-home placement. A voluntary out-of-home placement will only be used when the parents or guardian can have unrestricted access to the child without presenting a risk to the health, safety, or well-being of the child.

All voluntary foster care placements will be reviewed every 45 days with the Shelter Placement Screening Committee. A child needing to remain in a voluntary out-of-home placement beyond 180 days may only do so through a court order that finds that continued placement is in the best interest of the child.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. Ensure that the parent or guardian has explored all possible options for placement of the child with relatives, friends, neighbors, etc. prior to initiating a placement through Child and Family Services.
- B. Before a child is accepted for foster care placement on a voluntary basis, the parents or guardians must express a willingness to involve themselves in a time-limited child and family plan. The parents, child, and caseworker will develop a plan (typically 45 days) to resolve the crisis and return the child home within that time.
- C. Parents will be notified prior to the placement that they are required to pay child support to the Office of Recovery Services while the child is in the voluntary out-of-home placement to help defray costs of the child's care.
- D. A written voluntary placement agreement must be in place at the time a child enters care and specifies, at a minimum, the legal status of the child and the rights and obligations of the parents, the child, and Child and Family Services while the child is in placement. The time period that the agreement is in effect for 45 days.
- E. The family must provide documentation of medical coverage and understand that they are responsible for the medical costs. The parents must also provide all information necessary to make a Title IV-E and Medicaid eligibility determination for the child while in the voluntary out-of-home placement.
- F. The family must provide the child's current medical provider with the child's current health and immunization status or arrange for the child to have a CHEC screen to insure the child's health needs are current while in the voluntary out-of-home placement.

- G. At any time, parents may terminate the voluntary placement and have their child return home.
- H. Payment for initial clothing or other special items will be based upon the parents' ability to pay. These items may be paid by Child and Family Services at the discretion of the supervisor and region director (or designee) and based on the needs of the child.
- I. In situations where the crisis is not resolved and it appears the child will require ongoing foster care, the caseworker will petition the court for temporary custody. If the child needs to remain in out-of-home care for longer than 180 days, the caseworker may petition the court for custody prior to the end of the voluntary placement period.

704.3 Domestic Violence Shelters

Major objectives:

Shelter services are offered to all persons meeting the definition of co-habitant who either voluntarily or through a court order seek domestic violence services.

The Child and Family Services caseworker may coordinate and link domestic violence victims with emergency shelter placements and services.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

Victim and Dependent Services:

- A. Emergency Shelter: A 24-hour shelter care facility that provides supervision for families.
- B. Crisis Counseling Services will be made available to a domestic violence victim and dependents upon request
- C. Alternate Crisis Housing: May be in motels, community shelters, or other comparable facilities. *Refer to Domestic Violence Principles 600 Guidelines for victim and dependant services and alternative crisis housing.
- D. If the placement in a domestic violence shelter is made by the Child and Family Services caseworker as an alternative to removing the children from the parent or guardian's custody, a child and family team meeting will be coordinated within three working days. (This meeting will include domestic violence shelter staff.)
- E. Shelter staff will provide information to the Child and Family Services caseworker when the family plans to leave the shelter facility.

704.4 Emergency Foster Care Placements

Major objectives:

When a child is removed from a foster care placement, the Child and Family Services caseworker may place a child in a temporary emergency foster placement. Shelter homes or facilities may be utilized.

Emergency Foster Care Placements must be staffed with supervisors.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. Emergency foster care placements may be used:
 - 1. When the Child and Family Services caseworker has made the determination that the child's out-of-home placement may be unsafe and removal is necessary.
 - 2. When a more permanent placement cannot be identified.
 - 3. When determined to be in the best interest of the child.
- B. When emergency foster care placements are initiated, notification needs to be provided to:
 - 1. The parents.
 - 2. The Assistant Attorney General.
 - 3. The Guardian ad Litem.
 - 4. The Juvenile Court.
- C. Following an emergency foster care placement, a child and family team meeting will be convened within three working days.
- D. The Child and Family Services caseworker will visit the child in the temporary placement within 48 hours.

705 Indian Child Welfare Act

(See Practice Guidelines [Section 705](#).)

706 Drug Testing Protocol

Major objectives:

The purpose of this protocol is to provide guidance for caseworkers who need to drug test their clients. It covers the purpose of drug tests, the referral process, talking to clients about drug testing, choosing test types and frequency, how to address no-shows, positive and diluted tests; it also addresses testing of youth, collaboration with other agencies, and obtaining DOPL reports on clients. Drug testing can be a helpful monitoring tool when used sensibly but cannot be used alone to determine whether children are safe.

Practice Guidelines

The following protocol may differ depending on the client's participation in drug court. If a client is participating in a drug court program, the protocol of that program must be followed. Otherwise, the following applies.

- A. Purpose.
 - 1. Drug testing in child welfare is used to help facilitate decision making with families. It can be used to detect substance use during an investigation, monitor treatment compliance, or as a deterrent.
 - 2. Drug testing should not be the only means used to determine the existence or absence of a substance abuse disorder or to monitor treatment compliance. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or making decisions about the disposition of a case. Drug tests alone shall not be used to determine whether children are safe.
- B. Evaluation for Drug Testing.
 - 1. To decide if and what drug tests are needed for a client, a good assessment of the client's current and past substance abuse is necessary. This may include:
 - a. A formal substance abuse assessment performed by a qualified outside provider.
 - b. A review of the CPS investigation including any initial drug tests performed by CPS.
 - c. Third party reports.
 - d. Caseworker's direct observations and conversations with the client.
 - e. Caseworker's continuous efforts in engaging the client and building a trusting relationship with the client to obtain more accurate information about the client's drug use (though some people initially are in denial of their drug use and guarded against government intervention). Completing a timeline with a client can be a way for them to open up about their drug history.
- C. Discussing Drug Testing with Clients.
 - 1. The caseworker advises the client of the purpose of drug testing before testing begins, which is to assist in case planning and to monitor progress if substance

abuse treatment services are warranted. The client needs to understand the consequences of positive and negative drug test results, as well as the consequences of the client's refusal to undergo testing or failing to call in to the drug testing provider.

2. If the children are living at home (in-home case/trial home placement), the caseworker should discuss a relapse plan with the parent that addresses the children's safety and care.
3. The caseworker needs to discuss the client's use of medications, including prescribed and over-the-counter medications they are currently using and for what condition, and explain that some medications will show up positive in drug tests. The caseworker shall make a copy of the client's prescriptions and ask them to sign a release so that they can talk to their prescribing doctor. If the client is participating in drug court, the caseworker needs to go over the drug court requirements, in particular when the court forbids the use of any medications.
4. Prior to sending clients to drug test, the caseworker will review with the client the Drug Testing Agreement for DCFS Client form, which explains client rights and responsibilities, drug testing requirements and potential consequences of test results. The caseworker will go over the drug testing procedure, including call-in number and other check-in methods, testing locations, and hours of operation, along with the need to bring identification to every test. The client and the caseworker will both sign the form. The client will get a copy of the form, and the original will be kept in the case file. If the client refuses, the caseworker will document the refusal in SAFE. CPS caseworkers are advised to keep blank forms (SAFE Form DCFS44) with them when visiting clients, in order to have it available when requesting a client to drug test.
5. In addition, the caseworker will ask the client to sign a release so that Child and Family Services can share the drug testing results with partner agencies (probation, treatment, courts).

D. Referral Process.

1. The caseworker will complete a SAFE drug test referral form, which is automatically sent to their regional drug testing coordinator. Within 24 hours (during a workweek), the regional drug testing coordinator will review the form, obtain any additional information if necessary, enter the referral on the contracted drug testing provider's website, and inform the caseworker that their client is setup to start drug testing. Drug tests are subject to regional approval and must be re-approved at a specified interval.
2. If the client needs to drug test before the required 24 hours, the caseworker shall call their regional drug testing coordinator immediately. The regional drug testing coordinator will then process the request as soon as possible.
3. Caseworkers shall not enter any referrals directly into the drug testing provider's website.
4. The regional drug testing coordinator shall help guide the caseworker's decision on the type of drug tests to perform and the frequency of tests (see Determining

Frequency below). The regional drug testing coordinator shall also serve as the point of contact in each region/office for the contracted drug testing provider and for any drug testing-related questions.

E. Child Protective Services – Initial Drug Test.

1. One-time drug testing may be needed to determine if someone is abusing substances. The preferred test types are:
 - a. Broad-panel, which is a test that can detect a wide range of substances.
 - b. ETG, spice, bath salts, and oxycodone tests are single substance tests that can be added to a 5- or broad-panel test, when indicated.
 - c. Oral swabs (saliva testing) can be used in rural areas or with special permission on a case-by-case basis in urban areas.
 - (1) Collection sites may revert to oral swabs if a specimen collector of the same sex is not available.

F. Determining Frequency.

1. After initial drug testing occurs, a randomized ongoing drug testing schedule may be indicated to provide evidence of success for parents, monitor compliance, and evaluate progress of treatment.
2. Testing frequency should be based on the individual's circumstances and the purpose of the test. When determining the testing frequency, caseworkers need to consider the following:
 - a. The treatment provider's recommendations, if client is in treatment.
 - b. The substance(s) the client is known to have abused or is suspected of abusing. Some substances have a longer detection window, such as THC (Marijuana): 1-7 days for light use, 10 days to 6 weeks for heavy use; or Benzodiazepines (Sedative Hypnotics, for example: Xanax): 3 days to 6 weeks. This means that a lower frequency can be used. Some substances, such as amphetamines (2-4 days) have a shorter detection window and may require a higher frequency.
 - c. The purpose of the test: Investigatory/Assessment: One-time or occasional testing (not on a schedule); Compliance / Court-ordered testing / Treatment Progress: Random testing (no more than 3 times per week) with decreasing frequency, based on client status; Deterrent: Random testing, 1-2 times per month.
 - d. Whether children reside with the person being tested or have unsupervised visits with that person: During In-Home Services cases, use the findings of the SDM risk assessment and reassessments as a guide. For example, if the family is assessed at a "very high risk level" and the risks are related to the parent's substance abuse problem, then a higher frequency is indicated.
 - e. Special circumstances and transitions: For example, if a partner/spouse is moving in with the client being tested, if children move back home, if the client is changing jobs, etc., it may be indicated to increase the frequency for a while or increase other forms of monitoring.

- f. If reports from treatment providers or third parties indicate a possible relapse, or the client misses several appointments in a row, then increasing the frequency may be necessary.
 - g. Regional drug testing guidelines also need to be considered.
 - 3. DHHS does not support random drug testing more than three times a week.
 - 4. Frequency must be reassessed when the referral expires (every 90 days). Factors to consider include client's everyday functioning; ability to hold a job, attend visits, maintain a household, and attend treatment/therapy; client's test results and calling compliance, etc. If the client has been testing free of illicit substances during this time, the testing frequency should be decreased, unless the above-mentioned circumstances/transitions require otherwise.
 - 5. Caseworkers who suspect that a client is under the influence of drugs or seems to smell of alcohol during a visit can request the client to go test the same day or by the next morning, to assess whether the client is or is not using drugs/alcohol. In that case, the caseworker needs to move the online random testing schedule to the desired day.
- G. Determining Which Drugs to Test For.
 - 1. Based on the client's substance abuse assessment and/or their initial drug test results, the caseworker shall determine which substances the client may be prone to use. The caseworker then selects the drug test(s) depending on the client's choice of substances, in compliance with regional approval process.
 - 2. Child and Family Services prefers the testing methodology for which the federal government (SAMHSA and/or the College of American Pathologists) has developed standards. For this reason, urine and saliva are the preferred testing specimens. The limitations of testing sweat, meconium, or other specimens shall be communicated along with the results.
- H. Confirmation of Positive Test Results.
 - 1. All positive drug tests will be confirmed by a SAMHSA certified laboratory using gas or liquid chromatography-mass spectrometry (GC/MS or LC/MS) technology. (This is currently done automatically by the contracted testing provider.)
- I. Obtaining Results/Reporting to the Court.
 - 1. It is the caseworker's responsibility to access the contracted drug testing provider's website frequently to check their clients' test results and call-in compliance (at least weekly). If the final results are not yet posted, the caseworker needs to go back to the website.
 - 2. Caseworkers need to print out the clients' test results and call-in compliance before court hearings to submit to the attorneys. Attorneys need to see the actual printout, not a summary of the results in the court report.
 - 3. If the client requests their drug test results and the client is involved in a juvenile court case, the caseworker shall check with the assigned Assistant Attorney General before releasing a copy of the test results to the client.

J. Test Results.

1. Dilute test results, as well as no-shows, should trigger fact-finding. They alone should not result in the removal of children from their home. Actions/sanctions may be indicated before considering the removal of the child/children. Children should only be removed based on a safety assessment. If the client has a medical reason for the dilute test result, like being diabetic or prediabetic, and the medical reason is verified by a doctor, the dilute may be acceptable (need to look at the creatinine levels and the specific gravity to determine if the dilution is caused by this. The contracted drug testing provider can help with this). If the fact-finding indicates that the dilutes and no-shows are the results of a relapse AND the safety assessment indicates that the children are unsafe at home, a removal may be indicated.
2. When a client receives a positive drug test result, the caseworker shall:
 - a. Discuss the results in a timely manner with the client, giving the client the opportunity to explain the results:
 - (1) Is the substance found in the sample the result of a valid prescription? (-> check the prescription.)
 - (2) Is it part of the client's medication-assisted drug treatment, such as methadone or suboxone?
 - (3) Is the client admitting to the drug use? If not, do they have a possible explanation for the result?
 - b. Contact the drug treatment provider and get a report if the client is in drug treatment.
 - c. Share the test result together with the caseworker's findings with the court.
 - d. If the client has custody of the children or unsupervised visits, the caseworker must assess the children's safety and take the necessary actions to protect them. As mentioned above, children are not removed based on a positive test but based on a safety assessment and staffing the situation with other key team members. **THE REMOVAL OF A CHILD OR SUSPENSION OF VISITS TO PUNISH A PARENT FOR A POSITIVE TEST RESULT IS NOT ACCEPTABLE.**
3. It is important that caseworkers (and the court) understand that relapse is part of a drug addict's recovery process. A relapse does not necessarily mean that the client is failing their recovery; it may be a hiccup in their road to recovery. It is important for caseworkers to work closely with the client and the treatment providers to figure out how to help the client get back on track. If the client is unable or unwilling to resume their treatment or cooperate with Child and Family Services on a recovery plan, the team needs to re-evaluate the goals set for this case.

K. Drug Testing Children/Youth.

1. Children receiving services from Child and Family Services may be asked to submit to drug tests, if deemed necessary. As with adults, it is important to

consider the impact of drug testing on children before deciding to refer them to test. Is drug testing necessary or are there other ways to obtain evidence, to monitor, or to deter?

2. There are two main purposes for drug testing children:
 - a. When a child is suspected of using drugs themselves; and
 - b. When a child may have been exposed to drugs by a third party (usually their parents). For this latter purpose, a hair test is usually performed, which provides a longer detection window.
 3. As with adults, it is important for the caseworker to discuss the purpose and consequences of drug testing with children and explain the collection process. The child's age and cognitive abilities need to be taken into consideration when deciding what to say. Children often have questions they need to ask. This may help reduce anxiety that children feel in anticipation of these tests.
 4. While the urinalysis sample collection for adults is by default observed by a third party, the collection will NOT be observed for children under 18 years of age, unless requested by the caseworker. Many children receiving services from Child and Family Services have been victims of abuse; being observed by a stranger while having to produce a urine sample can be traumatizing. Therefore, it was decided to leave out the observation when testing children. However, if caseworkers suspect that the youth could be tampering with the sample, they can specify that this youth must be observed during the collection on the Drug Testing Referral form (comment section).
 5. Children must show a valid ID when going to test. A school ID is accepted. If no ID is available, the caseworker or caregiver can vouch for the identity of the child.
 6. Children in the custody of Child and Family Services do not need the parents' consent to be tested. The parents, however, must be informed of the drug test results. If there are valid reasons to not share the results with the parents, the caseworker shall discuss the reasons with the supervisor and document them in the file.
 7. Drug testing shall not be used as a punishment by out-of-home caregivers or caseworkers. Drug testing should not be the foster parent's decision and requires caseworker approval.
- L. Coordination and Collaboration.
1. If clients are testing for other agencies or programs, the caseworker needs to coordinate with these agencies/programs to try to avoid duplicate testing. These agencies may include probation, drug court (juvenile or felony drug court), and drug treatment providers. It is a waste of tax dollars and a burden on the client to perform duplicative drug tests.
 2. The caseworker shall request the client to sign a release in advance to allow agencies to share drug test results and avoid duplicate testing. The caseworker needs to contact these agencies and service providers to discuss how to best manage drug testing and share results. It is in everyone's best interest to collaborate closely among agencies to help a client's recovery from addiction.

- M. Obtaining a Utah Controlled Substance Database Report from DOPL.
1. Caseworkers who suspect their client of misusing prescription medications can request a Utah Controlled Substance Database report from DOPL, which shows this person's prescription history and can help identify potential cases of drug over-utilization and misuse of controlled substances. DOPL reports are an effective tool to help determine whether this person is "doctor shopping" and going to more than one pharmacy, which would be a sign of prescription medication abuse and possible addiction.
 2. The caseworker shall ask the client to sign the form "AUTHORIZATION TO RELEASE INFORMATION FROM UTAH'S CONTROLLED SUBSTANCE DATABASE PROGRAM", have it notarized, and mail it to DOPL. If the client refuses to sign the release discuss options with the Attorney General's office. Utah Code Ann. [§58-37f-302](#) prohibits database information from being accessed by "discovery, subpoena, or similar compulsory process", which means that a client cannot be forced or ordered to release this data.
 3. The caseworker may also want to accompany the client to the DOPL office to obtain a report (the DOPL office located in Salt Lake City).
 4. Confidentiality is critical. The client's DOPL report cannot be shared with anybody, except with the AAG and GAL if their names are included on the release. DOPL reports and copies of it cannot be given to therapists, treatment providers, or other attorneys, and it cannot be attached to court reports, given to the court, given to the parents, used in mental health or substance abuse assessments, distributed in discovery or GRAMA requests, or used as an exhibit at a hearing or trial.
- N. Medication-Assisted Drug Treatment.
1. DHHS supports the use of medication-assisted drug treatment (such as Methadone, Suboxone, and Vivitrol). The DHHS does not approve blanket bans on medication-assisted drug treatments.

707 Placement Prevention/Disruption Funds (Special Needs Funding)

(See [Section 707](#).)

708 Suicide Screener

(See [Section 708](#).)

709 Accommodations

(See [Section 709](#).)