

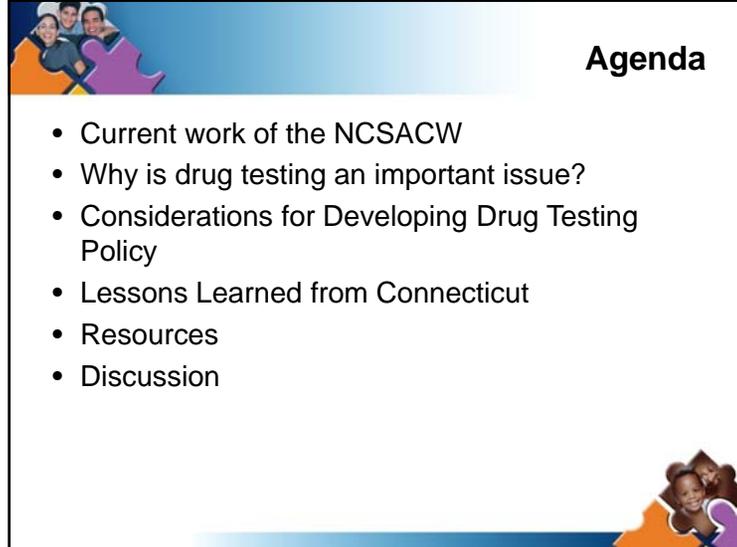


Drug Testing: Managing Resources for Better Outcomes

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National Center on Substance Abuse and Child Welfare
Bringing Systems Together for Family Recovery, Safety, and Stability



Agenda

- Current work of the NCSACW
- Why is drug testing an important issue?
- Considerations for Developing Drug Testing Policy
- Lessons Learned from Connecticut
- Resources
- Discussion



National Center on Substance Abuse and Child Welfare

A Program of the

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

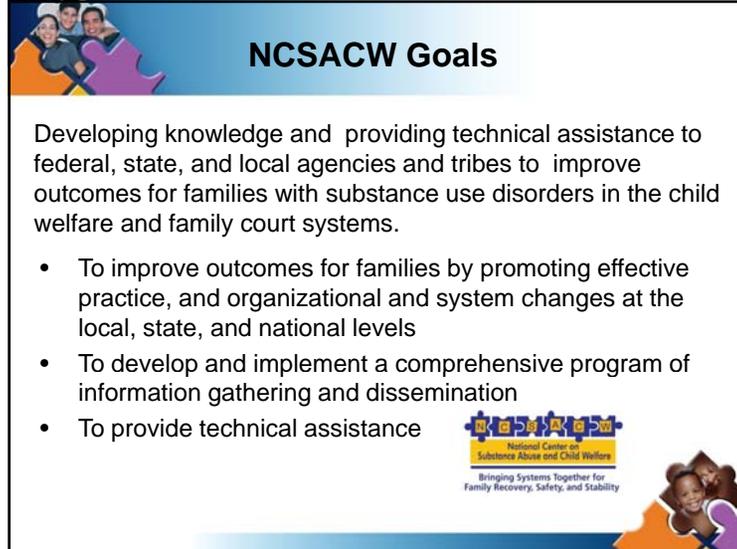
and the

**Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
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NCSACW Goals

Developing knowledge and providing technical assistance to federal, state, and local agencies and tribes to improve outcomes for families with substance use disorders in the child welfare and family court systems.

- To improve outcomes for families by promoting effective practice, and organizational and system changes at the local, state, and national levels
- To develop and implement a comprehensive program of information gathering and dissemination
- To provide technical assistance



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Why Is This An Important Issue?

- Drug testing is the most frequently used indicator for substance use in child welfare practice
- Test results may influence decisions on child removal, reunification and Termination of Parental Rights
- Courts often order drug testing as a standard protocol for parents in the child welfare system
- Lack of standardized recommendations for drug testing in child welfare practice

What Questions Can Drug Testing Answer?

- Whether an individual has used a tested substance within a detectable time frame

What Questions Can Drug Testing Not Answer?

- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver

Policy and Practice Considerations

Considerations for Using Drug Testing	Drug Testing Protocol Decisions	Incorporating Drug Testing in Child Welfare Casework
<ul style="list-style-type: none"> • Agency Values and Mandates • Establishing a Policy Framework • Understanding current uses of Drug Testing in Substance Abuse and Child Welfare Programs 	<ul style="list-style-type: none"> • Determine Who to Test • Type of Physical Specimen Collected • Window of Detection • Drug Testing Methods 	<ul style="list-style-type: none"> • Discussing Drug Testing with Parents • Frequency of Testing • Addressing Drug Test Results and Refusals • Coordination and Collaboration

Considerations for Developing Drug Testing Policy

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Key Action Steps: Considerations for Developing Policy

Agency Values and Mandates	<ul style="list-style-type: none"> • 1: Partner agencies need to understand value differences across systems concerning approaches to families affected by substance use disorders
Establish a Policy Framework	<ul style="list-style-type: none"> • 2: Determine how drug testing fits with agency's overall approach to working with families
Understand the use of Drug Testing in Substance Abuse Treatment and Child Welfare Programs	<ul style="list-style-type: none"> • 3: Complete training on recognizing signs and symptoms of substance use disorders • 4: Identify clear purpose for using drug testing • 5: Determine how drug testing currently fits with the child welfare agency's overall risk and safety assessment protocols

Step 1: Agency Values and Mandates

- Different perspectives from Substance Abuse, Child Welfare and the Courts
- Includes attitudes about the nature of addiction, abstinence, relapse, and the effects of substance use, abuse and dependence on parenting
- Testing for pre-natal substance exposure
- Identification of substance exposed infants
 - Under identified
 - Child Abuse Prevention and Treatment Act (CAPTA) requirements



Step 2: Establish a Policy Framework

- How does drug testing fit with overall approach to working with families?
 - Screening and assessment: SAFERR
 - Engagement of families and retaining them in care
 - Communication across agencies and courts



Step 3: Conduct Training on Signs and Symptoms of Substance Use Disorders

- What drug tests *can* and *cannot* tell us
- The probability that someone is not using drugs is best evaluated by substance abuse treatment providers/professionals and child welfare workers using a combination of
 - random drug tests
 - observations of behavioral indicators
 - assessments
 - self-reports



Step 4: Clarify Purposes of Drug Testing

- Provide objective data as a component of assessing and diagnosing substance use disorders and to monitor progress during treatment
- Provide an opportunity to address a parent's denial, inability or unwillingness to recognize a need for intervention or treatment services and to address their motivation to stop using drugs
- Present objective evidence to the courts, child welfare, criminal justice and other involved agencies that a parent is not using drugs, particularly when testing is conducted randomly over a period of time.



Step 5: Drug Testing in CW Settings

- To provide documented evidence that the parent is drug free, as often ordered by the court
- To either provide proof of or rule out substance abuse as part of a child maltreatment or child abuse investigation and to determine if substance abuse is associated with child risk
- To monitor whether a parent is continuing to use during an open child welfare case



Drug Testing Protocol Decisions

Determine Who to Test

- Decide which individuals will be tested
- In the case of newborns, know how local hospitals determine which individuals will be tested and child welfare's response to the test results

Drug Testing Methods

- Select the type of specimen to collect and the testing device to use
- Determine when to use point-of-collection versus laboratory testing
- Establish the logistics for drug testing and observation
- Determine which drug(s) to include in the test
- Consider cost implications of the practice protocol and in choosing a vendor
- Determine the type of staff training to provide and the type of qualifications needed to administer the test

Steps 6 and 7: Determine Who to Test

- Test all parents under the jurisdiction of the court?
- Based on child safety assessment, case history information, and comprehensive family assessment, including substance abuse assessment
- Positive test of newborn does not determine if infant development has been compromised

Step 8: Select Type of Physical Specimen to Collect

- Types of Physical Specimens**
 - Urine
 - Oral fluid
 - Sweat
 - Hair
 - Breath
 - Blood
 - Meconium

Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Urine	Up to 2-4 days	<ul style="list-style-type: none"> Highest assurance of accurate results Least expensive Most flexibility in testing different drugs Most likely of all drug testing matrices to withstand legal challenge 	<ul style="list-style-type: none"> Specimen can be adulterated, substituted or diluted Limited window of detection Sometimes viewed as invasive or embarrassing Biological hazard for specimen handling and shipping to laboratory
Oral Fluids	Up to 48 hours	<ul style="list-style-type: none"> Specimen obtained under direct observation Minimal risk of tampering Non-invasive Specimen can be collected easily in virtually any environment Can detect alcohol use Detects recent drug use 	<ul style="list-style-type: none"> Drugs and drug metabolites do not remain in saliva as long as they do in urine Less efficient than other testing methods in detecting marijuana use pH changes may alter specimen Moderate to high cost



Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Sweat	Up to 1-4 weeks	<ul style="list-style-type: none"> • Non-invasive • Variable removal date generally from 1 to 14 days • Quick application and removal • Longer detection window than urine • No specimen substitution possible • Useful for compliance monitoring 	<ul style="list-style-type: none"> • Limited number of labs able to process results • People with skin eruptions, excessive hair or cuts and abrasions cannot wear the patch • Moderate to high cost
Hair	Up to 4-6 months	<ul style="list-style-type: none"> • Long window of detection • Greater stability and does not deteriorate • Can measure chronic drug use • Convenient shipping and storage causing no need to refrigerate • Collection procedure not considered invasive or embarrassing • More difficult to adulterate than urine 	<ul style="list-style-type: none"> • Moderate to high cost • Cannot detect alcohol use • Will not detect very recent drug use between 1 to 7 days prior to drug test • Not effective for compliance monitoring



Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Breath	Up to 12-24 hours	<ul style="list-style-type: none"> • Minimal cost • Reliable detector of presence and amount of alcohol using Blood Alcohol Concentration • Noninvasive 	<ul style="list-style-type: none"> • Very limited time window of detection for ethanol concentrations • Only detects presence of alcohol
Blood	Up to 12-24 hours	<ul style="list-style-type: none"> • Detects presence of drugs and alcohol • Accurate results 	<ul style="list-style-type: none"> • Invasive • Moderate to high cost
Meconium	Up to 2-3 days	<ul style="list-style-type: none"> • Able to detect long term use • Detects presence of drugs and alcohol • Easy to collect and highly reliable 	<ul style="list-style-type: none"> • Short window of detection prior to infant's birth



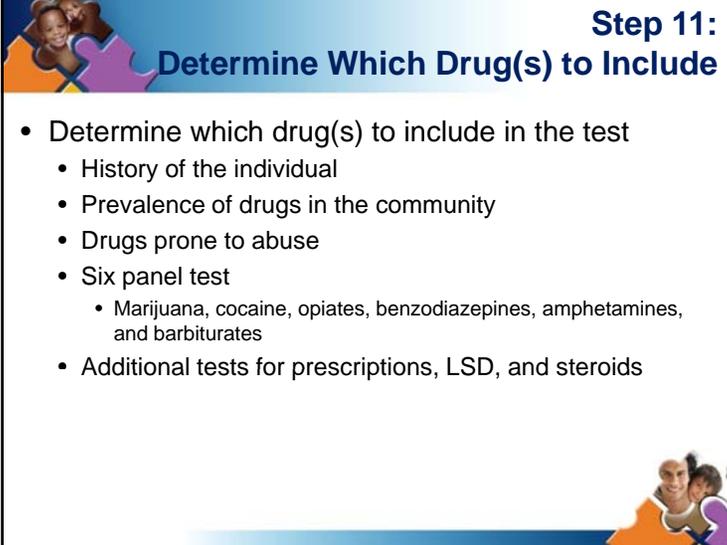
Step 9: Drug Testing Methods

- Determine when to use point of collection and laboratory testing
 - **Point of collection tests**
 - Urine, saliva, breath
 - Requires confirmation laboratory testing for positive tests
 - **Laboratory tests**
 - Screening
 - Confirmation
 - Use of SAMHSA certified labs



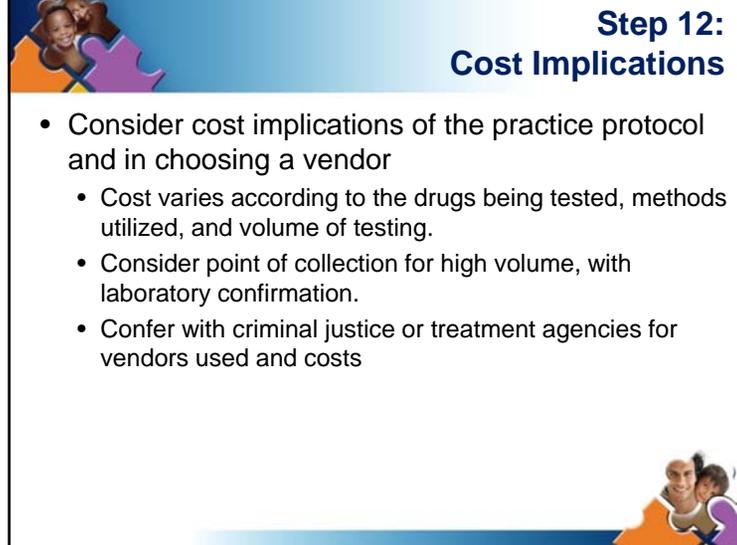
Step 10: Drug Testing & Observation

- Establish the logistics of drug testing and observation
 - Specimen integrity
 - Chain of custody protocol
 - Observation issues



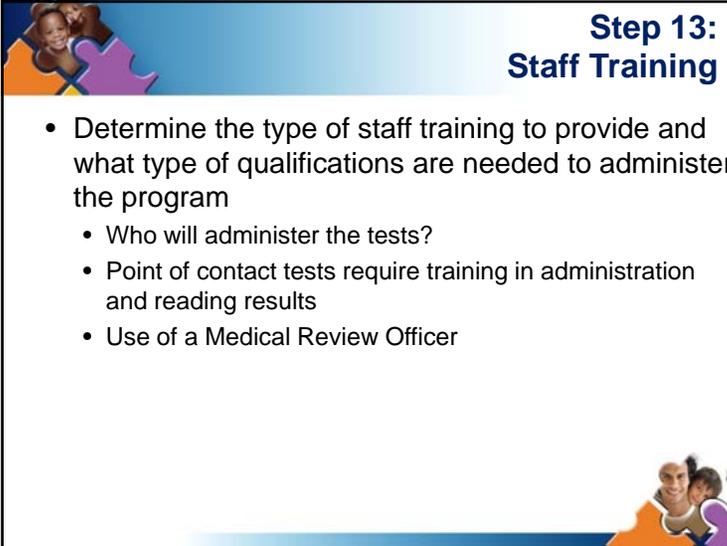
Step 11: Determine Which Drug(s) to Include

- Determine which drug(s) to include in the test
 - History of the individual
 - Prevalence of drugs in the community
 - Drugs prone to abuse
 - Six panel test
 - Marijuana, cocaine, opiates, benzodiazepines, amphetamines, and barbiturates
 - Additional tests for prescriptions, LSD, and steroids



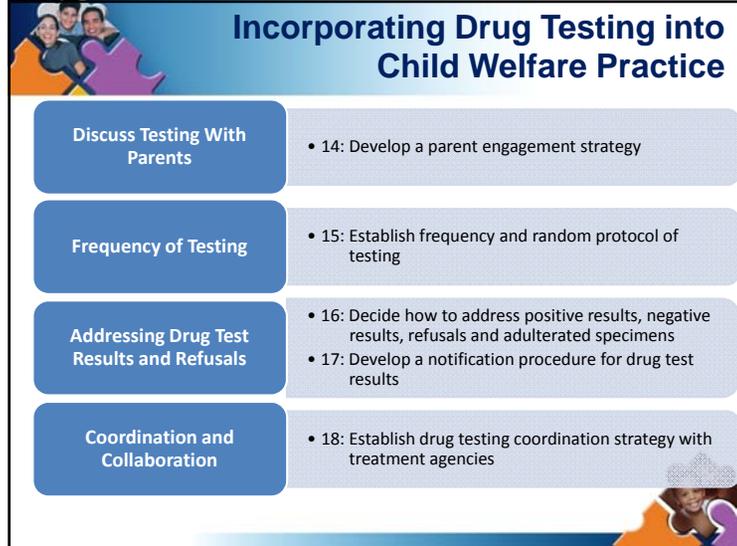
Step 12: Cost Implications

- Consider cost implications of the practice protocol and in choosing a vendor
 - Cost varies according to the drugs being tested, methods utilized, and volume of testing.
 - Consider point of collection for high volume, with laboratory confirmation.
 - Confer with criminal justice or treatment agencies for vendors used and costs



Step 13: Staff Training

- Determine the type of staff training to provide and what type of qualifications are needed to administer the program
 - Who will administer the tests?
 - Point of contact tests require training in administration and reading results
 - Use of a Medical Review Officer



Incorporating Drug Testing into Child Welfare Practice

Discuss Testing With Parents	• 14: Develop a parent engagement strategy
Frequency of Testing	• 15: Establish frequency and random protocol of testing
Addressing Drug Test Results and Refusals	• 16: Decide how to address positive results, negative results, refusals and adulterated specimens • 17: Develop a notification procedure for drug test results
Coordination and Collaboration	• 18: Establish drug testing coordination strategy with treatment agencies



Step 14: Discussing Testing with Parents

- Develop parent engagement strategy and provide information in clear writing
 - Advise parent of purpose of drug testing policy
 - Discuss disclosure of medical conditions and prescription medications
 - Discuss how test results will be used
 - Discuss logistics of drug testing



Step 15: Frequency of Testing

- Establish frequency of testing
 - Random testing
 - More frequent to less frequent
 - Arizona Dept of Economic Security and Child Protection:
 - First 60 days in treatment – 2 times weekly
 - 61-120 days – 2 times per month
 - 121 days and no other warning signs – monthly



Steps 16 and 17: Addressing Drug Test Results

- How will test results, refusals and adulterated tests be handled?
- Develop a notification procedure for drug test results
- Discuss results in a timely manner
- Establish efficient communication to other partners
- Provide parent the opportunity to disclose use
- Incentives and recognition for negative drug tests
- Implications for case plan modification
- Not as a sanction for child visitation



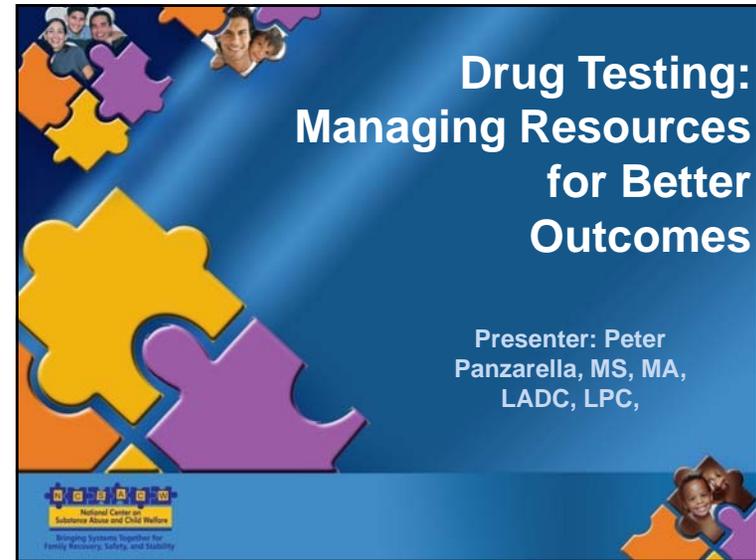
Step 18: Coordination and Collaboration

- Establish drug testing coordination strategy with treatment agencies
 - Multiple demands on families in case plans
 - Drug tests may be occurring in treatment, probation
 - Minimize duplication and associated costs
 - Moving beyond the drug test alone to collaborative policies and practices





Case Studies: *Connecticut*



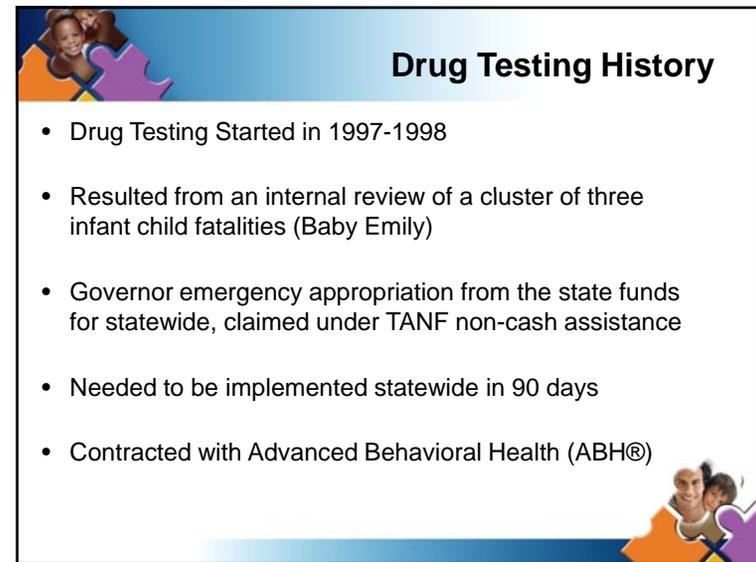
Drug Testing: Managing Resources for Better Outcomes

Presenter: Peter
Panzarella, MS, MA,
LADC, LPC,



Child Welfare in CT

- Integrated children's agency
- Mandates for child welfare, children's mental health, adolescent substance abuse and juvenile justice
- 70 to 80% of the cases have some level of substance abuse and cases with severe substance abuse have significant number of other problems; i.e. domestic violence, poverty, trauma and mental health issues
- Drug testing existing for adolescent substance abuse treatment and juvenile justice for many years



Drug Testing History

- Drug Testing Started in 1997-1998
- Resulted from an internal review of a cluster of three infant child fatalities (Baby Emily)
- Governor emergency appropriation from the state funds for statewide, claimed under TANF non-cash assistance
- Needed to be implemented statewide in 90 days
- Contracted with Advanced Behavioral Health (ABH®)



Drug Testing Policy Development

- Input from child welfare field offices, DCF Clinical Substance abuse specialist, substance abuse treatment providers, DCF legal, medical and AAG
- Drug testing to be embedded into substance abuse evaluations and treatment by licensed treatment providers
- For investigations as well as for ongoing services



Who to Test?

- A screening tool was developed to assist child welfare workers to determine if there is substance use that needs to be addressed
- If a DCF child protection worker suspected a parent or significant adult of substance use in a case, they would make a referral to ABH® for a test and evaluation
- Voluntary program and client(s) who refused the worker were to consult with the substance abuse specialist and/or legal



Preferred Practices Developed

- Collaborative process
- Clarified Roles and Responsibilities for CPS workers, ABH® and substance abuse providers
- Urine testing was chosen to determine recent use and was authorized for one six week period with two tests per week.
- Clients could be urine tested if they were not in treatment if there was a court order



Hair Testing Practices Were Developed

- Hair testing was to be used to determine a three-month history and not recent use
- Hair tests were to be used in certain cases
 - Certain Reunification cases
 - Evidence urine testing had been tampered
 - Court orders (CT case law)
 - Recommended by Substance Abuse Specialist





Challenges and Resource Management

- Drug testing utilization over budget
- Hair testing costs are high and over budget
- Drug screen (questionnaire) was found not to be a reliable predictor
- Lack of engagement and low show rates for treatment
- Interpretation and communication



Challenges and Resource Management

Continued

- Analysis of the data showed 50% who denied use tested positive (mostly marijuana)
- DMHAS Recovery Oriented System of Care and measuring recovery
- Quality control issues and process measures
- Identifying high risk users versus those who qualify for diagnosis
- Reunification rates lower for substance abuse cases



Start with Collaboration

- National Center IDTA – State agency collaboration with Judicial (Non-drug Court State)
- Embracing Recovery and Family Strength based values
- Multiple levels from front line workers, management to Commissioners
- Focus on improving engagement and family outcomes
- Analysis of existing data and resources



Implementing Changes

- Began using the Global Appraisal for Individual Needs (GAIN) Screening instrument, a standardized instrument for treatment need
- Identify clients with high number of symptoms and treatment need as a priority group
- Recovery Voluntary Specialist Program (RSVP) drug testing protocols
- Informed Consent to clients on how the tests results will be used
- Changes in urine drug testing protocols to use quick tests with new protocol for confirmation testing for positives
- Developing a contextual and recovery framework for drug testing
- Monthly hair testing utilization data to regional management





Outcomes

- Re-directing funding for more recovery managers and RSVP staff
- Hair testing utilization within budget
- Developing a culture to use drug testing in context of other variables including parenting, family recovery, and other behavioral indicators



Conclusion

- Drug testing is not a panacea for child welfare for cases with substance abuse, but can be a useful tool in providing accountability and to engage clients into treatment and recovery
- Collaboration and communication across systems are essential to ensure drug testing is used effectively and in proper context

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Drug Testing: Managing Resources for Better Outcomes

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Drug testing in Connecticut

- DCF selected ABH to administer substance abuse evaluation and treatment, including drug testing program
- Long history of collaboration between DCF, DMHAS, and ABH
- Use private non-profit substance abuse treatment providers

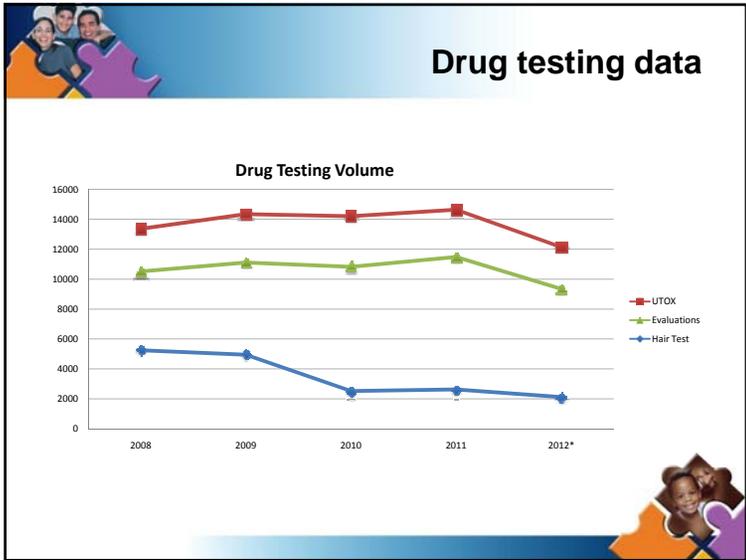
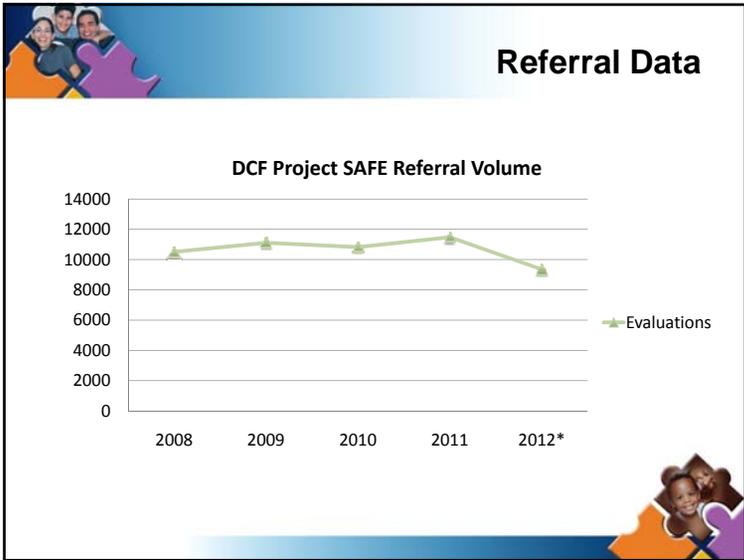


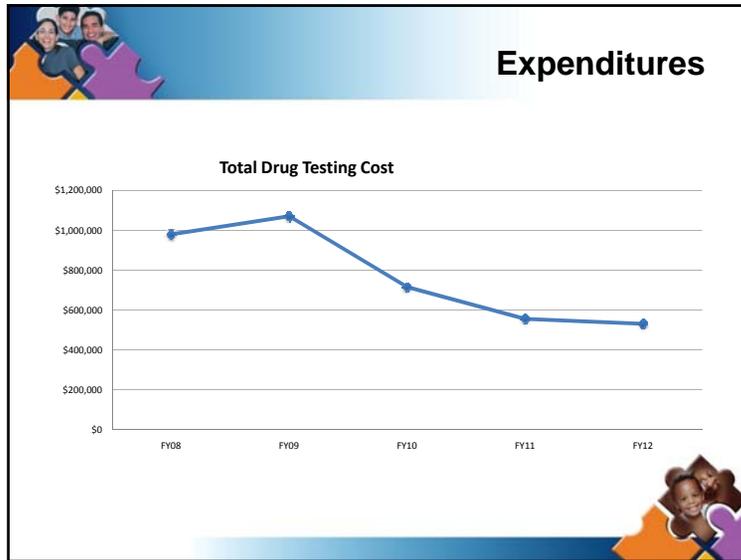
Results and Overall Trends

- High volume of referrals
- High rate of no shows and re-referrals
- Overuse of drug testing
- Needed to focus on recovery, treatment engagement and retention

Changes

- Began implementing changes mid - FY 2010
- Utilization review of hair test request
- Change in urine drug screen methodology
 - Increase focus on recovery and engagement
 - Use of instant result test cups
- Education, education, education

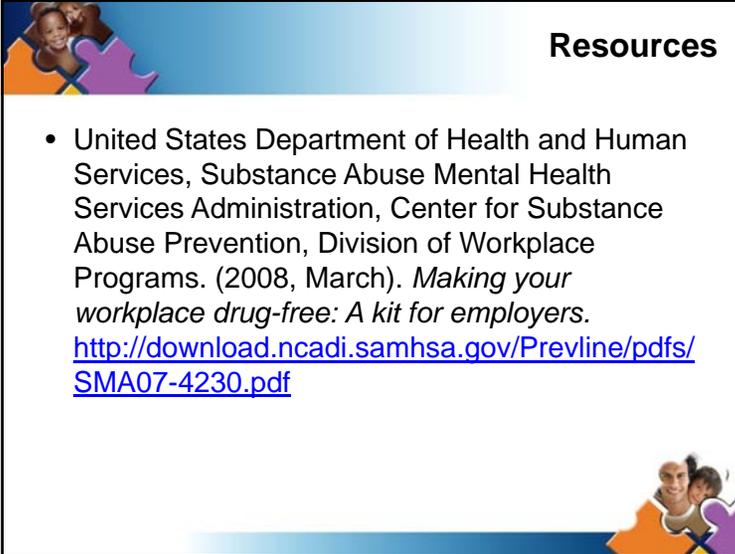




- ## Results
- More appropriate and effective use of drug testing
 - Increase focus on recovery and retention
 - Reallocation of funds to Recovery Specialists
 - Education, education, education

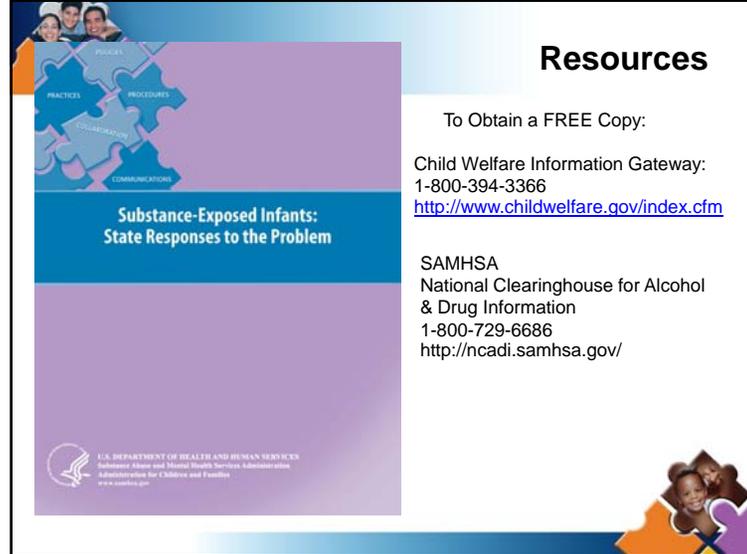


- ## Resources
- For more information about the Federal drug-testing program, as well as a list of certified labs. http://workplace.samhsa.gov/DrugTesting/Level1_Pages/CertifiedLabs.aspx.
 - Guidelines for a drug free workforce. <http://www.usdoj.gov/dea/demand/dfmanual/index.html>



Resources

- United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Workplace Programs. (2008, March). *Making your workplace drug-free: A kit for employers*. <http://download.ncadi.samhsa.gov/Prevline/pdfs/SMA07-4230.pdf>



Resources

To Obtain a FREE Copy:

Child Welfare Information Gateway:
1-800-394-3366
<http://www.childwelfare.gov/index.cfm>

SAMHSA
National Clearinghouse for Alcohol & Drug Information
1-800-729-6686
<http://ncadi.samhsa.gov/>



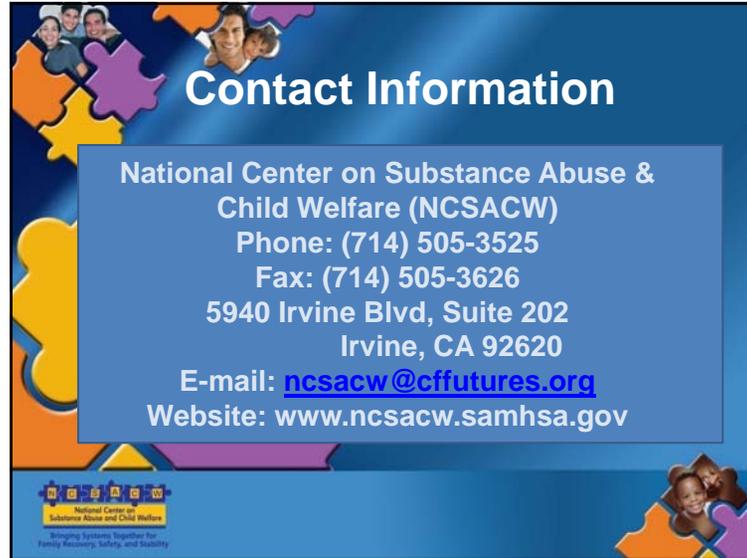
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Exhibit Booth for resources!



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Discussion

