

**LABORATORY
SCREENS RE:
SUBSTANCE ABUSE
(DRUG OR
ALCOHOL)**

Positive drug and alcohol screens should not detract from the basic issue, which is assessment of risk to the child not the habits of their parents or caregivers. Clients who have substance abuse problems should be referred to treatment agencies that may incorporate screening in a full treatment package. Refer clients to their local access management system or an appropriate treatment center.

There may be situations in which Children's Protective Services workers have determined that drug/alcohol screens for parents or other persons responsible are necessary to ensure that case goals are accomplished. Situations in which screening is appropriate are:

- To help a parent or other person responsible overcome denial and agree to seek treatment.
- There has been a confirmed case of abuse/neglect with a substance abuse issue known to be a contributing factor (such as, use of income for drugs rather than food and clothing for the child).
- To monitor compliance with the services plan when the client is not enrolled in a treatment program that includes screening.
- To identify or to eliminate contributing factors in the assessment of risk and evidence during the investigative phase of the complaint process.

If a client refuses to comply with a request for screening, the worker must evaluate the risk of leaving the child in the home without the benefit of this monitoring tool. If the child is at imminent risk of harm, file a petition with the Family Division of Circuit Court. To ensure the safety of the child, request that drug screens be court ordered and/or that the child be removed from the home.

Situations in which drug screening is **not** appropriate are:

- The client is in a substance abuse treatment program that includes screens as a part of the treatment program. The department must not pay for duplicate services. Use the DHS-1555-CS, Authorization to Release Confidential Information, to request the results from the treatment program.

- Use of screenings as a punitive measure.

Note: Over the counter drug/alcohol screening products are not reliable and must not be used.

CONSENT

Federal regulations require that the civil rights of a client be protected. Therefore, informed consent is a mandatory component of screening procedures. Screening for illegal drugs or alcohol for forensic rather than medical reasons without consent may be a violation of civil rights and constitute an unlawful search and seizure. Screening authorized by CPS is forensic, not medical. If a client is screened, they must be provided with information on the potential ramifications of screening. Aside from legal considerations, informed consent fosters a trusting relationship.

Before screening newborns, informed consent must be obtained from the parent or legal guardian. Before requesting that an infant be screened, the caseworker must determine that appropriate consent has been obtained.

If a parent or person responsible is having drug screening done as part of a substance abuse treatment protocol, or per physician's order, the consent is the responsibility of the physician or treatment agency. However, if a CPS worker is requesting that a client comply with screening as part of a service plan and is referring the client to a lab for screening, the worker must ensure that a consent form has been signed.

DRUG TESTING OF MINORS

Except for complaints involving in utero drug exposure, methamphetamine exposure, or a minor parent whose substance abuse affects his or her child, CPS must **not** subject a child to drug testing during an investigation or ongoing case. If a situation falls under one of the above referenced exceptions, CPS drug testing of minors must be conducted according to existing policy.

CONFIDENTIALITY

Note: Confidentiality issues related to substance abuse information must be addressed as outlined in SRM 131, Confidentiality - Substance Abuse Records.

SCREENING PARAMETERS

1. Screening must be **random**, not scheduled in advance, with the client. This ensures accuracy of results.
2. Frequency need not exceed twice monthly unless there is an urgent need to verify use or abstinence, e.g., observations indicating that an acceptable environment for the child appears to be changing and deteriorating. Drug and/or alcohol screening may be provided only while a case is open.
3. Urine screens may be appropriate for screening for drugs. Blood analysis or breathalyzer are more reliable for alcohol screening. Selection of the appropriate screen should be determined by qualified health care professionals. It should be based on the individual characteristics of the client and particular circumstances of concern.

If the worker has knowledge that a particular drug is being used, a request can be made to screen for that drug only. However, many labs surveyed do not do single urine screens, but run a five-drug panel of the most commonly abused drugs.

Note: Time lapse is a factor in drug and/or alcohol screening. Alcohol is rapidly metabolized. Blood or urine alcohol screens must be done promptly if there is concern about this substance that cannot be verified objectively by observation of behavior, detection of alcohol on the breath, etc. The amount of time a drug remains in the body depends on how much was taken of that particular drug, and the metabolism of the individual. The following are general guidelines for how long after ingestion drugs might be expected to be detected in a lab screen:

DRUG	EXPECTED LENGTH OF TIME DRUG WILL BE FOUND ON SCREEN
Amphetamines (speed, Eve, Crystal, etc.)	1-2 days
Benzodiazepines (tranquilizers, benzies, Xanax, Valium, etc.)	3 days
Cannabinoids (marijuana, pot, weed, etc.) <ul style="list-style-type: none"> • Single use • Occasional use • Chronic use 	<ul style="list-style-type: none"> • 1-2 days • 1-7 days • 1-4 weeks
Cocaine (coke, crack, etc.) <ul style="list-style-type: none"> • Occasional use • Chronic, heavy use 	<ul style="list-style-type: none"> • 1-4 days • 1-3 weeks
Codeine (Tylenol 3, etc.)	2-3 days
Methamphetamines (meth, crank, etc.)	2-4 days
Opiates (morphine, heroin, vicodin, etc.)	1-3 days
Phencyclidine (PCP, angel dust, etc.) <ul style="list-style-type: none"> • Occasional use • Chronic use 	<ul style="list-style-type: none"> • 1-8 days • up to 30 days
Ritalin	2-4 days

4. State licensing of laboratories has been suspended since September, 1992. However, all labs, including those in physicians' offices, must comply with federal standards. Initial screening may be done in a CLIA (Clinical Laboratory Improvements Amendment) approved lab which indicates federal compliance. However, if a client's screen is positive, all subsequent substance screening should be done in a laboratory that is additionally NIDA (National Institute on Drug Abuse) or CAP (College of American Pathologists) certified. These certifications require stringent chain of custody procedures which ensure that the specimen is properly obtained and identified and not tampered with at any step of handling. Using labs which employ chain of custody is important. These measures ensure fairness to clients because they provide the most accuracy. Additionally, legal validity is provided if findings are presented in a court hearing.

PAYMENT

If screening is determined necessary, alternative payment sources must be explored before payment is authorized on the DHS-93, Examination Authorization/Invoice For Services form. Other sources include:

- Client's private insurance.
- Medicaid (MA). MA program guidelines must be followed. MA guidelines require that the screening be done in a CLIA certified laboratory. The provider must accept Medicaid as payment in full for services rendered. The provider must not seek or accept additional or supplemental payment. A physician's order is required or MA will not reimburse for services.
- Client pays for screening.
- Treatment agency funds. If drug or alcohol screens are part of a substance abuse treatment program in which the client is enrolled, costs are to be covered by the treatment agency. **Note:** Screens are not a requirement of substance abuse treatment agency licensing requirements. The worker should check with the treatment program as to whether or not screening is done.
- Court. If screens are court ordered, the court must assume costs unless the department has recommended in writing that the court order screening, in which case the department may be charged.

If screening is determined to be necessary and there are no alternate sources of payment, the DHS-93 may be used for payment. Supervisory approval is required. The screen should be done in a certified lab (see 4 above). Reimbursement should not exceed the prevailing local rate. See Services Requirements Manual (RFT 285) for more information on payment codes, rates.

Note: If a witness is called to court to testify to the drug screen results, the payment of the witness fee is not a responsibility of the department but is a county government/court responsibility.