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Authorized Signature
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Issue Date: 06/15/2009

Topic: Protective Services

Subject: Use of drug screens in CW cases

Applies to (check all that apply):

- |                                     |                               |                          |                                      |
|-------------------------------------|-------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/> | County Mental Health Directors       |
| <input type="checkbox"/>            | Area Agencies on Aging        | <input type="checkbox"/> | Health Services                      |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/>            | County DD Program Managers    | <input type="checkbox"/> | Other (please specify):              |

**Message:** A urine drug screen can be a useful tool in both CPS assessment and ongoing work with clients. But drug screens have major limitations and the misuse of this tool can lead to unwarranted and unsupported statements or decisions around child safety. A drug screen is a snapshot in time. Decisions and plans must look at behavior over the course of time, not at snippets of limited information that are provided by a drug screen.

The only certain statement a drug screen makes is when you have a screen that shows a client has used drugs. The UA tests we use in child welfare are confirmed, meaning a caseworker can be confident of the information and move forward with whatever actions are necessary based on the certainty that a client has used drugs at some time. We should never have an open case with a positive drug screen that does not have an immediate referral for screening or assessment of the alcohol and drug issue.

Every time a drug screen returns positive for any substance, and we have concerns about child safety, there should be an immediate referral for a drug screen or assessment. If there are no local ART Team services, the client should be referred for an alcohol and drug assessment at a local treatment provider to get a professional opinion about what level of problem and treatment recommendation, if any, is appropriate.

More dangerous is the unwarranted practice of making decisions based on a UA that shows no drugs. UA's cannot confirm that a client is not involved with drugs. The tests only confirm that the client has no drugs in their system at the precise time the

test is given. Planning and decisions about child safety has to take behavior over time into consideration. A clean drug test offers no insight to a client's drug using behavior, or lack thereof, over time. It is inappropriate to base casework and child safety decisions on a clean UA test.

A clean drug screen should be a small part of the information that is used to make decisions and plans. Only when clients are acting in a manner consistent with recovery from substance abuse, or free from any concerns about substance abuse, and supported by a series of random UA's, can the clean UA be considered a solid piece of evidence to be included in a decision or planning process. By itself a single clean UA says nothing about a client's possible use or their child's safety from abuse or neglect.

If you have additional questions about these directions or have related case consultation needs, please contact the CPS consultant assigned to your district or the Child Protective Services Program Manager, Stacey Ayers.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Stacey Ayers		
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