VI. APPENDICES

Appendix A: Drug testing Policy Example, Sacramento County, CA

The following is a detailed description of the drug testing protocol that Sacramento County, California implemented. The county has more than a decade-long history of service system reforms to address parental substance use in the child welfare population. This description includes the county's decisions and agreements among the substance abuse, child welfare, and court agencies to use drug testing results most effectively and efficiently in conjunction with other behavioral signs and symptoms to monitor progress in treatment and family case plans.

Policy Environment and Purposes

The Specialized Treatment and Recovery Services (STARS) program conducts a model drug testing program in accordance with the county's collaboratively established drug testing policies and procedures. STARS workers (referred to as recovery specialists) provide recovery-management services to all parents with substance use disorders and an open child welfare case in two settings: (1) voluntary services programs in which the child has not been removed from parental custody, and (2) family reunification programs for families whose child is in protective custody.

STARS recovery specialists ensure immediate access for the parent to substance abuse treatment services. They also offer monitoring and accountability for the parent's treatment requirements. In addition, the recovery specialists communicate drug test results and compliance with treatment requirements to the child welfare agency and the court under a negotiated protocol among all three parties.

The STARS program offers parents a supportive environment with an emphasis on honesty and recovery and uses drug testing to assist parents in their recovery process. The goal of drug and alcohol testing is to hold parents accountable for their substance use and to provide opportunities for intervention at critical points in the recovery process. Observed urine collection can be invasive and embarrassing for parents, so recovery specialists are trained to put parents at ease. Most STARS workers are in recovery themselves, and they quickly develop trusting, supportive relationships with parents.

The STARS program philosophy is based on helping parents improve their lives and the well-being of their children; the program's purpose is not to "catch" parents using drugs. Rather, the drug testing program is presented to parents as an effective way for them to gather evidence about their successes and ability to care for their children.

The STARS drug testing model is intended to significantly reduce costs to the county by reducing the number of drug tests required for each parent as he or she progresses in recovery by eliminating duplication of testing across county agencies. The model also reduces the number of tests required by not testing parents who admit to substance use.
Funding

The STARS program is a 501(c)(3) nonprofit organization, funded by general funds from Sacramento County’s Child Welfare Services and Alcohol and Drug Services. STARS also receives financial support from its parent company, BRIDGES, Inc. A toxicology laboratory has a contract with the county’s Division of Child Protective Services (CPS) to provide testing equipment and laboratory services for all STARS parents involved with CPS. The STARS program contracts directly with another vendor for laboratory tests that the primary contractor cannot provide, such as benzodiazepine panels.

Drug Testing Procedures

All STARS parents are required to undergo observed drug and alcohol testing on a random schedule. The recovery specialists determine the appropriate number of tests according to STARS protocol. The recovery specialists can do the drug and alcohol testing and can send specimens for confirmations. Parents must sign an authorization form for release of health care information and the client drug screening agreement form prior to submitting a specimen for drug testing. Parents must also review the STARS “Client Guide for the Safe Use of Medications in Your Recovery” and sign the medication management agreement form. All forms used in the STARS program are included at the end of this appendix.

Random Tests

Recovery specialists are required to assign all drug and alcohol testing in a random manner, implementing irregular testing patterns in consecutive bimonthly reporting periods. However, recovery specialists may direct parents to undergo an alcohol or drug test if they suspect that a parent has used a substance.

Color Code System

In addition to testing requested directly by recovery specialists, STARS parents are required to submit to observed drug and alcohol tests according to a color code system. The system assigns parents to one of four testing colors at enrollment intake. Men are assigned to the green group (about 30% of parents in STARS are fathers) and women are assigned to the red or yellow group. All STARS parents who have participated in the program for 6 months are assigned to the blue group. The system assigns all of the parents in a recovery specialist’s case load to the same group. The system develops a color code calendar each month and distributes it to STARS recovery specialists to help them schedule appointments and contact the parents. A sample monthly calendar is included in this appendix.

Parents must call the STARS office every Sunday, Tuesday, and Thursday after 6:00 p.m. to find out if their group needs to be tested. If so, the parents must appear at a testing site by the end of the following business day to submit a specimen for drug testing.
STARS calls in parents for testing in irregular patterns. Recovery specialists monitor the frequency and reporting of alcohol and drug tests from both the color code scheme and the additional random tests that they order.

**Frequency**

The number of drug tests that each parent must undergo depends on how long the parent has participated in STARS, his or her progress in recovery, relevant court orders, CPS mandates, and the STARS support service plan which details the substance abuse treatment requirements. Typically, parents are tested at least twice per week initially; the frequency decreases over time to about twice per month after 6 months in most cases.

**Testing Equipment**

Recovery specialists use two types of point-of-collection devices, the Intoximeter breathalyzer and the ValTox specimen bottle and urine drug test strip, also known as a dipstick.² Specialists use the breathalyzer tests and test strips because of their low cost and because they provide immediate results that can form the basis of a therapeutic intervention.

- **Intoximeter breathalyzer**: Each recovery specialist uses an Intoximeter breathalyzer to determine the presence of alcohol in the parent’s breath. The vendor services and recalibrates the Intoximeters weekly to ensure test reliability. Parents blow into the breathalyzer mouthpiece, and results are instantaneous.

- **ValTox specimen bottle and urine drug test strips**: The recovery specialist transfers each urine specimen into the ValTox specimen bottle provided by the contracted vendor. The specimen bottles contain a preservative, a temperature strip, a lid, and a label. A STARS worker dips a test strip into the urine specimen and reads the results within 5 minutes. This strip tests for the presence of amphetamine/methamphetamine, cocaine, tetrahydrocannabinol, phencyclidine (PCP), and opiates.

**Chain of Custody**

STARS require each recovery specialist to maintain custody of the instant test strips, breathalyzer mouthpieces, and specimen bottles. To obtain testing equipment, recovery specialists must request the items they need in the STARS inventory log. Only authorized STARS personnel are allowed to distribute test devices and kits.

If the ValTox test result is positive, the recovery specialist asks the parent if he or she wants to have laboratory confirmation testing. When sending a urine specimen to the laboratory, the recovery specialist indicates the date, time, and temperature of the specimen on the label. After signing the label, the recovery specialist places

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² The Intoximeter and ValTox brands that the STARS program uses are only some of the many devices available. Agencies need to determine which brands their vendors provide and choose the brand that is best for their drug testing program.
the specimen in the laboratory envelope, which contains information about the parent, test date, recovery specialist signature, and parent signature. The recovery specialist then places the envelope in a secure specimen lock box located in the STARS offices.

Whenever recovery specialists send specimens for further testing, they must record the specimen transfer in the laboratory testing logbook. The STARS building has two logbooks, one near each of the two locked specimen containers.

**Therapeutic Intervention and Experience**

**Negative Drug Test Result**

When the results of a STARS screening drug dipstick and alcohol breathalyzer test are negative, the parent and the recovery specialist sign a negative results receipt and each receives a copy of the receipt. A sample receipt is included in this appendix. In most cases, parents with a negative urine drug test strip result do not undergo further drug testing. A recovery specialist might order a confirmatory laboratory analysis, however, if the parent’s behavior is not consistent with point-of-collection test results or if the specimen temperature suggests laboratory testing is warranted.

**Positive Drug Test Result**

If the result of the breathalyzer or screening dipstick drug test is presumptively positive for any substance, the recovery specialist offers the parent the opportunity to admit to recent use and sign a statement of noncompliance with their case plan.

If the parent denies drug use and requests that a confirmation test be conducted, the recovery specialist labels the bottle, deposits the bottle into the laboratory-provided envelope, records the test in a laboratory-testing logbook and parent file, and sends the specimen for confirmation testing. In such cases, the program considers the point-of-collection-testing results to be presumptive until confirmatory results are available.

If the parent admits to use, the recovery specialist asks the parent to sign a statement of noncompliance, which the recovery specialist also signs. The recovery specialist discusses the use with the parent and develops a plan to address any barriers to success and to prevent additional substance use. The recovery specialist encourages the parent to call his or her CPS social worker immediately to inform him or her of the noncompliance and describe the plan for continuing recovery.

The statement of noncompliance specifies the substance used and date of last use. The parent, CPS, and recovery specialist receive copies of the form. A sample form is provided in this appendix. Depending on the substance(s) that the parent reports using and other behavioral indicators, the recovery specialist might order a confirmatory laboratory test.
**Voluntary Positive Reports**

STARS recovery specialists give parents the opportunity to admit to recent drug or alcohol use at any time, without the need for a drug test. If a parent admits recent use, the recovery specialist discusses the use with the parent and develops a plan to address any barriers and prevent future use. The recovery specialist encourages the parent to call his or her CPS social worker immediately to inform him or her of the noncompliance and describe the plan for continuing recovery.

The recovery specialist also asks the parent to sign and date a statement of noncompliance. The recovery specialist also signs and dates the statement, which specifies the substance used and date of last use. The parent, social worker and recovery specialist receive copies of the statement.

**Tests that are Considered Not Compliant with Court Orders**

- STARS does not consider any test not directed by STARS personnel, either directly or via the color code call-in system, to be a valid authorized test for their reporting to the court or CPS.
- STARS considers any specimen left unattended or not handled according to chain-of-custody guidelines to be invalid.
- STARS considers any failure to provide a specimen to be a failure to test.
- Recovery specialists use the test temperature gauge included on the bottle and visual checks to evaluate if the specimen may have been diluted. If so, they send the urine specimen to the laboratory for verification of test strip results. These confirmatory tests are paid for by the STARS program.
- STARS recovery specialists report to the court and to CPS any tests involving diluted urine specimens and urine specimens whose temperature is out of the normal range as the parent is noncompliant with the testing requirements of their case plan.

**Notification of Confirmed Positive Drug Tests and Failures to Test**

STARS requires recovery specialists to inform the CPS social worker, treatment provider, and STARS supervisor of all positive test strip results and failure-to-test incidents. If a parent has a positive test result for alcohol or drugs or fails to test and the parent has a child in his or her care or has unsupervised visits with the child, the recovery specialist is required to notify a CPS staff member within 30 minutes of the test. The notification must be made directly to a CPS staff member; a message cannot be left on an answering service.

In the fall of 2009, confirmation test procedures were changed in that CPS now considers all positive strip results as positive and specimens are only sent for confirmation if the parent states that the strip test is not accurate and requests that a confirmation be conducted. The parent must pay the $20 for the confirmation test to be conducted and if the result is negative, the parent receives a refund from
CPS. If the test confirms that there is a positive result, the parent is responsible for the $20 confirmation test fee.

For more information about the STARS program, please contact Jeff Pogue, STARS program director:

Jeff Pogue, Director
STARS Program
3600 Power Inn Road, Suite D3
Sacramento, CA 95826
Phone: 916/453-2704, Ext. 17
E-mail: jeff@bridgesinc.net

The following forms are provided as samples to assist organizations in developing drug testing policies and procedures.

- Client Drug Screening Agreement
- Client Drug Screening Agreement Track III
- Authorization for Release of Health Care Information
- Medication Management Agreement
- Drug and Alcohol Screening Test – Negative Results
- Drug and Alcohol Screening Test – Presumptive/Altered Results
- Color Code System Calendar

(Bridges, Inc., 2001).
CLIENT DRUG SCREENING AGREEMENT

All STARS clients are required to submit to random observed drug and alcohol screenings unless otherwise instructed. With the prior approval of both the client’s social worker and the director of STARS, clients may be assigned to a blanket-testing schedule, which will consist of testing on each:

_____ Monday, Wednesday, and Friday  
OR  
_____ Tuesday, Thursday, and Saturday

If the client fails to test on the day that they are instructed to test on, they will receive an administrative positive which will automatically make them non-compliant during that report period. Clients directed to Valley Toxicology to test must obtain proof of test and submit it to their Recovery Specialist by the last day of the report period to receive credit for the test. Clients in residential treatment are excused from participating in the process described above while in treatment but must begin doing so on the first day following discharge.

The Recovery Specialist, apart from the process described above, will also direct clients to test on a random basis. The Recovery Specialist may direct the client to test on any day either with the Recovery Specialist or at a Valley Toxicology testing site. If a client fails to test as directed by their Recovery Specialist, they will receive an administrative positive which will make them automatically non-compliant during that report period.

Upon completing any test at Valley Toxicology or the Effort, all clients are required to call and report the test to their Recovery Specialist’s phone extension. If any client fails to test as required by the this agreement or directed by their Recovery Specialist they must immediately call their Recovery Specialist and they are required to appear at the STARS Program office the next day before 10:00 AM.

Clients are to be ready to test at all scheduled Treatment sessions. Clients are required to be on site at the Treatment Provider 15 minutes before their scheduled treatment session and then wait 15 minutes after the treatment session in case the Recovery Specialist shows up to test the client. Failure to show at a scheduled treatment session will result in an administrative positive if the Recovery Specialist shows up to test the client and the client is not present. Recovery Specialists are required to wait up to 15 minutes for the client to produce a specimen and to furnish the client with a receipt.

_____ 1. I understand that I am required to follow the above testing instructions and that a failure to test as directed will result in an administrative positive.

_____ 2. I understand that I am required to submit to random observed drug and alcohol screening as directed by the Recovery Specialist and that I should be ready to test 15 minutes before and after all scheduled Treatment sessions.

Client ____________________________ Date ____________

Treatment Coordinator ____________________________ Date ____________
TRACK III
CLIENT DRUG SCREENING AGREEMENT

All Track III STARS clients are still required to submit to random observed drug and alcohol screenings. Each Level III client will be assigned the color Blue. They will be required to call the STARS telephone number (916) 453-2704) every Sunday, Tuesday and Thursday evening after 6:00 pm to receive instructions whether they are supposed to go to a Valley Toxicology testing site the next day to be tested based upon their color assignment. If the client fails to test on the day that they are instructed to test on the recorder, they will receive an administrative positive which will automatically make them non-compliant during that report period. Clients directed to Valley Toxicology to test must obtain proof of test and submit it to their Recovery Specialist by the last day of the report period to receive credit for the test. Clients in residential treatment are excused from participating in the call in process described above while in treatment but must begin calling in on the first day following discharge.

Clients will also be directed to test on a random basis by their Recovery Specialist apart from the call in process described above. The Recovery Specialist may direct the client to test on any day either with the Recovery Specialist or at a Valley Toxicology testing site. If a client fails to test as directed by their Recovery Specialist, they will receive an administrative positive which will make them automatically non-compliant during that report period.

Upon completing any color code or directed test all clients are required to call and report the test to their Recovery Specialist’s phone extension. If any client fails to test as required by the color code or as directed by their Recovery Specialist they must immediately call their Recovery Specialist and they are required to appear at the STARS Program office the next day before 10:00 AM.

Clients are to be ready to test at all scheduled Treatment sessions. Clients are required to be on site at the Treatment Provider 15 minutes before their scheduled session and then wait 15 minutes after the session in case the Recovery Specialist shows up to test the client. Failure to show at a scheduled Treatment session will result in an administrative positive if the Recovery Specialist shows up to test the client and the client is not present. Recovery Specialists are required to wait up to 15 minutes for the client to produce a specimen and to furnish the client with a receipt.

1. I understand that I am required to call STARS every Sunday, Tuesday, and Thursday evening after 6:00 pm to receive testing instructions and that failure to call or to test as directed on the recorder will result in an administrative positive.

2. I understand that I am required to submit to random observed drug and alcohol screening as directed by the Recovery Specialist and that I should be ready to test 15 minutes before and after all scheduled Treatment sessions.

__________________________ 1. 

__________________________ 2.

Client

Date

Recovery Specialist

Date

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Authorization for Release of Health Care Information

To: Dr. ____________________________

Your patient __________________________________ is receiving services from
the Specialized Treatment and Recovery Services (STARS) program. This program
provides case management for your patient for the purposes of recovery from
substance abuse. As a part of the program, your patient is subject to random urine
drug testing for controlled substances. For that reason your patient has been asked
to provide us with a list of prescribed medications.

It is our hope that in the treatment of your patient, non-narcotic medications can
be prescribed whenever possible to help your patient continue in recovery and
eliminate potential positive drug tests.

Occasionally, it is necessary to contact the prescribing physician to confirm that a
participant is receiving a prescribed medication that has resulted in a positive drug
screening. Your patient has signed this release of information so that the specified
recovery specialist may contact you for this information. PLEASE KEEP THIS
RELEASE IN YOUR PATIENT’S RECORDS.

Thank you for your assistance

Sincerely,

Jeff Pogue
Director/Drug Court Coordinator
Specialized Treatment and Recovery Services

RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of information regarding any medication, which could
result in a positive test on a drug screening that is currently being prescribed for
my medical use. The information is to be released only to STARS Director Jeff Pogue
or to Recovery Specialist _______________________.
This authorization will be effective for one year from the date of my signature or
until my STARS case is closed.

Signature ____________________________ Date_____________________
Witness______________________________ Date_____________________
Medication Management Agreement

This agreement between _______________________________________ and Specialized Treatment and Recovery Services (STARS) is for the purpose of establishing an agreement and to clarify the conditions upon which STARS is willing to accept the use of mind-altering prescription medications. This agreement is a necessary factor in establishing and maintaining the trust and confidence necessary to accurately report your progress to the Dependency Court. The patient agrees to and accepts the following conditions for the use of prescription medications:

I will not use any illegal or uncontrolled drugs.

I will not share, sell, or trade my medications for money, goods, or services.

I will not attempt to obtain additional pain type medications or other mind-altering medications from any other health care provider without notifying this office. I understand that doing so may result in a non-compliant report from this program.

I agree to safeguard my medications in such a manner that it will prevent loss or theft.

I agree that I will use my medications exactly as prescribed, at a rate no greater than prescribed.

I understand that unless otherwise specified by my physician, my prescription is only valid for thirty (30) days from the date the prescription is filled. The only exception to this is a chronic pain diagnosis or other medically documented reason. The STARS director must approve these exceptions.

I have read & understand all of the above policy.

This agreement is entered into on this day ____________________, ___________.

Client Signature: ____________________________________________________

Please Print Name: ___________________________________________________

Witness: ___________________________________________________________
Client Name__________________________________________

Test Date ______/______/______    Temperature________

Social Worker_______________________________________ Worker Code________________

Test Location

STARS___ Treatment Provider___ Field___ Home___ Other___

I submitted to a breath and urine sample on the above stated date and the results were negative

____________________________________________________  ______________________________________
[Date]                                                Client Signature

____________________________________________________  ______________________________________
[Date]                                                Recovery Specialist Signature
Client Name______________________________________

Test Date ______/______/______    Temperature_______

Social Worker____________________________________ Worker Code____________

Test Location

   STARS___    Treatment Provider___     Field___    Home___     Other___

I understand that I submitted a breath/urine sample on the above stated date and that the
breath/urine sample has indicated a presumptive positive result for the following:

   Alcohol Breathalyzer Result:                Cocaine                  Opiates
                                        ____________  Marijuana/THC  Benzodiazepines
                      Methamphetamine/Amphetamine            PCP      Sample Diluted/Altered

   _______I waive my option of a confirmation test and accept the positive result of the
initial screen. I recognize that this acceptance constitutes a full admission of drug use and
further admit using the above drugs on the date listed ________________.

   _______I waive my option of providing a breath and urine sample and admit that I used
the above noted drug/alcohol on the date listed______________.

   _______I do not accept the result of the initial screen that resulted in the presumptive
positive and/or diluted/altered test. I hereby request a confirmation test to be completed.

________________________________________________________________________

________________________________________________________________________

/[Date]                  Client Signature

________________________________________________________________________

/[Date]                  Recovery Specialist Signature
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STARS COLOR CODE CALENDAR