



**TEXAS**  
Department of Family  
and Protective Services

# **Report on Substance Abuse and Other Purchased Services**

**As Required by House Bill 1, 86th Legislature,  
Regular Session, 2019 (Article II, DFPS, Rider 35)**

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November 2020



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## Introduction

Rider 35 of House Bill 1, 86th Legislature, Regular Session, requires the Department of Family and Protective Services (DFPS) to develop and implement a plan to control costs and remain within appropriations for the 2020-21 biennium in Strategy B.1.7, Substance Abuse Purchased Services. The rider specifically mentions evaluating policies and contracts as potential avenues for savings to the state.

In addition to this plan, the rider also requires a data report identifying the following:

- The total number of services that were purchased in Strategies B.1.4, Adoption Purchased Services, B.1.6, PAL Purchased Services, B.1.7, Substance Abuse Purchased Services, and B.1.8, Other CPS Purchased Services, and
- The total number of substance abuse and other purchased services that were court ordered by strategy.

The plan for controlling costs and the data report are due to the Legislative Budget Board and the Governor not later than December 1, 2020.

The report that follows begins with the data required by the rider. This is followed by a summary of DFPS's strategy for reducing costs associated with substance abuse purchased services as required by the rider, including the myriad specific measures taken by DFPS to control expenditures.

## Purchased Services for Children and Families

DFPS purchases services in the strategies B.1.4, B.1.6, B.1.7 and B.1.8 to accomplish the following:

- Ensure child safety across all stages of service by obtaining critical information about parental behavior and circumstances that may be an immediate danger to the child. The drug testing and treatment and psychological assessments and evaluations and treatment accomplish this by providing the caseworker with information that may not be readily observable or that requires specialized training and knowledge. This information is critical in making the determinations about whether a child can safely remain with their parent or return to their parent after a removal.
- Provide critical information about the safety and appropriateness of potential kinship caregivers for children in substitute care through the kinship home assessment services.

## DFPS Report on Substance Abuse Purchased Services

- Ensure the needs of children and families receiving Family-Based Safety Services (FBSS) or in DFPS conservatorship, that are not covered by other strategies, are nonetheless met through other purchased services.
- Ensure children who are in state custody and cannot safely return home and do not have a relative who can take legal custody find an adoptive home. For youth unable to achieve permanency through reunification, exit to a relative, or adoption, preparation for adult living (PAL) services ensure they can successfully transition to adulthood.

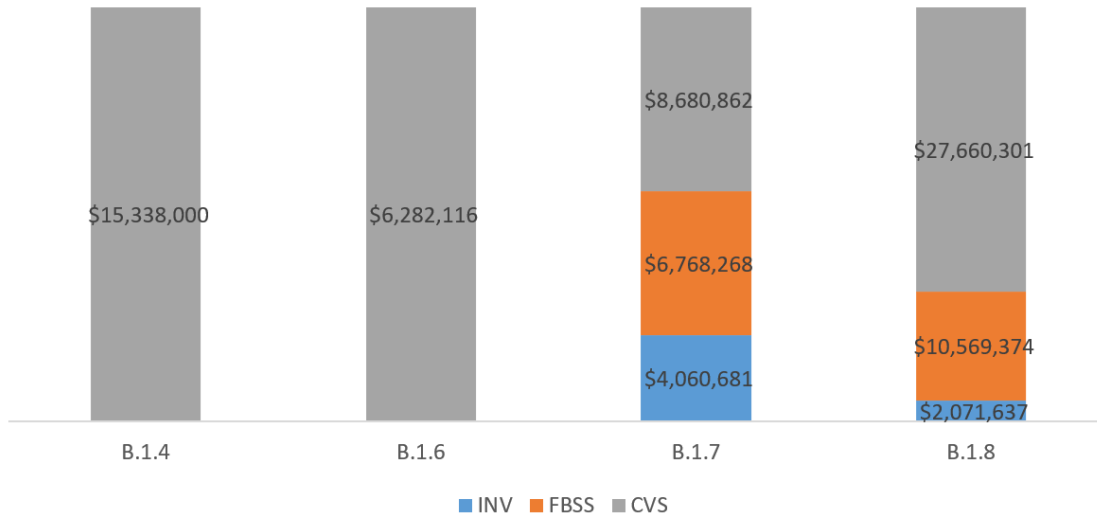
DFPS determines the need for purchased services based on the individual circumstances of each case. **Figure 1** shows a summary<sup>1</sup> of purchased services for strategies B.1.4, B.1.6, B.1.7, and B.1.8. Across the strategies overall, the highest amount of spending is in B.1.8, primarily for psychiatric evaluations and counseling to obtain critical information about parental behavior and circumstances that may be an immediate danger to the child. PAL services under B.1.6 has the lowest amount of spending but the highest number of units purchased.

**Figure 1: Summary of Purchased Services for Strategies B.1.4, B.1.6, B.1.7, and B.1.8, Fiscal Year 2019**

All stages	Total Amount Spent	Obtain Info Critical to Child Safety (Units)	Evaluate Potential Relative Homes (Units)	Meet Needs of Children (Units)	Find and Support Adoptive Home (Units)	PAL Services (Units)
B.1.4	\$15,338,000	0	0	0	4,741	0
B.1.6	\$6,282,116	0	0	0	0	50,888
B.1.7	\$19,516,237	451,709	0	0	0	0
B.1.8	\$40,334,937	312,631	12,104	229,176	3,635	0
Total Amount Spent	\$81,471,290	\$44,419,550	\$5,603,329	\$8,499,768	\$16,666,528	\$6,282,116

Strategies B.1.4 (Adoption Purchased Services) and B.1.6 (PAL Purchased Services) support children in state conservatorship (CVS). Most of the spending in B.1.7 (Substance Abuse Purchased Services) and B.1.8 (Other Purchased Services) is in the CVS stage of service followed by Family Based Safety Services (FBSS) and then Child Protective Investigations (CPI). Purchased services for each stage<sup>1</sup> are shown in **Figure 2**.

**Figure 2: Summary of Purchased Services by stage, Fiscal Year 2019**



In an investigation or alternative response stage, the primary focus is on obtaining critical information about parental behavior and circumstances to assess whether there is an immediate danger to the child. **Figure 3** shows a summary of CPI expenditures by strategy.<sup>1</sup>

**Figure 3: Summary of Investigations Purchased Services for Strategies B.1.4, B.1.6, B.1.7, and B.1.8, Fiscal Year 2019**

Investigations	Total Amount Spent	Obtain Info Critical to Child Safety (Units)	Evaluate Potential Relative Homes (Units)	Meet Needs of Children (Units)	Find and Support Adoptive Home (Units)	PAL Services (Units)
B.1.4	\$ -	0	0	0	0	0
B.1.6	\$ -	0	0	0	0	0
B.1.7	\$4,060,681	84,171	0	0	0	0
B.1.8	\$2,071,637	4,078	2,873	1,265	0	0
Total Amount Spent	\$6,132,318	\$4,397,893	\$1,330,830	\$403,595	\$ -	\$ -

In FBSS stages, DFPS has determined to intervene but the parents can retain legal custody while completing services. As the child is usually still in the home, the focus of PCS spending in FBSS is still on obtaining critical information about parental behavior and circumstances to assess whether there is an immediate danger to the child. **Figure 4** shows a summary of FBSS expenditures by strategy.<sup>1</sup>

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**Figure 4: Summary of Family-Based Safety Services (FBSS) Purchased Services for Strategies B.1.4, B.1.6, B.1.7, and B.1.8, Fiscal Year 2019**

FBSS	Total Amount Spent	Obtain Info Critical to Child Safety (Units)	Evaluate Potential Relative Homes (Units)	Meet Needs of Children (Units)	Find and Support Adoptive Home (Units)	PAL Services (Units)
B.1.4	\$ -	0	0	0	0	0
B.1.6	\$ -	0	0	0	0	0
B.1.7	\$6,768,268	165,814	0	0	0	0
B.1.8	\$10,569,374	130,946	583	2,962	0	0
Total Amount Spent	\$17,337,642	\$16,286,527	\$301,173	\$749,942	\$ -	\$ -

Generally, purchased services support children and their families achieve goals identified in the child or family plan of service reviewed and approved by the court. For the purposes of this report, any purchased service related to a child in DFPS conservatorship (CVS), or their family, is counted as court-ordered. In CVS, the two biggest areas of spending are 1) obtaining information about parental behavior and circumstances to meet the statutory requirement of reasonable efforts and 2) to assess whether the child can safely return home and finding and supporting adoptive homes when reunification is not possible. **Figure 5** shows a summary of CVS expenditures by strategy.<sup>1</sup>

**Figure 5: Summary of Conservatorship Purchased Services for Strategies B.1.4, B.1.6, B.1.7, and B.1.8, FY 2019**

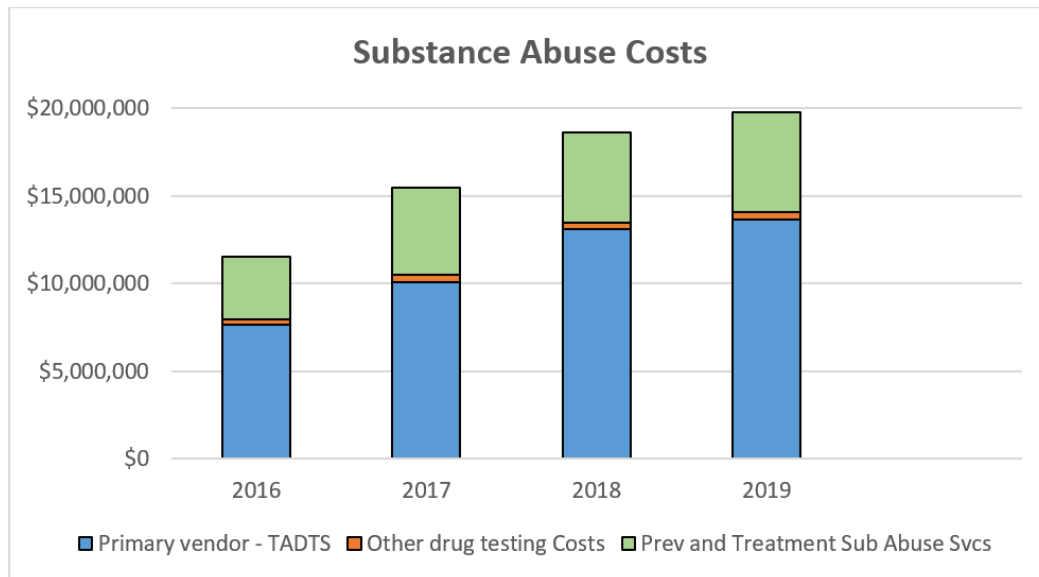
Conservatorship	Total Amount Spent	Obtain Info Critical to Child Safety (Units)	Evaluate Potential Relative Homes (Units)	Meet Needs of Children (Units)	Find and Support Adoptive Home (Units)	PAL Services (Units)
B.1.4	\$15,338,000	0	0	0	4,741	0
B.1.6	\$6,282,116	0	0	0	0	50,888
B.1.7	\$8,680,862	201,583	0	0	0	0
B.1.8	\$27,660,301	177,549	8,647	224,282	3,635	0
Total Amount Spent	\$57,961,279	\$23,724,813	\$3,970,851	\$7,316,971	\$16,666,528	\$6,282,116

## Expenditures for Substance Abuse Purchased Services

As **Figure 6** shows below, expenditures for substance abuse testing have increased significantly over recent years. From Fiscal Year (FY) 2016 to 2019, expenditures increased 71 percent from \$11.5M to \$19.7M. The most significant increases occurred in FY17 and FY18, which began to flatten out in FY19. DFPS purchases two types of services under B.1.7 - substance abuse treatment and substance abuse testing. DFPS purchases substance abuse treatment with B.1.7 funding only when other avenues of treatment are unavailable. As a result, the majority of purchased substance abuse services are for substance abuse testing, which is generally not available through other sources.

As illustrated in **Figure 6** below<sup>2</sup>, substance abuse testing comprised about 70 percent of all substance abuse service spending in FY19.

**Figure 6: Summary of CAPPs Financial Data on Substance Abuse Services, Fiscal Years 2016 through 2019**



About 98 percent of substance abuse testing expenditures in FY19 were purchased through the primary vendor, Texas Alcohol & Drug Testing Services (TADTS). TADTS is a vendor with statewide services available to DFPS under the drug-testing contract through the Texas Procurement and Support Services (TPASS), which is a division of the Texas Comptroller's Office. There is another vendor available under TPASS, Chem Chek, Inc., but because testing costs are higher with Chem Chek, Inc. they are only used in extenuating circumstances.



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The TPASS drug testing contract was renegotiated in Fiscal Year 2015 and after exploratory market research, Health and Human Services Procurement and Contracting Services (HHS-PCS) division confirmed it is the best value for the state regarding drug testing services. To achieve reduced costs based on volume, DFPS joined with the Texas Department of Public Safety, Texas Department of Criminal Justice, and the Texas Department of Transportation to contract with the same vendors through the TPASS contract.<sup>3</sup>

The TPASS contract is a fee-for-service model with a fee schedule with established costs per type of test requested. See Appendix A for a full breakdown of costs for testing services.

There are many factors affecting drug testing expenditures. One of the biggest drivers is how many DFPS clients have a substance use issue. Having definitive information about whether a parent is or has recently used substances helps the caseworker evaluate child safety and determine the level of DFPS intervention needed to ensure the ongoing safety of the child.

The rate of serious substance use disorder in Texas overall has been increasing. Over the past several years, Texas had an increase in overdose deaths as well as serious criminal offenses related to controlled substances. The impact of substance use on the Texas population has spilled over into the child welfare system. Between 2016 and 2019, Child Protective Investigations (CPI) saw a 43 percent increase in the volume of cases with an active substance abuse issue.

With the increase of serious substance abuse in CPI and subsequent need for ongoing services from DFPS, the number of individuals for whom DFPS purchased at least 1 drug test and the frequency of testing increased as well as illustrated in **Figure 7** below.<sup>4</sup>

**Figure 7: Number of Individuals Tested and Average Number of Tests per Person, Fiscal Years 2016 and 2019**

**Figure 7a: Change in the Number of Individuals With At Least 1 Drug Test**

Stage	2016	2019	Change	Increase
CPI	27,919	44,579	16,660	60%
FBSS	13,727	21,802	8,075	59%
CVS	18,500	26,875	8,375	45%
<b>Total*</b>	<b>55,119</b>	<b>83,739</b>	<b>28,620</b>	<b>52%</b>

\*Totals are less than the sum of the stages due to individuals in more than one stage during the fiscal year.

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**Figure 7b: Change in Average Urinalysis/Hair Follicle Tests per Person**

Stage	2016	2019	Change	Increase
CPI	1.33	1.50	0.17	13%
FBSS	2.49	3.54	1.05	42%
CVS	3.64	4.72	1.08	30%
<b>Total*</b>	<b>2.52</b>	<b>3.23</b>	<b>0.71</b>	<b>28%</b>

Note: Average Tests per Person is total units divided by unique count of individuals.

CPI= Child Protective Investigations/Alternative Response; FBSS = Family Based Safety Services; CVS = Conservatorship

As shown in **Figure 7** above, the number of individuals tested and the average number of tests varies by stage of service. The number of individuals tested by stage of service is related to the volume of individuals in each stage. In FY19, there were 242,106 new investigations or alternative response cases<sup>5</sup>, 17,849 new FBSS cases<sup>6</sup> and 8,891 new cases<sup>7</sup> involving a removal into conservatorship (CVS). The average number of tests per individual varies by stage depending on how long each type of stage is open. The longer the stage is open, the higher the number of drug tests per person one would expect. In FY19, investigations were open an average of 45 days<sup>8</sup>, FBSS stages were open an average of 6.4 months<sup>9</sup> and the average time to reunification in CVS was 13 months<sup>10</sup>. As a result, CPI has the highest number of individuals with at least 1 test while CVS has the highest number of tests per individual.

There were also differences among DFPS regions – number of tests administered, type of test used, proportion of adults to children tested, and overall expenditures on drug testing varied across regions. DFPS staff analyzed regional data and reviewed local practices and found that these variations could be largely explained by unique environmental variations in each region. Virtually all of CVS testing, for example, supports a goal identified in a child or family plan of service which a court authorizes and approves. As a result, DFPS has little control over these mandated costs. Discussions with staff in the regions with high rates for testing and retesting in conservatorship cases revealed that they have judges in their region who tend to require more testing. Likewise, availability of testing centers also affects the types of tests used – rural areas tend to rely more heavily on oral swabs which give immediate results instead of hair follicle testing and urinalysis which require access to testing facilities. The prevalence of drug and rates of abuse within each region, availability of community resources, and caseworker and supervisor turnover also drive unique variations among regions.

# Analysis of Effective Models for Substance Abuse Testing

DFPS staff conducted a review of the available literature to identify best practices for drug testing in child welfare. This review showed there is no existing consensus in the research literature on when it is most appropriate to perform drug testing, the type of drug tests that should be used, or the frequency tests should be administered. As a result, DFPS chose two different models to simulate and compare projected spending to actual expenditures.

As the bulk of drug testing expenditures occur within the CVS stage and because the most common models were designed for testing recipients with a confirmed substance use disorder (which is more common in CVS cases), the simulation examined substance abuse testing in the CVS stage in FY 19.

The first model assumes random twice weekly drug testing for each person with an established history of drug use for the duration of the case. The second model assumes a scaled approach beginning with twice weekly testing which tapers off as the parent establishes a pattern of negative tests. See Appendix B for a full explanation and write-up of these simulations.

**Figure 8** shows a summary of projected substance abuse expenditures under the two models compared to actual costs in FY19. As shown, following either of the models discussed in the literature would increase expenditures substantially. The first model would increase spending more than 5 times from \$6 million to \$31.2 million, and the second model would nearly double spending from \$6 million to \$11.9 million. This suggests that, if anything, Texas may be underspending on substance abuse testing.

**Figure 8: Comparison of Testing Model Projected Expenditures to Actual CVS Expenditures, Fiscal Year 2019**

Model	Summary	Expenditures for FY19	Amount Over Actual
Actual	Total DFPS expenditures for CVS FY19	\$6,010,877	-
Simulation 1	Biweekly testing through duration of the case	\$31,236,308	\$25,225,431
Simulation 2	Scaled approach assuming 67 tests on average	\$11,918,855	\$5,907,978

## **Measures Taken to Control Substance Abuse Testing Expenditures**

DFPS created an internal workgroup to fulfill the requirements of the rider. Part of this workgroup included a consulting engagement by DFPS's internal audit division to identify potential areas of cost savings for drug testing purchased services. The engagement by internal audit identified suggested changes to procedures that informed workgroup discussions and actions taken by the agency. The remainder of this report will discuss the research conducted and specific actions taken by DFPS as part of this review to remain within appropriations on substance abuse testing.

The actions described below will reduce testing expenditures by providing better information to frontline workers, improving tools for regional staff to identify outlier units and courts, and providing numerous changes to policy to clarify and improve oversight of drug testing.

### **Data Dashboard**

To allow regions to respond flexibly to regional factors, DFPS created a data dashboard to enhance local analysis and improvement. The DFPS regional systems improvement specialists (RSIs), under the Office of Data and Systems Improvement (DSI), will help regional leadership use this information to understand patterns and trends in purchased client service spending and make any needed adjustments. DSI is part of the Office of the Deputy Commissioner and its role is to use data to continuously and proactively identify and address areas of concern and build on areas of strength to better fulfill DFPS's mission. RSIs are embedded in regional leadership teams to help them to strategically use data to identify what parts of the system are working well and what areas to target for improvement.

To improve this process specifically with regards to drug testing, state office DSI staff built a data dashboard for RSIs to use that includes four years of historical statewide, regional, and county drug testing data for trend analysis.

Specific data fields in the dashboard include four years of historical statewide, regional, and county data for the following:

- the stage of service in which the test was administered;
- the type of test used;
- the type of client being tested (child/adult);
- the density of testing per 100 cases down to the county level; and
- high frequency testing on a client level

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A major benefit of this system will be allowing regions and state office DFPS to identify areas with more mandated drug testing from courts. When these courts have been identified, regional staff can reach out to these courts and communicate how added costs fall on DFPS that could otherwise be paid by the client or another party. By better communicating and building relationships with the courts, DFPS has an opportunity to reduce court-mandated drug testing costs.

This dashboard launched on August 1, 2020. To maximize its effectiveness, development of the dashboard will be continuous after launch, with lessons learned informing future improvements. See Appendix C for sample screenshots of the dashboard.

### **Policy and Procedural Changes**

Drug testing plays an important role in both identifying dangers to a child and monitoring safety in both CPI and CPS cases. Drug tests are used as tools to confirm or rule out allegations of substance use in investigation cases. These tools are often used for supporting evidence in cases that require legal intervention when a child is unsafe. In ongoing cases, drug tests are a primary mode of monitoring compliance with sobriety on cases that involve substance abuse. Additionally, drug testing allows staff to identify cases in which additional interventions are required to support a parent's sobriety and needed behavior changes to safely parent their child.

While DFPS believes that caseworkers need discretion to purchase substance abuse testing based on the circumstances of each individual case, DFPS made modifications to CPS and CPI policy and training protocols to clarify and promote consistency in the use of substance abuse testing. The changes are summarized below.

- General overhaul of the substance abuse (1900) section of policy to streamline the language and unify the messaging.
- Edited the family preservation substance abuse testing policy to align with the 1900 section to ensure consistency across programs.
- Added secondary approver requirement to hair follicle testing to ensure that managers verify the need for such testing. This also allows the secondary approver to track these requests and address any overuse identified.
- Revision of drug testing policy for youth or children exposed to suspected environmental contaminants to include a requirement to seek medical care and drug testing only if physician recommended.

Additionally, CPS and CPI developed a Meeting in a Box to distribute best practices for drug testing protocols to frontline staff. A Meeting in a Box is a briefing document on changes to CPS or CPI policy that are sent to regional staff, supervisors, and caseworkers to explain changes to program protocol. In August 2020 the department sent out a Meeting in a Box to CPS and CPI staff summarizing when drug testing is appropriate; the strengths, weaknesses, timeframes, and

approval process for each test available to caseworkers; physical, behavioral, and psychological signs of substance use, and additional considerations for drug testing. See Appendix D for the Drug Testing Best Practice Guide sent out with the CPS and CPI Meetings in a Box.

## **New Staff Dedicated to Substance Abuse Issues**

DFPS added staff under CPS and CPI to provide further training and support to caseworkers on substance use issues. New staff include a Behavioral Service Division under CPS and a Substance Use Disorder Program Specialist under CPI. The CPS Behavioral Service Division includes three Behavioral Health Program Specialists and a Behavioral Health Division Administrator. All of these new positions are funded through federal Child Abuse Prevention and Treatment Act (CAPTA) dollars.

The CPS Behavioral Service Division works under CPS leadership to guide practice in working with children and families with substance abuse issues throughout each stage of service. These staff are housed in Austin, San Antonio, Dallas, and Houston to partner with caseworkers and field staff to provide guidance on protocol, policy, and practice regarding substance use and treatment. The division receives specialized training and strengthens practice by sharing knowledge of and incorporating best practice models for working with families.

The CPI Substance Use Program Specialist assists as a statewide subject matter expert for children and families related to the Investigation stage of service. The Substance Use Program Specialist helps provide technical assistance and support to strengthen the knowledge and skills of staff working with families who have substance abuse issues. Trainings are offered on a regularly monthly basis to help facilitate conversations with staff to ensure that the appropriate investigative tools are used and the right safety measures are put in place to help reduce the risk of harm to children effected by parental substance use.

## **Conclusion**

In recent years the number of individuals tested by CPS and CPI and the number of tests administered per individual have risen significantly. **Figure 7** on page 6 of this report shows an increase of 52 percent in the number of individuals tested and an increase of 28 percent in the number of urinalysis and hair follicle tests per individual from 2016 to 2019.

In Fiscal Year 2019, about 18% of investigations have a parent with active substance abuse issues, which is a significant risk factor for abuse and neglect. For families receiving Family-Based Safety Services (FBSS) or conservatorship services where the child has been removed and is in state custody, substance abuse rates are even higher - in Fiscal Year 2019, 62% of new FBSS

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cases involved a parent with active substance abuse and 66% of children removed had parental substance abuse as a contributing factor.

Drug testing for client families is necessary and critical to ensure child safety at every stage of service. In Fiscal Year 2019, DFPS served 196,675 families through Investigations, 27,585 families through FBSS, and 70,466 families and children through conservatorship. While client populations and rates for testing are increasing significantly, DFPS has taken measures to reduce drug testing expenditures without compromising child safety. A summary of actions taken to reduce drug testing expenditures which are described in detail in this report can be generalized as the following:

- Creating a data dashboard to identify outliers in types of tests used and target specific regions, counties, and judicial jurisdictions
- Streamlining policy to improve clarity and ensure consistency
- Adding a secondary approver requirement to hair follicle testing to track requests and ensure appropriate use
- Broadcasting Meeting in a Box briefing documents to frontline staff to further clarify appropriate use of drug testing
- Adding Substance Use Program Specialists to CPS and CPI to provide further substance abuse training and support to frontline workers

DFPS estimates that these modifications will improve drug testing procedures and reduce drug testing costs by approximately five percent. To make deeper cuts to substance abuse purchased client services without first understanding the impacts of these new measures to manage drug testing utilization could have an adverse impact on child safety. DFPS will continue to assess these changes using the new tools developed to ensure the most effective and appropriate use of substance abuse testing funding.

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<sup>1</sup> DFPS DRIT #99878

<sup>2</sup> CAPPs financials as of August 31, 2020

<sup>3</sup> The existing TPASS Contract No. 952-M1, was extended through February 22, 2021, to allow time for the TPASS Contract Management Office to successfully complete a new procurement.

<sup>4</sup> DFPS DRITs #97223 and #97554

<sup>5</sup> DFPS data warehouse report FPS\_INT\_01 – Fiscal Year 2019

<sup>6</sup> DFPS Exec Dashboard for August 2019.

<sup>7</sup> DFPS data warehouse report INV\_CPS\_03 – Fiscal Year 2019

<sup>8</sup> DFPS Exec Dashboard for August 2019.

<sup>9</sup> DFPS Exec Dashboard for August 2019.

<sup>10</sup> DFPS databook

# Appendix A

Contract No. 952-M1

Alcohol and Drug Screening Services

NIGP Class/Item 952-07

Item No.	Special Services	CONTRACTOR	UOM	Unit Price*
1	After Hours and Mobile Collections	CHEM CHEK, INC.	Hour	\$175.00 Per Hour
		TEXAS ALCOHOL & DRUG TESTING SERVICES	--	\$130.00 Per 2 Hours Minimum Plus mileage rate of \$.56 per mile from port to port per event
2	Full Litigation Packet	CHEM CHEK, INC.	Packet	\$350.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES		\$135.00
3	Medical Review Officer (MRO) Testimony for Local MRO	CHEM CHEK, INC.	Hour	\$480.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES		\$250.00
4	Medical Review Officer (MRO) Testimony requiring extensive travel which necessitates a trip to a location overnight	CHEM CHEK, INC.	Day	\$1,500.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES		\$1,200.00
5	Expert Testimony In Person	CHEM CHEK, INC.	Hour	\$500.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES		\$175.00
6	Expert Testimony Via Telecommunication	CHEM CHEK, INC.	Hour	\$330.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES		\$125.00



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Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
7	Random Testing Program Management	CHEM CHEK, INC.	Each	\$8.00	\$6.00	\$6.00	\$4.00	\$4.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	No Charge				
8	DOT BREATH ALCOHOL Screen Test, with Confirmation	CHEM CHEK, INC.	Each	\$45.00	\$42.00	\$40.00	\$37.00	\$34.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$29.50	\$29.25	\$29.00	\$28.75	\$28.00
9	Non-DOT BREATH ALCOHOL Screen Test with Confirmation	CHEM CHEK, INC.	Each	\$45.00	\$42.00	\$40.00	\$37.00	\$34.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$29.50	\$29.25	\$29.00	\$28.75	\$28.00
10	<b>DOT URINE Drug Screening Test with Confirmation-5 Panel:</b> 1. Marijuana 2. Cocaine 3. Opiates (including 6-MAM) 4. Phencyclidine (PCP) 5. Amphetamines (including MDMA)	CHEM CHEK, INC.	Each	\$70.00	\$68.00	\$66.00	\$62.00	\$57.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
11	<b>Non-DOT, URINE Drug Screening Test with Confirmation-5 Panel:</b> 1. Marijuana 2. Cocaine 3. Opiates 4. Phencyclidine (PCP) 5. Amphetamines	CHEM CHEK, INC.	Each	\$70.00	\$68.00	\$66.00	\$62.00	\$57.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
12	<b>Non- DOT, URINE Drug Screening Test with Confirmation-7 Panel:</b> 1. Marijuana 2. Cocaine 3. Opiates 4. Phencyclidine (PCP) 5. Amphetamines 6. MDMA (Ecstasy) 7. 6-MAM (Heroin)	CHEM CHEK, INC.	Each	\$70.00	\$68.00	\$66.00	\$62.00	\$57.00

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Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
13	<b>Non-DOT, URINE Drug Screening Test with Confirmation-11 Panel:</b> 1. THC 2. AMP 3. OPI 4. PCP 5. COC 6. BZO 7. BAR 8. MTD 9. MTQ 10. PPX 11. OXY Immunoassay (Ia) Screening and Gas Chromatography and Mass Spectrometry (Gc/Ms) Techniques	CHEM CHEK, INC.	Each	\$75.00	\$73.00	\$70.00	\$68.00	\$66.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
14	<b>Non-DOT, URINE Drug Screening and Confirmation Test - 10 Panel:</b> 1. THC 2. AMP 3. OPI 4. PCP 5. COC 6. BZO 7. BAR 8. MTD 9. MTQ 10. PPX	CHEM CHEK, INC.	Each	\$52.00	\$50.00	\$48.00	\$46.00	\$46.00

DFPS Report on Substance Abuse Purchased Services

Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
15	<b>Non-DOT, HAIR FOLLICLE Drug Screening Test, 6 Panel</b> Enzyme-immunoassay screen-Positive Tested Specimens Only: THC COC AMP PCP OPI (includes Heroin, 6-MAM, 6-Monoacetylmorphine) Meth Confirmation with GC/MS	TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$90.00	\$89.75	\$89.50	\$89.25	\$89.00
16	<b>Non-DOT Drug Screen Test, with Confirmation - Urine - Rohypnol</b>	CHEM CHEK, INC.	Each	\$245.00	\$242.00	\$240.00	\$235.00	\$235.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$51.00	\$50.75	\$50.50	\$50.25	\$50.00
17	<b>Non-DOT Drug Screening Test-ORAL FLUIDS (Saliva) -5 panel:</b> 1. THC 2. COC 3. OPI 4. PCP 5. AMP Confirmation with Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS)	CHEM CHEK, INC.	Each	\$93.00	\$90.00	\$88.00	\$86.00	\$84.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00
18	<b>Non-DOT EtG/Ets ALCOHOL Test - Urine</b> <b>Immunoassay (Ia) Screening with Confirmation</b> <b>Customer Must Specify one of the following on the purchase order:</b> Gas Chromoatography/ Mass Spectrometry (GC/MS), or Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS)	TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
19	<b>Non-DOT Drug Screen Test, with Confirmation - Urine</b> <b>Synthetic Cannabinoids</b> Screening with Liquid Chromatography/Mass Spectrometry/Mass Spectrometry Confirmation with Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS)	CHEM CHEK, INC.	Each	\$89.00	\$86.00	\$84.00	\$82.00	\$80.00

DFPS Report on Substance Abuse Purchased Services

Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$60.00	\$59.75	\$59.50	\$59.25	\$59.00
20	<b>Non-DOT Drug Screen Test, with Confirmation - Urine Bath Salts</b> Screening with Liquid Chromatography/Mass Spectrometry/Mass Spectrometry Confirmation with Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS)	CHEM CHEK, INC.	Each	\$89.00	\$86.00	\$84.00	\$82.00	\$80.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$60.00	\$59.75	\$59.50	\$59.25	\$59.00
21	<b>URINE - D/L Methamphetamine Isomers Confirmation Test for a Positive Urine Methamphetamine confirmation</b> Available upon request of DFPS with Program Administrator (PA) approval	CHEM CHEK, INC.	Each	\$145.00	\$145.00	\$140.00	\$140.00	\$135.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$52.00	\$52.00	\$52.00	\$52.00	\$52.00
22	<b>HAIR - D/L Methamphetamine Isomers Confirmation Test for a Positive Hair Methamphetamine confirmation</b> Available upon request of DFPS with Program Administrator (PA) approval	TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
23	<b>Non-DOT - URINE - Confirmation Test, 6 Panel</b> 1. Cannabinoids 2. Cocaine 3. Amphetamines (Meth, MAMP) 4. Benzodiazepine 5. Opiates/Morphine 6. Phencyclidine (PCP) Confirmation by Gas Chromatography/Mass Spectrometry	CHEM CHEK, INC.	Each	\$68.00	\$65.00	\$63.00	\$60.00	\$60.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
24	<b>Non-DOT - URINE Drug Screening Test with Confirmation, 6 Panel:</b> 1. Amphetamines 2. Barbiturates 3. Cocaine Metabolites 4. Marijuana Metabolites 5. Opiates 6. Phencyclidine (PCP)	CHEM CHEK, INC.	Each	\$70.00	\$68.00	\$65.00	\$63.00	\$60.00

DFPS Report on Substance Abuse Purchased Services

Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
25	<b>Non-DOT - URINE Drug Screening test with Confirmation, 8 panel</b> 1. Amphetamines 2. <i>Barbiturates</i> 3. Benzodiazepines (Zanax, Valium, Ativan, etc.) 4. Cocaine Metabolites 5. Marijuana Metabolites 6. Opiates 7. Propoxyphene 8. Phencyclidine (PCP)	CHEM CHEK, INC.	Each	\$75.00	\$72.00	\$70.00	\$68.00	\$65.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$35.00	\$34.50	\$33.75	\$33.25	\$33.00
26	<b>ALCOHOL, Non-Regulated, URINE Specimen, Confirmation by LC-MS/MS</b>	TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$31.00	\$31.00	\$31.00	\$31.00	\$31.00
27	<b>URINE Specimen, Confirmation Testing Synthetic Marijuana/ Cannabinoids (K2/Spice/etc.)</b> Confirmation by Gas Chromatography/Mass Spectrometry	CHEM CHEK, INC.	Each	\$97.00	\$90.00	\$87.00	\$85.00	\$82.00
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$48.00	\$48.00	\$48.00	\$48.00	\$48.00
28	<b>Confirmation Test ONLY for one of the following drugs within a single URINE Specimen Collected by the Customer:</b> 1. AMP Amphetamine (D-Amphetamine) 2. BZO Benzodiazepines (Nordiazepam) 3. COC Cocaine (Benzoyllecgonine) 4. THC Cannabinoids (11-NOR-9-Carboxy-THC) 5. OPI Opiates (Morphine)	CHEM CHEK, INC.	Each	\$70.00 per Drug	\$68.00 per Drug	\$64.00 per Drug	\$60.00 per Drug	\$60.00 per Drug
		TEXAS ALCOHOL & DRUG TESTING SERVICES	Each	\$31.00 per Drug				

DFPS Report on Substance Abuse Purchased Services

Item No.	Alcohol and Drug Screening Services	CONTRACTOR	UOM	Unit Price* 1-199	Unit Price* 200-399	Unit Price* 400-599	Unit Price* 600-799	Unit Price* 800 Plus
29	<p><b>Split Specimen Urine Drug Testing</b>                      Testing of "Split Specimen" in accordance with 40.171 where the "B" sample is sent to a second HHS-certified laboratory at the direction of the donor to the MRO within 72 hours of the donor being notified of the Positive result.</p>	TEXAS ALCOHOL & DRUG TESTING SERVICES	EA	\$250.00				

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\* All unit prices cover the 5 Texas zones.

## Appendix B

### Drug Testing Simulation Using Two Separate Models with Two Unique Set of Assumptions

**MODEL 1: Rigorous Drug Testing- Test each person (with an established history of drug use) 2 times a week for the full length of time**

**PROJECTED COST: \$31,236,308 spent in CVS ONLY**

There were 13682 removal cases per month in 2019, out of those 66.4% were removals due to substance abuse indicators.

- Assumption 1: For each substance abuse-related removal, there are 1.5 adults involved in the case (50% of all cases involve substance abuse problems in both parents, while the other 50% of cases involve only one parent)
- Assumption 2: Out of all total adults involved in the case, 30% of them will be in noncompliance with drug testing
- Assumption 3: Each unit of a UA test will cost \$33.25 and each unit of a Hair Test will cost \$89

The number of adults with an established history of drug use are found by taking the number of cases multiplying that value by .664 and then further multiplying that number by 1.5. To determine the number of complying adults we multiply the previous value of total adults by .7.

**Cases per month = 13682**

**Substance abuse cases = Cases per month\*.664**

**Adults w/ sub-abuse case = 1.5\*Substance abuse cases** <== Total Adults with Established Substance Abuse

**Complying adults in sub-abuse case = .7\*Adults w/ sub-abuse case**

To get the value of total tests per month we will then multiply the number of complying adults with 8. Followed by multiplying the number of tests with 33.25 to get cost of the tests in the model.

**Tests per month = Complying adults in sub-abuse case \*8**

**Cost per month = Tests per month\*33.25**

The total cost per month is then added to the additional tests. The additional tests refer to any testing done on children or the tests done on people that do not have a history of drug use but were being tested anyway.

**Additional tests cost = ((3761+478)\*33.25) + ((4400+2865)\*89)**

**totalCost = 12\*(Cost per month) + Additional tests cost**

**totalCost = \$31,236,308 spent in CVS ONLY**

**MODEL 2: Scaled Drug Testing- Test each person (with an established history of drug use) 67 times over the course of the year, implementing a scaled approach based off negative or positive drug test results**

**PROJECTED COST: \$11,918,855 spent in CVS ONLY**

There were 13682 removal cases per month in 2019, out of those 66.4% were removals due to substance abuse indicators.

- Assumption 1: For each substance abuse-related removal, there are 1.1 adults involved in the case (10% of all cases involve substance abuse problems in both parents, while 90% of cases involve only one parent)
- Assumption 2: Out of all total adults involved in the case, 50% of them will be in noncompliance with drug testing
- Assumption 3: Each unit of a UA test will cost \$33.25 and each unit of a Hair Test will cost \$89

The number of adults with an established history of drug use are found by taking the number of cases multiplying that value by .664 and then further multiplying that number by 1.1. To determine the number of complying adults we multiply the previous value of total adults by .5.

**Cases per month = 13682**

**Substance abuse cases = Cases per month\*.664**

**Adults w/ sub-abuse case = 1.1\*Substance abuse cases** <== Total Adults with Established Substance Abuse

**Complying adults in sub-abuse case = .5\* Adults w/ sub-abuse case**

To get the value of total tests per month we will then multiply the number of complying adults with (67/12). Followed by multiplying the number of tests with 33.25 to get cost of the tests in the model.

**Tests per month = Complying adults in sub-abuse case \*(67/12)**

**Cost per month = Tests per month\*33.25**

The total cost per month is then added to the additional tests. The additional tests refer to any testing done on children or the tests done on people that do not have a history of drug use but were being tested anyway.

**Additional tests cost = ((3761+478)\*33.25) + ((4400+2865)\*89)**

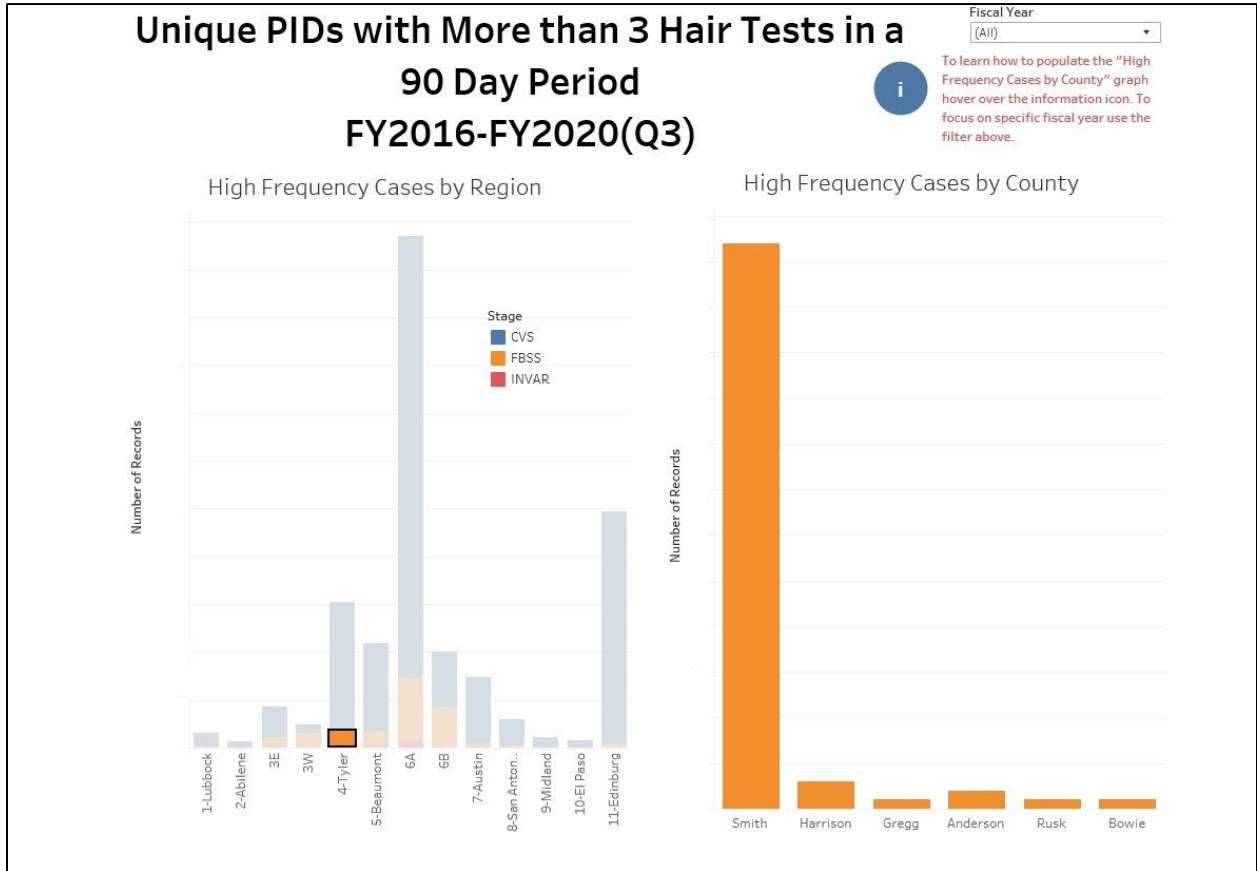
**totalCost = 12\*(Cost per month) + Additional tests cost**

**totalCost = \$11,918,855 spent in CVS ONLY**



# Appendix C

Figure 1 Data Dashboard Sample 1 - Individuals with More Than Three Hair Tests in a 90 Day Period



# DFPS Report on Substance Abuse Purchased Services

Figure 2 Data Dashboard Sample 2 - Drug Testing Units by Region, Type, Stage, and County

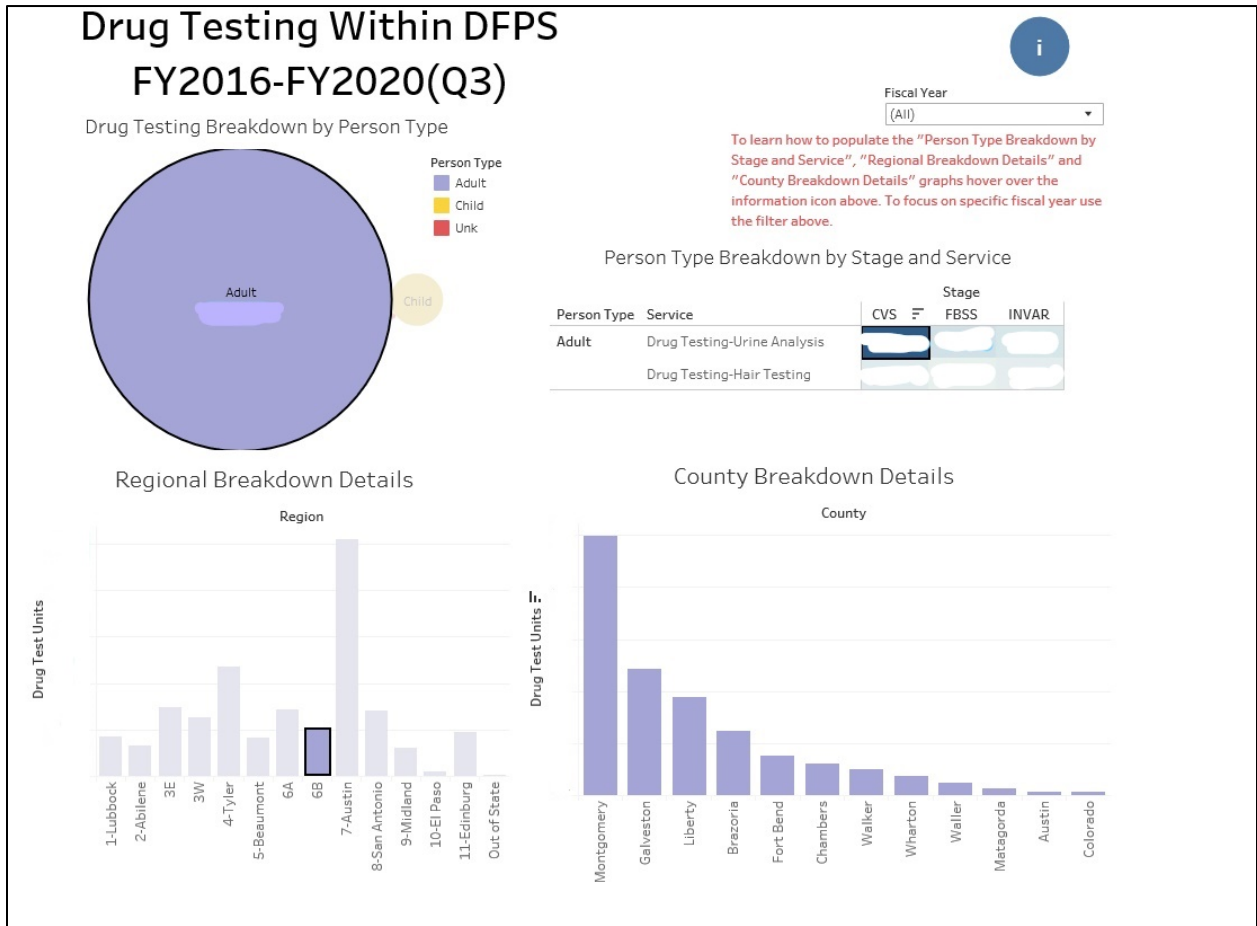
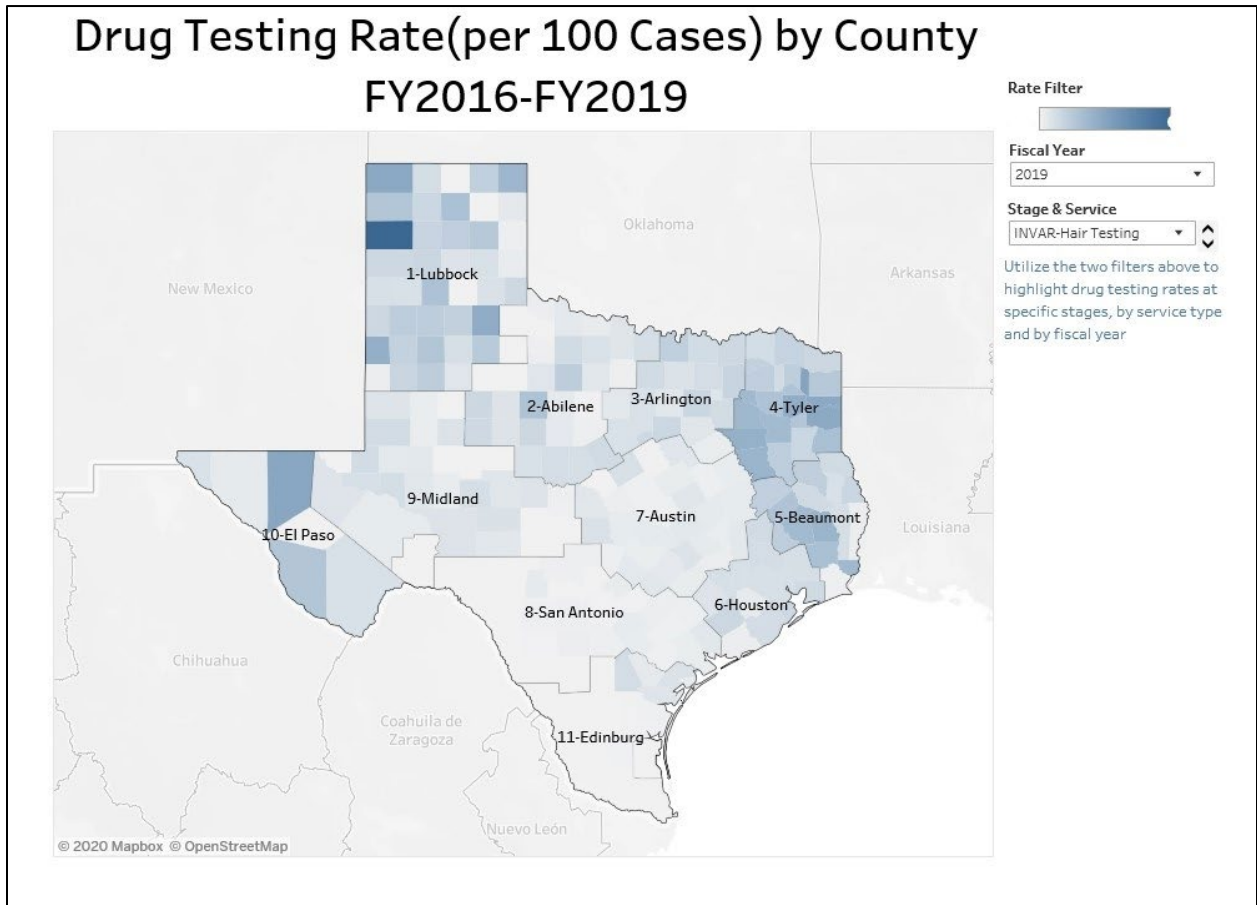


Figure 3 Data Dashboard Sample 3 – Drug Testing Heat Map by County



## Appendix D

### Drug Testing Best Practice Guide

Per CPS [Policy 1922](#), if a caseworker has cause to believe, based on credible evidence, that a caregiver has a substance use problem, and that problem threatens the child's safety, the caseworker must request a drug test for the caregiver. Best practice guidelines should be utilized when determining which drug test to order, as to ensure child safety, while ensuring the best use of state resources.

However, for Conservatorship cases, drug testing and the timing of drug tests can be ordered by the courts and must be followed.

Drug Test	Window of Detection	Drugs Detected	Test Results	Approving Staff Level	Comments
Instant Read Swab Test	24-36 hours maximum	Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, and Non-Synthetic Opioids	Available Immediately	Caseworker, or higher level per regional protocol.	Not Lab Confirmed – Not admissible in court
Lab Confirmed Oral Swab	24-36 hours maximum	Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, and Non-Synthetic Opioids	Available Online – Completed by Lab	Caseworker, or higher level per regional protocol.	Caseworker collects sample in sealed envelope to lab – Positives are re-tested and verified by Medical Review Officer
Urinalysis Test	3-5 day	Marijuana, Cocaine, PCP, Amphetamines, Methamphetamines, Synthetic and Non-Synthetic Opioids, Benzodiazepines, Methadone, Barbiturates, Methaqualone, Propoxyphene	Available Online – Completed by Lab	Supervisor, or higher level per regional protocol.  <b>Note:</b> Caseworkers are not permitted to collect urine specimens.	Lab confirmed tests – Positives are verified by Medical Review Officer

DFPS Report on Substance Abuse Purchased Services

Drug Test	Window of Detection	Drugs Detected	Test Results	Approving Staff Level	Comments
Head Hair Strand Test	Over the last 90 days	Marijuana, Cocaine, PCP, Amphetamine, Methamphetamine, Non-Synthetic Opioids	Available Online – Completed by Lab	Program director, or higher level per regional protocol.	Lab confirmed tests – Positives are verified by Medical Review Officer
Body Hair Strand Test	Over the last 12 Months	Marijuana, Cocaine, PCP, Amphetamine, Methamphetamine, Non-Synthetic Opioids	Available Online – Completed by Lab	Program director, or higher level per regional protocol.	Lab confirmed tests – Positives are verified by Medical Review Officer
<i>Specialty Tests</i>	<i>Various</i>	<ul style="list-style-type: none"> <li>Alcohol (EtG)</li> <li>K2/Spice,</li> <li>Bath Salt, and D/L isomer testing (used only for disputed methamphetamine positive results).</li> </ul>	Available Online – Completed by Lab	Program director, or higher level per regional protocol.	Lab confirmed tests – Positives are verified by Medical Review Officer

For more information, see the Intranet, [Detection Period](#).  
 An [Introduction to Drug Testing Training](#) can be found on the Intranet.

**Drug Test as a Tool:**

Drug tests should be used as part of a formal assessment for families, who have suspected or known history, of substance use. Here are some quick tips for deciding which drug test to order:

<i>Oral Swab are the best test for...</i>	<i>Urinalysis Test is the best test for...</i>	<i>Hair Strand Test is the best test for...</i>
<ul style="list-style-type: none"> <li>Rural Settings</li> <li>After-hours or weekend testing with no collection site open</li> <li>Between lab confirmed tests</li> <li>If a person appears under the influence</li> <li>Very recent (within the last 36 hours) use</li> </ul>	<ul style="list-style-type: none"> <li>Weekday, during normal business hours</li> <li>Confirm recent use</li> <li>Unknown drug use - Widest panel of substance detection</li> <li>Recent (within 3-5 days) use</li> </ul>	<ul style="list-style-type: none"> <li>Historical use</li> <li>Prior to Unable to Complete findings</li> <li>Hard to reach or no-show clients</li> <li>Clients who have had previous invalid or dilute tests</li> <li>This drug test should not be performed closer than <b>100 days apart</b></li> <li>As directed by a court order</li> </ul>

**Note:** Body Hair can detect drug use from over 12 months previous – may be considered if suspected hair tampering or sudden hair appearance changes.

## DFPS Report on Substance Abuse Purchased Services

- *Specialty Tests* is the best for specific, isolated concerns related to a one substance concern.
  - Specialty test must be staffed and approved by your supervisor and program director.

For more information, see the Intranet, [Frequently Asked Questions](#)

### **Additional Things to Consider:**

- All prescription medication should be verified and included on the 2054 service authorization for drug testing for the Medical Review Officer to provide a “Positive with Valid Prescription” rather than a “Positive” result.
- A methamphetamine positive will often also have an amphetamine positive – this does not necessarily indicate abuse of both substances.
- PCP is often paired with marijuana and those two drugs will often show up positive together on a drug test. PCP is a liquid and marijuana, or traditional cigarettes are often dipped in the liquid as a means to uptake the PCP.
- Individuals using codeine-based medications (Tylenol III or codeine-based cough syrups) will test positive for morphine as codeine is converted to morphine through the metabolic process.
- Hair strand tests (head) done sooner than once every 100 days will have some overlap of timeframe detection period.
- Oral fluid collection (instant swab test or lab confirmed oral swab) is not approved for 17 years of age or under.
- Unless directed by court order or medically advised, children and youth should only be drug tested via hair follicle by DFPS. For further information on drug testing children please see [Policy 1922](#)

### **Drug testing must not be the only tool used by caseworkers when determining substance use.**

The following are some examples of things to look for when making face to face assessments of families believed to be using substances that may impair their ability to parent safely. Please keep in mind that the below symptoms could be signs of substance use, but they could also point to other issues as well. These signs alone are not proof of substance use but rather signs that can be used during your assessment to help gather additional information.

<b>Physical Signs</b>	<b>Behavioral Signs</b>	<b>Psychological Signs</b>
<ul style="list-style-type: none"> <li>• Bloodshot eyes or abnormal pupils</li> <li>• Frequent nosebleeds</li> <li>• Appetite or sleep pattern changes.</li> <li>• Weight changes (weight loss or weight gain).</li> <li>• Seizures without a history of epilepsy.</li> <li>• Physical appearance deterioration.</li> <li>• Unexplained Injuries/accidents</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced attendance and performance at work or school</li> <li>• Loss of interest in enjoyable activities,</li> <li>• Decreased motivation.</li> <li>• Complaints from loved ones</li> <li>• Unusual or unexplained need for money or financial problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained change in personality or attitude.</li> <li>• Sudden mood changes, irritability, angry outbursts or laughing at nothing.</li> <li>• Periods of unusual hyperactivity or agitation.</li> <li>• Lack of motivation</li> </ul>

DFPS Report on Substance Abuse Purchased Services

Physical Signs	Behavioral Signs	Psychological Signs
<ul style="list-style-type: none"> <li>• Unusual smells on breath, body, or clothing.</li> <li>• Shakes, tremors, incoherent or slurred speech, impaired or unstable coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Silent, withdrawn, secretive or suspicious behaviors.</li> <li>• Sudden change in relationships, friends, favorite hangouts, and hobbies.</li> <li>• Frequently getting into trouble.</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to focus, appearing lethargic or “spaced out.”</li> <li>• Appearing fearful, withdrawn, anxious, or paranoid, with no apparent reason.</li> </ul>

For more information, see the Intranet, [Substance Use and Their Effects](#)

If a caseworker finds a caregiver is using substances which cause a child safety concern, the caseworker should make a referral to Outreach, Screening, Assessment, and Referral (OSAR). OSAR Centers are incorporated into Local Mental Health Authorities (LMHA)/Local Behavioral Health Authorities (LBHA) across the 11 Texas Health and Human Services Regions and can assist the caregiver in receiving community resources as well as substance use disorder treatment, if applicable.

The SMILEY Form, [2062](#) and [2063](#), should be completed prior to the caregiver’s screening.

For more information, see the Intranet, [SMILEY Forms](#)

Additional resources can be found at [Intranet Substance Use page](#)

If you additional concerns or questions, you can find your [Regional Support](#), or email [substanceabusespecialist@dfps.state.tx.us](mailto:substanceabusespecialist@dfps.state.tx.us)