SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

RANDOM DRUG TESTING

I. Service Description

A. Random tests are designed for individuals who may or may not meet the criteria for substance abuse and may or may not actively participate in drug treatment services.

B. The drug test list includes drugs of abuse (illegal drugs), therapeutic drugs (prescription drug-painkillers), mental health medications, etc.), and designer drugs (synthetic marijuana).

C. The provider has to have the ability to provide a maximum of three (3) tests per week as indicated by the referral form.

a) Per DCS Policy 5.20, the suggested frequency ranges from twice weekly to monthly, based on the amount of time the client has been free of substance use and engaged in treatment.

b) In order for a client to complete three (3) tests per week, there must be a court order referencing this frequency.

D. It is expected the referring worker and provider agency will work together to develop a plan to determine the appropriate duration (up to 6 months) of each referral.

E. The provider will adhere to the legal chain-of-custody on all confirmations so the test is admissible in court.

II. Service Delivery

A. The service provider must identify a plan to engage the client in the process.

1. This plan should work with non-cooperative clients including those who believe they have no problems to address, as well as working with special needs clients such as those who are mentally ill or developmentally delayed.

B. The types of drug tests include, but are not limited to, saliva drug test/oral fluid based drug test, hair follicle, and urine.

C. Initial Testing

1. All sample collections drug tests will be observed sample collections tests.
2. The vendor shall also insure all tests are observed by an individual of the same gender as the client.

a) Gender of the client is defined as the gender listed on the client's government issued identification.

b) Provider staff must be aware and sensitive to the sexual and/or gender orientation of clients. If applicable, provider staff should provide information to the client regarding changing their

government issued identification, accessible at https://www.in.gov/bmv/2564.htm.

3. Minimum of substances tested should include:
    a) Alcohol
    b) Amphetamines
    c) Barbiturates
    d) Benzodiazepines
    e) Cocaine
    f) Cannabis
    g) Opiates
    h) Methadone
    i) Oxycodone
    j) Tramadol
    k) Buprenorphine
    l) Synthetic Marijuana
    m) Fentanyl
    n) Methamphetamine
    o) Other drugs indicated by client's history
4. Other substances not listed that the client may report a history of using may also be tested.
5. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain-of-custody documentation.
6. When requested by the referral source, Synthetic Marijuana will not undergo the testing process and will only undergo the confirmation testing to ensure accurate results.
7. For urine tests, testing for creatinine levels shall be conducted on all samples.
    a) The vendor shall also insure testing for total Cannabinoids per mg of creatinine using spectrophotometer technology.
    b) The vendor shall insure testing for specific gravity on all samples with a creatinine level below 20 mg per deciliter.
    c) The vendor shall also ensure the administration of a nitrite test on any specimen that contains no creatinine and has a specific gravity test of 1.000.
8. Initial testing shall be conducted utilizing an enzyme immunoassay method. Testing should occur for the following substances utilizing the cut-off levels listed below:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	1000NG/ML	20NG/ML	500PG/MG
Cannabinoids	50NG/ML	1NG/ML	1PG/MG
Benzodiazepines	300NG/ML	10NG/ML	200PG/MG
Methamphetamine (including ECSTACY(MDM), ADAM (MDA)	1000NG/ML	20NG/ML	500PG/MG
Opiates	2000NG/ML	10NG/ML	200PG/MG
Cocaine	300NG/ML	5NG/ML	500PG/MG

*Hair uses = PG/MG = weight

*For all other substances tested use recommended laboratory cutoff levels

9. All negative samples held by the laboratory will be retained for one week.
   a) A retention time extension may be requested based upon need.
   b) Confirmations will be completed on negative samples if requested.

D. Confirmation Testing

1. Confirmation testing shall be conducted utilizing CG/MS or LC/MS/MS Technology on all samples initially testing POSITIVE. The following cut-off levels shall be utilized:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	500NG/ML	10NG/ML	300PG/MG
Cannabinoids	15NG/ML	.5NG/ML	.05PG/MG
Benzodiazepines	100NG/ML	1NG/ML	50PG/MG
Methamphetamine (including ECSTACY(MDM), ADAM (MDA)	500NG/ML	10NG/ML	300PG/MG
Opiates	150NG/ML	5NG/ML	200PG/MG
Cocaine	150NG/ML	1NG/ML	50PG/MG

*Hair uses = PG/M = weight

*For all other substance tested use recommended laboratory cutoff levels

2. All positive samples shall be frozen and maintained for 365 days by the laboratory.
   a) A retention time extension may be requested based upon the need.
3. In situations where the source of the Methamphetamine or Amphetamines is present, and the presence may come into question, the vendor must perform a d-1-isomer differentiation.
   a) This service is to be offered at no additional cost to the Department of Child Services and performed when requested by DCS or Probation.

4. The vendor shall ensure proper legal chain-of-custody procedures are maintained and comply with departmental procedure, state, and federal law.
    a) The vendor shall also ensure complete integrity of each specimen tested and the respective test results.
    b) Receiving, transfer, and handling of all specimens by personnel shall be fulling documented using the proper chain-of-custody.
5. The vendor shall insure that all laboratories used for drug testing purposes must comply with all applicable Federal Department of Health and Human Service, and under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration (SAMSHA) or the College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.
6. A letter to all referred clients will be required within three (3) calendar days of referral with instructions for contacting the agency immediately to begin tests.
    a) It is expected that the first test will be collected within seven (7) calendar days of referral and each subsequent test will be random.
    b) One or more toll free phone lines will be provided for clients to call daily to determine the day their test is to be required.
    c) Agency must have a plan in place to modify the phone messages everyday by 5 am, instructing clients whether to report that day for a test or call again the next day.
7. It is expected that the referring worker and provider agency will work together to develop a plan to administer random testing for clients who do not have access to public transportation or telephone.
8. The referring worker may also indicate the required number of random drug tests.
9. The agency shall update the referring worker, by phone or email, within ten (10) calendar days of the date the referral was sent regarding the status of the referral.
    a) The agency should inform the referring worker of the date the client completed their first test.
    b) If the client has not contacted the agency to complete their first test a consultation with the referring worker should be held to determine the next steps of service.

E. Results Notification

1. The vendor shall notify the local Department of Child Services/Probation Officer of testing results via email or fax on vendor letterhead.
2. The results will also be sent by U.S. mail to the referring county.
3. The vendor shall gain approval from DCS or Probation for any changes in the results notification system.
4. The referring agency will be notified of positive test results within 72 hours of the lab receipt of the sample specimen.
5. The referring agency will be notified of negative test results within 24 hours of the test.
6. No-show alert forms will be provided by the contracted agency to the referring worker within 24 hours of the client's failure to show.
    a) Failure to show may result in an administrative discharge.
    b) Any client who is administratively discharged must request a new referral from the referring worker to begin receiving services again.
7. The DCS/Probation shall be identified in writing if the specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.
8. For those employing urine tests diluted results must be reported on the result form.
9. Testing shall not be conducted on any specimen that does not have a legal chain-of-custody.
    a) All specimens found to be "Adulterated" shall be treated as an Invalid Specimen.
    b) Any specimen without a valid chain-of-custody is to be destroyed.
    c) The referring location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.
10. Monthly reports shall document how many random samples were attempted and completed minus how many "Adulterated" specimens there were for the month.

F. Testing of Additional Substances

1. A provider and/or the referral source may identify the need for testing of additional substances outside of what is specified above.
    a) This may be identified as a need in the entire region or for a specific client being referred.

2. If a contracted provider is proposing to test for additional substances to the already approved list of substances the provider shall submit an updated rate list to the Regional Child Welfare Services Coordinator to be approved by the Regional Services Council.
3. In the instance that the referral source has identified the need for testing of additional substances outside of what is specified above for a referred client, the provider will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.
    a) All testing levels (initial and confirmation) for additional substances outside of what is specified of what is specified above shall be in compliance with Substance Abuse Mental Health Administration (SAMSHA) regulations.
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III. Target Population

A. Services must be restricted to the following eligibility categories.
    1. Parent(s) for whom a DCS assessment has been initiated
    2. Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINs status
    3. Children and their families which have an IA or the children have the status of CHINs or JD/JS
    4. Children with the status of CHINs or JD/JS and their Foster/Kindship families with whom they are placed
    5. Minor children suspected of drug use prior to adjudication
    6. Please Note: An individual under the age of eighteen (18) can only be referred for random urine testing if there is a court order specific to random urine testing and a caregiver/guardian has been approved to observe each test collection.
        a) For this request to be completed, the FCM or Probation Officer must contact Referral@dcs.in.gov.

IV. Goals and Outcomes

A. Goal #1: Drug test results will be provided to the referring worker in a timely fashion.
    1. Outcome Measure: 100% of negative test results will be provided within 24 hours of laboratory receipt of sample.
    2. Outcome Measure: 100% of positive test results will be provided within 72 hours of laboratory receipt of sample.

B. Goal #2: “No Show” alerts based on occurrence.
    1. Outcome Measure: 100% of “no shows” alerts will be provided to referring worker within 24 hours of the client’s failure to show.

V. Minimum Qualifications

A. Sample collection does not require the services of a certified drug abuse counselor.

B. The person providing the service must be trained in sample collection and the chain-of-custody procedures to document the integrity and security of the specimen from time of collection until receipt of the laboratory.

VI. Billable Units

A. Test:

1. The provider needs to submit an all-inclusive rate for the cost associated with conducting the test.
2. The proposal should include all costs from the drug test supplies needed to do the test to the result notifications.
3. The proposed initial rate shall include an all-inclusive rate for the drug test panel, special requests, and administrative costs to administer the test.
4. A separate rate shall be submitted for confirmation costs.

B. The provider cannot claim for the handling of rejected specimens or those otherwise unfit for testing.

1. The vendor shall ensure that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory.

C. Confirmation of Positive Test (lab processing)

1. The confirmation test is for those initial drug tests with a "positive" result, all tests for Synthetic Marijuana, or negative tests with a DCS requested confirmation.
2. The unit rate will include all costs associated with confirming the status of the initial drug test and will include results notification.

D. Interpretation, Translation, and Sign Language Services

1. The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.
2. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.
3. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service.
4. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
5. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.

6. If the agency utilizes their own staff to provide interpretation, they can only bill for the interpretation services. The agency cannot bill for performing two services at one time.

E. Court

1. The provider for this service may be requested to testify in court.
2. A Court Appearance is defined as appearing for a court hearing after receiving a written request (email or subpoena) from DCS to appear in court, and can be billed per appearance.
3. If the provider appeared in court two different days, they could bill for 2 court appearances.
   a) Maximum of 1 court appearance per day per referred family/client.
4. The rate of the court appearance includes all costs associated with the court appearance; therefore, additional costs associated with the appearance cannot be billed separately.

F. Case record documentation for service eligibility must include:

1. A completed and dated DCS/Probation referral form authorizing services
2. Documentation of regular contact with the referred families/children
3. Documentation of test results notification sent to DCS/Probation
4. "No Show" alerts will be provided to referring worker within 24 hours of the client's failure to show
5. Copy of DCS/Probation Case Plan, Informal Adjustment documentation, or documentation of requests for documents given to DCS/Probation.

VII. Service Access

A. All services must be accessed and pre-approved through a referral from the referring DCS staff.

B. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required.

C. Referrals are valid for a maximum of one (1) year unless otherwise specified by DCS.

D. Providers must initiate a re-authorization for services to continue beyond the approved period.

VIII. Adherence to DCS Practice Model

A. Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.

B. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

IX. Interpreter, Translation, and Sign Language Services

A. All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing- impaired.

B. Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.

C. Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

D. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).

E. Sign Language should be done in the language familiar to the family.

F. These services must be provided by a non-family member of the client, be conducted with respect for the socio- cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.

G. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.

H. No side comments or conversations between the Interpreters and the clients should occur.

X. Trauma Informed Care

A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (http://www.samhsa.gov/nctic/):

1. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
2. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

3. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.
4. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

B. Trauma Specific Interventions: (modified from the SAMHSA definition)
1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
2. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
3. The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

C. Provider must respect the culture of the children and families with which it provides services.

D. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.

E. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.
1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
3. The guidebook can be found at: http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf

F. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.

G. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

XI. Training

A. Service provider employees are required to complete general training competencies at various levels.

B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee's level of work with DCS clients.

C. Training requirements, documents, and resources are outlined at: http://www.in.gov/dcs/3493.htm

1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.
2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.
3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

XII. Cultural and Religious Competence

A. Provider must respect the culture of the children and families with which it provides services.

B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.

C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.

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XIII. Child Safety

A. Services must be provided in accordance with the Principles of Child Welfare Services.

B. All services (even individual services) are provided through the lens of child safety.

1. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.
2. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statue, IC 31-33-5-1.

C. All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plans.