

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DRUG TESTING AND SUPPLIES

I. Service Description

- A. These services are designed for individuals who are suspected by DCS workers and Probation Officers of drug and/or alcohol use and require immediate testing.
- B. The drug test includes:
 - 1. Drugs of Abuse
 - a) Illegal drugs
 - 2. Therapeutic drugs
 - a) Prescription drug – Painkillers
 - b) Mental Health medications
 - 3. Designer drugs
 - a) Synthetic marijuana
- C. Vendor must provide all required supplies and courier services to transport all specimens, test results, and testing materials to and from any location within the referring county.

II. Service Delivery

- A. The types of drug tests include, but are not limited to, saliva/oral fluid, hair follicle, urine, blood and alcohol tests.
 - 1. DCS anticipates purchasing bulk saliva/oral fluid tests for administration by DCS staff.
 - 2. Other tests would need to be administered by provider or lab staff.
- B. Services include providing any requested testimony and/or court appearances (to include hearing or appeals).
 - 1. Including chain-of-custody and/or testing procedures/results on an as needed basis
 - 2. Providing certified copies of drug tests, if requested
 - a) Up to 2 years after testing
- C. The vendor shall:
 - 1. Provide Initial Testing and Gas Chromatography/Mass Spectrometry Confirmation (GC/MS) Testing
 - a) Or other federally approved testing methods which may include LC/MS/MS or GC/MS/MS (when the Initial Testing indicate a positive test result) for any location within the referring county.

2. Ensure proper legal chain-of-custody procedures are maintained and comply with departmental procedure, state, and federal law.
 3. Ensure complete integrity of each specimen tested and the respective test results.
 - a) Receiving, transfer and handling of all specimens by laboratory personnel shall be fully documented using the proper chain-of-custody.
- D. Testing shall not be conducted on any specimen without a legal chain-of-custody.
1. All specimens found to be adulterated or contaminated shall be treated as an invalid specimen.
 2. Any specimen without a valid chain-of-custody is to be destroyed.
 3. The submitting location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.
 4. Monthly reports shall document how many random samples were taken minus how many adulterated or contaminated specimens there were for the month.
 - a) This does not apply to oral fluid testing.
- E. Initial Testing
1. All sample collections drug tests will be observed sample collection tests.
 2. Urine drug tests will be 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 history
 - p) Other substances not listed that the client may report a history of using may also be tested.
4. Assurances must be given for accurate results.
 - a) Even if the confirmation process is the only means to ensure accurate results due to the testing process providing inaccurate results.
 5. For urine tests, testing for creatinine levels shall be conducted on all samples.
 - a) The vendor shall also ensure testing for total Cannabinoids per mg. of creatinine using spectrophotometer technology.
 - b) The vendor shall ensure 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.
 6. 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(MDMA), 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

6. When indicated by the referral source, Synthetic Marijuana will not undergo the testing process and will only undergo the confirmation testing to ensure accurate results.
7. 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.

F. Confirmation Testing

1. Confirmation Testing shall be conducted utilizing GC/MS or LC/MS/MS Technology on all samples initially testing POSITIVE.
2. 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(MDMA <td>500NG/ML</td> <td>10NG/ML</td> <td>300PG/MG</td>	500NG/ML	10NG/ML	300PG/MG
Opiates	150NG/ML	5NG/ML	200PG/MG
Cocaine	150NG/ML	1NG/ML	50PG/MG

*Hair uses = PG/MG = weight

* For all other substances tested use recommended laboratory cutoff levels

3. All positive samples shall be frozen and maintained for 365 days by the laboratory. A retention time extension may be requested based upon need.
4. 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.
5. The vendor shall ensure that all laboratories used for drug testing purposes must comply with:
 - a) Applicable Federal Department of Health and Human Service
 - b) Under these federal requirements, are subsumed one of the following:
 - (1) Substance Abuse and Mental Health Services Administration (SAMSHA)
 - (2) The College of American Pathology (CAP)
 - (3) Clinical Laboratory Improvement Act (CLIA) requirements

G. Results Notification

1. The vendor shall notify the Department of Child Services and/or Probation of testing results via email or fax on vendor letterhead.
 - a) The results will also be sent by US Mail to the referring agency.
 - b) The vendor shall gain approval from DCS for any changes in the results notification system.

2. The referring agency will be notified of negative test results within 24 hours of the test.
 - a) The specified time frame is from delivery to the testing laboratory, to the time of notification.
3. Positive test results will be provided within 72 hours of the lab receipt of the sample specimen.
4. For urine tests, diluted results must be reported on the result form.

H. Courier System

1. The vendor will coordinate all courier services to transport all specimens, test results, and testing materials to and from any location within the referring county.
2. Deliveries shall be made during regular working days
 - a) Normally between the hours of 8:00 am and 5:00 pm unless otherwise indicated.
3. The vendor shall be responsible for the cost of all courier services provided under the contract.
 - a) Provide postage paid mailers or next day delivery services for utilization at any location that desires to use this method as an alternative to the courier services.
 - b) This shall be at no additional charge to DCS.
4. The vendor shall provide courier services that maintain the legal chain-of-custody throughout the State of Indiana within 24 hours of requested pick up.
 - a) To include same or next-day delivery

I. Technical Support

1. A toll free number will be available to all DCS local offices and Probation Departments in the State of Indiana to contact for technical support.
2. Technical support staff and laboratory technicians shall be available during normal working hours via the toll free number.
 - a) Technical assistance will be provided at no additional cost.

J. Supplies

1. The vendor shall provide the following supplies:
 - a) Sample containers
 - b) Specimen donor labels
 - c) Evidence security tape
 - d) Evidence bags
 - e) Evidence chain-of-custody forms with seals
 - f) Swabs
 - g) All supplies required for mailing or next day delivery

- h) Any additional supplies necessary for referring specimens to the laboratory
- K. Note Regarding 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.
 - b) 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 Counsel.
 - c) In the instance that the referral source has identified the need for testing of additional substances outside of what is specified for the referred client, the provider will be expected to provide:
 - (1) Reports that state the state minimum level necessary to detect the presence of each substance
 - (2) The level of substance detected
 - (3) The chain of custody documentation
 - d) All testing levels (initial and confirmation) for additional substances outside of what is specified above shall be in compliance with Substance Abuse and Mental Health Administration (SAMHSA) regulations. All rates shall be billed at actual cost.

III. Target Population

- A. Services must be restricted to the following eligibility categories:
 - 1. Parent(s) of children for whom a DCS assessment has been initiated
 - 2. Children and parent(s) who have substantiated cases of abuse and/or neglect
 - 3. Children with a status of CHINS and/or JD/JS
 - 4. Children with the status of CINS or JD/JS and their Foster/Kinship families with whom they are placed
 - 5. Minor children suspected of drug use prior to adjudication

IV. Goals and Outcomes

- A. Goal #1: Services are provided timely as indicated in the service description above.
 - 1. Outcome Measure 1: 100% of courier services will be provided within 24 hours of a request for pick up.
 - 2. Outcome Measure 2: 100% of referring agencies will be notified of negative test results within 24 hours of laboratory receipt of sample specimen.

3. Outcome Measure 3: 100% of referring agencies will be notified of positive test results within 72 hours of laboratory receipt of sample specimen.
- B. Goal #2: Services are provided as indicated in the service description above.
1. Outcome Measure 1: 100% of proper legal chain-of-custody procedures will be maintained and will comply with Departmental Policy, State and Federal Law.
 2. Outcome Measure 2: 100% of all specimens will be tested for illegal drugs or prescription medication if the client does not have a valid prescription.
 - a) Amphetamines, Cannabinoids, Benzodiazepines, Opiates, Cocaine, and Methamphetamines utilizing the cut-off levels listed above.
 3. Outcome Measure 3: 100% of supplies will be provided to referring counties upon request.

V. Minimum Qualifications

- A. A laboratory participating in drug testing must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed requirements of one of the following:
1. Substance Abuse and Mental Health Services Administration (SAMHSA)
 2. College of American Pathology (CAP)
 3. Clinical Laboratory Improvement Act (CLIA)

VI. Billable Units

- A. Providers shall submit a rate list including the cost to provide the tests as defined in the required panel as well as including the cost for any drugs outside the panel that DCS may request.
- B. Providers do not have to provide all of the testing methods.
- C. Providers should be clear in their service and budget narrative as to if the rate for the test includes collection cost or if the proposal is for DCS administered tests.
- D. DCS anticipates purchasing bulk saliva/oral fluid tests for administration by DCS staff.
1. Other tests would need to be administered by provider or lab staff.
 2. The following is a breakdown of test and administrating options:
 - a) Oral Swab - DCS or Provider Administered
 - b) Urine Screen – Provider Administered
 - c) Instant Urine – Provider Administered
 - d) Instant Urine Kit Only—Provider Administered

- e) Hair Follicle Screen – Provider Administered
 - f) Blood Tests – Provider Administered
 - g) Alcohol Tests – Provider Administered
 - h) Instant Saliva – DCS or Provider Administered
- E. The provider cannot claim for the handling of rejected specimens or those otherwise unfit for testing.
- F. 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.
- G. Court
1. The provider of 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 or email request 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.
 4. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- H. Reports
1. If the services provided are not funded by DCS, the 'Reports' hourly rate will be paid
 2. DCS will only pay for reports when DCS is not paying for these services
 3. A referral for 'Reports' must be issued by DCS in order to bill
 - a) The provider will document the family's progress within the report

VII. Case Record Documentation

- A. Case record documentation for service eligibility must include:
 - 1. A completed, and dated DCS/ Probation referral form authorizing services.
 - 2. Receiving, transfer, and handling of all specimens by laboratory personnel shall be fully documented using the proper chain-of-custody.
 - 3. Documentation of notification of test results.
 - a) Diluted results must be reported on the results form
 - 4. The agency will be expected to provider reports that state the minimum level necessary to detect the presence of:
 - a) Each substance
 - b) Level of substance detected
 - c) Chain of custody documentation
 - 5. All negative samples held by the laboratory will be retained for one week.
 - a) A retention time extension may be requested based upon need.
 - 6. All positive samples shall be frozen and maintained for 365 days by the laboratory.
 - a) A retention time extension may be requested based upon need.

VIII. Service Access

- A. All services must be accessed and pre-approved through a referral form 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 six (6) months unless otherwise specified by the DCS.
- D. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. 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.

X. 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.

XI. 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.

XII. 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:
 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.

XIII. 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.
 - 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>
- D. 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.
- E. 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.

XIV. 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 statute, 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.