FY17 DRUG TESTING PRACTICE, POLICY, & PROTOCOLS

Iowa Department of Human Services- DHS

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CHILD WELFARE DRUG TESTING

Purpose of Drug Testing

Drug testing is the process by which a sample of hair, sweat, or urine is obtained from a donor's body and through laboratory analysis the sample is chemically analyzed to determine the presence of certain legal or illegal substances. In child welfare, the safety of children is the primary consideration. Drug testing is conducted to better protect children. Drug testing results often assist in the effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or child welfare service case. Drug testing may indicate a parent/caretaker's past substance use or the absence of an illegal substance. Drug testing may also be used as a check against a parent/caretaker's verbal assertions in regards to usage and/or serve to confirm or contradict what the Department of Human Services (DHS) has learned through direct observation and information gathered from other sources and assessments. With regard to children, drug testing may indicate possible ingestion or exposure to drugs.

Limitations of Drug Testing

Drug testing is limited in terms of its ability to provide sufficient information in determining or predicting a parent/caretaker's behavioral patterns and/or ability to parent effectively. Drug testing results do not reveal the existence nor the absence of a substance abuse disorder. Drug testing results can only determine if a drug or its metabolite is present at or above the established concentration cutoff level. Due to its limitations, drug testing results should not be relied on as the sole measure in determining issues of safety and risk. Drug testing results should be viewed as one component of the accumulated information that needs to be considered during a child abuse assessment and an ongoing child welfare service case.

Approach to Drug Testing

It is important that Department of Human Services (DHS) child welfare workers have a working knowledge of substance abuse and the potential risk it poses to child safety. Addiction is a chronic illness that has a powerful and adverse impact on brain functions. Recovery is a long-term process which often requires months of substance abuse treatment and aftercare services for a parent/caretaker to sufficiently stabilize his or her life.

Substance abuse training is available to all DHS child welfare workers. Additional resources include the DHS Service Area Drug Testing Coordinators and other local staff who are knowledgeable about substance abuse and its treatment. DHS child welfare workers are also encouraged to collaborate with substance abuse and mental health providers and medical personnel who may be involved in the child abuse case. Input sought from these professionals may offer additional insight into the parent/caretaker's substance abuse disorder and treatment results that can often improve child safety.

It is equally important that DHS child welfare workers understand their role when working with a parent/caretaker who is dealing with a substance abuse disorder. That role is to support the client's treatment and recovery and to reduce barriers to those services whenever possible. This is in contrast to a more punitive approach in which the emphasis is on "catching clients" through drug testing and punishing the parent/caregiver in some way if caught. DHS child welfare workers should also be mindful of the language they use. In practice this includes refraining from such things as labeling the parent/caretaker as "cheaters" of drug testing. Such language indicates a lack of understanding that relapse is often a part of active substance abuse treatment and recovery. The role of the DHS child welfare worker should include the use of strength-based language and strategies that assist the parent/caretaker in moving to a more functional level of behavior through abstinence as well as, adherence to the appropriate treatment plan goals regarding substance abuse recovery.

DRUG TESTING 2017

LABORATORY AND COLLECTIONS SERVICES CONTRACTS

On July 1, 2013 two new DHS drug testing contracts were implemented for the purpose of retaining statewide drug testing services. This included a contract for Drug Testing Laboratory Services and a contract for Drug Testing Collection Services. The contractors are listed below followed by a description of the key provisions contained within the contracts including; the types of substances that can be tested in each panel, the types of drug testing, the costs of Laboratory and Collection services, the modes of collections and the cost of court testimony.

Drug Testing Laboratory and Collection Services Contractors

Laboratory Contractor

CSS Inc. (Comprehensive Screening Solutions)
20 E Clementon Road
Suite 201-S
Gibbsboro, NJ 08026

Collection Contractor

Central Iowa Juvenile Detention Center (CIJDC)
2317 Rick Collins Way
Eldora, IA 50627

Substances Tested

The statewide *Drug Testing Laboratory Services Contract* standardizes the number of types of illegal drugs that can be tested in the same panel. This allows for the bundling of compatible kinds of illegal drugs that can be analyzed in the same laboratory procedure which ultimately results in cost savings. All positive lab-based tests are confirmed using the appropriate technology used for that method.

Panels available under the *Drug Testing Laboratory Services Contract* include the following tests:

- Urine 9 panel test that detects THC/marijuana, cocaine, opiates, PCP, benzodiazepines, barbiturates, methadone, propoxyphene, and amphetamines.
- Urine 9 panel test +Alcohol – detects all of the 9 drugs listed above plus alcohol.
- Patch 5 panel that detects THC, opiates, amphetamines, cocaine, and PCP.

- Hair Test 5 panel that detects THC, opiates (including oxymorphone), amphetamines, cocaine, and PCP.
- Urine 14 panel based detects THC/marijuana, cocaine, opiates, barbiturates, methadone, propoxyphene, amphetamine, fentanyl, meperidine, nalbuphine, oxycodone, oxymorphone, and pentazocine.
- Baths Salts panel detects METHEDRONE, METHYLONE, BUTYLONE, MDPV, MEPHEDRONE, 25B-NBOME, 25I-NBOME, 2C-B, FAMP, FMETHAMP, 4-MEC, BUPHEDRON, BZP, CATHINONE, ETHYLONE, FLEPHEDRONE, MBDB, METHCATHINONE, PENTEDRONE, PENTYLONE, and TFMPP.
- K2 panel detects N-PENTANOIC ACID, N-BUTANOIC, N-5-OH-PENTYL, N-5-COOH-PENTYL, N-5-HYDROXYPENTYL, N-4-HYDROXYPENTYL, N-6HYDROXYHEXYL, N-PENTANOIC ACID, N-4-HYDROXYPENTYL, XLR11 N-4-HYDROXYPENTYL, AKB48 N-PENTANOIC ACID, 5-F-AKB48 N-4-OH-PENTYL, 5-F-AKB48 N-4-OH-PENTYL, BB-22 3-CARBOXYINDOLE, PB-22 3-CARBOXYINDOLE, AB-PINACA N-PENTANOIC ACID, ADB-PINACA N-PENTANOIC ACID, 5-F-AB-(4-OH-PENTYL), and ADBICA N-PENTANOIC ACID.

Types of Drug Testing

The following types of drug testing are available under the current contracts:

- Lab-Based Urine
- Hair
- Sweat Patch
- Point of Collection “Instant” Tests for urine screening

Saliva and fingernail drug tests are not available. Drugs previously tested for under these types of tests can now be tested under the methods listed above.

Costs of Laboratory & Collection Drug Testing Services

The charts on the following page list the costs for drug testing laboratory services followed by the costs for collection services. It should be noted that these are two separate services with costs associated with each.

Drug Testing Laboratory Costs

Laboratory Service Costs are per person and type of test conducted.

Test Type	Price per Test - SFY17
Hair - 5 Panel	$52.23
UA - 9 Panel	$15.46
UA - 9 Panel + Alcohol	$17.53
UA - 14 Panel	$30.98
Canceled or Rejected Specimen for Analysis	$15.78
Bath Salts	$41.37
K2	$36.20
Purchased Items	
Urine Instant Test Kit - 10 Panel	$5.00
Sweat Patch - 5 Panel - Sweat Patch includes cost of Laboratory Analysis. (Minimum order quantity - 50 per box)	$32.58

Drug Testing Collection Costs

Collection Service Costs are per person and by the collection mode used. As such, the cost for a drug test per person may differ depending on the type of drug test that is conducted and the collection mode used.

Basic Collection Type (Fixed Site Collection)	Price per Collection (SFY17)**
Hair	$36.94
UA	$36.94
Sweat Patch	$36.94
Instant Urine	$36.94
Bath Salts	$36.94
K2	$36.94
Additional Charge (In-Home & Emergency Collections)	
In-Home Collection*	$143.80*
Emergency Collection*	$187.38*

*Charge for one person at household address.

** If multiple persons are tested at same household address, the Collector is able to charge a collection fee of $36.94 for each sample collected.

For example: DHS authorizes the Collection Contractor an In-Home collection at a family's home. The Collection Contractor needs to collect a UA 9 panel sample from the mother, the father, and the 14 year old son. The charges for this collection are as follows:

- One time/family charge for In-Home Testing = $143.80
- Collection fee for the mother's sample = $36.94
- Collection fee for the father's sample = $36.94
- Collection fee for the son's sample = $36.94
    - Total cost for In-Home Collection = $254.62

Modes of Collection

Under the *Drug Testing Collection Services Contract* there are three modes of collection. These include *Fixed Site, In-Home and Emergency testing.* The locations of Fixed-Sites within each Service Area are based on the average number of drug tests conducted per county/per month. High-volume counties, which are defined as counties with an average of 10 or more collections per week, each have a Fixed-Site.

To address drug testing needs where Fixed-Sites are not located or easily accessible, In-Home testing is available. In addition to Fixed-Site and In-Home collection services, the Drug Testing Collection Services Contract allows for Emergency Testing and collection when an expedited test is required. All collected samples, regardless of the mode of collection used, are to be submitted to the laboratory facility for analysis within two (2) business days of collection.

A comparison chart of the three modes of collection is presented below followed by a definition of each mode of collection and a listing of the parameters in which the mode of collection may be utilized.

Modes of Collection Chart

MODES OF COLLECTION	Requires Prior Approval	One Hour Response of Receipt of Authorization	Collection Within 48 Hours	Collection Within 5 Calendar Days	1 Attempt per Day (Max 2)	Available at All Hours & Days
FIXED SITES	√				√	(Random Hours of Operation)
IN-HOME TESTING	√			√	√	√
EMERGENCY TESTING	√	√	√		√	√

Fixed-Site Testing

"Fixed-Site Testing" means that the client physically goes to a specific site or location to complete a drug test.

- Fixed-Site testing ***must be approved*** by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- The ***days and operational hours at Fixed-Sites are randomized*** with those areas doing a lower volume of drug testing having less hours of operation versus that of a high-volume area. An ***occasional weekend day*** is incorporated into Fixed-Site schedules.
- An ***Advance Monthly Schedule,*** indicating the hours of operation for a Fixed-Site location, is sent to the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee ***10 business days prior to the month of implementation***.
- All Fixed-Site ***attempts and/or collections will be documented and reported*** to the designated Service Area.

In-Home Testing

"In-Home Testing" means that the Collector physically goes out to the client's home or address as arranged to collect a sample.

"In-Home Collection Attempt" means the physical arrival of the Collector at the client's home or address as arranged and includes the related collection efforts performed at the home or address to obtain a sample for laboratory drug testing analysis.

- In-Home Testing ***must be approved*** by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- In-Home testing is ***available at all hours and includes weekends***.
- In-Home Testing should be limited to those circumstances in which ***distance and/or transportation are an issue*** and DHS cannot demonstrate reasonable efforts without bringing the test to the parent. (*To minimize the need for In-Home Testing, attempt to problem solve with the client regarding the utilization of informal supports to assist the client in accessing a Fixed-Site location for drug testing*.)
- The Collector will make an In-Home collection attempt or collect the specimen ***within 5 calendar days of the referral.***

- The Collector shall make *only two In-Home collection attempts* to collect a specimen. DHS will not reimburse beyond one attempt per day, up to a maximum of two attempts. A phone call does not constitute an attempt and cannot be billed.
- As only two attempts are allowed it is essential that *authorizations include the complete address, any unique or case specific information regarding the location and/or barriers to accessing the place of collection and the most likely time that the client will be available.*
- All In-Home *attempts and/or collections will be documented in a collection log and reported/sent* to the designated Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.

Emergency Testing

"Emergency Testing" means when an expedited test is required.

- Emergency Testing *must be approved* by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- Emergency Testing is *available at all hours and includes weekends*.
- Emergency Testing is to be *limited to rare occasions* such as during a child abuse assessment when an immediate drug test may be required.
- When the Emergency Testing authorization is approved, it is recommended that the referring DHS worker and/or supervisor contact the Collector by email or phone to *notify the Collector of the request*. This ensures the authorization is received and noted.
- Within *one hour* of receiving an approved authorization for Emergency Testing, the Collector will respond to the referring DHS worker and/or supervisor by email or phone.
- The Collector shall collect the specimen within *48 hours*.
- The Collector shall make *only two Emergency attempts* to collect a specimen. DHS will not reimburse beyond one attempt per day, up to a maximum of two total attempts.
- All Emergency Testing *attempts and/or collections will be documented and reported* to the designated Service Area Manager, Social Work Administrators and/or Designee.

Court Testimony

Expert court testimony requests should be made through the local DHS Service Area Drug Testing Coordinator and must be approved by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.

Expert Court Testimony Costs

Collections Services	
By phone per hour	$60.00
In-person per hour	$200.00
Laboratory Services	
By phone per hour (*Services available only by phone*)	$125.00

DHS DRUG TESTING PROTOCOLS

FY 2017

The FY 2017 DHS ***Drug Testing Protocols*** *contain statewide drug testing guidelines and best practices for DHS child welfare workers. These replace any previous DHS drug testing protocols as they reflect the parameters and procedures contained within the current Drug Testing Laboratory and Collection Services contracts. Any DHS drug testing beyond these protocols is not recommended but they do not preclude the use of a lesser frequency and/or stopping drug testing altogether if the situation or results warrant it. As knowledge and experience are gained with the application of the statewide collection services system, policies and procedures will be added and/or amended to these protocols to reflect DHS' changing needs and practices with regard to drug testing services.*

Duties of the Child Welfare Worker

DHS child welfare workers must obtain an active authorization that has to be received by the Collection Contractor prior to the Contractor collecting a sample. The Collection Contractor is responsible for providing drug testing collection services at the request of the DHS child welfare worker. In requesting drug testing collection services, the child welfare worker should prescribe to the Collector:

- Type of drug testing to be conducted
- Mode of collection (*Fixed-Site, In-Home, or Emergency*)
- Frequency of the drug testing
- Duration period of the drug testing

Types of Drug Tests & Detection Times

Timing is a critical factor in drug testing. How long a drug remains in the body is dependent upon the specific drug used, the amount of drug that has been introduced into the person's body, the frequency of the drug use, and the person's metabolism. The detection window determines the type of specimen to collect as each type has different detection timeframes. In selecting the appropriate drug test it is important that the Child Welfare Worker be familiar with the strengths and limitations of the different drug tests that are available.

- *Urine Testing*. Most illicit drugs are excreted into urine within 48 hours after use. Urine testing is widely used based on its well-researched results for detecting drug usage in adults and for its cost effectiveness.
- A *Hair specimen test* can detect drug use over several months depending on the length and type of the hair specimen. Additional advantages of hair testing include: the ability to pinpoint long-term changes in drug use patterns, difficulty of substituting specimens or invalidating the test results, and the non-invasive collection method. Disadvantages of hair testing are the test's inability to detect single-drug use within the last 3 days and that the test does not discriminate between recent drug use and drug use that possibly occurred months earlier. Due to these limitations hair specimen testing is not consider effective for monitoring compliance on a regular basis.
- *Sweat patch specimens* are collected by applying a gauze patch with a tamper-evident adhesive seal directly to the skin for typically a 7-day period. The patch is usually applied to the upper arm or upper back. The use of a sweat patch is relatively non-invasive and difficult to tamper with.

- *Point of Collection "Instant" Tests for urine* may be used if there is need for an immediate, preliminary result determination. When considering this type of testing it is always advised to obtain lab-based GC/MS or equivalent confirmation before making significant case-related decisions or seeking court action based on the result.

Behavioral, Relational, Psychological and Physical Indicators

Whenever possible drug testing should be limited to those situations in which documentation of a parent/caretaker's use of an illegal substance is necessary and behavioral, relational, psychological and/or physical indicators exist that could potentially impact a child's safety. Some common behavioral, relational, psychological, and physical indicators are listed below.

Behavioral & Relational Indicators

- Unexplained and sudden need for money, financial problems. Client may resort to theft.
- Sudden changes in friends, hangouts, and/or hobbies.
- Ignoring ongoing responsibilities to children, spouse, and employer.
- Overly and unwarranted aggression, including frequent physical fights with others.

Psychological Indicators

- Unwarranted and unpredictable behaviors including mood swings and angry outbursts.
- An inability to focus on the task at hand. Appears "spaced out" and/or lethargic on a regular basis that may be mixed with periods of hyperactivity.
- Overly anxious and fearful. Paranoid without due reasons.

Physical Indicators

- Sudden weight loss or gain.
- Deterioration of physical appearance, personal grooming and hygiene habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.

Frequency of Drug Testing

When determining the frequency of drug testing or the modification of the frequency, input may be sought from the supervisor, local DHS staff knowledgeable in drug testing, and/or from a substance abuse treatment provider. To determine the frequency of drug testing a number of factors should be taken into account including:

- Type of drug used.
- How long it can be detected.
- Any clinical diagnosis.
- Severity of the substance use disorder.
- Parent/caretaker's historical patterns of use.
- Behavioral, relational, psychological, and/or physical indicators.
- Any input from the substance abuse treatment provider and/or other professionals working with the family.

Appropriate use of Drug Testing

- When used to identify and/or eliminate substance abuse as a possible contributing factor or risk in a child abuse case.
- When used to monitor whether a parent/caretaker is continuing to use.
- As a check against a parent/caretaker's verbal assertions in regards to usage.
- To confirm or contradict what DHS has learned through direct observation and information gathered from other sources and assessments.

Child Abuse Assessments and Drug Testing

- Drug testing conducted during a child abuse assessment must be approved by the Service Area Manager (SAM), Social Work Administrators (SWA), and/or Designee.
- Drug testing requested by a DHS child protection worker should be performed whenever possible during the child abuse assessment.
    - If the drug test is scheduled before the conclusion of the assessment but cannot be administered before the completion of the assessment, document in the written report that an Addendum will be submitted that addresses the result of the drug test; *or*
    - If the worker requested or attempted to have the drug test done before completing the assessment but the test was performed after the conclusion of the assessment.
- Only one drug test per person is allowable during a child abuse assessment.
- At the request of DHS, a health practitioner may perform drug testing of a child before or during a child abuse assessment when the practitioner has determined that it is medically indicated.

Drug Testing Services for Children

- Drug testing of children requires supervisory consultation and approval.
- Drug testing of children should be limited to cases where there is good reason to believe the child has ingested a drug.
- After an initial drug test rarely is it necessary to continue to test young children for accidental ingestion.
- The levels of the drug tests are more critical in children than they are for adults simply because children due to their physical size are more affected by smaller levels of drugs than adults.
- When drug testing is being conducted on children a hair test is the most non-invasive test and will provide detection for a 3-month period of time.
- Older children may be tested more than once if there is a suspicion that they may be using of their own volition.

DHS Statewide Drug Testing Guidelines

- After *two consecutive negative tests and the parent no longer exhibits substance use behavior* routine drug testing should be discontinued. Following supervisory consultation and approval additional testing in these cases may be authorized at any time when behavioral, relational, psychological and/or physical observations indicate that drug use may have been resumed.

- When a parent/caregiver *admits or acknowledges drug use* testing may not be necessary such as in a case where prior testing has continuously yielded positive results. Exceptions to testing when a parent/caregiver admits or acknowledges drug use (*which require prior supervisory consultation and approval*) may include:
    - If behavioral indicators do not fit the admission such as; the parent/caretaker admits to marijuana use but behaviors are indicative of methamphetamine use.
    - The parent/caretaker admits to recent methamphetamine use but denies current use.

  In these situations the child's safety and risk should be assessed to ascertain if any safety factors have risen to the level of a safety threat and if so safety planning is needed.

- Drug testing should not be considered or be continued when the parent/caregiver is an active participant in a *substance abuse treatment program* that requires frequent random drug testing and the testing results are available to DHS.

- Drug testing should not be considered when the parent/caretaker is *being randomly tested by a probation/parole officer* and the testing results are being shared with DHS.

- *Following a positive test result* the client should be referred for a substance abuse evaluation if deemed appropriate.

- Drug testing should be discontinued when a parent/caretaker *refuses to participate* in a substance abuse evaluation or if after completing a substance abuse evaluation the client refuses to follow-through with treatment recommendations.

- At each reauthorization, the worker and supervisor should *review the level of drug testing* to see if it can be decreased or otherwise modified as needed.

- Whenever possible, *share drug testing results across systems*. Sharing drug testing results avoids duplication of services while promoting a more integrated and effective approach to rehabilitation and recovery services. If drug testing is being conducted by other entities and DHS is unable to obtain the results this should be documented in case notes and drug testing begun or resumed as needed.

Court Ordered Drug Testing

- If drug testing is court-ordered and the court order is prescriptive as to the type and frequency of testing, the drug testing should follow the court order. Document this in the case notes.
- If the court order simply states drug testing with no other specifics, this protocol should be followed.
- If drug testing is court-ordered and it is believed that the testing level could be decreased a recommendation or suggestion could be made to the court.

- Inform the court when the parent/caretaker is participating in drug testing with other agencies as the court may accept drug testing results from other agencies.

Drug Testing Services for the Parent/Caretaker

If the expectation is that the parent/caretaker will participate in drug testing services it is essential that they fully understand the purpose and procedures regarding drug testing within the context of child welfare services. In an effort to engage the parent/caretaker in drug testing services the following should be shared with the client in a non-shaming open-ended way:

- The purpose of drug testing *(to assist in case planning and to monitor progress if substance abuse treatment services are warranted).*
- The process and procedures involved in taking a drug sample.
- Random drug testing and how to access the random collection system for date & times of collections.
- The collection methods used in drug testing.
- The meaning and location of Fixed-Sites.
- The meaning of positive and negative test results (*A negative test indicates that no drugs or metabolites were detected in the sample tested above the cutoff level. A positive test indicates a substance was detected*).
- The reason and need for complete disclosure of medical conditions and prescriptions, as well as, any over-the-counter drugs and medication taken. *(With the increase in prescription drug misuse and abuse it is important to get an accurate history of current and recent prescription and over-the-counter medication).*
- How DHS will use drug testing results in assessing the child's safety and risk.
- Possible consequences of positive test results.
- How DHS will interpret a refusal to undergo a drug test.

Effective use of Drug Testing

- Help the parent/caretaker stop using drugs.
- Serve as a positive reinforcement for continued abstinence.
- Motivate the parent/caretaker to become involved in treatment services.

- Encourage a parent/caretaker to self-disclose.

Negative and Positive Drug Testing Results

A discussion of the drug testing results with the parent/caretaker should be done in a timely manner. A *negative result* can provide positive reinforcement and encouragement for a parent/caretaker to participate in treatment interventions and case planning.

A *positive drug test result* may mean a one-time lapse or it may signal a return to chronic use. When a positive test result is received, discuss with the parent/caretaker the possible need for alternative interventions or adjustments in the current treatment services. Where applicable, discussions should also include the substance abuse treatment provider. If behavioral, relational, psychological, and/or physical indicators of substance abuse are present and the parent/caretaker‘s ability to provide safe care for the child is in question, the child’s safety and risk should be assessed to ascertain if any safety factors have risen to the level of a safety threat. If so, safety planning is needed.

Documentation

Document in case notes the need for drug testing. Describe the behavioral, relational, psychological, and/or physical indicators of substance abuse that are present. Indicate the type of drug tests, the frequency of the testing and the mode of collection that was used. Drug testing results and “no shows” should also be documented in case notes.

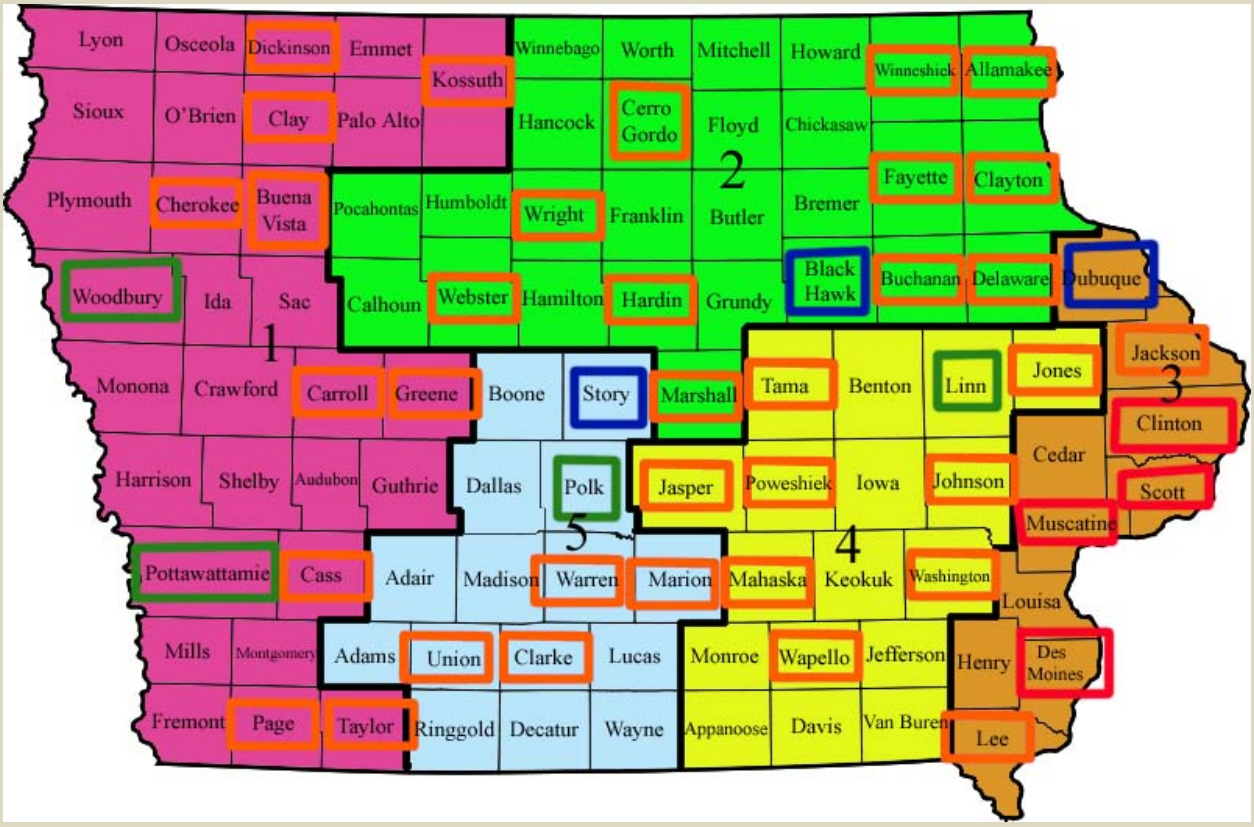
DHS SERVICE AREA DRUG TESTING COORDINATORS

Each of the five DHS Service Areas has designated a person(s) to perform duties related to the Drug Testing Laboratory and Collections contracts. These persons are responsible for the day-to-day implementation of drug testing in their respective Service Areas and provide ongoing consultation and technical assistance to Service Area staff. Additional tasks that Service Area Drug Testing Coordinators are responsible for include: arranging for and approving the purchase of supplies from the laboratory contractor, reviewing and submitting invoices to payments and receipts for final processing, and working with the contractor to resolve any issues that may arise in the provision of services. Service Area Drug Coordinators also receive and review all Service Area requests regarding the internal authorization process and calculate the collection error data.

DHS Service Area Drug Testing Coordinators

Service Area	Primary Contact Person	Telephone	Email Address
Western Service Area	Matt Madsen	712-328-5800	mmadsen@dhs.state.ia.us
Back-up Contact Person	Stacy Burris	712-328-5807	sburris@dhs.state.ia.us
Northern Service Area	John Wright	319-292-2433	jwright@dhs.state.ia.us
Back-up Contact Person	Howard Griffin	319-292-2415	hgriffi@dhs.state.ia.us
Eastern Service Area	Felicia Toppert	563-326-8794	ftopper@dhs.state.ia.us
Back-up Contact Person	Tammi Herbst	563-690-5442	therbst@dhs.state.ia.us
Cedar Rapids Service Area	Kristi Tisl	319-892-6710	ktisl@dhs.state.ia.us
Back-up Contact Person	Sara Baker	641-684-3908	sbaker@dhs.state.ia.us
Des Moines Service Area	Darin Thompson	515-725-2705	dthomps1@dhs.state.ia.us
Back-up Contact Person	David Betsworth	515-725-2617	dbetswo@dhs.state.ia.us

DHS DRUG TESTING FIXED-SITE (FS) MAP



HOURS PER FIXED SITE				
7 Hour FS	**5 Hour FS**	**3 Hour FS**	**2 Hour FS**	**1 Hour FS**
Polk (M-F 11-6)	Linn (M,W,F 1-6)	Pottawattamie	Buena Vista	All Others
	Linn (T/Th 2-7)	Woodbury	Carroll	
			Clay	
			Cherokee	
			Black Hawk	
			Cerro Gordo	
			Marshall	
			Webster	
			Dubuque	
			Lee	
			Scott	
			Jasper	
			Story	

STATEWIDE FIXED-SITE LOCATION LISTING

CENTRAL IOWA DRUG TESTING						
SA #	County	Day/Wk	Hrs/Wk	Agency/Building	Address	City
1	Buena Vista	1	2	Sheriff's Office	411 Expansion Blvd	Storm Lake, IA
1	Carroll	1	2	Courthouse - Basement Level	114 E 6th St	Carroll, IA
1	Cass	1	1	City Hall	23 E 4th	Atlantic, IA
1	Cherokee	1	2	Sheriff's Office	111 N 5th	Cherokee, IA
1	Clay	1	2	Grace United Methodist Church	311 2nd Ave W	Spencer, IA
1	Dickinson	1	1	Sheriff's Office	1802 Hill Ave	Spirit Lake, IA
1	Greene	1	1	Presbyterian Church	208 W. State St	Jefferson, IA
1	Kossuth	1	1	Sheriff's Office	121 W State St	Algona, IA
1	Montgomery	1	1	Sheriff's Office/Police Dept. - Visitation Room	106 E. Coolbaugh St	Red Oak, IA
1	Page	1	1	Page County Safety Center	200 S 15th St	Clarinda, IA
1	Pottawattamie	5	15	Central Iowa Family Services	427 E Kanesville Blvd, Suite #302	Council Bluffs, IA
1	Woodbury	5	15	Central Iowa Family Services	4242 Gordon Drive - Suite 104	Sioux City, IA
SA #	County	Day/Wk	Hrs/Wk	Agency/Building	Address	City
2	Allamakee	1	1	New Life Christian Church	12 - 7th Ave SE	Waukon, IA
2	Black Hawk	3	6	The Neighborhood Hub	805 Adams Street	Waterloo, IA
2	Buchanan	1	1	Decat Office	105 2nd Ave NE	Independence, IA
2	Cerro Gordo	1	2	St. James Church	1148 4th St SE	Mason City, IA

2	Clayton	1	1	Sheriff's Office	22680 230th Street	St. Olaf, IA
2	Delaware	1	1	Americas Best Value Inn	1020 W Main St	Manchester, IA
2	Fayette	1	1	Grace United Methodist Church	9 1st Street NE	Oelwein, IA
2	Hardin	1	1	Central Iowa Detention	2317 Rick Collins Way	Eldora, IA
2	Marshall	1	2	Hope United Methodist Church	2203 S 3rd Ave	Marshalltown, IA
2	Webster	1	2	First United Methodist Church-Admin Building	127 N. 10th St.	Fort Dodge, IA
2	Winneshiek	1	1	Sheriff's Office - Conference room by the city hall – 1st door on left	400 Claiborne Drive	Decorah, IA
2	Wright	1	1	Sheriff's Office - Jail Lobby	719 2nd St SW	Clarion, IA
SA #	County	Day/Wk	Hrs/Wk	Agency/Building	Address	City
3	Clinton	2	2	Erickson Center Meeting Room 1	1401 11th Ave N	Clinton, IA
3	Des Moines	2	2	First United Methodist Church-The Loft Building	416 Jefferson St	Burlington, IA
3	Dubuque	3	6	Central Iowa Family Services in Grandview Plaza	419 North Grandview Ave	Dubuque, IA
3	Jackson	1	1	Faith Community Church	511 W Summit Street	Maquoketa, IA
3	Lee	1	2	Sheriff's Office	2530 255th St	Montrose, IA
3	Muscatine	2	2	Muscatine Center for Social Action (MCSA)	312 Iowa Ave	Muscatine, IA
3	Scott	2	2	The Center	1411 Brady Street	Davenport, IA
SA #	County	Day/Wk	Hrs/Wk	Agency/Building	Address	City
4	Jasper	1	1	Sheriff's Office	2300 Law Center Drive	Newton, IA
4	Johnson	1	1	Sheriff's Office	511 S. Capitol St.	Iowa City, IA
4	Jones	1	1	Police Dept.	100 E 1st St	Anamosa, IA

4	Linn	5	25	Central Iowa Drug Testing	1935 1st Ave SE	Cedar Rapids, IA
4	Mahaska	1	1	Sheriff's Office	214 High Ave E	Oskaloosa, IA
4	Poweshiek	1	1	Grinnell Regional Medical Center	210 4th Ave	Grinnell, IA
4	Tama	1	1	Tama Civic Center	305 Siegel Street	Tama, IA
4	Wapello	1	1	Sheriff's Office	330 W 2nd St	Ottumwa, IA
4	Washington	1	1	Washington County Jail	2185 Lexington Blvd	Washington, IA
SA #	County	Day/Wk	Hrs/Wk	Agency/Building	Address	City
5	Clarke	1	1	Sheriff's Office	220 Townline Road	Osceola, IA
5	Dallas	1	1	Sherriff's Office	201 Nile Kinnick Dr N	Adel, IA
5	Marion	1	1	Sheriff's Office	211 N Godfrey Lane	Knoxville IA
5	Polk	5	35	Central Iowa Family Services	2911 Merle Hay Rd	Des Moines, IA
5	Story	3	6	Collegiate United Methodist Church - East Door	2622 W. Lincoln Way	Ames, IA
5	Union	1	1	Mon – Fri = The Depot, downstairs Sat & Sun: Sheriff's Office	116 West Adams Street 302 N Pine St	Creston, IA
5	Warren	1	1	Weekday: Police Dept. @ 110 N 1st St	Weekend: Sheriff's Office @115 N Howard	Indianola, IA