

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL**

**AGENCIES' IMPLEMENTATION OF AND COMPLIANCE  
WITH THE DISTRICT'S MANDATORY EMPLOYEE DRUG  
AND ALCOHOL TESTING (MEDAT) POLICY**

REPORT OF SPECIAL EVALUATION

**June 2013**



**CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



June 24, 2013

**Via Hand Delivery**

Shawn Stokes  
Director  
Department of Human Resources  
One Judiciary Square  
441 4<sup>th</sup> Street, N.W., Suite 330 South  
Washington, D.C. 20001

Dear Ms. Stokes:

Enclosed is our final *Report of Special Evaluation: Agencies' Implementation of and Compliance With the District's Mandatory Employee Drug and Alcohol Testing (MEDAT) Policy (13-I-0056CF)*. Written comments from your agency on the special evaluation team's 5 findings and 15 recommendations are included verbatim in the report. This report will soon be available publicly at <http://oig.dc.gov>. I encourage you to share it with your employees.

We have enclosed *Compliance Forms* on which your staff should record and report to this Office the actions taken on each recommendation. These forms will assist both you and the OIG in tracking compliance with recommendations in the report. Where the form asks for "Agency Action Taken," please report actual completion, in whole or in part, of a recommendation rather than "planned" action. Please ensure that the *Compliance Forms* are returned to the OIG by the response dates noted on the forms.

We appreciate the cooperation shown by DCHR employees during the special evaluation and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the special evaluation, please contact me or Alvin Wright Jr., Assistant Inspector General for Inspections and Evaluations, at (202)727-2540.

Sincerely,

A handwritten signature in cursive script that reads "Charles J. Willoughby".

Charles J. Willoughby  
Inspector General

CJW/ebs

Enclosure

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Letter to Shawn Stokes

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The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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**ACRONYMS AND  
ABBREVIATIONS**

## ACRONYMS AND ABBREVIATIONS

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<b>CFSA</b>	Child and Family Services Agency
<b>CY</b>	Calendar Year
<b>CYSHA</b>	Child and Youth, Safety and Health Omnibus Amendment Act
<b>DCHR</b>	District of Columbia Department of Human Resources
<b>D/DCHR</b>	Director of the Department of Human Resources
<b>DCPL</b>	District of Columbia Public Library
<b>DCPS</b>	District of Columbia Public Schools
<b>DDOE</b>	District Department of the Environment
<b>DDOT</b>	District Department of Transportation
<b>DDS</b>	Department on Disability Services
<b>DGS</b>	Department of General Services
<b>DHS</b>	Department of Human Services
<b>DMH</b>	Department of Mental Health
<b>DOES</b>	Department of Employment Services
<b>DOH</b>	Department of Health
<b>DOT</b>	U.S. Department of Transportation
<b>DPM</b>	District Personnel Manual
<b>DPR</b>	Department of Parks and Recreation
<b>DYRS</b>	Department of Youth Rehabilitation Services
<b>EAP</b>	Employee Assistance Program
<b>E-DPM</b>	Electronic District Personnel Manual
<b>EMT</b>	Emergency Medical Technician
<b>FEMS</b>	Fire and Emergency Medical Services Department

## ACRONYMS AND ABBREVIATIONS

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<b>FTA</b>	Federal Transit Administration
<b>FY</b>	Fiscal Year
<b>GAO</b>	U.S. Government Accountability Office
<b>HR</b>	Human Resources
<b>I&amp;E</b>	Inspections and Evaluations Division
<b>MAR</b>	Management Alert Report
<b>MEDAT</b>	Mandatory Employee Drug and Alcohol Testing
<b>MPD</b>	Metropolitan Police Department
<b>MRO</b>	Medical Review Officer
<b>OIG</b>	Office of the Inspector General
<b>OSSE</b>	Office of the State Superintendent of Education
<b>PFC</b>	Police and Fire Clinic
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>TPA</b>	Third-Party Administrator
<b>WDA</b>	Workforce Development Administration

## **EXECUTIVE SUMMARY**

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## **EXECUTIVE SUMMARY**

## EXECUTIVE SUMMARY

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### Overview

The Inspections and Evaluations Division (I&E) of the Office of the Inspector General (OIG) conducted a special evaluation from January 2012 through December 2012 of the mandatory drug<sup>1</sup> and alcohol testing program as outlined in the District of Columbia Department of Human Resources' (DCHR) *Policy for the Mandatory Drug and Alcohol Testing (MEDAT) of Employees who Serve Children and Youth (Policy)*, [E-DPM Instruction No. 39-2](#). This policy and the Child and Youth, Safety and Health Omnibus Amendment Act of 2004<sup>2</sup> require, in part, the mandatory drug and alcohol testing of District government employees who serve children<sup>3</sup> or youths<sup>4</sup> and whose positions are considered safety-sensitive or “covered positions.”

### Objectives and Methodology

The objectives of the special evaluation were to ascertain: (1) the extent to which agencies subject to the Policy were in compliance with its requirements and procedures regarding mandatory testing; and (2) whether testing records and results are retained appropriately.

To achieve these objectives, the team conducted interviews with officials from DCHR and points of contact at the covered agencies. The team also reviewed MEDAT documents at 15 of these agencies and the D.C. Police and Fire Clinic.

The OIG team interviewed six DCHR officials from its Legal and Compliance Administration, General Counsel's Office, Policy Division, and Compensation and Classification Administration to understand MEDAT processes. At each of the 16 covered agencies, the team interviewed staff members who implement the MEDAT program, otherwise referred to as MEDAT coordinators.<sup>5</sup> The OIG team developed a checklist of questions to ask and observations to conduct at each covered agency. The team assessed compliance with key policy requirements such as: (1) whether employees in safety-sensitive positions received and signed 30-Day Notification Forms of their enrollment in MEDAT; (2) whether applicants and employees in safety-sensitive positions were drug and/or alcohol tested in line with the six circumstances outlined in E-DPM Instruction No. 39-2; and (3) whether supervisors and managers of safety-sensitive employees received mandatory training on reasonable suspicion referrals. The team reviewed MEDAT-related documents and observed work processes for filing these documents. In addition, the team attended a “reasonable suspicion” training facilitated by DCHR.

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<sup>1</sup> D.C. Code § 1-620.31(4) (2006) defines “drug” as “an unlawful drug and does not include over-the-counter prescription medications.”

<sup>2</sup> D.C. Law 15-353; D.C. Code §§ 1-620.31-.37.

<sup>3</sup> D.C. Code § 1-620.31(2) defines “child” as an individual 12 years of age or under.

<sup>4</sup> D.C. Code § 1-620.31(11) defines “youth” as an individual between 13 and 17 years of age.

<sup>5</sup> The team spoke with officials from DCPS but did not conduct a formal interview with them as the team learned that DCPS is not yet testing its safety-sensitive employees.

## EXECUTIVE SUMMARY

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OIG inspections and evaluations comply with standards established by the Council of the Inspectors General on Integrity and Efficiency and pay particular attention to the quality of internal control.<sup>6</sup>

### Summary of Management Alert Report Issued April 27, 2012

According to E-DPM Instruction No. 39-2, DCPS is required to implement a mandatory drug and alcohol testing program for appointees to and employees in safety-sensitive positions. However, the OIG team learned that DCPS had not implemented MEDAT. On April 27, 2012, the OIG issued a Management Alert Report (MAR 12-I-002) to DCPS, DCHR, and the District's Office of the Attorney General about DCPS's failure to test appointees and employees operating in safety-sensitive positions as statutorily required. As of March 2013, DCPS had implemented pre-employment testing, but was not yet testing incumbent safety-sensitive employees.

### Summary of Findings

***The District's MEDAT program lacks quantified random testing goals, which are fundamental to a MEDAT program. Neither the CYSHA nor DCHR's policy issuance articulates minimum annual random testing rates.*** The OIG observed substantial variations in the random testing rates of the District's safety-sensitive employees. By publishing testing frequency guidelines and annual random testing goals, DCHR can ensure that the numbers of random drug and alcohol tests conducted support the District's program objectives and are consistent from year to year.

***DCHR is not effectively auditing and assessing covered agencies' compliance with MEDAT program requirements, which is problematic given that several key agencies, such as CFSA and FEMS, oversee all elements of their testing programs.*** DCHR has not implemented a mechanism to methodically and consistently evaluate covered agencies' compliance with MEDAT requirements and inform them of areas needing improvement.<sup>7</sup>

***Implementation and application of the District's MEDAT policy have been extremely inconsistent.*** The CYSHA says that the District's MEDAT program must be implemented as a single program. Currently, however, the District's MEDAT program is a patchwork of differing procedures and disparate implementation. Not all covered agencies conduct required testing, and some covered agencies implemented their own policies that differ subtly yet significantly from the CYSHA.

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<sup>6</sup> "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (November 1999).

<sup>7</sup> **DCHR's June 2013 Comment, as Received:**

*At the time of the initial assessment by OIG, this was correct. However, DCHR has now taken steps to establish a means to effectively ensure that all covered agencies are compliant with CYSHA. We have established a Compliance unit with dedicated FTEs, who in June of 2012 developed a special evaluation questionnaire and submitted to each covered agency. We have collected the corresponding data and are in the process of evaluating the findings so that we may issue appropriate recommendations to each agency, as needed.*

## EXECUTIVE SUMMARY

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**Information on MEDAT activities and results is not communicated with covered agencies.**<sup>8</sup> For those covered agencies in which DCHR coordinates testing, DCHR is not sharing all relevant MEDAT information. For example, DCHR provides agencies with positive test results for employees in safety-sensitive positions but does not inform agencies of employees' negative test results so they may retain this information in agency records. DCHR does not communicate to agencies whether all employees showed up for testing when summoned. DCHR does not appear to consistently communicate test results for applicants to covered positions.<sup>9</sup>

**Not all supervisors and managers are trained on how to make "reasonable suspicion" referrals.** Many supervisors and managers of employees in safety-sensitive positions have not received reasonable suspicion training as required.<sup>11</sup>

### Recommendations

This report makes 15 recommendations to improve the deficiencies noted and increase the effectiveness of the District's MEDAT program. The recommendations fall into the following general categories: (1) instituting mechanisms to assess compliance with program performance and training requirements; (2) improving inter-agency communication to ensure compliance with MEDAT policy; and (3) assessing current responsibilities of MEDAT officials to identify more efficient work processes.

This report provides a summary for each covered agency showing areas the team identified as performing well and those needing improvement. Rather than the OIG issuing formal recommendations to each agency, DCHR should coordinate with each agency to address the deficiencies noted in this report.

### Methodology

DCHR reviewed the draft of this report prior to publication, and its comments in their entirety are included in this report in the locations where DCHR inserted them

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#### **<sup>8</sup> DCHR's June 2013 Comment, as Received:**

*This is not accurate. At the time of the OIG evaluation, DCHR was not sharing **negative** test results of random drug testing. However, DCHR has always communicated all test results for pre-employment and post-accident testing. With very limited exception, DCHR captures and communicates the attendance of those selected or subjected to tests, as failure to appear is grounds for disciplinary action pursuant to our rules.*

#### **<sup>9</sup> DCHR's June 2013 Comment, as Received:**

*This is incorrect. DCHR consistently communicates test results for all applicants for covered positions; though, the manner in which the information is communicated varies between email (primarily) and Quickbase (intermittently).*

<sup>10</sup> DCHR E-DPM Instruction No. 39.2 defines "reasonable suspicion" as the "reasonable belief by a properly trained manager or supervisor that an employee in a covered position is under the influence of an illegal substance or alcohol, to the extent that the covered employee's ability to perform his or her duties is impaired."

#### **<sup>11</sup> DCHR's June 2013 Comment, as Received:**

*Though not required by our rules, DCHR has, as a best practice, been moving towards ensuring that all managers and supervisors of those in covered positions receive reasonable suspicion training.*

## EXECUTIVE SUMMARY

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During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue pointed out in a finding and recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned and notes that determination in the report.

**Note:** The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

### **Compliance and Follow-Up**

The OIG special evaluation process includes follow-up with DCHR on findings and recommendations. Compliance forms will be sent to DCHR along with this report. I&E will coordinate with DCHR on verifying compliance with recommendations agreed to in this report over an established period. In some instances, follow-up activities and additional reports may be required.

## **INTRODUCTION**

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# **INTRODUCTION**

## INTRODUCTION

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### Overview of District MEDAT Policy

Title 1 of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, D.C. Law 15-353, effective April 13, 2005 (CYSHA), is also referred to as the Mandatory Drug and Alcohol Testing for the Protection of Children Amendment Act of 2004. It requires testing of certain District government job applicants and incumbents, defines a “safety-sensitive position” and other key terms, and enumerates a number of instances/events under which persons in safety-sensitive positions shall be tested, such as following an on-the-job accident and through random selection from a pool of other safety-sensitive employees.

Since enactment of the CYSHA, several agencies implemented their own policies that further define how their safety-sensitive employees will be tested for alcohol and illegal drug use. In December 2006, the Child and Family Services Agency (CFSA) adopted its own policy “to be consistent with the Agency’s mission and applicable Federal and District of Columbia law and regulations including... [the CYSHA.]”<sup>12</sup> In January 2008, the Department of Youth Rehabilitation Services (DYRS) issued its Mandatory Employee Drug and Alcohol Testing (MEDAT) policy “to encourage a drug and alcohol-free environment that reinforces institutional security, fosters the public’s trust, and promotes the health, safety, and welfare of DYRS employees so that they may positively serve the youth assigned to their care and custody.”<sup>13</sup> In March 2009, the Fire and Emergency Medical Services Department (FEMS) issued Bulletin No. 5, “Substance Abuse Policy,” which outlines its policy, events that require testing, testing procedures, rehabilitation programs, and discipline. (See Finding 3 on page 22 for further discussion and analysis of these agency-specific policies.)

In June 2008, roughly 3 years after enactment of the CYSHA, the Department of Human Resources (DCHR) issued its first instruction on the subject, E-DPM Instruction No. 39-1, entitled *Mandatory Drug and Alcohol Testing of Employees who Serve Children and Youth*, which defined the District’s policy, purpose and authority for testing, and procedures for notifying and testing covered employees. In April 2010, E-DPM Instruction No. 39-2 superseded the original instruction and incorporated several updates and revisions to the District’s MEDAT policy.

E-DPM Instruction No. 39-2 states:

It shall be the policy of the District government to subject to drug and alcohol testing each District government employee who, as part of the performance of his or her official job duties, has direct contact with children and youth; is entrusted with the direct care and custody of children or youth; and whose performance of his or her duties in the normal course of employment may affect the health, welfare, or safety of children or youth.<sup>14</sup>

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<sup>12</sup> CFSA Mandatory Employee Drug and Alcohol Testing Policy (Feb. 14, 2007) at 11.

<sup>13</sup> *Id.* at 1.

<sup>14</sup> E-DPM 39-2, Section II (Apr. 28, 2010).

## INTRODUCTION

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E-DPM Instruction No. 39-2 lists the following 16 District government agencies as “covered” agencies in that each has employees in safety-sensitive positions:<sup>15</sup>

- Child and Family Services Agency (CFSA)
- District of Columbia Public Library (DCPL)
- District of Columbia Public Schools (DCPS)
- District Department of the Environment (DDOE)
- District Department of Transportation – Traffic Safety Administration (DDOT)
- Department on Disability Services (DDS)
- Department of General Services (DGS)<sup>16</sup>
- Department of Human Services (DHS)
- Department of Mental Health (DMH)
- Department of Employment Services (DOES)
- Department of Health (DOH)
- Department of Parks and Recreation (DPR)
- Department of Youth Rehabilitation Services (DYRS)
- Fire and Emergency Medical Services Department (FEMS)
- Metropolitan Police Department (MPD)
- Office of the State Superintendent of Education (OSSE)

E-DPM Instruction No. 39-2 includes standards for identifying positions subject to drug and alcohol testing. It states that DCHR, through consultation with the head of the covered agency, must identify the positions that are safety-sensitive. These include those positions with duties such as childcare, recreational and educational activities, case management and support services, medical or clinical services, and youth employment services. In August 2010, DCHR issued E-DPM Instruction No. 4-16, *Requirements for Criminal Background Checks and Traffic Record Checks for the Protection of Children and Youth; Listing of Positions Subject to Criminal Background/Traffic Record Checks, and Drug and Alcohol Testing for the Protection of Children*. It enumerates all safety-sensitive positions in covered agencies that are subject to MEDAT (see Appendix 2 for the list of covered positions from E-DPM Instruction No. 4-16).

### **District’s MEDAT Procedures**

#### **Circumstances Requiring Testing**

E-DPM Instruction No. 39-2 identifies the following six circumstances that require testing:

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<sup>15</sup> **DCHR’s June 2013 Comment, as Received:**

*The instruction lists 15 agencies. DGS is not included in the instruction, as this agency was not in existence at the time. DGS is now considered as an agency which has covered positions. We are in the process of amending Instruction No. 39-2 to formally include DGS.*

<sup>16</sup> DGS was established in October 2011, after E-DPM Instruction No. 39-2 was issued. In November 2011, DCHR issued *Requirements for Criminal Background Checks, Traffic Record Checks, and Drug Alcohol Testing for the Protection of Children and Youth in the Newly Established Department of General Services*, 4-19.

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- Pre-employment – Applicants for safety-sensitive positions must be tested for illegal drug use. Pre-employment alcohol testing is not required. A drug test is typically conducted after a tentative job offer is made but before the applicant’s effective date of appointment into the safety-sensitive position. “No person may be hired, promoted, transferred, or reassigned into a safety-sensitive position unless the pre-employment test result is negative.”<sup>17</sup>
- Random – Covered employees are subject to random drug and alcohol testing while performing safety-sensitive functions. Employees’ names are placed in a pool<sup>18</sup> with other employees and randomly drawn using a scientifically valid method. “[E]ach covered employee shall have an equal chance of being tested every month when selections for testing are being made.... Tests shall be unannounced.... Covered employees selected for random testing shall report to the testing site within one (1) hour of notification.”<sup>19</sup>
- Post-Accident – E-DPM 39-2 defines an “accident” as “any incident involving a motor vehicle and a covered employee,” where there is loss of human life, damage that disables a vehicle, and/or results in the covered employee being issued a citation from the police. (It is important to note that the CYSHA more broadly defines the term “accident.” The CYSHA defines a post-accident employee as someone who, while on duty, “is involved in a vehicular **or other type of accident** resulting in personal injury or property damage, or both, in which the cause of the accident could reasonably be believed to have been the result, in whole or in part, from the use of drugs or alcohol on the part of the employee.” *Id.* § 2031(6) (emphasis added).)
- Reasonable Suspicion – This testing should be done when an employee in a safety-sensitive position is suspected of being under the influence of a controlled substance or alcohol during the course of his/her workday. A trained supervisor makes the initial observation based on such factors as the employee’s appearance, behavior, and speech. A second trained supervisor must substantiate the results of the initial observation before a test referral is made.

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<sup>17</sup> E-DPM Instruction No. 39-2 (Apr. 28, 2010) at 11.

<sup>18</sup> A pool refers to a group of individuals subject to a specific set of random selection parameters, such as the rate (i.e. 50%) and periodicity (monthly) of selections.... The rate is the number of selections as a percentage of the pool size. For example, if there are 100 people in the pool, and the annual rate is 50%, then 50 selections will occur over a year[’]s time. Because the process is random, it is possible that a significant number of the 50 selections will “repeat,” meaning that some people get picked more than once. So a random rate of 50% of a 100 person pool means that you’ll conduct 50 drug tests, not test 50 different people.

[Http://www.questdiagnostics-randoms.com/Main\\_WhyRan.asp](http://www.questdiagnostics-randoms.com/Main_WhyRan.asp) (last visited Mar. 26, 2013).

<sup>19</sup> E-DPM Instruction No. 39-2 (Apr. 28, 2010) at 11 (emphasis in the original).

## INTRODUCTION

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- Return-to-Duty – A covered employee who has disclosed a drug or alcohol problem and completed a rehabilitation program must complete return-to-duty testing before resuming his/her safety-sensitive position. The results must be negative in order for the employee to retain District employment.
- Follow-up – An employee who disclosed a drug or alcohol problem and completes a rehabilitation program is subject to follow-up testing. A minimum of six follow-up tests are administered during the first 12 months; tests may be administered any time the employee is on duty.

### Ensuring Proper Notification of Employees Subject to Testing

According to E-DPM Instruction No. 39-2, vacancy announcements for safety-sensitive positions should include a statement informing each applicant that the position is defined as safety-sensitive and subject to MEDAT. A DCHR official stated that Human Resource Advisors in covered agencies communicate with DCHR's Human Resource Specialists to ensure vacancy announcements reflect this language.

Each employee in a safety-sensitive position must receive formal notification in writing that he/she is subject to MEDAT before any test may be conducted. The employee must be notified at least 30 days before he/she may be tested. Title 6 DCMR § 3904.3 requires each employee in a safety-sensitive position to sign an acknowledgement that he/she received this notification of the requirements of MEDAT (henceforth referred to as the 30-Day Notification Form).

These notification procedures are significant because an employee may disclose a drug and/or alcohol problem without penalty during that period. DCHR's *Individual Notification of Requirements for Drug and Alcohol Testing for the Protection of Children and Youth* form provides District employees the following guidance:

Upon receipt of this advance written notice, if you have a drug or alcohol problem, you will be given an opportunity to seek treatment during the 30-day notification period. An employee who acknowledges a drug or alcohol problem [] during this period must do so by contacting his/her immediate supervisor, agency HR personnel, or the Department of Human Resources' Drug and Alcohol Testing Program Coordinator, and will be given an opportunity to undergo a counseling and rehabilitation program, and will not be subject to administrative action while completing the program.... An employee who fails to disclose a drug or alcohol problem upon receipt of this notice and thereafter tests positive for drugs and alcohol will be subject to administrative action, up to and including termination.

## INTRODUCTION

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### MEDAT Roles and Responsibilities in the District

**Third-Party Administrator** – The District has a contract with a nationally recognized company that serves as a third-party administrator (TPA) for the MEDAT program. The scope of this relationship is defined as follows:

The purpose of this Contract is to provide all services necessary to conduct urine collection for drug testing, breath-alcohol testing for covered employees and applicants for covered positions, and other related services.... Contract service shall include any work related to substance abuse testing; related awareness and employee and supervisory [] training; medical review officer (MRO) functions; expert witness testimony including expertise beyond collection; alcohol testing and MRO services; and program design and/or advisory services which may be necessary.[<sup>20</sup>]

The TPA's MRO reviews and analyzes the laboratory results and, mostly in instances where a specimen tests positive, communicates with specimen donors before the results are relayed to DCHR. The primary purpose of such communication is to determine whether there is a legitimate medical justification for the positive test result. The TPA's website defines the MRO's responsibilities as follows:

- Review the information on the specimen Custody and Control Form [] and determine that the information is forensically and scientifically supportable
- Interview the donor when required
- Make a determination regarding the test result
- Report the verified result to the agency (employer)
- Maintain records and confidentiality of the information

\* \* \*

After interviewing a donor, the MRO may deem it necessary to consult with laboratory or collection site officials, refer the case to a local physician for a face-to-face interview and physical examination (a rare occurrence), or order a retest of the original specimen. Upon conclusion of this process, the MRO will 1. determine that the result is scientifically accurate, lacks legitimate medical explanation, and report the result as positive, or 2. determine that a legitimate medical explanation exists, substantiate

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<sup>20</sup> DISTRICT OF COLUMBIA, DRUG AND ALCOHOL TESTING, CONTRACT NO. DCPO-2012-E-0002, Sec. C.1 (Dec. 1, 2011).

## INTRODUCTION

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and document that explanation, and report the result as negative.<sup>[21]</sup>

The District's TPA provides services to DCHR, which coordinated testing for 10 of the 16 covered agencies in 2012, as well as DYRS and OSSE.<sup>22</sup> DGS safety-sensitive employees were not added to the pool of employees coordinated by DCHR until calendar year 2013. MEDAT program administration varied among the three remaining covered agencies. DCPS, the District agency with the highest number of safety-sensitive employees, had not yet established a MEDAT program during the period of this special evaluation. Neither FEMS nor CFSA uses the services of DCHR's TPA; the OIG obtained calendar year 2012 testing data through the District's Police and Fire Clinic (PFC) and CFSA's TPA, respectively.

**DCHR's MEDAT Program Coordinator** – A DCHR employee serves as the District's MEDAT Program Coordinator. This individual has a variety of responsibilities that include: 1) enforcing policy; 2) coordinating testing procedures with the District's TPA; 3) employee education; and 4) coordinating and facilitating reasonable suspicion training. DCHR's program coordinator is also certified to collect urine specimens, but does so only for pre-employment tests.

DCHR and the TPA administer the MEDAT program for the majority of the covered agencies enumerated in E-DPM Instruction No. 39-2. Each month, those agencies submit to DCHR a list of current employees working in safety-sensitive positions. These names are then communicated to the TPA, where they become part of a random selection pool that is managed by the TPA.

There is a specimen collection facility, which consists of a reception/waiting area and two bathrooms, located in DCHR's office space at 441 4<sup>th</sup> Street, N.W. Certified collectors (who are employed by an entity separate from the TPA) gather urine specimens and administer breathalyzers both at the DCHR facility and at covered employees' work sites. DCHR's MEDAT Program Coordinator also uses the DCHR facility when gathering urine specimens from applicants to safety-sensitive positions. All urine specimens are then shipped to a laboratory for analysis.

**MEDAT Program Administration Outside DCHR** – Two covered agencies, FEMS and CFSA, maintain testing arrangements separate from the one administered by DCHR's TPA. CFSA maintains a contract with another testing laboratory, which analyzes mostly pre-employment and post-accident specimens and reports the results to CFSA. FEMS's safety-sensitive employees are tested at the PFC, which sends specimens to a lab for analysis and reports the results to PFC's medical director.<sup>23</sup>

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<sup>21</sup> [http://www.drugtestingusa.com/mro\\_responsibilities.html](http://www.drugtestingusa.com/mro_responsibilities.html) (last visited Mar. 11, 2013).

<sup>22</sup> Data for the 10 covered agencies that rely on DCHR to coordinate their testing were reported by the TPA as one testing population, i.e., test activity and results were not disaggregated by agency. The District's TPA maintains separate data for the DYRS and OSSE testing populations and reported them to the OIG as separate populations.

<sup>23</sup> While the PFC performs drug and alcohol testing for MPD's sworn officers (who are tested under policies and procedures separate from the District's MEDAT program), DCHR coordinates testing for MPD's civilian employees in safety-sensitive positions, which number approximately 35.

## INTRODUCTION

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### MEDAT Best Practices

The team reviewed MEDAT best practices from various organizations, such as the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), the federal Department of Transportation (DOT), and the Governors Highway Safety Association.

**DOT Guidance and Best Practices for Random Testing** – The DOT Office of Drug and Alcohol Policy and Compliance's [\*What Employers Need to Know About DOT Drug and Alcohol Testing \[Guidance and Best Practices\]\*](#) is one of several authoritative DOT guides pertaining to testing of safety-sensitive employees.<sup>24</sup> It states:

The DOT Agencies and [United States Coast Guard] require employers covered under their regulations to have policies in place that fully explain their drug and alcohol program. Not only must you have policies, but you must also make them available to employees covered under your DOT program.

\* \* \*

Random tests are the key part of your program since they deter employees from using drugs and misusing alcohol. Unless you are regulated by [the Federal Railroad Administration], you don't need to submit a random testing plan to DOT. However, it is a good idea for you to have a written plan to help you objectively and consistently apply your program.

Each DOT Agency sets the random rates for drug and alcohol testing in the industry it regulates. These testing rates are minimums. You can choose to set higher random testing rates for your company.

So if a DOT Agency requires a drug testing rate of 50% and an alcohol testing rate of 10%, then an employer with 100 safety-sensitive employees would have to ensure that 50 or more random drug tests and 10 or more random alcohol tests were conducted during the calendar year....

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<sup>24</sup> The reader should note that while they share the term "safety-sensitive," the job duties of safety-sensitive employees in the transportation industry and those of employees covered by the CYSHA are dissimilar. Safety-sensitive duties subject to DOT drug and alcohol testing guidelines include: commercial airline flight crews, aircraft maintenance personnel, railroad locomotive engineers, public transportation vehicle operators, and commercial ship captains. Title 49 Code of Federal Regulations Part 40, commonly referred to as "Part 40," explains all DOT-required testing, and the definitions and requirements therein are often cited as universal drug testing standards. As evidence of their applicability to the District's safety-sensitive employees, DCHR's contract with its third-party administrator cites 49 CFR Part 40 criteria in relation to the District's MEDAT program.

## INTRODUCTION

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What makes random testing so effective is the element of surprise. While employees know they will be tested, they are never quite sure of when. Random selections and testing should be performed at least quarterly.

### Testing of Contractors Who Work in Safety-Sensitive Positions<sup>25</sup>

Although not a finding in this report, the OIG suggests that DCHR and the Office of the City Administrator discuss assigning oversight responsibility to a specific District government entity to ensure that contractors, i.e., persons employed by an outside entity instead of the District government, working in safety-sensitive positions are subjected to MEDAT as required by law. The CYSHA states that “[e]ach private provider that contracts with the District of Columbia to provide employees to work in safety-sensitive positions ... shall establish mandatory drug and alcohol testing policies and procedures that are consistent with the requirements of this title.” D.C. Code § 1-620.36 (2006). Contractors’ compliance with MEDAT program requirements was not part of the scope of this special evaluation, but the OIG asked DCHR about their oversight role, if any. A DCHR official stated:

Historically[,] DCHR has only been responsible for conducting MEDAT for employees and applicants for safety-sensitive District positions. DCHR has not had a role in providing MEDAT to contractors and is not involved in the selection of, or contracting with private providers. That process takes place outside of DCHR and DCHR is not typically looped into that process even after an agreement has been reached.

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<sup>25</sup> **DCHR’s June 2013 Comment, as Received:**

*Steps to address this concern are already in progress. Proposed legislation changes are pending finalization, which includes “contractors” and discussions are beginning to take place with OCP on this aspect.*

**SUMMARY OF  
MANAGEMENT ALERT REPORT (MAR 12-I-002;  
ISSUED APRIL 27, 2012)**

*District of Columbia Public Schools Does Not Conduct  
Mandatory Drug and Alcohol Testing of Employees in Safety-  
Sensitive Positions as Required by Law*

## SUMMARY OF MANAGEMENT ALERT REPORT

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On April 27, 2012, the OIG issued MAR 12-I-002 to the District of Columbia Public Schools (DCPS), DCHR, and the District's Office of the Attorney General regarding DCPS's failure to establish a MEDAT program as required by law for appointees and employees in safety-sensitive positions. DCPS has roughly 8,243 safety-sensitive employees who provide services and activities annually to an average of 45,000 children and youths. This deficiency potentially puts this vulnerable population at physical risk and could expose the District to fiscal liability and public condemnation in the event of a drug- or alcohol-related incident.

In its May 15, 2012, response to the MAR, a DCPS official stated that DCPS was on schedule to implement the MEDAT program for applicants to safety-sensitive positions during the summer of 2012; would begin reasonable suspicion and random testing for employees in safety-sensitive positions in the fall; and would provide periodic updates of its actions toward this goal to the Inspector General. In its response, DCPS included a timeline of dates and milestones for key aspects of MEDAT to be implemented.<sup>26</sup>

**March 2013 Update:** After issuing the MAR, the OIG requested and received periodic updates from DCPS regarding their progress toward implementing MEDAT. In its most recent update, which the OIG received in March 2013, DCPS stated that it had issued a pre-employment drug testing policy and begun drug testing all applicants to safety-sensitive positions, and was "well on its way to testing current employees for the presence of drugs and alcohol." DCPS said it had accomplished the following since issuance of the MAR:

- drafted an alcohol and drug testing policy and circulated it among union representatives, most notably the Washington Teachers' Union, which represents the majority of DCPS employees;
- secured funding for drug and alcohol testing;
- submitted an invitation for bid for drug and alcohol testing and Medical Review Officer services;
- contracted with the necessary vendors to implement drug and alcohol testing; and
- hired a staff member to implement the drug and alcohol testing program.

The OIG will continue to monitor DCPS's implementation of a MEDAT program.

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<sup>26</sup> Visit [oig.dc.gov](http://oig.dc.gov) to view the April 2012 MAR and DCPS's original response.

**FINDINGS AND RECOMMENDATIONS –  
MEDAT POLICY AND OVERSIGHT**

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

1. **The District’s MEDAT program lacks quantified testing goals, which are fundamental to a MEDAT program. Neither the CYSHA nor DCHR’s policy issuance articulates minimum annual random testing rates or the frequency<sup>27</sup> of random selection. Absent minimum annual testing rates and the frequency of testing needed to meet those minimum rates, extreme variations in the number and frequency of tests will continue.**

*Criteria:* Each year, DOT’s Office of Drug and Alcohol Policy and Compliance publishes annual minimum drug and alcohol random testing rates within DOT agencies and the United States Coast Guard. Employers regulated by those agencies must test at or above the minimum annual random testing rates established by the DOT agency under whose jurisdiction they fall. The following 2013 random testing rates are commonly viewed as best practice benchmarks.

**Table 1 - 2013 DOT Random Testing Rates<sup>28</sup>**

DOT Agency (area of oversight)	2013 Random Drug Testing Rate	2013 Random Alcohol Testing Rate
<b>Federal Motor Carrier Safety Administration</b> (commercial motor vehicles, such as buses and trucks)	50%	10%
<b>Federal Aviation Administration</b>	25%	10%
<b>Federal Railroad Administration</b>	25%	10%
<b>Federal Transit Administration</b> (public mass transportation)	25%	10%
<b>United States Coast Guard (USCG)</b> (maritime industry)	25%	N/A

*Condition:* The CYSHA and subsequent DCHR policy issuances define who will be tested and under what circumstances (e.g., random, post-accident, reasonable suspicion, etc.) but are silent with regard to how often covered employees will be randomly selected for testing and

<sup>27</sup> Frequency is the number and spacing of selection periods during the program period. Typical frequencies are monthly, weekly, quarterly, or daily. Other frequencies are possible and sometimes helpful. A high frequency of selections, i.e., daily, results in a very high level of deterrence. However, it also tends to be more difficult to administer. As a general rule for establishing deterrence, you should use the highest frequency possible given your administrative capabilities.

[https://www.questdiagnostics-randoms.com/Main\\_WhyRan.asp](https://www.questdiagnostics-randoms.com/Main_WhyRan.asp) (last visited Apr. 24, 2013).

<sup>28</sup> See <http://www.dot.gov/odapc/random-testing-rates> (last visited Feb. 27, 2013.)

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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annual goals for the percentage of the covered population that will be tested. DCHR’s E-DPM Instruction No. 39-2 cites a qualitative goal to “protect the children and youth served by the District government by ensuring a safe, drug and alcohol-free work environment and reduce the potential for accidents and injuries to such children . . .”<sup>29</sup> but fails to quantify that goal.

The District’s contract with its MEDAT TPA also fails to establish specific testing goals:

The rate of random testing for drugs, currently a number approximating 70% of the employee[s] eligible each year, is subject to change. The actual number of tests to be performed during the Contract period will vary depending upon such factors as random testing rate and volume of testing other than random.<sup>30</sup> The rate of alcohol testing is currently 30%.<sup>[31]</sup>

**Effect:** Major discrepancies in random testing rates of the District’s safety-sensitive employees were evident. FEMS’s human resources advisor said that each day safety-sensitive employees are randomly selected and notified to report for testing at the PFC. According to the lab used by the PFC, 318 specimens were tested through random selection in 2012, which represents roughly 17% of the pool of FEMS’s safety-sensitive employees.<sup>32</sup> In sharp contrast, CFSA’s TPA reported that only 1 employee out of a pool of approximately 550 safety-sensitive employees, or 0.20% of its pool, was randomly tested for illegal drugs in 2012. At DYRS, 79% of its pool (i.e., 345 tests were administered among a pool of 435 employees) was randomly tested for illegal drugs in 2012, but no employees were randomly tested for alcohol. Within the testing population administered by DCHR, which consists of 1,356 employees<sup>33</sup> across multiple covered agencies, 1,058 random drug tests were conducted, which constitutes an annual random drug testing rate of 78%.

By publishing testing frequency guidelines and annual random testing goals, DCHR and other entities responsible for MEDAT program administration will ensure that the numbers of

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<sup>29</sup> *Id.* at 2.

<sup>30</sup> **DCHR’s June 2013 Comment, as Received:**

*This provision is not included in DCHR’s MEDAT TPA, which establishes as goals 50% for random drug and 10% for random alcohol testing.*

<sup>31</sup> DISTRICT OF COLUMBIA, DRUG AND ALCOHOL TESTING, CONTRACT NO. DCPO-2012-E-0002, Sec. C.1 (Dec. 1, 2011).

<sup>32</sup> Section 9, Random Drug Testing, of FEMS’s Bulletin 5 states that all covered employees shall be subject to random testing for the presence of alcohol, controlled substances, and drugs, and that testing will be conducted “throughout the year. The minimum annual percentage rate of covered employees subject to random testing shall be twenty (20) percent of the average total number of covered employees on the payroll on the first day of each calendar quarter (January 1, April 1, July 1, and October 1).” FEMS’s human resource advisor told the OIG that 206 employees were selected for random testing in 2012, a number that represents 11% of the FEMS testing pool (i.e., 206 specimens out of a population of 1,876 safety-sensitive employees).

<sup>33</sup> **DCHR’s June 2013 Comment, as Received:**

*This number is inaccurate. In 2012, there were approximately 2,000 safety-sensitive employees in the random testing pool.*

OIG Response to DCHR’s Comment: **The OIG calculated the size of the testing population administered by DCHR using information reported by the covered agencies. Using DCHR’s estimate of the size of the random pool it administers, the 2012 random drug testing rate was 53% (1,058 tests administered within a pool of 2,000 employees.)**

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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random drug and alcohol tests conducted support the District’s program objectives and are consistent from year to year. The absence of minimum annual random testing rates also prevents comparison of the District’s program against common testing benchmarks.

### **Recommendations:**

- 1) That the Director of DCHR (D/DCHR) confer with drug testing subject matter experts, including the District’s MEDAT TPA, and establish consistent, minimum annual random drug and alcohol testing rates and testing frequencies for all safety-sensitive employees.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR’s June 2013 Response, as Received: already in progress.*

- 2) That the D/DCHR issue a timely update of E-DPM Instruction No. 39-2 to include minimum annual random drug and alcohol testing rates for all safety-sensitive employees, and ensure that all agency-specific MEDAT policies are updated timely to document the minimum annual testing rates and frequencies established by DCHR.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR’s June 2013 Response, as Received: already in progress.*

- 3) That the D/DCHR collaborate with the Office of Contracting and Procurement to amend its contract with the District’s MEDAT TPA to (1) incorporate the minimum annual random drug and alcohol testing rates and (2) implement reporting procedures that will allow DCHR to readily determine whether the minimum annual testing rates are being met.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR’s June 2013 Response, as Received: already in progress.*

2. **DCHR is not effectively auditing and assessing covered agencies’ compliance with the District’s MEDAT policy. Key monitoring and evaluation duties and activities are not defined, which is particularly problematic given that several agencies, such as FEMS and CFSA, independently administer testing activities within their respective agencies.**

**Criteria:**<sup>34</sup> E-DPM Instruction No. 39-2 states that DCHR’s Program Coordinator for MEDAT is responsible for “planning, directing, implementing, evaluating, and coordinating activities pertaining to [the] Policy.”<sup>35</sup> It states that “[t]he Program Coordinator shall prepare and maintain an Annual Calendar Year Summary of controlled substances and alcohol testing and submit it to all relevant parties in a timely manner.”<sup>36</sup> He/she also should “[p]repare and submit all reports and statistical analyses to the appropriate parties, as required.”<sup>37</sup>

**Condition:**<sup>38</sup> DCHR does not produce an annual MEDAT summary report or agency-specific reports on testing activities and agencies’ compliance with program requirements. A DCHR official expressed concerns to the OIG team that DCHR was not conducting adequate MEDAT compliance monitoring. He/she said that DCHR does not have a scorecard mechanism<sup>39</sup> to measure each covered agency’s progress toward meeting MEDAT goals.

**Cause:**<sup>40</sup> Key oversight responsibilities and methodologies, particularly with regard to covered agencies that administer their own MEDAT programs, are not defined. E-DPM Instruction No. 39-2 outlines testing processes, mandatory employee and supervisor training, and the responsibilities of various individuals (e.g., Program Coordinator, Medical Review Officer, and supervisors). However, it does not outline the expectations for compliance activities, such as who is to evaluate whether covered agencies are meeting MEDAT requirements, the frequency of compliance activities, a methodology to assess compliance, or remedial actions for noncompliant agencies.

**Effect:**<sup>41</sup> By not conducting methodical and consistent monitoring and evaluation of covered agencies’ activities, DCHR and other stakeholders lack assurance that MEDAT requirements are being met. Had DCHR been consistently conducting compliance activities at these agencies, it may have identified and addressed deficiencies observed by the OIG team at some of the covered agencies (*see* the Data On Testing Activities in Covered Agencies section of this report).

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<sup>34</sup> “Criteria” are the rules that govern the activity being evaluated. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

<sup>35</sup> *Id.* Section IX at 7.

<sup>36</sup> *Id.* Section XIX.D.1.

<sup>37</sup> *Id.* Section XIV.C.11.

<sup>38</sup> The “condition” is the problem, issue, or status of the activity being evaluated.

<sup>39</sup> The Balanced Scorecard (BSC) is a strategic performance management tool that includes a semi-standard structured report, which is supported by proven design methods and automation tools. It is used by managers to track the execution of activities by staff and to monitor any consequences from these actions.

[http://en.wikipedia.org/wiki/Balanced\\_scorecard](http://en.wikipedia.org/wiki/Balanced_scorecard) (last visited Apr. 24, 2013).

<sup>40</sup> The “cause” is the action or inaction that brought about the condition being evaluated.

<sup>41</sup> The “effect” is the impact of the condition being evaluated.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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**Accountability:**<sup>42</sup> DCHR is responsible for collaborating with MEDAT coordinators at each covered agency to monitor MEDAT compliance.

### Recommendations:

- 1) That the D/DCHR amend E-DPM Instruction No. 39-2 to clarify the roles and responsibilities of both DCHR and all covered agencies with regard to compliance and auditing duties and activities, particularly in those agencies that administer elements of their MEDAT programs, e.g., FEMS and CFSA. The updated policy issuance should reflect who will be responsible for monitoring MEDAT compliance, the frequency with which compliance activities will occur, how the compliance activities will occur, what areas will be measured at each covered agency, and how and when compliance and auditing activities should be documented and reported.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

- 2) That the D/DCHR develop a standard format for and publish annual compliance reports that summarize each covered agency's MEDAT activities and testing results, and identify program strengths and areas for improvement at each covered agency.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

3. **Implementation and application of the District's MEDAT policy within covered agencies have been extremely inconsistent. Furthermore, some covered agencies have written and implemented their own MEDAT policies that differ subtly, yet significantly, from the CYSHA and DCHR's policy issuance.**

**Criteria:** It is interesting to note that Section 2035 of the CYSHA, entitled "Procedure and employee impact," refers to "a" drug and alcohol testing policy, and that the District's program "**shall be implemented as a single program.**" D.C. Code §§ 1-620.35(a) - (b) (2006) (emphasis added).

**Condition:** Currently, the District's MEDAT program is a patchwork of procedures and disparate implementation.

**DCPS – No MEDAT program in place during calendar year (CY) 2012 –** DCHR issued DPM Instruction No. 39-1 in June 2008. Nearly 5 years passed, and as of March

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<sup>42</sup> "Accountability" is a description of who is responsible for the condition being evaluated.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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2013, DCPS had not yet fully implemented a MEDAT program. The OIG acknowledges that agencies with independent personnel authority, of which DCPS is one, “may adopt any or all of [the] procedures” presented in E-DPM instructions, as they are “strictly procedural in nature and have applicability only to agencies and employees under the personnel authority of the Mayor.”<sup>43</sup> DCPS, however, was unable to explain its lack of progress toward implementing a MEDAT program, especially prior to the OIG’s April 2012 issuance of MAR 12-I-002.

***FEMS – Lack of a single clear policy, particularly with regard to adjudication of positive test results, thwarts understanding and assessment of FEMS’s MEDAT program and contravenes best practices*** – DOT best practices consistently emphasize the need to effectively communicate MEDAT program specifics to covered employees. FEMS’s MEDAT program is not communicated in a single policy document. In fact, according to FEMS, only some provisions of FEMS’s March 2009 “Substance Abuse Policy” bulletin are currently in effect. In their place, provisions of a July 1989 “Substance Abuse Testing Procedures” bulletin and a 1990 collective bargaining agreement apparently still apply to FEMS employees, depending on their role within the department (i.e., sworn member or civilian.) The lack of a single clear policy is problematic, particularly with regard to the adjudication of positive MEDAT results.

In January 2009, then Fire Chief Dennis Rubin issued Memorandum 2009-07 announcing implementation of random drug and alcohol testing in addition to drug screening performed during FEMS members’ annual physicals; the memorandum cites a goal of testing 20% of the FEMS workforce each year. In March 2009, FEMS issued Bulletin 5, which contains explicit protocols for dealing with positive drug and alcohol test results. Most notably, Bulletin 5 contains strong language regarding adjudication:

Any positive alcohol [test result] of .040 or greater or positive drug test after the 30 day notification period is grounds for removal. There will be **no** “Last Chance Agreement” or “Rehabilitation Program” for an employee who tests positive for alcohol at the .040 concentration or controlled substances or drugs after the 30 day notice period....<sup>[44]</sup>

\* \* \*

If, at any time during his/her career, an employee receives a positive result on any confirmation test duly administered for alcohol at a concentration of 0.040 or greater, controlled substances and/or drugs under this Bulletin, the employee shall be charged with violation of the Substance Abuse Policy and shall be recommended for termination.<sup>[45]</sup>

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<sup>43</sup> E-DPM Instruction No. 39-3 (Apr. 28, 2010) at 1.

<sup>44</sup> FEMS Bulletin No. 5 (General Order-2009-03), § 12.1(c). (Mar. 30, 2009) (emphasis in the original).

<sup>45</sup> *Id.* § 13.3.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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In March 2013, FEMS informed the OIG that the provisions cited above, along with others in Bulletin 5 pertaining to discipline and adjudication of positive test results, were not in effect. Rather, provisions regarding rehabilitation and discipline in the July 1989 bulletin currently apply. The July 1989 bulletin states that “uniformed personnel of the Department who are determined to be involved in alcohol and/or controlled substance use/abuse shall be given the opportunity to rehabilitate themselves,” and outlines a mandatory rehabilitation program:

2. The mandatory program requires that the member be tested and counseled while in the program....

....

6. If an employee tests positive on the first confirmation test after entry into the mandatory program at the same or higher level than the proceeding [sic] positive confirmation test, he/she will be terminated for insubordination.
7. If an employee tests positive on the first confirmation test after entry into the mandatory program at a lower level than the proceeding [sic] positive confirmation test for any drug, he/she will be allowed to remain in the program provided his/her test levels for that same drug continue to decrease.<sup>[46]</sup>

With regard to alcohol use, the July 1989 bulletin requires members who test positive to report to the Clinic “for consultation with a member of the medical or psychiatric staff.... Failure to follow specified orders from his/her physician may result in discipline.... Members who fail to cooperate with or follow orders from the medical staff or medical services officer may be disciplined or placed into the retirement system for removal.”<sup>47</sup>

The applicability of some policy clauses but not others, from two documents issued nearly 25 years apart, likely confounds FEMS employees and MEDAT program administrators alike. When asked how the decision to adhere to only some provisions of Bulletin 5 was reached and documented, a senior FEMS official responded to the OIG: “meetings were held with [union representatives] and agreement was subsequently reached.” FEMS, however, could not provide documentation of that agreement, or how it was communicated to employees.

***CFSA – Virtually no random drug testing conducted; no alcohol testing under any circumstance; flawed internal MEDAT policy*** – Despite having implemented an agency-specific MEDAT policy in December 2006 and employing approximately 550 safety-sensitive employees, CFSA conducted 1 random drug test in 2012 and no alcohol testing whatsoever.

CFSA’s MEDAT policy is clear with regard to adjudication of positive test results, yet, insufficient regarding when a particular type of test will be conducted. CFSA’s internal MEDAT policy is unequivocal:

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<sup>46</sup> General Order 10-89, § III.A (July 1989).

<sup>47</sup> *Id.* §§ V.B, V.D, and V.F

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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An employee's refusal to submit to urine or breathalyzer testing, willful tampering with test specimens, any attempt to circumvent the testing process, or positive drug test or breathalyzer test constitutes a violation of this policy, and shall result in termination of employment.<sup>[48]</sup>

CFSA's policy, however, is decidedly less clear with regard to which test will be administered under each circumstance:

All employees subject to this policy shall be tested for drug and alcohol use in the following circumstances:

1. **Applicant Testing** – Drug **or** alcohol [emphasis added] testing is required as a condition of employment....
3. **Post-Accident Testing** – Drug **or** alcohol [emphasis added] testing conducted after an accident involving an employee while on-duty and who is in a vehicular or other type of accident....
6. **Random Testing** – Drug **or** alcohol [emphasis added] testing conducted on a CFSA employee in a safety-sensitive position at an unspecified time for purposes of determining whether the employee has used drugs or alcohol....<sup>[49]</sup>

***DYRS – 79% of the safety-sensitive employee pool was subjected to random drug testing in 2012, but no employees were randomly tested for alcohol; DYRS's agency-specific policy appears to exclude random alcohol testing*** – DYRS implemented its own MEDAT policy in January 2008, which emphasizes the criticality of its employees:

DYRS employees occupy a singularly critical and unique role as they are in a position to influence and mold the perceptions, thoughts, and values of youth. Because DYRS employees serve in this important role, the use, possession or dispensation of alcohol while on duty, or the use, possession, or dispensation of illegal drugs ... by employees is strictly prohibited.<sup>[50]</sup>

DYRS administered random drug testing of its 435 safety-sensitive employees for most of 2012; however, no testing was conducted in July and August 2012 because the agency's MEDAT program coordinators were on approved leave.

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<sup>48</sup> CFSA Mandatory Employee Drug and Alcohol Testing Policy (Feb. 14, 2007) at 5.

<sup>49</sup> *Id.* at 3-4.

<sup>50</sup> DYRS Mandatory Employee Drug and Alcohol Testing Program, DYRS #08-3.10.1A, § II (Jan. 31, 2008).

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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A glaring lapse between policy and practice at DYRS is the fact that in CY 2012, DYRS conducted no random alcohol testing of its employees. While the policy clearly prohibits the use of alcohol by DYRS employees while on duty, testing procedures in DYRS’s policy seem to exclude DYRS employees from random alcohol testing, as it states:

The on-duty impairment of an employee because of alcohol use, on or off duty, is tested using the [breathalyzer] method. **Alcohol testing applies to probable cause and post-accidents.**<sup>51]</sup>

### **Recommendation:**

That the D/DCHR undertake a review of all agency-specific MEDAT policies, and collaborate with covered agencies to ensure their policies comport with and fully implement the requirements of the CYSHA and E-DPM Instruction No. 39-2.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR’s June 2013 Response, as Received: already in progress.*

#### **4. DCHR is not routinely communicating information about testing activity and test results to covered agencies.**

*Criteria:* According to E-DPM Instruction No. 39-2, DCHR’s Program Coordinator is responsible for advising covered agencies’ HR personnel, supervisors, and employees regarding the Policy.<sup>52</sup> The Program Coordinator is responsible for notifying a manager or supervisor of a positive drug or alcohol test, and instructing the covered agency’s HR Advisor to coordinate administrative action in accordance with MEDAT policy.<sup>53</sup> DCHR should release test results only to the employee being tested and to any other official designated by DCHR to receive such results.<sup>54</sup> The instruction also states:

Drug and alcohol test results will be treated as highly confidential and will be disseminated only to persons with a “need to know” to recommend, initiate, or approve actions relating to violations of the Program and this Policy. Where there is no need to be informed of the specific findings, only the fact of a confirmed positive result shall be reported.<sup>55]</sup>

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<sup>51</sup>*Id.* § VII.D.3 (Jan. 31, 2008) (emphasis added).

<sup>52</sup>*Id.* Section XIV.C.3.

<sup>53</sup>*Id.* Section XIV.C.9.

<sup>54</sup>*Id.* Section XV.C.

<sup>55</sup>*Id.* Section XV.D.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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**Condition:** DCHR does not consistently and promptly inform covered agencies whether their employees showed up for random drug-testing when required.<sup>56</sup> For example, a DCPL official told the team that when DCHR schedules a mobile unit to conduct on-site random testing of its employees who work evening hours, DCPL’s MEDAT Coordinator does not receive notification of whether the scheduled testing occurred. A DCHR official stated that vendors who conduct testing during evening hours have not always informed DCHR when tests have occurred, as the vendor schedules these appointments directly with employees.<sup>57</sup> He/she added that DCHR has not had an instance for a while in which an employee has not shown up when required. Another DCHR official said that if employees do not show up for random drug and/or alcohol testing when required, DCHR will notify the covered agency’s MEDAT Coordinator to follow up on the matter as this may be grounds for disciplinary action against the employee.<sup>58</sup>

DCHR officials also stated that DCHR does not share all MEDAT test results with covered agencies. DCHR informs covered agencies of positive test results, as outlined in E-DPM Instruction No. 39-2, as agencies must then initiate the adjudication process, but DCHR does not apprise agencies of employees’ negative test results.

The OIG also noted poor coordination and communication of pre-employment testing. In January 2012, a DCHR official stated that an agency should not hire an applicant for a safety-sensitive position until the agency has checked Quickbase,<sup>59</sup> the system that stores information regarding who has cleared a criminal background check and drug and alcohol testing.<sup>60</sup> In April 2012, a DDOE official stated that he/she will hire applicants prior to knowing the status of their pre-employment MEDAT results. This official added that typically, he/she waits 72 hours after a test has been conducted to receive the results from DCHR. If he/she does not get any feedback, this official assumes the results are negative. The team contacted this official in October 2012 to ascertain why he/she did not look for test results in Quickbase. This official recanted his/her original statement and said that prior to hiring an applicant, he/she waits to receive authorization from DCHR to offer the position. In November 2012, another DDOE official with MEDAT responsibilities stated that DDOE provides the names of applicants to be tested to DCHR and

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<sup>56</sup> **DCHR’s June 2013 Comment, as Received:**

*This is incorrect. On scheduled testing days, the DCHR Coordinator is in on-going communication with each agency’s MEDAT Coordinators to exchange information about the reporting status of the employees selected for testing. DCHR provides to each agency a final update at the end of each testing event.*

<sup>57</sup> **DCHR’s June 2013 Comment, as Received:**

*This is inaccurate. The TPA does not schedule testing appointments directly with employees. After-hours scheduling is almost always coordinated by DCHR and the agency’s MEDAT coordinator. On an infrequent basis, after-hours testing had been scheduled by the agency’s MEDAT coordinator and the TPA, which bypassed DCHR and sometimes led to miscommunication. However, this issue has since been resolved.*

<sup>58</sup> **DCHR’s June 2013 Comment, as Received:**

*This statement is imprecise. When an employee fails to appear for random testing, DCHR notifies the agency’s MEDAT Coordinator and instructs that person on consequent administrative action based on the policy.*

<sup>59</sup> Quickbase is an electronic database used by DCHR. DCHR grants MEDAT coordinators at covered agencies restricted access to it. For further information see <http://quickbase.intuit.com/about-us>.

<sup>60</sup> **DCHR’s June 2013 Comment, as Received:**

*This is incorrect. DCHR prohibits agencies from allowing an applicant to perform safety-sensitive duties until the hiring agency has received from DCHR official notice that the person has yielded a negative drug test result. DCHR communicates all applicants’ test results to the agencies’ MEDAT coordinators primarily via email, and less frequently through Quickbase.*

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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that when DDOE receives confirmation from DCHR that an applicant’s test results were negative, DDOE will contact the candidate to offer the position. Generally, DDOE receives this confirmation from DCHR within 1-2 days. This official added that they receive this communication via email and not through Quickbase, as Quickbase only provides information on criminal background checks.

After hearing varying information about the use of Quickbase, the team contacted a DCHR official and learned that only 4 of 16 covered agencies (DCPL, DDOT, DPR, and OSSE) have access to Quickbase for MEDAT-related purposes. As the team was given the impression initially that District agencies are to check Quickbase for drug test information, the team asked a DCHR official why only four officials had access to Quickbase. A DCHR official stated that “DCHR began to allow agencies to access the database in a limited capacity, upon their request.”<sup>61</sup> He/she added that DCHR communicates positive results to agencies via email so they do not need to access Quickbase. In addition, this official stated that both positive and negative pre-employment test results are retained in Quickbase.

**Cause:** A DCHR official stated that DCHR requires more staff members to perform the many tasks that now are handled by only one person. He/she added that more management support is also needed. The official said that in a few instances, DCHR failed to notify agency officials that a mobile unit conducted testing the previous evening, due to a lack of communication between the contracted collector and DCHR.

E-DPM Instruction No. 39-2 fails to provide guidelines on reporting negative test results to covered agencies so that they have documented outcomes of all tests for their records. Also, it fails to stipulate timeframes within which DCHR’s Program Coordinator should report positive test results to the covered agencies.

**Effect:** Due to DCHR’s failure to consistently report test results via a centralized and structured system, MEDAT coordinators are not always properly informed of whether employees within their respective agencies were tested and the results. If covered agencies are not told timely that employees summoned for testing did not show up, or given the results of drug testing, supervisors and managers at these agencies may not have all the information necessary to make appropriate hiring decisions, take termination or other appropriate disciplinary action, or make other decisions related to testing and management of safety-sensitive employees.

**Accountability:** DCHR is responsible for coordinating random drug testing of all safety-sensitive employees within applicable District government agencies and ensuring that results for all drug and alcohol tests are reported to agency MEDAT coordinators promptly.

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<sup>61</sup> **DCHR’s June 2013 Comment, as Received:**

*DCHR communicates all drug test results for applicants- positive and negative. Quickbase is the means to communicate these results to agencies with higher volumes of referrals for testing. DCHR communicates all applicants’ drug test results via email for the remaining agencies. Email is the sole means of communicating drug/alcohol test results for employees, for all agencies we service.*

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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### Recommendations:

- 1) That the D/DCHR develop a uniform mechanism for notifying covered agencies whether all summoned employees appeared for testing as required.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

- 2) That the D/DCHR ensure that all covered agencies have timely access to MEDAT results for applicants to and employees in safety-sensitive positions.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

5. **All supervisors and managers of employees in safety-sensitive positions have not been trained on how to conduct a reasonable suspicion referral.**<sup>62</sup>

**Best Practices:** DOT's Federal Transit Administration (FTA) issued a *Best Practices Manual: FTA Drug and Alcohol Testing Program*.<sup>63</sup> This manual presents best practices in several areas of mandatory testing, including the need to educate and train supervisors responsible for determining reasonable suspicion of drug and alcohol use. FTA cites various training techniques, such as providing a classroom-structured training led by an instructor or facilitator leads the session. The session should include a lecture, video, or use of some other interactive technology to discuss an organization's policy and issues relevant to its operation, and should be facilitated by a professional knowledgeable about the effects and indicators of substance abuse.

The FTA recommends that the topics covered in reasonable suspicion training include:

- Role and responsibility of supervisors and other company officials who are responsible for determining reasonable suspicion[;]
- Initiating, substantiating, and documenting a test referral[;] and

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<sup>62</sup> **DCHR's June 2013 Comment, as Received:**

*As a best practice, DCHR has been moving towards ensuring that all managers and supervisors of covered employees receive reasonable suspicion training.*

<sup>63</sup> U.S. DEPARTMENT OF TRANSPORTATION'S FEDERAL TRANSIT ADMINISTRATION, BEST PRACTICES MANUAL: FTA DRUG AND ALCOHOL TESTING PROGRAM (Mar. 2002), available at <http://www.fta.dot.gov/documents/BestPractices.pdf> (last visited Apr. 24, 2013).

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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- Intervention and confrontation with employees[.]<sup>64</sup>

FTA states that this comprehensive training program requires 3 hours of training on drug-related issues and another 3 hours about alcohol-related issues. The FTA also produced a video and a *Reasonable Suspicion Referral for Drug and Alcohol Testing Trainer/Trainee Guide*, which are available at no charge on its website.<sup>65</sup> The guide is geared toward front-line supervisors responsible for making reasonable suspicion drug/alcohol testing referrals of employees in safety sensitive positions within transit agencies that receive federal funding. According to the FTA, “[b]ecause identification of suspicious behavior is an important part of a substance abuse prevention program and it is difficult and uncomfortable for many supervisors, many employers require refresher training at specified intervals.”<sup>66</sup>

**Criteria:** D.C. Code § 1-620.32(c) (2006) requires that supervisors of CYSHA-covered employees be trained in substance abuse recognition and receive a second opinion from another supervisor prior to making a reasonable suspicion referral.

According to E-DPM Instruction No. 39-2,<sup>67</sup> covered employees and their supervisors and managers are required to participate in alcohol and substance abuse training provided by DCHR. The training should focus on the dangers associated with controlled substances use and abuse, and prescribed drug abuse; warning signs of controlled substance use and abuse, alcohol abuse and other impairments; and steps to follow when impairment is detected. A supervisor or manager who is responsible for determining whether reasonable suspicion exists and directs a covered employee under MEDAT, must take at least 60 minutes of training in alcohol misuse and 60 minutes of training on controlled substance use and abuse.<sup>68</sup> E-DPM Instruction No. 39-2 also indicates that a trained supervisor has to make the initial observation to require a reasonable suspicion test. This initial observation has to be substantiated by observations of a second trained supervisor before a referral may be made.<sup>69</sup>

**Condition:** During its interviews and observations, the team learned that not all supervisors and managers of employees in safety-sensitive positions had received reasonable suspicion training. DCHR does not track adequately which of these supervisors and managers attended training, and was unable to tell the OIG team whether supervisors and managers at some covered agencies had received training as required by law and E-DPM Instruction No. 39-2.

During its interviews with officials at each of the 16 covered agencies, the team asked whether all current supervisors and managers of safety-sensitive employees had received reasonable suspicion training. Officials from DDOE, DDOT, DDS, DMH,<sup>70</sup> and MPD stated

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<sup>64</sup> *Id.* at 3-6.

<sup>65</sup> See <http://transit-safety.volpe.dot.gov/Training/new/OnlineResources.aspx> (last visited Dec. 19, 2012).

<sup>66</sup> U.S. DEPARTMENT OF TRANSPORTATION’S FEDERAL TRANSIT ADMINISTRATION, BEST PRACTICES MANUAL: FTA DRUG AND ALCOHOL TESTING PROGRAM, 3-7 (Mar. 2002).

<sup>67</sup> *Id.* Section XI.

<sup>68</sup> *Id.* Section XI.B.1.

<sup>69</sup> *Id.* Section XII.B.3(b).

<sup>70</sup> A DMH official stated that the last training on reasonable suspicion occurred in 2008.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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that all of their managers had received training. DHS, DOES, DOH, DCPL, and DYRS<sup>71</sup> officials stated that all of their managers, except for those recently hired, had received this training. However, the team also learned the following:

- A CFSA official stated that not all required supervisors and managers had received reasonable suspicion training, and he/she did not know who had and who had not received it. In addition, the official stated that CFSA had not received an invitation from DCHR to attend training and CFSA has not contacted DCHR to enroll in its training.
- An OSSE official stated that not all of its supervisors and managers had been trained.
- An FEMS official initially informed the OIG team that he/she believed all FEMS supervisors/managers had received reasonable suspicion training but he/she was not certain of this. In response to the team's subsequent request for the number of supervisors/managers who had attended reasonable suspicion training, this official stated that its Medical Director's opinion was that FEMS supervisors are trained as Emergency Medical Technicians (EMTs), and as such, they have the necessary medical background and knowledge to make reasonable suspicion referrals.

**Cause:** DPM Instruction No. 39-2 does not specify the timeframes within which newly hired supervisors and managers should receive reasonable suspicion training, a deficiency that may result in less focus and urgency to ensure that supervisors and managers receive reasonable suspicion training in a timely manner.

**Effect:** Supervisors and managers of safety-sensitive employees are required to be trained by DCHR staff or a qualified vendor before they may make reasonable suspicion referrals. If a supervisor or manager were to make a referral without having received proper training, the employee could challenge disciplinary action taken based on a positive test result. Also, if supervisors and managers are not attending training as required, they may not be able to properly observe employees' behavior and make testing referrals when necessary.

**Accountability:** DCHR is responsible for conducting reasonable suspicion training of supervisors and managers of employees in safety-sensitive positions throughout the District government and maintaining training records in an organized manner that are accessible to MEDAT coordinators from covered agencies.

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<sup>71</sup> A DYRS official commented that 50 of its supervisors and managers had been trained but 6 or 7 newly hired supervisors and managers needed training.

## FINDINGS AND RECOMMENDATIONS – MEDAT POLICY AND OVERSIGHT

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### Recommendations:

- 1) That the D/DCHR determine whether supervisors and managers of safety-sensitive employees in covered agencies have received proper reasonable suspicion training, and ensure that those who have not are trained.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

- 2) That the D/DCHR establish a timeframe in which all newly hired or promoted supervisors and managers of employees in safety-sensitive positions should receive reasonable suspicion training and ensure that it is adhered to.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

- 3) That the D/DCHR ensure that covered agencies' leadership teams understand their supervisors'/managers' obligation to report employees who they reasonably suspect are using drugs and/or alcohol in violation of E-DPM Instruction No. 39-2.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

- 4) That the D/DCHR establish an effective mechanism to track which agency supervisors and managers have completed reasonable suspicion training and identify those who have not.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

*DCHR's June 2013 Response, as Received: already in progress.*

**DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES  
IN COVERED AGENCIES**

**Note:** Data regarding the numbers and types of tests presented in the following tables were provided by DCHR's TPA, the Police and Fire Clinic, and the TPA with which CFSA has a contract. While communicating and collaborating with these entities to obtain CY 2012 data, the OIG found them responsive and accommodating. The OIG encourages DCHR's MEDAT program administrators to communicate regularly with these entities to obtain testing activity and results data that allow DCHR to effectively monitor and analyze covered agencies' compliance with the District's MEDAT policy.

**DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES IN COVERED AGENCIES**

**Table 2 – CY 2012 MEDAT Activity: Drug Testing<sup>72</sup>**

<u>Testing Population</u>	<u>Safety-Sensitive Employees</u>	<u>Urine Specimens Tested</u>	<u>Positive Specimens</u>	<u>Number of Specimens Tested, by Testing Circumstance</u>								
				<u>R</u>	<u>PE</u>	<u>PA</u>	<u>RS</u>	<u>RTD</u>	<u>FU</u>	<u>Other</u>	<u>Total</u>	
<b>DCPS</b>	8,243	0	-									0
<b>FEMS</b>	1,876	2,722	63	318	154	24	6	1	6	2,213	2,722	
<b>DCHR</b>	1,356	2,634	116	1,058	1,539	35	0	0	0	2	2,634	
<b>OSSE</b>	836	709	11	563	75	51	2	2	16	0	709	
<b>CFSA</b>	549	119	0	1	98	20	0	0	0	0	119	
<b>DYRS</b>	435	483	3	345	119	0	0	8	0	11	483	
<b>DGS</b>	217	0	-								0	
<b>Total</b>	<b>13,512</b>	<b>6,667</b>	<b>193</b>	<b>2,285</b>	<b>1,985</b>	<b>130</b>	<b>8</b>	<b>11</b>	<b>22</b>	<b>2,226</b>	<b>6,667</b>	

**Testing Circumstance Abbreviations:**

- R** - Random
- PE** - Pre-employment
- PA** - Post-Accident
- RS** - Reasonable Suspicion
- RTD** - Return to Duty
- FU** - Follow-up

<sup>72</sup> **DCHR** - The DCHR testing population includes applicants to and employees in safety-sensitive positions at the following agencies: Department on Disability Services, Department of Employment Services, Department of the Environment, Department of Health, Department of Human Services, Department of Mental Health, Department of Parks and Recreation, D.C. Public Library, Department of Transportation, and the Metropolitan Police Department. **DGS** – DGS’s testing population is reported separately in the table because DGS employees were not part of the pool of safety-sensitive employees administered by DCHR in CY 2012; DCHR began administering random testing of DGS employees in February 2013.

**FEMS** – The lab that analyzes FEMS specimens reported that for 2,213 specimens, the testing circumstance was not noted on specimen custody forms. FEMS said these specimens were collected as part of FEMS employees' routine annual physical examinations. The lab also reported that 318 specimens were categorized as "random" tests; however, FEMS's HR advisor reported that 206 employees were selected for random testing during the year. The OIG cites the number of random tests reported by the testing lab. One possible explanation for the discrepancy is that other types of drug tests (e.g., annual physical) were mistakenly noted as "random" on custody forms sent to the lab.

DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES IN COVERED AGENCIES

**Table 3 – Analysis of 2012 MEDAT Results: Specimens Testing Positive<sup>73</sup> For Drugs**

<u>Testing Population</u>	<u>Specimens Testing Positive for Drugs</u>	<u>Positive Specimens, by Testing Circumstance</u>							
		<u>R</u>	<u>PE</u>	<u>PA</u>	<u>RS</u>	<u>RTD</u>	<u>FU</u>	<u>Other</u>	<u>Total</u>
DCPS	N/A	-	-	-	-	-	-	-	-
FEMS	63	8	5	1	0	1	8	40	63
DCHR	116	18	98	0	0	0	0	0	116
OSSE	11	11	0	0	0	0	0	0	11
CFSA	0	0	0	0	0	0	0	0	0
DYRS	3	2	0	0	0	1	0	0	3
DGS	N/A	-	-	-	-	-	-	-	-
<b>Total</b>	<b>193</b>	<b>39</b>	<b>103</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>40</b>	<b>193</b>

**Testing Circumstance Abbreviations:**

- R** - Random
- PE** - Pre-employment
- PA** - Post-Accident
- RS** - Reasonable Suspicion
- RTD** - Return to Duty
- FU** - Follow-up
- Other** - E.g., annual physical

<sup>73</sup> For the purposes of this report, the OIG considered a “positive dilute” test result equivalent to a positive result because it is a non-negative result, meaning, illegal drugs were detected in the specimen. “A donor may attempt to decrease the concentration of drugs or drug metabolites that may be present in his or her urine by dilution. Deliberate dilution may occur *in vivo* by consuming large volumes of liquid, often in conjunction with a diuretic, or *in vitro* by adding water or another liquid to the specimen.”

[http://www.workplace.samhsa.gov/DrugTesting/Level\\_1\\_Pages/HHS%20MRO%20Manual%20\(Effective%20November%202011,%202004\).html#ch4d](http://www.workplace.samhsa.gov/DrugTesting/Level_1_Pages/HHS%20MRO%20Manual%20(Effective%20November%202011,%202004).html#ch4d) (last visited Mar. 18, 2013).

## DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES IN COVERED AGENCIES

### Additional Analysis of 2012 Drug Testing Data

As noted in Table 3 above, during CY 2012, 193 out of 6,667 specimens analyzed tested positive for illegal drugs. Roughly half (53%) of all specimens that tested positive for illegal drugs in 2012 (103 out of 193) were collected during pre-employment drug testing administered by DCHR and FEMS.

There are several other statistics from the different testing populations that should be noted. For example, 48 of the 63 FEMS specimens (76%) that tested positive for illegal drugs were collected during routine annual physicals (40 specimens) and random testing (8 specimens). Also, the rate of positive drug tests among applicants to District government safety-sensitive jobs is noticeably higher than the national average among the federally mandated safety-sensitive workforce. The nationwide positivity rate for safety-sensitive, pre-employment drug tests is 1.4%. In the District, the overall positivity rate for safety-sensitive, pre-employment tests was 5.2% (103 out of 1,985) in 2012. The positivity rate within the DCHR testing pool (i.e., for the 10 covered agencies it administers<sup>74</sup>) was even higher: 6.4% (98 out of 1,539) in 2012.

**Table 4 – District Positivity Rates Compared to Federal Workforce Positivity Rates**

<u>Safety-Sensitive Testing Population</u>	<u>Positivity Rate – Random (Drug)</u>	<u>Positivity Rate – Pre-Employment (Drug)</u>
<b>FEMS</b>	2.5%	3.2%
<b>DCHR</b>	1.7%	6.4%
<b>OSSE</b>	1.9%	0.0%
<b>CFSA</b>	0.0%	0.0%
<b>DYRS</b>	0.6%	0.0%
<b>Federal<sup>75</sup></b>	1.4%	1.8%

<sup>74</sup> In 2012, DCHR coordinated testing for the Department on Disability Services, Department of Employment Services, Department of the Environment, Department of Health, Department of Human Services, Department of Mental Health, Department of Parks and Recreation, D.C. Public Library, Department of Transportation, and certain civilian positions in the Metropolitan Police Department.

<sup>75</sup> The federal rates represent over 860,000 tests conducted from January to June 2012 among the “federally mandated, safety-sensitive workforce.” Source: [www.questdiagnostics.com/home/physicians/health-trends/drug-testing.html](http://www.questdiagnostics.com/home/physicians/health-trends/drug-testing.html) (last visited Mar. 26, 2013.) These rates are presented merely for comparison. FEMS conducted 154 pre-employment drug tests in 2012; DCHR administered 1,539 pre-employment drug tests.

**DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES IN COVERED AGENCIES**

**Table 5 – CY 2012 MEDAT Activity: Alcohol Testing**

<u>Testing Population</u>	<u>Safety-Sensitive Employees</u>	<u>Alcohol Tests Conducted</u>	<u>% of Population Randomly Tested</u>	<u>Positive Tests</u>	<u>Number of Breath Alcohol Tests Conducted, by Testing Circumstance</u>								
					<u>R</u>	<u>PE</u>	<u>PA</u>	<u>RS</u>	<u>RTD</u>	<u>FU</u>	<u>Other</u>	<u>Total</u>	
<b>DCPS</b>	8,243	-	-	-									
<b>FEMS</b>	1,876	681	19.1%	2	358	0	24	8	0	265	26	681	
<b>DCHR</b>	1,356	458	31.9%	0	432	1	25	0	0	0	0	458	
<b>OSSE</b>	836	244	17.0%	0	142	53	35	1	1	12	0	244	
<b>CFSA</b>	549	0	0.0%	0	0	0	0	0	0	0	0	0	
<b>DYRS</b>	435	0	0.0%	0	0	0	0	0	0	0	0	0	
<b>DGS</b>	217	-	-	-									
<b>Total</b>	<b>13,512</b>	<b>1,383</b>		<b>2</b>	<b>932</b>	<b>54</b>	<b>84</b>	<b>9</b>	<b>1</b>	<b>277</b>	<b>26</b>	<b>1,383</b>	

**Notes:** Neither DCPS nor DGS conducted any type of drug or alcohol testing during CY 2012; neither had established MEDAT programs. In 2012, FEMS conducted 26 "fitness for duty" breath alcohol tests, which are reflected in the "Other" column. The two positive test results at FEMS occurred during weekly testing administered as part of FEMS's substance abuse rehabilitation program. In 2012, no CFSA employees were tested for alcohol under any circumstance. DYRS also reported that it does not randomly test employees for alcohol, and that it did not conduct any "reasonable suspicion" alcohol tests.

**Testing Circumstance Abbreviations:**  
**R** - Random  
**PE** - Pre-employment  
**PA** - Post-Accident  
**RS** - Reasonable Suspicion  
**RTD** - Return to Duty  
**FU** - Follow-up  
**Other** - Fitness for Duty

**Summary of 2012 Alcohol Testing Data**

In response to an information request from the OIG, the PFC reported that following a "manual count" of records, it determined that a total of 681 breath alcohol tests were conducted on FEMS personnel last year, including 358 random tests. That number of random tests represents an annual testing rate of 19%, which exceeds the 10% minimum annual testing rate for alcohol set by DOT. Again, the reader should note that FEMS's HR advisor reported that a

## DATA, ANALYSIS OF CY2012 TESTING ACTIVITIES IN COVERED AGENCIES

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total of 206 FEMS employees were selected last year for random alcohol testing. Random testing for alcohol in those 10 agencies administered by DCHR and the TPA exceeded 30% of the pool of covered employees.

No alcohol testing was conducted at CFSA and DYRS in 2012. CFSA's TPA confirmed it plays no role with regard to alcohol testing. DYRS told the OIG that no random alcohol tests were conducted in 2012 and though asked, provided no explanation as to why. DYRS also confirmed that it did not conduct any reasonable suspicion alcohol tests in 2012.

### Recommendations:

- 1) That the D/DCHR (1) request written explanations from CFSA and DYRS as to why they appear to be noncompliant with the District's MEDAT policy, which requires random alcohol testing of safety-sensitive employees, and (2) inform the OIG of these findings.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

- 2) That the D/DCHR collaborate with FEMS to identify and correct the reasons for discrepancies in the number of random tests conducted on its safety-sensitive employees as reported by FEMS's human resources advisor and the PFC.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

- 3) That the D/DCHR collaborate with the PFC to identify ways to improve FEMS's ability to track and report MEDAT testing activity, and eliminate the need for manual counts and individual employee file reviews.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

**ASSESSMENTS OF MEDAT OPERATIONS  
IN EACH COVERED AGENCY**

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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This section of the report provides a summary of the strengths and deficiencies in the MEDAT program of each covered agency. This information is based on interviews with each agency's MEDAT coordinator, a review of MEDAT records, and observations of how agencies retained MEDAT results. The interviews and observations were conducted between March and May 2012. Rather than issuing recommendations for improvement to each agency, the OIG suggests that DCHR officials review each summary and coordinate with the respective agencies to ensure that the noted deficiencies are addressed.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Child and Family Services Agency (CFSA)**

400 6<sup>th</sup> Street, S.W.

Washington, D.C. 20024

CFSA is the District's public child welfare agency responsible for protecting child victims and those at risk of abuse and neglect. CFSA has safety-sensitive positions, such as social worker, investigator, and education resource specialist. According to a CFSA official, CFSA had 549 employees in safety-sensitive positions.

### **Deficiencies noted during the 2012 special evaluation:**

- only one random drug test was conducted, and no alcohol testing was conducted in 2012;
- the OIG found problems with CFSA's internal MEDAT policy, such as a lack of goals for testing rates (see the finding on page 22 of this report);
- the team reviewed two vacancy announcements for a safety-sensitive position. One indicated that the candidate would be tested for drugs and alcohol as a condition of employment but did not reflect that the position is designated as a safety-sensitive position subject to MEDAT. The other vacancy announcement stated that CFSA was a drug free workplace, but did not reflect that the employee would be subject to MEDAT;
- the MEDAT Coordinator was not aware of the 30-Day Notification Form and the team found that they were not in employees' files;
- not all supervisors and managers of employees in safety-sensitive positions had been trained to make reasonable suspicion referrals and CFSA's MEDAT Coordinator did not know why; and
- the MEDAT Coordinator did not know how many supervisors or managers had completed reasonable suspicion training as required.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **District of Columbia Public Library (DCPL)**

901 G Street, N.W.

Washington, D.C. 20001

There are approximately 330 employees working in safety-sensitive positions within DCPL. These positions include librarians and custodians.

### **Deficiencies noted during the 2012 special evaluation:**

- a recent announcement for a safety-sensitive position referred to CYSHA and noted there would be pre-employment drug and alcohol testing, but did not mention other testing (such as random), if hired; and
- DCHR does not inform DCPL's MEDAT Coordinator whether evening shift employees have been tested at their worksites.

### **Indicators of compliance with MEDAT policy:**

- DCPL employees receive 30-Day Notification Forms and DCPL secures these signed forms in an organized manner in a locked file cabinet;
- DCPL maintains test results for pre-employment and random testing in a password-protected database;
- each month, DCPL prepares a list of employees in safety-sensitive positions and gives it to DCHR for inclusion in the random testing pool; and
- DCPL supervisors and managers (except two new hires) had received reasonable suspicion training facilitated by DCHR.

### **Other:**

Although not a finding in this report, the team suggests that DCHR communicate with DCPL to assess whether all DCPL employees should be subjected to MEDAT. A DCPL official opined that she/he would prefer that all DCPS employees be included; not all DCPL custodial workers are considered safety-sensitive positions. If they work evening hours, these staff will not be around children and youth as the libraries are closed. However, as these employees may substitute for other custodians during day shifts, this official opined that they should all be tested. As E-DPM Instruction No. 4-16 lists custodial workers at DCPL as occupying safety-sensitive positions, the team asked why all custodial workers were not covered. This official clarified that DCPL is aware that custodial workers are listed in this policy. He/she cited DPM § 416.2(d) which states that “[s]trictly tangential, casual, or occasional contact with children or youth does not automatically make an employee or volunteer subject to the criminal background check requirement or traffic record check requirement of the Act; except that the personnel authority has discretion to make case-by-case decisions on whether a position is a covered position subject to these rules[.]”

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **District of Columbia Public Schools (DCPS)**

1200 First Street, N.E.  
Washington, D.C. 20002

DCPS is a cabinet-level agency subordinate to the Mayor that provides educational resources and activities to an average of 45,000 students annually. DCPS has 8,243 employees working in safety-sensitive positions. According to the Policy, safety-sensitive positions include those with duties and responsibilities pertaining to educational activities, childhood development services, and mentoring services.<sup>76</sup>

### **Deficiency noted during the 2012 special evaluation:**

- the OIG issued MAR 12-I-002 regarding DCPS's failure to implement a mandatory drug and alcohol testing program (*See* page 15 of this report, and [www.oig.dc.gov](http://www.oig.dc.gov) for additional information).

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<sup>76</sup> E-DPM Instruction No. 4-16, lists specific titles of safety-sensitive positions subject to drug and alcohol testing. The issuance cites DCPS as a covered agency, but does not list any safety-sensitive positions for DCPS.

### **District Department of the Environment (DDOE)**

1200 First Street, N.E.  
Washington, D.C. 20002

The mission of DDOE is to “improve the quality of life for the residents and natural inhabitants of the nation’s capital by protecting and restoring the environment, conserving our natural resources, mitigating pollution, and educating the public on ways to secure a sustainable future.”<sup>77</sup> DDOE currently has four Fish and Wildlife Biologists who work in safety-sensitive positions at its Aquatic Resources Education Center.

### **Deficiencies noted during the 2012 special evaluation:**

- files for two employees in a safety-sensitive position did not contain the 30-Day Notification Form as required. The MEDAT Coordinator had not yet created a file for an employee who was recently hired; and
- DDOE supervisors and managers had not received reasonable suspicion training since 2009.

### **Indicators of compliance with MEDAT policy:**

- a vacancy announcement for a safety-sensitive position noted that the selected candidate would be subject to MEDAT;
- each month, DDOE prepares a list of current employees in safety-sensitive positions and gives the information to DCHR for inclusion in the random testing pool;
- MEDAT documents were stored securely; and
- youths hired during the summer are subject to MEDAT.<sup>78</sup>

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<sup>77</sup> [Http://green.dc.gov/page/about-ddoe](http://green.dc.gov/page/about-ddoe) (last visited July 12, 2012).

<sup>78</sup> During an interview, a DDOE official stated that these youths are not tested. When the team followed up on this, the official who operates DDOE’s summer youth program stated that hired youths are covered by MEDAT policy and procedures. A DCHR official confirmed that he/she coordinates testing for covered youths in the District’s Summer Youth Employment Program.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **District Department of Transportation (DDOT)**

55 M Street, S.E., Suite 400  
Washington, D.C. 20003

DDOT has approximately 281 employees working in safety-sensitive positions, such as safety technicians, parking enforcement, and traffic control.

### **Deficiency noted during the 2012 special evaluation:**

- DDOT employees with a tour of duty starting between 7 a.m. to 9 a.m. are notified to report for random testing but are not always able to leave their posts during their regular shift due to a lack of replacements. Consequently, an employee may not be available for testing until after the second shift between (2 p.m. and 4 p.m.), at which time, the employee is eligible for overtime pay.

### **Indicators of compliance with MEDAT policy:**

- DDOT updates and provides to DCHR a monthly report listing employees in safety-sensitive positions that reflects any changes in employee status; e.g., new hires, terminations, retirements, and employees on extended leave;
- a vacancy announcement for a safety-sensitive position noted that the candidate would be subject to MEDAT, if hired;
- employees in safety-sensitive positions receive 30-Day Notification Forms and DDOT secures these signed forms in an organized manner in a locked file cabinet;
- all supervisors and managers in safety-sensitive positions had received reasonable suspicion training and DDOT was attempting to arrange a refresher course; and
- DCHR provides DDOT positive and negative test results for pre-employment testing, usually within 2 days, so DDOT may process applications accordingly.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department on Disability Services (DDS)**

1125 15<sup>th</sup> Street, N.W.  
Washington, D.C. 20005

DDS consists of the Developmental Disabilities Administration (DDA) and the Rehabilitation Services Administration (RSA). DDA “ensures that residents with intellectual disabilities receive the services and support they need to lead self-determined and valued lives in the community.”<sup>79</sup> RSA helps “persons with disabilities achieve a greater quality of life by obtaining and sustaining employment, economic self-sufficiency, and independence.”<sup>80</sup> DDS has approximately 49 employees working in safety-sensitive positions, such as nurse, motor vehicle operator, vocational rehabilitation specialist, and medical officer.

### **Deficiency noted during the 2012 special evaluation:**

- a vacancy announcement for a safety-sensitive position at DDS noted that DDS is a drug free workplace, but omitted that the candidate would be subject to MEDAT, if hired.

### **Indicators of compliance with MEDAT policy:**

- each month, DDS produces an internal monthly report entitled “Employees Subject to Drug and Alcohol Testing” that includes the names of those in safety-sensitive positions, those newly-hired, and those who left DDS;
- DDS employees in safety-sensitive positions receive 30-Day Notification Forms and DDS secures these signed forms in an organized manner in a locked file cabinet; and
- all supervisors and managers of DDS employees in safety-sensitive positions had received reasonable suspicion training from DCHR. DDS also had employees who were qualified to facilitate reasonable suspicion training.

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<sup>79</sup> [Http://dds.dc.gov/DC/DDS/About+DDS/Who+We+are?nav=0&vgnextrefresh=1](http://dds.dc.gov/DC/DDS/About+DDS/Who+We+are?nav=0&vgnextrefresh=1) (last visited July 12, 2012).

<sup>80</sup> *Id.*

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of General Services (DGS)**

2000 14<sup>th</sup> Street, N.W.  
Washington, D.C. 20009

Established in October 2011, DGS provides real estate and facility management services. It assumed the functions and responsibilities of the Department of Real Estate Services, Office of Public Education Facilities Modernization, and the capital construction and the real property management functions of several other District agencies.<sup>81</sup> As of April 2012, DGS had 217 employees in safety-sensitive positions including maintenance workers, plumbers, and electricians, but expected that number to rise as it was actively recruiting employees to fill vacancies in the newly-formed agency.

### **Status of MEDAT implementation:**

In April 2012, the OIG team met with three DGS officials responsible for implementing MEDAT. They stated that DGS had not fully implemented MEDAT as it was a relatively new agency. DGS expected to have MEDAT fully implemented in May 2012.

In March 2013, DGS provided the following update:

In December 2012, the Department of General Services [conducted] information sessions and provided notifications [to] covered employees. The names and signed notifications were sent to DCHR in January 2013. DGS was called for the first round of random testing February 2013; 17 people participated in the random testing. To date, the agency has not made any reasonable suspicion referrals.

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<sup>81</sup> See <http://dgs.dc.gov/DC/DGS/About+DGS> (last visited Aug. 2, 2012).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Human Services (DHS)**

64 New York Avenue, N.E., 6<sup>th</sup> Floor  
Washington, D.C. 20002

The mission of DHS is to “assist[ ] low-income individuals and families to maximize their potential for economic security and self-sufficiency.”<sup>82</sup> DHS has 31 employees in safety-sensitive positions, such as child care coordinator, case manager, social worker, and vocational development specialist.

### **Deficiencies noted during the 2012 special evaluation:**

- after repeated requests from the team, two HR officials were unable to produce signed 30-Day Notification Forms. One of these officials directed the team to speak with another DHS official who supposedly maintained these forms. However, the second official stated that he/she does not retain MEDAT records; and
- employees involved in accidents are asked to complete unusual incident reports but are not tested as required by the Policy.

### **Indicators of compliance with MEDAT policy:**

- a vacancy announcement for a safety-sensitive position noted that the candidate would be subject to MEDAT, if hired; and
- most DHS supervisors and managers of employees in safety-sensitive positions had received reasonable suspicion training.

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<sup>82</sup> [Http://dhs.dc.gov/page/about-dhs](http://dhs.dc.gov/page/about-dhs) (last visited July 12, 2012).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Mental Health (DMH)**

609 H Street, N.E., 5<sup>th</sup> Floor  
Washington, D.C. 20002

DMH “provides emergency care and comprehensive mental health services and supports to District residents. The agency also evaluates and treats individuals referred through the criminal justice system.”<sup>83</sup> It operates Saint Elizabeths Hospital, which is the District’s inpatient psychiatric facility.<sup>84</sup> DMH has 68 safety-sensitive employees in positions such as social worker, security guard, pharmacist, and volunteer services coordinator.

### **Deficiencies noted during the 2012 special evaluation:**

- a vacancy announcement for a safety-sensitive position noted that DMH is a drug-free workplace, but did not note that the candidate would be subject to MEDAT, if hired; and
- the team observed a binder with MEDAT information laying on top of a file cabinet in an HR official’s office. It contained information on which employees had been selected for random drug tests and when. A DMH official said this binder is kept in a locked file cabinet.

### **Indicators of compliance with MEDAT policy:**

- DMH maintains and updates monthly a list of all employees in safety-sensitive positions, including new hires. It deletes the names of individuals who separated from the agency. This information is shared with DCHR;
- employees are given 30-Day Notification Forms. DMH stores these signed forms securely and in alphabetical order;
- DMH’s MEDAT Program Coordinator conducts reasonable suspicion training; and
- all supervisors and managers of DMH employees in safety-sensitive positions had received reasonable suspicion training. An official added that as most managers and supervisors are clinicians, they have experience in mental health, substance abuse and alcohol-related issues, and are capable of detecting someone under the influence of alcohol or drugs.

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<sup>83</sup> [Http://dmh.dc.gov/dmh/cwp/view.a,3,q,515952,dmhNav,%7C31244%7C.asp](http://dmh.dc.gov/dmh/cwp/view.a,3,q,515952,dmhNav,%7C31244%7C.asp) (last visited July 12, 2012).

<sup>84</sup> *Id.*

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Employment Services (DOES)**

4058 Minnesota Avenue, N.E.  
Washington, D.C. 20019

DOES's mission is to "plan, develop, and administer employment-related services to all segments of the Washington, DC metropolitan population."<sup>85</sup> DOES has 30 employees in safety-sensitive positions, such as manpower development specialist, summer project coordinator, and motor vehicle operator.

### **Indicators of compliance with MEDAT policy:**

- each month, DOES prepares a list of its current employees in safety-sensitive positions and gives this information to DCHR for inclusion in the random testing pool;
- the team observed a vacancy announcement for a safety-sensitive position that noted the candidate would be subject to MEDAT, if hired;
- employees are given 30-Day Notification Forms, which DOES stores securely and in alphabetical order once signed; and
- all supervisors/managers of safety-sensitive employees, except for newly hired supervisors/managers, had been trained to perform reasonable suspicion referrals. The MEDAT coordinator was in the process of facilitating training for the new hires.

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<sup>85</sup> [Http://does.dc.gov/page/about-does](http://does.dc.gov/page/about-does) (last visited July 12, 2012).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Health (DOH)**

899 North Capitol Street, N.E.  
Washington, D.C. 20002

DOH has 82 employees subject to MEDAT in positions such as childcare program specialist, case management coordinator, clinical nurse, dental hygienist, and investigator.

### **Indicators of compliance with MEDAT policy:**

- vacancy announcements for employees in safety-sensitive positions noted the candidates would be subjected to MEDAT, if hired;
- employees signed 30-Day Notification Forms, which DOH stored alphabetically and securely in a locked file cabinet.
- each month, DOH maintains and updates a list of all its employees in safety-sensitive positions for inclusion in the random testing pool. New hires are immediately placed in the random pool;
- pre-employment and random testing files were kept in a locked file cabinet and were well organized; and
- DOH was tracking MEDAT activity data.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Parks and Recreation (DPR)**

1250 U Street, N.W.

Washington, D.C. 20009

DPR “provides quality urban recreation and leisure services for residents and visitors to the District of Columbia. DPR supervises and maintains area parks, community facilities, swimming pools and spray parks, and neighborhood recreation centers . . .”<sup>86</sup> In March 2012, a DPR official said all 445 employees of DPR were considered to be in safety-sensitive positions, which include such jobs as aquatic program managers, food program monitors, camp aides, and lifeguards.

### **Deficiencies noted during the 2012 special evaluation:**

- in March 2012, a DPR official expressed concern that DPR employees used alcohol and/or illegal substances during their tours of duty, but supervisors and managers were failing to report the activity to protect employees’ jobs. The official later said that DPR was concerned with lifeguards and employees working in its aquatic program who were testing positive for illegal substances. He added that supervisors and managers were aware of the situation;
- a vacancy announcement for a safety-sensitive position at DPR identified DPR as a drug free workplace, but did not indicate that successful candidates would be subject to MEDAT; and
- a DPR official said its park rangers are difficult to contact for random testing due to the nature of their jobs (i.e., not being in an office.) When they are summoned to DPR’s HR, the rangers say they are unavailable because they assume they are being contacted for a random test. The HR area reschedules the test for the following week if it is unable to contact them.

### **Indicators of compliance with MEDAT policy:**

- each month, DPR maintains and updates a list of all its employees in safety-sensitive positions for inclusion in the random pool and forwards this information to DCHR. It deletes the names of individuals who separated from the agency; and
- employees sign 30-Day Notification Forms, which DPR stores alphabetically and securely in a locked file cabinet.

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<sup>86</sup> <http://dpr.dc.gov/DC/DPR/About+DPR/Who+We+Are> (last visited May 24, 2013).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Department of Youth Rehabilitation Services (DYRS)**

450 H Street, N.W.

Washington, D.C. 20002

DYRS is the District's cabinet-level juvenile justice agency. It administers detention, commitment, and aftercare services for youths held under its care in its facilities or residing in the community.<sup>87</sup> A DYRS official informed the OIG team that DYRS has 435 employees in safety-sensitive positions. This includes such positions as aftercare worker, clinical nurse, residency placement specialist, and youth workforce development specialist.

### **Deficiencies noted during the 2012 special evaluation:**

- DYRS employees were not subjected to random alcohol testing; DYRS's internal MEDAT policy appears to exclude random alcohol testing. (See page 22 of this report.)
- Testing did not occur for 2 months of 2012 while DYRS's MEDAT coordinator was on extended leave.

### **Indicators of compliance with MEDAT policy:**

- a vacancy announcement for a safety-sensitive position noted the candidate would be subject to MEDAT, if hired; and
- employees in safety-sensitive positions sign 30-Day Notification Forms, which DYRS stores alphabetically in a locked file cabinet;

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<sup>87</sup> See <http://dc.gov/DC/DYRS/About+DYRS> (last visited Aug. 2, 2012).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Fire and Emergency Medical Services Department (FEMS)**

1923 Vermont Avenue, N.W.  
Washington, D.C. 20001

FEMS's mission is to "promote safety and health through excellent pre hospital medical care, fire suppression, hazardous materials response, technical rescue, homeland security preparedness, fire prevention, and education in the District of Columbia."<sup>88</sup> FEMS has 1,876 employees in safety-sensitive positions, such as firefighter, paramedic, fire arson investigator, and fire safety information specialist.

In March 2012, the OIG interviewed the employee whom DCHR identified as FEMS's MEDAT Coordinator. During the interview, the coordinator appeared unfamiliar with fundamental aspects of FEMS's MEDAT program. For instance, the official was uncertain whether FEMS conducts post-accident or reasonable suspicion testing, and did not know whether FEMS supervisors and managers receive reasonable suspicion training. He/she stated that FEMS conducts its drug and alcohol testing at the PFC, but when asked for a point of contact at PFC, the MEDAT coordinator was unable to provide contact information for anyone at PFC.

### **Deficiencies noted during the 2012 special evaluation:**

- the lack of a single, clear MEDAT policy, which contravenes best practice (*see* the finding on page 22);
- MEDAT-related tasks are fragmented between FEMS's HR division and PFC. For example, its HR division handles the 30-Day Notification Forms and enters the names of employees for inclusion in random testing into a database; whereas, the PFC handles testing under the six different circumstances; and
- initially, FEMS's MEDAT Coordinator speculated that all supervisors and managers had attended reasonable suspicion training. Subsequently, this official stated that when FEMS began implementing MEDAT, FEMS's Medical Director addressed the issue of reasonable suspicion training and opined that because supervisors are trained as EMTs, they have the necessary medical background and knowledge to make reasonable suspicion referrals.

### **Indicator of compliance with MEDAT policy:**

- FEMS employees in safety-sensitive positions sign 30-Day Notification Forms. The HR division maintains these forms in a locked room. (However, the documents were not filed in an organized manner. They were stacked in a pile inside a file cabinet.)

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<sup>88</sup> [Http://fems.dc.gov/DC/FEMS/About+FEMS/Who+We+Are](http://fems.dc.gov/DC/FEMS/About+FEMS/Who+We+Are) (last visited July 12, 2012).

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Metropolitan Police Department (MPD)**

300 Indiana Avenue, N.W.  
Washington, D.C. 20001

MPD is the primary law enforcement agency for the District of Columbia. MPD has 36 employees in safety-sensitive positions, such as cell-block processing technician, family liaison specialist, human resources specialist, and staff assistant for youth violence prevention. DCHR coordinates MEDAT of MPD's civilian employees.<sup>89</sup>

### **Deficiency noted during the 2012 special evaluation:**

- according to an MPD HR official, MPD supervisors communicate directly with DCHR regarding post-accident, reasonable suspicion referrals, return to duty, and follow-up testing. If an employee's test results are positive in any of these instances, the employee's manager consults directly with DCHR about appropriate disciplinary action, but does not inform MPD's MEDAT coordinator of positive test results in these instances.

### **Indicators of compliance with MEDAT policy:**

- MPD maintains and updates a monthly list of all its employees in safety-sensitive positions for inclusion in the random pool and forwards the information to DCHR;
- the team reviewed a recent vacancy announcement for a safety-sensitive position, and it noted that a candidate would be subject to MEDAT, if hired; and
- civilian employees sign 30-Day Notification Forms, which MPD files alphabetically and in a locked room.

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<sup>89</sup> The PFC conducts drug and alcohol testing for MPD's sworn officers. Testing of MPD's sworn officers predates safety-sensitive MEDAT and is the result of a collective bargaining agreement. According to MPD's General Order, "Random Drug Screening Program," dated January 9, 1998, MPD's sworn members are subject to random drug testing in addition to drug screening administered during routine physical examinations. Neither E-DPM Instruction No. 39-2 nor E-DPM Instruction No. 4-16 cites sworn officers as being safety-sensitive employees. The OIG team did not assess the adequacy of the testing of MPD's sworn officers as part of this special evaluation.

## ASSESSMENTS OF MDAT OPERATIONS IN COVERED AGENCIES

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### **Office of the State Superintendent of Education (OSSE)**

810 1st Street, N.E., 9<sup>th</sup> Floor  
Washington, D.C. 20002

OSSE “plays many diverse roles in the lives of children, teens, and adults seeking an education in [t]he District of Columbia. [ ] [T]he agency sets statewide policies, provides resources and support, and exercises accountability for all public education in DC.”<sup>90</sup> OSSE has 836 employees working in safety-sensitive positions, including motor vehicle operators and school bus attendants.

### **Deficiencies noted during the 2012 special evaluation:**

- several managers had not received reasonable suspicion training; and
- a vacancy announcement for a safety-sensitive position did not indicate that the candidate would be subject to MEDAT, if hired.

### **Indicators of compliance with MEDAT policy:**

- each month, OSSE maintains and updates a list of all its employees in safety-sensitive positions to give to DCHR for inclusion in the random pool. It does not include the names of individuals who are on extended leave or who have departed from the agency;
- employees sign 30-Day Notification Forms, which the MEDAT Coordinator files alphabetically and stores in a locked file cabinet.

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<sup>90</sup> [Http://osse.dc.gov/page/about-osse](http://osse.dc.gov/page/about-osse) (last visited July 12, 2012).

**APPENDICES**

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**APPENDICES**

## APPENDICES

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- Appendix 1:** List of Findings and Recommendations
- Appendix 2:** List of All Positions Subject to MEDAT (Source: [E-DPM Instruction No. 4-16.](#))
- Appendix 3:** June 13, 2013 Letter from DCHR Director Shawn Stokes

## **APPENDICES**

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### **APPENDIX 1**

## APPENDICES

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### Findings and Recommendations – MEDAT Policy and Oversight

1. **The District’s MEDAT program lacks quantified testing goals, which are fundamental to a MEDAT program. Neither the CYSHA nor DCHR’s policy issuance articulates minimum annual random testing rates or the frequency of random selection. Absent minimum annual testing rates and the frequency of testing needed to meet those minimum rates, extreme variations in the number and frequency of tests will continue.**
  - 1) That the Director of DCHR (D/DCHR) confer with drug testing subject matter experts, including the District’s MEDAT TPA, and establish consistent, minimum annual random drug and alcohol testing rates and testing frequencies for all safety-sensitive employees.
  - 2) That the D/DCHR issue a timely update of E-DPM Instruction No. 39-2 to include minimum annual random drug and alcohol testing rates for all safety-sensitive employees, and ensure that all agency-specific MEDAT policies are updated timely to document the minimum annual random testing rates and testing established by DCHR.
  - 3) That the D/DCHR collaborate with the Office of Contracting and Procurement to amend its contract with the District’s MEDAT TPA to (1) incorporate the minimum annual random drug and alcohol testing rates and (2) implement reporting procedures that will allow DCHR to readily determine whether the minimum annual testing rates are being met.
  
2. **DCHR is not effectively auditing and assessing covered agencies’ compliance with the District’s MEDAT policy. Key monitoring and evaluation duties and activities are not defined, which is particularly problematic given that several agencies, such as FEMS and CFSA, independently administer testing activities within their respective agencies.**
  - 1) That the D/DCHR amend E-DPM Instruction No. 39-2 to clarify the roles and responsibilities of both DCHR and all covered agencies with regard to compliance and auditing duties and activities, particularly in those agencies that administer elements of their MEDAT programs, e.g., FEMS and CFSA. The updated policy issuance should reflect who will be responsible for monitoring MEDAT compliance, the frequency with which compliance activities will occur, how the compliance activities will occur, what areas will be measured at each covered agency, and how and when compliance and auditing activities should be documented and reported.
  - 2) That the D/DCHR develop a standard format for and publish annual compliance reports that summarize each covered agency’s MEDAT activities and testing results, and identify program strengths and areas for improvement at each covered agency.

## APPENDICES

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3. **Implementation and application of the District's MEDAT policy within covered agencies have been extremely inconsistent. Furthermore, some covered agencies have written and implemented their own MEDAT policies that differ subtly, yet significantly, from the CYSHA and DCHR's policy issuance.**

That the D/DCHR undertake a review of all agency-specific MEDAT policies, and collaborate with covered agencies to ensure their policies comport with and fully implement the requirements of the CYSHA and E-DPM Instruction No. 39-2.

4. **DCHR is not routinely communicating information about testing activity and test results to covered agencies.**

- 1) That the D/DCHR develop a uniform mechanism for notifying covered agencies whether all summoned employees appeared for testing as required.
- 2) That the D/DCHR ensure that all covered agencies have timely access to MEDAT results for applicants to and employees in safety-sensitive positions.

5. **All supervisors and managers of employees in safety-sensitive positions have not been trained on how to conduct a reasonable suspicion referral.**

- 1) That the D/DCHR determine whether supervisors and managers of safety-sensitive employees in covered agencies have received proper reasonable suspicion training, and ensure that those who have not are trained.
- 2) That the D/DCHR establish a timeframe in which all newly hired or promoted supervisors and managers of employees in safety-sensitive positions should receive reasonable suspicion training and ensure that it is adhered to.
- 3) That the D/DCHR ensure that covered agencies' leadership teams understand their supervisors'/managers' obligation to report employees who they reasonably suspect are using drugs and/or alcohol in violation of E-DPM Instruction No. 39-2.
- 4) That the D/DCHR establish an effective mechanism to track which agency supervisors and managers have completed reasonable suspicion training and identify those who have not.

## APPENDICES

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### Data on Testing Activities in Covered Agencies

- 1) That the D/DCHR (1) request written explanations from CFSA and DYRS as to why they appear to be noncompliant with the District's MEDAT policy, which requires random alcohol testing of safety-sensitive employees, and (2) inform the OIG of the response.
- 2) That the D/DCHR collaborate with FEMS to identify and correct the reasons for discrepancies in the number of random tests conducted on its safety-sensitive employees as reported by FEMS's human resources advisor and the PFC.
- 3) That the D/DCHR collaborate with the PFC to identify ways to improve FEMS's ability to track and report MEDAT testing activity, and eliminate the need for manual counts and individual employee file reviews.

**Appendix 2**

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DEPARTMENT ON DISABILITY SERVICES

POSITION TITLE	OCCUPATIOAL SERIES
INTERPRETER (AMERICAN SIGN LANGUAGE)	0301
MEDICAL OFFICER	0602
MEDICAL SUPPORT ASSISTANCE (MEDICAL AFFAIRS)	0610
MOTOR VEHICLE OPERATOR	5703
NURSE	0610
PROGRAM MONITOR	0301
REHABILITATION ASSISTANT	0303
REHABILITATION ASSISTANT BILINGUAL	0303
SUPERVISORY SOCIAL INSURANCE SPECIALIST	0993
SUPERVISORY VOCATIONAL PROGRAM SPECIALIST	1715
SUPERVISORY VOCATIONAL REHABILITATION SPECIALIST	1715
VOCATIONAL DEVELOPMENT SPECIALIST	1715
VOCATIONAL REHABILITATION COUNSELOR	1715
VOCATIONAL REHABILITATION SPECIALIST	1715

#### DEPARTMENT OF EMPLOYMENT SERVICES

POSITION TITLE	OCCUPATIONAL SERIES
MANPOWER DEVELOPMENT SPECIALIST	0142
SUMMER PROJECT COORDINATOR	0301
SUPERVISORY MANPOWER DEVELOPMENT SPECIALIST	0142
SUPPORT SERVICES ASSISTANCE MOTOR VEHICLE OPERATOR	0303
SUPPORT SERVICES SPECIALIST	0301

#### DEPARTMENT OF HEALTH

POSITION TITLE	OCCUPATIONAL SERIES
CASE MANAGEMENT COORDINATOR	0301
CHILD CARE PROGRAM SPECIALIST	0301
CLIENT SERVICES OFFICER	0301
CLINICAL NURSE	0610
COMMUNITY HEALTH EDUCATION TECHNICIAN	1702
COMMUNITY HEALTH EDUCATOR	1702
COMMUNITY HEALTH NURSE	0610
COMMUNITY SERVICES MANAGER	0301
DENTAL HYGIENIST	0682
HEALTH PROGRAM SPECIALIST	0301
HEALTH SERVICES PROGRAM COORDINATOR	0301
HEALTH TECHNICIAN	0640
HIGH RISK PROGRAM COORDINATOR	0301
HEALTH CARE CONTROL REPRESENTATIVE	0601
HUMAN SERVICES LICENSE SPECIALIST	0601
INVESTIGATOR	1810
LICENSED PRACTICAL NURSE	0620
MEDICAL OFFICER	0602

## APPENDICES

### LIST OF POSITIONS SUBJECT TO THE CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DEPARTMENT OF HEALTH (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
MEDICAL TECHNICIAN	0645
MEDICAL TECHNOLOGIST	0644
MOTOR VEHICLE OPERATOR	5703
NURSE PRACTITIONER	0610
NURSE SPECIALIST	0610
NURSING ASSISTANT	0621
PHYSICIAN ASSISTANT	0603
POLICY ADVISOR	0301
PROGRAM COORDINATOR	0301
PROGRAM COORDINATOR ABSTINENCE EDUCATION	0301
PROGRAM MANAGER	0340
PROGRAM SPECIALIST	0301
PROJECT COORDINATOR	0301
PUBLIC HEALTH ADVISOR	0685
PUBLIC HEALTH ANALYST	0685
PUBLIC HEALTH EDUCATOR	1725
PUBLIC HEALTH NUTRITIONIST	0630
PUBLIC HEALTH OUTREACH	0640
PUBLIC HEALTH OUTREACH TECHNICIAN	0640
QUALITY ASSESSMENT SPECIALIST	0601
SOCIAL SERVICES ASSISTANT	0186
SOCIAL SERVICES REPRESENTATIVE	0187
SOCIAL WORKER	0185
STUDENT HEALTH SERVICES PROGRAM MANAGER	0301
SUPERVISORY CLINICAL NURSE	0610
SUPERVISORY COMMUNITY OUTREACH SPECIALIST	0301
SUPERVISORY INVESTIGATOR	1810
SUPERVISORY MEDICAL OFFICER	0602
SUPERVISORY PUBLIC HEALTH EDUCATOR	1702
SUPERVISORY PUBLIC HEALTH NUTRITIONIST	0630
SUPERVISORY PUBLIC HEALTH OUTREACH TECHNICIAN	0640
SUPERVISORY TREATMENT COUNSELOR	0640
TREATMENT PROGRAM SPECIALIST	0640

#### DEPARTMENT OF HUMAN SERVICES

POSITION TITLE	OCCUPATIONAL SERIES
CASE MANAGER	0101
CHILD CARE COORDINATOR	0101
CHILD CARE INTAKE COORDINATOR	0101
EARLY CHILDHOOD DEVELOPMENT PROGRAM MANAGER	0101
EARLY INTERVENTION INTAKE ASSISTANT	0101

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DEPARTMENT OF HUMAN SERVICES (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
LEAD SOCIAL SERVICES ASSISTANT	0186
SOCIAL INSURANCE SPECIALIST	0105
SOCIAL SERVICES ASSISTANT	0186
SOCIAL WORKER	0185
SUPERVISORY CASE MANAGER	0101
SUPERVISORY CASE MANAGER COORDINATOR	0101
SUPERVISORY CHILD SERVICES SPECIALIST	0101
SUPERVISORY PROGRAM COORDINATOR	0301
SUPERVISORY SOCIAL SERVICES REPRESENTATIVE	0187
SUPERVISORY SOCIAL WORKER	0185
SUPERVISORY VOCATIONAL DEVELOPMENT SPECIALIST	1715
VOCATIONAL DEVELOPMENT SPECIALIST	1715

#### DEPARTMENT OF PARKS & RECREATION

#### ALL POSITIONS IN THE DEPARTMENT OF PARKS AND RECREATION

#### DEPARTMENT OF YOUTH REHABILITATION SERVICES

POSITION TITLE	OCCUPATIONAL SERIES
AFTERCARE WORKER	0101
AFTERCARE WORKER (BILINGUAL)	0101
ASSISTANT YOUTH TREATMENT UNIT MANAGER	0101
BOILER PLANT OPERATOR	5402
BOILER PLANT OPERATOR SUPERVISOR	5402
CARPENTER	4607
CASE MANAGER	0101
CERTIFIED NURSING ASSISTANT	0621
CLINICAL NURSE	0610
CLINICAL PSYCHOLOGIST	0180
CLINICAL SUPERVISOR	0601
COMMITTED PROGRAM DIRECTOR	0301
COMMUNITY SUPERVISION PROGRAM MANAGER	0101
COMPLIANCE SPECIALIST	1801
CONTRACT SERVICES SPECIALIST	1101
COOK	7404
COOK LEADER	7404
CORRECTIONAL INSTITUTIONAL ADMINISTRATOR	0006
CORRECTIONAL OFFICER	0007
CORRECTIONAL PROGRAM OFFICER	0006
COURT LIAISON SPECIALIST	0101
DENTAL ASSISTANT	0681

## APPENDICES

### LIST OF POSITIONS SUBJECT TO THE CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DEPARTMENT OF YOUTH REHABILITATION SERVICES (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
DENTAL HYGIENIST	0682
DENTAL OFFICER	0680
DETAINED PROGRAM DIRECTOR	0301
DETENTION REVIEW SPECIALIST	0101
EDUCATION SERVICES SPECIALIST	1740
ELECTRICIAN	2805
FACILITY MANAGER	1640
FOOD PREP & SERVICE FOREMAN	7401
HEALTH SERVICES ADMINISTRATOR	0601
HEARING EXAMINER	0930
HEAVY MOBILE EQUIPMENT REPAIRER	5803
INTEGRITY OFFICER	1801
INTENSIVE AFTERCARE WORKER	0101
INVESTIGATOR	1810
JUVENILE JUSTICE INSTITUTIONAL COUNSELOR	0101
LOCKSMITH	4804
MAINTENANCE MECHANIC	4749
MAINTENANCE WORKER	4749
MEDICAL OFFICER	0602
MEDICAL RECORDS TECHNICIAN	0675
MEDICAL SERVICES MANAGER	0670
MENTAL HEALTH SPECIALIST	0601
MOTOR VEHICLE OPERATOR	5703
NURSE PRACTITIONER	0610
PAINTER	4102
PHYSICIAN'S ASSISTANT	0603
PIPEFITTER	4204
PLACEMENT EXPEDITOR	0101
PLASTERER	3605
PLUMBER	4206
PROGRAM ANALYST (SECURE OPERATIONS; TREATMENT; SECURE DETENTION; SOCIAL SERVICES ;RMUD; COURT & COMMUNITY SERVICES)	0343
PROGRAM DEVELOPMENT SPECIALIST (RMUD; COURT & COMMUNITY SERVICES)	0301
PROGRAM MANAGER (CASE MANAGEMENT; COURT & COMMUNITY SERVICES)	0301
PROGRAM MANAGER (COURT & COMMUNITY SERVICES)	0101
PROGRAM MONITOR (RMUD)	0301
PROGRAM SUPPORT ASSISTANT (SECURE OPERATIONS; TREATMENT; SECURE DETENTION; SOCIAL SERVICES; RMUD; CASE MANAGEMENT-COMMUNITY BASED)	0303
PROGRAM SUPPORT SPECIALIST (SECURE OPERATIONS)	0301
RECREATION SPECIALIST (INSTITUTIONAL)	0188
RECREATION SPECIALIST	0188
RECREATION THERAPIST	0638
RE-ENTRY PROGRAM COORDINATOR	0101

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DEPARTMENT OF YOUTH REHABILITATION SERVICES (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
RESIDENCY PLACEMENT SPECIALIST	0101
SOCIAL SERVICES OFFICER	0101
SOCIAL WORKER	0185
STAFF ASSISTANT (BEHAVIORAL HEALTH, HEALTH SERVICES ADMINISTRATION, MEDICAL SERVICES)	0301
STUDENT INTERN	0303
SUPERVISORY BEHAVIORAL HEALTH PROGRAM MANAGER	0601
SUPERVISORY CORRECTIONAL OFFICER	0006
SUPERVISORY EDUCATIONAL SERVICES SPECIALIST	1740
SUPERVISORY FACILITY OPERATIONS SPECIALIST	1640
SUPERVISORY JUVENILE JUSTICE INSTITUTIONAL COUNSELOR	0101
SUPERVISORY MEDICAL OFFICER	0602
SUPERVISORY MENTAL HEALTH SPECIALIST	0601
SUPERVISORY MOTOR VEHICLE OPERATOR	5703
SUPERVISORY NURSE PRACTITIONER	0610
SUPERVISORY RECREATION THERAPIST	0638
SUPERVISORY SOCIAL WORKER	0185
SUPERVISORY YOUTH DEVELOPMENT REPRESENTATIVE	0007
WELLNESS COORDINATOR	0601
YOUTH DEVELOPMENT REPRESENTATIVE	0007
YOUTH FAMILY TEAM MEETING COORDINATOR	0101
YOUTH FAMILY TEAM MEETING FACILITATOR	0101
YOUTH REHABILITATION PROGRAM SPECIALIST (VOLUNTEER COORDINATOR)	0101
YOUTH TREATMENT UNIT MANAGER	0101
YOUTH WORKFORCE DEVELOPMENT SPECIALIST	0301

#### DISTRICT DEPARTMENT OF TRANSPORTATION

POSITION TITLE	OCCUPATIONAL SERIES
SAFETY TECHNICIAN	0085
SAFETY TECHNICIAN TRAINEE	0085
PARKING ENFORCEMENT AND TRAFFIC CONTROL	1801

#### DISTRICT DEPARTMENT OF THE ENVIRONMENT

POSITION TITLE	OCCUPATIONAL SERIES
FISH AND WILDLIFE BIOLOGIST	0401

## APPENDICES

### LIST OF POSITIONS SUBJECT TO THE CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

FIRE EMERGENCY MEDICAL SERVICES DEPARTMENT	
POSITION TITLE	OCCUPATIONAL SERIES
AFC/MEDICAL DIRECTOR	0081
ASSISTANT EMS ADMINISTRATOR	0699
ASSISTANT FIRE CHIEF	0081
BASIC PARAMEDIC	0699
BATTALION FIRE CHIEF	0081
CAPTAIN	0081
CAPTAIN PARAMEDIC	0081
DEPUTY FIRE CHIEF	0081
FIREFIGHTER PARAMEDIC	0081
EMS PRECEPTOR	0699
EMERGENCY MEDICAL TECHNICIAN	0699
FIRE ARSON INVESTIGATOR ARMED	0081
FIRE ASSISTANT MARINE ENGINEER	0081
FIRE/EMS CHIEF	0081
FIRE MARINE ENGINEER	0081
FIRE PILOT	0081
FIREFIGHTER	0081
FIREFIGHTER EMT	0081
FIREFIGHTER TECHNICIAN	0081
FIREFIGHTER INSPECTOR	0081
FIREFIGHTER INSPECTOR TECHNICIAN	0081
FIREFIGHTER INVESTIGATOR	0081
FIREFIGHTER PARAMEDIC	0081
FIREFIGHTER PARAMEDIC TECHNICIAN	0081
FIRE SAFETY EDUCATION SPECIALIST	0301
FIRE SAFETY INFORMATION SPECIALIST	0301
JUVENILE FIRE SETTER COUNSELOR	1001
LIEUTENANT	0081
LIEUTENANT PARAMEDIC	0081
MEDICAL EQUIPMENT WORKER FOREMAN	4805
MEDICAL EQUIPMENT WORKER	4805
PARAMEDIC	0699
PARAMEDIC FIREFIGHTER	0081
PARAMEDIC INSTRUCTOR	0699
SERGEANT	0081
SERGEANT PARAMEDIC	0081
SUPERVISORY PARAMEDIC	0699

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### METROPOLITAN POLICE DEPARTMENT

POSITION TITLE	OCCUPATIONAL SERIES
CELLBLOCK PROCESSING TECHNICIAN	1802
CELLBLOCK SUPERVISOR	1802
CONTRACT MONITOR MANAGER	0301
FAMILY LIAISON SPECIALIST	0301
HUMAN RESOURCES SPECIALIST	0301
PROGRAM MANAGER-COMMUNITY PARTNERSHIP	0301
PROGRAM MANAGER-YOUTH VIOLENCE PREVENTION	0301
STAFF ASSISTANT-YOUTH VIOLENCE PREVENTION	0301

#### OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

POSITION TITLE	OCCUPATIONAL SERIES
MANAGEMENT ANALYST (HIGHER EDUCATION FINANCIAL SERVICES)	0301
PROGRAM ANALYST (GEAR-UP)	0301
PROGRAM ANALYST TUITION ASSISTANCE GRANT	0343
MOTOR VEHICLE OPERATOR	5703
BUS ATTENDANT	5703
INVESTIGATOR	1801
TRAFFIC INCIDENT INVESTIGATOR	1801

#### CHILD AND FAMILY SERVICES AGENCY

POSITION TITLE	OCCUPATIONAL SERIES
ADMINISTRATOR	0301
ADOPTION PROGRAM MANAGER	0301
CHILD FATALITY REVIEW SPECIALIST	0301
CLERICAL ASSISTANT	0303
CLINICAL SPECIALIST	0301
CLINICAL SUPPORT CONTRACTS LIAISON	0301
CLINICAL SUPPORT SERVICES PROGRAM MANAGER	0301
COORDINATOR (CHILD FATALITY REVIEW)	0301
COURT ABSCONDENCE SPECIALIST	0301
DAY CARE HOMEMAKER SPECIALIST	0301
DOMESTIC VIOLENCE SPECIALIST	0301
EDUCATION RESOURCE SPECIALIST (ILP)	0301
FACILITATOR	0301
FOSTER PARENT ADVOCATE	1701
FTM SOCIAL WORKER	0185
FTM SUPERVISOR	0301
ICPC SPECIALIST	0301
INTAKE HOTLINE WORKER	0301
INVESTIGATOR	1810
LEAD BASE PAINT SPECIALIST	0301
NURSE	0610

## APPENDICES

### LIST OF POSITIONS SUBJECT TO THE CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### CHILD AND FAMILY SERVICES AGENCY (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
PLACEMENT DATE ANALYST	0301
PROGRAM MONITOR	0301
RESIDENTIAL TREATMENTSPECIALIST	0301
RESOURCE DEVELOPMENT SPECIALIST	0301
RESOURCE DEVELOPMENT SPECIALIST (PIO)	0301
SOCIAL SERVICES ASSISTANT	0186
SOCIAL SERVICES REPRESENTATIVE	0187
SOCIAL WORKER	0185
SOCIAL WORKER (BILINGUAL)	0185
SOCIAL WORKER (RECRUITMENT)	0185
SOCIAL WORKER ASSOCIATE	0187
SOCIAL WORKER PROGRAM MANAGER	0185
STUDENT TRAINEE	0199
SUBSIDY ELIGIBILITY SPECIALIST	0301
SUBSTANCE ABUSE SPECIALIST	0301
SUPERVISORY DILIGENT SEARCH	0301
SUPERVISORY HEALTH CARE SPECIALIST	0301
SUPERVISORY PROGRAM MONITOR	0301
SUPERVISORY PROGRAM SPECIALIST	0301
SUPERVISORY RESOURCE DEVELOPMENT SPECIALIST	0301
SUPERVISORY SOCIAL WORKER	0185
SUPERVISORY SOCIAL WORKER (CPS)	0185
SUPERVISORY SUPPORT SERVICES SPECIALIST	0301
SUPERVISORY THERAPEUTIC	0301
SUPERVISORY CLINICAL SUPPORT SPECIALIST	0301
TRAINING PROGRAM MANAGER	0301
VOLUNTEER SERVICES PROGRAM MANAGER	0301

#### DISTRICT OF COLUMBIA PUBLIC LIBRARY

POSITION TITLE	OCCUPATIONAL SERIES
ADAPTIVE SERVICES	1410
ARCHIVIST	1420
AUDIO VISUAL MECHANIC	3901
BOOK STORE MANAGER	1101
BRANCH MANAGERS	1410
CHILDREN'S SERVICES OUTREACH	1410
COMMUNITY YOUTH SERVICES	303
DIVISION CHIEF	1410
EDUCATIONAL TECHNICIAN	1701
KIOSK MANAGER	1411
LIBRARIANS	1410
LIBRARY ACCESS SPECIALIST	301
LIBRARY AIDES	1411
LIBRARY ASSOCIATE	1411

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

#### DISTRICT OF COLUMBIA PUBLIC LIBRARY (Continued)

POSITION TITLE	OCCUPATIONAL SERIES
LIBRARY TECHNICIAN	1411
LIBRARY TRAINEES	1411
CUSTODIAL WORKER	3566
NEIGHBORHOOD LIBRARY SERVICES	1410, 1411
OUTREACH SPECIALIST	1410
PATRON TRAINER COORDINATOR	1701
PUBLIC SAFETY	083
SATELLITE LIBRARY MANAGER	1411
SENIOR SERVICES OUTREACH	1410
SPECIAL COLLECTIONS COORDINATOR	1410
SUBJECT DIVISION MANAGER	1410
TEEN PROGRAM COORDINATOR	301
TEEN AIDES (18 AND OLDER)	303
VOLUNTEER COORDINATOR	301
YOUTH SERVICES	1410

#### DEPARTMENT OF MENTAL HEALTH

POSITION TITLE	OCCUPATIONAL SERIES
ACCESS COUNSELOR	0640
BARBER	7603
CARE COORDINATOR	0601
CARE COORDINATOR (BILINGUAL)	0601
CFSA MENTAL HEALTH PROGRAM MANAGER	0601
CHAPLAIN	0060
CHAPLAIN CATHOLIC	0060
CHAPLAIN RESIDENT	0060
CLINICAL ADMINISTRATOR	0601
CLINICAL CARE COORDINATOR	0601
CLINICAL MANAGER BILINGUAL	0601
CLINICAL NURSE	0610
CLINICAL PRACTICE SPECIALIST	0601
CLINICAL PROGRAM MANAGER	0601
CLINICAL PSYCHOLOGIST	0180
CLINICAL PSYCHOLOGIST INTERN	0180
CLINICAL SUPERVISOR	0601
COMMUNITY SUPPORT MANAGER	0601
COMMUNITY OUTREACH COORDINATOR	0601
COORDINATOR OF ASSERTIVE COMMUNITY TREATMENT	0601
CREATE ART THERAPY MUSIC	0638
CREATE ARTS THERAPY DANCE	0638
CREATE ARTS THERAPY PSYCHED	0638
CRISIS COORDINATOR	0601
DENTAL ASSISTANT	0681
DENTAL OFFICER	0680
DENTAL OFFICER PERIODONTICS	0680

## APPENDICES

### LIST OF POSITIONS SUBJECT TO THE CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

DEPARTMENT OF MENTAL HEALTH (Continued)	
POSITION TITLE	OCCUPATIONAL SERIES
DENTAL RESIDENT	0680
DIETITIAN	0630
DIRECTOR DIVISION OF CARE COORDINATOR	0601
DIRECTOR OF MENTAL HEALTH	0670
EDUCATION & TRAINING SPECIALIST	1701
EDUCATIONAL TECHNICIAN	1702
FORENSIC CLINICAL ADMINISTRATOR	0601
FORENSIC PSYCH COUNSELOR	0640
FORENSIC PSYCH TECHNICIAN	0640
FORENSIC SERVICES COORDINATOR	0601
FORENSIC SERVICES OFFICER	0601
FORENSIC SERVICES ADVISOR & LIAISON	0601
HEALTH SCIENCES LIBRARIAN	1410
HOME AND COMMUNITY BASED SERVICES MANAGER	0601
HOMELESS SERVICES COORDINATOR	0601
INTERPRETER AMERICAN SIGN LANGUAGE	0101
LIBRARY TECHNICIAN	1411
MEDICAL OFFICER (PSYCHIATRY)	0602
MEDICAL OFFICER GENERAL PRACTICE	0602
MEDICAL OFFICER NEUROLOGY	0602
MEDICAL OFFICER OPHTHAL	0602
MEDICAL OFFICER PSYCH	0602
MEDICAL OFFICER PSYCH RES	0602
MEDICAL OFFICER PSYCH TRAINING	0602
MEDICAL OFFICER PSYCHIATRY	0602
MEDICAL SUPPORT ASSISTANT	0640
MEDICAL TECHNICIAN	0645
MEDICAL TECHNOLOGIST	0644
MENTAL HEALTH COUNSELOR	0601
MENTAL HEALTH SPECIALIST	0601
MENTAL HEALTH SPECIALIST BILINGUAL	0601
MOTOR VEHICLE OPERATOR	5703
MOTOR VEHICLE OPERATOR FORMAN	5703
NURSE	0610
NURSE CONSULTANT	0610
NURSE EDUCATOR	0610
OCCUPATIONAL HEALTH NURSE	0610
PHARMACIST	0660
PHARMACY TECHNICIAN	0661
PODIATRIST	0668
PRACTICE ENHANCEMENT SPECIALIST	0601
PRACTICE MANAGER	0601

## APPENDICES

### LIST OF POSITIONS SUBJECT TO CRIMINAL BACKGROUND CHECKS, TRAFFIC RECORD CHECKS, AND DRUG AND ALCOHOL TESTING FOR THE PROTECTION OF CHILDREN AND YOUTH

DEPARTMENT OF MENTAL HEALTH (Continued)	
POSITION TITLE	OCCUPATIONAL SERIES
PROGRAM COORDINATOR	0301
PROGRAM EVALUATOR	0601
PROGRAM MANAGER	0601
PROGRAM SPECIALIST	0301
PROGRAM SUPPORT ASSISTANT	0303
PROJECT DIRECTOR (STOP SUICIDE)	0303
PSYCH NURSING ASSISTANT	0601
PSYCH PRACTICAL NURSE	0621
PSYCHIATRIC NURSE	0620
PSYCHIATRIC PRACTICAL NURSE	0610
PSYCHIATRIC RESIDENCY MONITOR	0620
RECOVERY SPECIALIST	0601
RECREATION ASSISTANT	0640
RECREATION SPECIALIST	0189
RECREATION THERAPIST	0188
RESIDENTIAL CLINICAL COORDINATOR	0501
SECURITY GUARD	0318
SOCIAL WORKER	0201
SOCIAL WORKER BILINGUAL	0185
SPECIAL POLICE OFFICER	0301
SUPERVISORY CLINICAL PSYCHOLOGY	0301
SUPERVISORY DIETITIAN	0180
SUPERVISORY MEDICAL TECHNOLOGIST	0630
SUPERVISORY PSYCHIATRIC NURSE	0644
SUPERVISORY RECREATION THERAPIST	0610
SUPERVISORY SOCIAL WORKER	0638
SUPERVISORY DENTAL OFFICER	2005
SUPERVISORY MEDICAL OFFICER PSYCHIATRY	2210
SUPERVISORY MEDICAL OFFICER PSYCHOLOGY	0602
SUPERVISORY MEDICAL TECHNICIAN	0602
SUPERVISORY MENTAL HEALTH SPECIALIST	0644
SUPERVISORY PHARMACIST	0601
SUPERVISORY POLICE OFFICER	0660
SUPERVISORY PSYCHIATRIC NURSE	0083
SUPERVISORY SECURITY GUARD	0610
SUPERVISORY SOCIAL WORKER	0085
SUPERVISORY CLINICAL PSYCHOLOGIST	0185
TRAINING SPECIALIST	0391
TREATMENT TEAM COORDINATOR	1712
VOCATIONAL REHABILITATION SPECIALIST	0601
VOLUNTEER SERVICES COORDINATOR	1715

## APPENDICES

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### DEPARTMENT OF GENERAL SERVICES

POSITION TITLE	OCCUPATIONAL SERIES
CAPITAL PROJECT OFFICER	0801
CARPENTER	4607
CONSTRUCTION ANALYST	0828
ELECTRICAL WORKER	4740
ELECTRICIAN	2805
FACILITY MANAGER	1640
LOCKSMITH WORKER	4804
MAINTENANCE MECHANIC HELPER	4749
MAINTENANCE WORKER	4749
MAINTENANCE WORKER HELPER	4749
MAINTENANCE WORKER LEADER	4749
MAINTENANCE WORKER MECH HELPER	4749
MATERIALS HANDLER	6907
MATERIALS HANDLER LEADER	6907
MECHANIC HELPER	4749
PLUMBER	4206

**Appendix 3**

## APPENDICES

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Human Resources



**Office of the Director**

Thursday, June 13, 2013

Charles J. Willoughby  
Inspector General  
Office of the Inspector General  
717 14<sup>th</sup> Street NW  
Washington, DC 20005

**Re: DCHR's Response to Special Evaluation Draft of Agencies' Implementation of and Compliance with the District's Mandatory Employee Drug and Alcohol Testing (MEDAT) Policy**

Dear Mr. Willoughby:

For the past several months, the Department of Human Resources ("DCHR") has been aggressively reviewing the District's Mandatory Employee Drug and Alcohol Testing Policy ("MEDAT") with the aim of identifying program deficiencies and implementing needed changes. Your June 2013 draft *Report of Special Evaluation* is most helpful in this effort and we are in agreement with many of the Office of the Inspector General's ("OIG") findings and recommendations. Your draft evaluation organized OIG's recommendations into three general categories. What follows is our response to each respective recommendation category.

**1. Instituting mechanisms to assess compliance with program performance and training requirements.**

DCHR serves a critical function in monitoring District agencies' compliance with the Child and Youth, Safety and Health Omnibus Amendment Act of 2005 ("the Act"). Beginning in June 2012, DCHR surveyed agencies governed by the Act to assess overall adherence to the Act and its implementing regulations and policy. Based on this survey, DCHR is developing a comprehensive system to track each agency's compliance with the program and ensure that we are truly operating as "a single program."

Turning to MEDAT program training, DCHR is developing methods and procedures to ensure that all managers and supervisors of covered positions undergo reasonable suspicion training. We will accomplish this objective by maintaining an up-to-date roster of covered positions, to include their reporting supervisory structures. Additionally, DCHR is establishing timeframes, during which all individuals newly hired or promoted into these positions must be trained. To ensure long-term training continuity across the District as a whole, DCHR will provide reasonable suspicion training through its centralized Workforce Development Administration.

## APPENDICES

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**2. Improving inter-agency communication to ensure compliance with MEDAT policy.**

As noted above, DCHR is developing a MEDAT policy compliance program. DCHR agrees with OIG's recommendation that DCHR develop a uniform mechanism for communicating with covered agencies regarding referred individuals' appearance or non-appearance for testing, and all testing results. Currently, DCHR provides testing results to the largest agencies through our Quickbase system. Smaller agencies are notified by email. As your office has found, the inconsistent medium used for communicating results presents program challenges. Therefore, DCHR is developing a standard method of communication with all covered agencies to improve inter-agency communication and to ensure overall compliance with the MEDAT policy.

**3. Assessing current responsibilities of MEDAT officials to identify more efficient work processes.**

Relying on DCHR's internal review, this agency is formulating processes to improve and enhance the MEDAT program and its overall efficiency. As stated above, the agency is evaluating systemic options to address current capacity constraints while ensuring efficiency in the work process.

For specific responses to each recommendation, please see the attached document. We have provided our comments in track changes pursuant to your request. We appreciate OIG's thorough investigation into the MEDAT program and look forward to implementing the changes to the program to ensure compliance and to address OIG's specific recommendations. If you have any questions or comments, please contact [REDACTED], General Counsel, at [REDACTED].

Sincerely,



Shawn Y. Stokes  
Director, D.C. Department of Human Resources