

## Minnesota Drug Court Drug Testing Matrix

### Operational Adult Drug Court

County	Contact	Email	Device's Use	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir- mation	Method used to schedule & collect	# Test Weekly Collected by Phase	Lab Used	Drug Tested
<b>Example</b>	Someone	<a href="mailto:someone@courts.state.mn.us">someone@courts.state.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input checked="" type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	6.90 0.00 125.00 2.00 18.00 3.50  Screen 4.00 GCMS 9.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed: Hand washed, view of steady stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much:  cost of lab if positive and they denied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>2</u> Phase IV <u>1</u>	Redwood	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____
<b>Ramsey</b>	TBD		<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	5 screen urine = \$3.80	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Staff in restroom with client	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other Probation conducts PBT or urine if suspects use	Phase I <u>2</u> Phase II <u>1</u> Phase III <u>1-3</u> <u>month</u> Phase IV _____	RSI	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____

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County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Hennepin	Dennis Miller	<a href="mailto:Dennis.Miller@courts.state.mn.us">Dennis.Miller@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	Dade – Behring Emit technology on Sight testing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed through a window in the bathroom	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I _1-2_ Phase II _____ Phase III _____ Phase IV _____	Dade – Behring Emit technology on	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on Client and drug history
St. Louis South – Duluth	TBD		<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	- Free - - 26 11-26 - - No extra	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Wash Hands, observe stream from body	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I _3 Phase II _2_ Phase III _2_ Phase IV <u>NA</u> <u>This is the # collected by our service provider and law enforcement also collects PBT's</u>		<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on _____

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St. Louis North – Range	TBD		<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	Cost of tube \$.03 - 10-35 19 3.80 - - No extra No extra No extra	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Wash hands, observe stream from body, use temp (unobserv ed) if gender issues in the field	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much:  cost to confirm if denied and lab verifies use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I ___2___ Phase II ___2___ Phase III___1___ Phase IV__NA_  This is the # collected by our service provider/wee k. POs also collect UAs in the field.	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on: ETG when suspect drinking	

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Stearns	Brigid Murphy	<a href="mailto:Brigid.Murphy@courts.state.mn.us">Brigid.Murphy@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Hands washed observe stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: \$5 for onsite kit (if admit and if confirmation comes back pos), \$30 for confirmation (only if positive at confirmation)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I : 10-12/mo Phase II: 8-10/mo Phase III: 6-9/mo Phase IV: N/A	MED TOX	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on _____

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<b>Crow Wing</b>	Darrell Paske	<a href="mailto:DarrellPaske@courts.state.mn.us">DarrellPaske@courts.state.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input checked="" type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	5.17 0 65.00 40.00 or 24.95 Cup= 3.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed In the bathroom with them	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other: Define Other: Will use if client denies use.	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other Define Other Surveillance officer	Phase I <u>2-3</u> Phase II <u>1-2</u> Phase III <u>1-2</u> Phase IV <u>1</u>	<b>ACL or Redwood</b>	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____
<b>Itasca</b>	Abby Kuschel	<a href="mailto:Abby.Kuschel@courts.state.mn.us">Abby.Kuschel@courts.state.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	PBT is \$.03 per mouth piece Medtos test strips are \$3.50 per strip ETG is \$18.00	<input type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Hand washed, view of steady stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: Clients pay only if it is sent into the lab - \$25.00 per drug	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I <u>2-3</u> Phase II <u>2-3</u> Phase III <u>1</u> Phase IV <u>1</u> <u>every other</u> <u>week</u>	<b>Med Tox</b>	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____

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### Operational Multi-County Adult Drug Court

<b>Brown/ Nicollet/ Watowan</b>	Laurie Mayo	<a href="mailto:Laurie.Mayo@courts.state.mn.us">Laurie.Mayo@ courts.state.mn. us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed :	<input type="checkbox"/> Yes Yes <input checked="" type="checkbox"/> No No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>2</u> Phase IV <u>1</u>	Redwo od & Medto x	<input checked="" type="checkbox"/> Always Full S <input type="checkbox"/> drugs of choi <input type="checkbox"/> varies depend on _____
<b>Faribault/ Martin/ Jackson</b>	Beverly Snow	<a href="mailto:Beverly.Snow@courts.state.mn.us">Beverly.Snow@ courts.state.mn. us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input checked="" type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	6.90 0.00 125.00 2.00 18.00 3.50  Screen 4.00 GCMS 9.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : Hand washed, view of steady stream	<input checked="" type="checkbox"/> Yes Yes <input type="checkbox"/> No No If yes how much: Cost of lab if positiv e and they denied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>2</u> Phase IV <u>2</u>	Redwo od	<input checked="" type="checkbox"/> Always Full S <input type="checkbox"/> drugs of choi <input type="checkbox"/> varies depend on _____

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County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Clay/Becker	Don Kautzman	<a href="mailto:Don.Kautzmann@courts.state.mn.us">Don.Kautzmann@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	0.00  18.00 5.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed View of steady stream:	<input checked="" type="checkbox"/> Yes Yes <input type="checkbox"/> No No If yes how much: Cost of lab if positi ve and they denie d	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>2</u> Phase II <u>2</u> Phase III <u>2</u> Phase IV <u>twice a</u> <u>month</u>	Medto x and Redwoo d	<input type="checkbox"/> Always Full S <input type="checkbox"/> drugs of choi <input checked="" type="checkbox"/> varies depend client situation

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### Operational DWI Court

<b>Ramsey</b>	Niki Leicht	<a href="mailto:Niki.Leicht@courts.state.mn.us">Niki.Leicht@ courts.state.mn .us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	5 screen urine \$3.80  ETG screen \$7.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : Staff in restroom observing client fill cup.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other: PBT always in court and on law enforcement visits	Phase I: 8x per month Phase II: 8x per month Phase III: 3x per month Phase IV _____	RSI	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on _____
<b>Hennep in</b>	Dennis Miller	<a href="mailto:Dennis.Miller@courts.state.mn.us">Dennis.Miller @ courts.state.mn .us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	Dade – Behring EMIT technol ogy on site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>1-2</u> Phase II <u>1-2</u> Phase III <u>1-2</u> Phase IV <u>1-2</u>	Dade – Behring EMIT technol ogy on	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on <u>client drug history</u>



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St. Louis South - Duluth	Amy Lukasavitz	<a href="mailto:Amy.Lukasavitz@courts.state.mn.us">Amy.Lukasavitz@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	\$0.00  \$16.00 \$26.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : Hand washed, view of steady stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: Client's pay full amount if they miss a call or challen ge a test that comes back confir med	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other Define Other: DWI Court Team may order a test.	Phase I ___3_ Phase II ___3___ Phase III___2___ Phase IV___1__	Medtox	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on_____ Phase Recs; Probation Officer Request; Individ. Needs of Clients.

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County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Otter Tail	Tria Mann	<a href="mailto:Tria.Mann@courts.state.mn.us">Tria.Mann@ courts.state.mn .us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : Hands washed and view of sample	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes how much:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>1</u> Phase IV <u>1</u>		<input type="checkbox"/> Always Full Screen <input checked="" type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on _____
Cass	Dawn Palmer	<a href="mailto:Dawn.Palmer@courts.state.mn.us">Dawn.Palmer @ courts.state.mn .us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	7.50 4.00  Include d on cup	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : wash hands observe steady stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: If positiv e and denied use	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>2-4</u> <u>wk</u> Phase II <u>2/wk</u> Phase III <u>2/mo</u> Phase IV <u>n/a</u>  <u>More if</u> <u>concerned</u>	RS Eden	<input type="checkbox"/> Always Full Screen <input checked="" type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on full s upon entry

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<b>Crow Wing</b>	Preston Windorski (temporary)	<a href="mailto:pwindorski@cmncc.org">pwindorski@cmncc.org</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	6.00 .22 2.50 25.00 2.92	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed ; hand washed, view of steady stream	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: \$30.00 if positiv e and denied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I <u>3</u> Phase II <u>2</u> Phase III <u>1</u> Phase IV <u>1</u>	ACL	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____
<b>Lake of the Woods</b>	Della Warren	<a href="mailto:Della.Warren@courts.state.mn.us">Della.Warren@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	10.00 3.50	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Define Observed :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I <u>3-4</u> Phase II <u>3</u> Phase III <u>2-3</u> Phase IV <u>1</u>	RS Eden	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____

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Roseau	Nicole Bettendorf	<a href="mailto:Nicole.Bettendorf@courts.state.mn.us">Nicole.Bettendorf@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	Depends on testing device	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed : Probation and Law Enforcement personal observe	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes how much: Cost of test for dirty samples only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other Define Other Walk in testing at Law Enforcement center	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>2</u> Phase IV <u>2</u>	Depends on testing device	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on person doing the testing person being tested

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County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
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### Operational Hybrid Drug Court

<b>Dodge</b>	Eric Thompson	<a href="mailto:Eric.Thompson@co.dodge.mn.us">Eric.Thompson@co.dodge.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input checked="" type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	\$.17 \$48.00 \$1.99 \$19.95  Free \$1.00 \$6.00 w/scre n	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  *Must see sample come out of the body.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other  *Drug Ct. staff conducts random night checks.	Phase I: <u>5</u> Phase II: <u>4</u> Phase III: <u>3</u> Phase IV: <u>2-3</u>  *Per week.	Redwood, Pharmc hem, Quest Diagnos tics.	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on: result of quick test, information from informants, rando ETG.
<b>Wabasha</b>	Mary Kelly	<a href="mailto:Mary.Kelly3@courts.state.mn.us">Mary.Kelly3@courts.state.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	6.90     6.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> other  Define Other: If ordered because of dirty client pays	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>2-3</u> Phase III <u>1</u> Phase IV _____	Redwood	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Blue Earth	Kevin Mettler	<a href="mailto:Kevin.Mettler@co.blue-earth.mn.us">Kevin.Mettler@co.blue-earth.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed Observe urine flow	<input checked="" type="checkbox"/> Yes Yes <input type="checkbox"/> No No If yes how Much If positive:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other	<input checked="" type="checkbox"/> call in <input type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other Define Other Interns night checks	Phase I <u>  3  </u> Phase II <u>  3  </u> Phase III <u>  2  </u> Phase IV <u>  2 x month  </u>	Medtox	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on _____
Aitkin	Kay Despard	<a href="mailto:Kay.Despard@courts.state.mn.us">Kay.Despard@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	0 0 7.50 3.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed In view	<input checked="" type="checkbox"/> Yes Yes <input type="checkbox"/> No No If yes how much : cost of lab if + and they denied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other Define Other Coordinator	Phase I <u>  2  </u> Phase II <u>  1  </u> Phase III <u>  1 x monthly min  </u> Phase IV _____ Plus in court I: 3 x's month II: 2x's month III: 1x month IV: 1 x alternating months	RS Eden	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on_what shows on ICup_____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Koochiching	Della Warren	<a href="mailto:Della.Warren@courts.state.mn.us">Della.Warren@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> other No If yes how much :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> other Define Other: I n house testing all positiv es are tested twice for confir mation	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I <u>3-</u> Phase II <u>2-3</u> Phase III <u>1-2</u> Phase IV <u>1</u>	In house lab Vita -E	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on _____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
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### Operational Juvenile Drug Court

<b>Dakota</b>	Matt Bauer	<a href="mailto:Matthew.Bauer@co.dakota.mn.us">Matthew.Bauer@co.dakota.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Define Observed Body to bottle when same sex staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I _____ Phase II _____ Phase III _____ Phase IV _____ 1-2 per week all phases		<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on _____
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## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Ramsey	Heidi Heinzel	<a href="mailto:Heidi.Heinzel@courts.state.mn.us">Heidi.Heinzel@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	7.50 3.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observed The PO is in the room, but does not watch the urine go directly into the cup.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Define Observed The PO is in the room, but does not watch the urine go directly into the cup.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input type="checkbox"/> call in <input type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other Other All clients are given a color (depending on their phase) for the PO to use as a guideline as to when UA's must be given. The clients are unaware of the color and do not need to call in. The color system is just for the PO's benefit.	Phase I: 2-3/wk Phase II: 1-2/wk Phase III: 1/wk Phase IV: NA	RSI	<input checked="" type="checkbox"/> Always Full Screen4-panel RediCup <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Brown	Jonathan Schiro	<a href="mailto:Jonathan.Schiro@co.brown.mn.us">Jonathan.Schiro@co.brown.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input checked="" type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	6.00 .23  1.99 19.95  Screen w/test 1.00 w/lab result	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Same sex <input type="checkbox"/> in <input type="checkbox"/> bathroom <input type="checkbox"/> observing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If <input type="checkbox"/> yes <input type="checkbox"/> how <input type="checkbox"/> much :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> other  Define Other: We use both GC?M &TLC (based on circum stance)	<input type="checkbox"/> call in <input type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other  Define Other We will call be using call in soon, currently we have people call our participants when there is random testing	Phase I <u>3</u> Phase II <u>2</u> Phase III <u>1</u> Phase IV <u>2/month</u>	Redwood	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Full Screen <input type="checkbox"/> drugs <input type="checkbox"/> of choice <input type="checkbox"/> varies <input type="checkbox"/> depends on _____
Chisago	Tanya Jones	<a href="mailto:Tanya.Jones@courts.state.mn.us">Tanya.Jones@courts.state.mn.us</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	24.95 3.75	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Wash <input type="checkbox"/> Hands, <input type="checkbox"/> Empty <input type="checkbox"/> Pockets <input type="checkbox"/> observe <input type="checkbox"/> person <input type="checkbox"/> peeing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes <input type="checkbox"/> how <input type="checkbox"/> much :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>3</u> Phase II <u>3</u> Phase III <u>2</u> Phase IV <u>1</u>	Redwood	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Full Screen <input type="checkbox"/> drugs <input type="checkbox"/> of choice <input type="checkbox"/> varies <input type="checkbox"/> depends on _____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
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### Operational Family Dependency Treatment Court

<b>Dakota</b>	Kristin Falde	<a href="mailto:Kristin.Falde@co.dakota.mn.us">Kristin.Falde@co.dakota.mn.us</a>	<input type="checkbox"/> Oral <input type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observe d	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	PhaseI____ PhaseII____ PhaseIII____ PhaseIV____  1-2x per week throughout program		<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on____
<b>Blue Earth</b>	Brenda Pautsch	Brenda.Pautsch@courts.state.mn.us	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input checked="" type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	6.90     6.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observe d	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> other  Define Other: If ordered because of dirty client pays	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I <u>  3  </u> Phase II <u>  2-3  </u> Phase III <u>  1  </u> Phase IV _____	Redwood	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
<b>St. Louis South - Duluth</b>	Amy Lukasavitz	Amy.Lukasavitz@courts.state.mn.us	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin	\$0.00  \$16.00 \$26.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define O Hand washed, view of steady stream bserve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input checked="" type="checkbox"/> call in <input type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input checked="" type="checkbox"/> other  Define Other: Court or team ordered.	Phase I __3__ PhaseII __3__ PhaseIII __2__ PhaseIV __No Phase IV	MedTo x	<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on____
<b>Otter Tail</b>	Tria Mann	Tria.Mann@courts.state.mn.us	<input type="checkbox"/> Oral <input type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin		<input type="checkbox"/> Yes <input type="checkbox"/> No Define Observe d	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes how much:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other  Define Other:	<input type="checkbox"/> call in <input type="checkbox"/> probation <input type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other  Define Other	Phase I _____ PhaseII _____ PhaseIII _____ PhaseIV _____		<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on____

## Minnesota Drug Court Drug Testing Matrix

County	Contact	Email	Device's Used	Cost	Random/ Frequent/ Observed	Clients pay for testing	GCMS Confir- mation	Method used to schedule & collect	# Test Collected by Phase	Lab Used	Drug Tested
Stearns	Brigid Murphy	<a href="mailto:Brigid.Murphy@courts.state.mn.us">Brigid.Murphy@courts.state.mn.us</a>	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input type="checkbox"/> Hair <input type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input type="checkbox"/> Temp <input type="checkbox"/> Adultera <input type="checkbox"/> Creatin		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observe d Hands washed observe stream	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes how much \$5 for onsite kit (if admit and if confirmati on comes back pos), \$30 for confirmati on (only if positive at confirmati on)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other:	<input checked="" type="checkbox"/> call in <input checked="" type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I : 10- 12/mo Phase II: 8- 10/mo Phase III: 6- 9/mo Phase IV: N/A	MEDT OX	<input type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input checked="" type="checkbox"/> varies depends on what came up positive, randomly send it for BZO's and ETG
White Earth Band of Ojibwe	Lori Thompson	<a href="mailto:LoriT@whiteearth.com">LoriT@whiteearth.com</a>	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> PBT <input checked="" type="checkbox"/> Hair <input checked="" type="checkbox"/> Urinedip <input checked="" type="checkbox"/> ETG <input type="checkbox"/> RediCup <input type="checkbox"/> Blood <input type="checkbox"/> EyeScan <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Adultera <input checked="" type="checkbox"/> Creatin	25.00 10.00 70.00 15.00 25.00 0.00 0.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Define Observe d: Hand washed , view of steady stream	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how much:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other Define Other: Only on positiv e screens	<input type="checkbox"/> call in <input type="checkbox"/> probation <input checked="" type="checkbox"/> Service providers <input checked="" type="checkbox"/> Law enforcement <input type="checkbox"/> other Define Other	Phase I <u>  2  </u> PhaseII <u>  2  </u> PhaseIII <u>  1  </u> PhaseIV <u>  1  </u>		<input checked="" type="checkbox"/> Always Full Screen <input type="checkbox"/> drugs of choice <input type="checkbox"/> varies depends on_____