

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Client Drug Screening Requirements for Certified Providers for Substance Use Disorder (SUD) Treatment Services		
POLICY NUMBER DBH Policy 200.11	DATE JUL 29 2015	TL# 285

Purpose. To set forth the Department of Behavioral Health (DBH) policy on the key requirements in drug screening clients participating in substance use disorder treatment and services.


Applicability. DBH-certified substance use disorder (SUD) providers with a Human Care Agreement.


Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective for implementation by DBH-certified substance use disorder (SUD) providers with a Human Care Agreement upon their certification pursuant to 22 DCMR Chapter A63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

Superseded Policy. None.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Barbara J. Bazron, Ph. D.
Interim Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 200.11	Date JUL 23 2015	Page 1
	Supersedes: None		

Subject: Client Drug Screening Requirements for Certified Providers for Substance Use Disorder (SUD) Treatment Services

1. **Purpose.** To set forth the Department of Behavioral Health (DBH) policy on the key requirements in drug screening clients participating in substance use disorder treatment and services.
2. **Applicability.** DBH-certified substance use disorder (SUD) providers with a Human Care Agreement.
3. **Authority.** DBH Establishment Act of 2013 and 22 DCMR Chapter A63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.
4. **Background.** Drug screening is required to participate in SUD services and programs in the District. In residential settings, drug screening is a critical element in maintaining a safe, drug-free environment for everyone. Drug screening is a part of the SUD treatment program. Regular drug testing should be discussed, using motivational interviewing, with the client at the onset.

Drug use during treatment shall be monitored continuously, as lapses occur during treatment. Drug screening deters use while in treatment and allows the program to identify relapses sooner, creating opportunities to intervene before more serious ramifications of drug use manifest such as dropping out of treatment job loss, arrest, alienation from supportive relationships, serious medical issue or death.

5. **Definitions.**

5a. Drug screening. Consists of toxicology sample collection and breathalyzer testing to determine and detect the use of alcohol and other drugs.

5b. Chain of Custody. Describes the process of ensuring and providing documentation of proper specimen identification and handling from the time of specimen collection to the reporting of laboratory results. The chain of custody protocol assures the specimen belongs to the individual whose information is printed on the specimen container label, no post-collection adulteration or tampering has taken place, exactly who had possession of the specimen and when, how the specimen was transported and stored before it was analyzed, no unauthorized access to the specimen was possible, and the specimen was handled in a secure manner.

5c. Presumptive lab results. The terminology used to refer to a drug screening in which the reported value may be qualitative, semi-quantitative or quantitative depending on the purpose of the testing or the specific drug being tested. These specimens are tested by use of the dip

stick and results are obtained on site.

5d. Definitive lab results. Utilizes drug screening methods that are able to identify specific drugs and their major components. These specimens are sent to a certified lab for analysis.

6. Policy. DBH supports client recovery with drug screening to verify compliance with treatment and assess or reassess client's need for clinical interventions. SUD certified providers shall conduct drug screening of clients at admission, as clinically indicated, and throughout the course of treatment but no less than eight times a year.¹ The key requirements for client drug screening (Exhibit 1 – Client Drug Screening Guidelines for Implementation) by providers are as follows:

6a. Frequency (see Exhibit 1, Section B). The provider shall conduct random drug screening as clinically necessary and at a minimum of eight times per year or as and in compliance with applicable federal and District regulations.

6b. Chain of Custody (see Exhibit 1, Section D).

(1) Reasonable safeguards shall be utilized to ensure the integrity of the collection process. These safeguards shall be specified in the provider's internal policies and procedures.

(2) Ensure that the specimen is accurate and client is not using a prosthetic device or submitting a urine sample not produced at the time of testing.

(3) Appropriate chain of custody shall be maintained throughout the process of specimen collection and storage up until the point the specimen is picked up by laboratory personnel.

6c. Documentation (see Exhibit 1, section E). The provider shall ensure that test results and the resulting actions are documented in the client's record within 24 hours upon receipt.

6d. Legal requirements. The provider shall follow drug screening protocols and procedures as warranted for clients who are under court orders.

7. Responsibilities and Procedures.

7a. Providers shall:

(1) Develop and implement written policies and procedures to include the following:

a. Internal protocols in conducting drug screening of clients including collection, storage and handling of specimens (i.e., chain of custody), and documentation.

b. Interpretation of results and actions to be taken when screening results indicate the presence of alcohol and/or drugs, differentiating between presumptive lab results and definitive lab results.

¹ Medication Assisted Treatment (MAT) programs shall ensure that appropriate frequencies of no less than 8 times per year for drug screening are followed per federal and District regulations and as indicated in this policy.

JUL 28 2015

c. Utilization of drug screening results in client treatment plans and/or interventions.

(2) Ensure that all new employees have been trained on the drug screening policy and procedure and maintain documentation of such training.

(3) Ensure that the screening results and the actions addressing them are documented in the client's records.

(4) Ensure that all laboratory services are approved by DBH and in compliance with District and federal regulations.

7b. DBH shall:

(1) Conduct periodic review of provider's implementation of this drug screening policy.

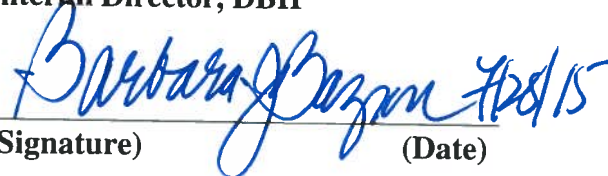
(2) Recommend quality improvement strategies for drug screening.

8. **Exhibit.**

Exhibit 1 – Client Drug Screening Implementation Guidelines

Approved by:

Barbara J. Bazron, Ph. D.
Interim Director, DBH


(Signature) (Date)

Client Drug Screening Implementation Guidelines

A. How to Approach Drug screening.

1. Regular drug screening shall be discussed with the client from the initial stage of treatment.
2. Motivational interviewing techniques are ideal to establish the purpose of drug screening and pre-emptively avoid conflicts with the client around drug screening later.
3. A discussion shall occur at the beginning of treatment around:
 - a. Screening as a tool for helping the client through early recovery and not a statement of mistrust or suspicion.
 - b. How a positive test will be handled and who the results will be shared with.
 - c. Additional treatment options which will be recommended if the current level of care proves inadequate to establishing stable abstinence.

B. Practice Guidelines for Frequency of Randomized Drug Screening¹.

1. High frequency of 4 – 8 screenings per month if:
 - a. The client is early in treatment
 - b. The client has not established stable abstinence
 - c. The client recently relapsed
 - d. The client is not progressing well in treatment
 - e. The client does not have consistent treatment attendance
 - f. The client is displaying unusual or uncharacteristic behavior
 - g. The client is exhibiting serious stressors, cravings or urges
2. Moderate frequency of 2 – 4 screenings per month if:
 - a. The client is regularly attending treatment but is still in an early stage of change (e.g. contemplation)
 - b. The client has limited recovery support outside the treatment program
 - c. The client is not at immediate risk for relapse, but his/her recovery program is not yet sufficiently developed to account for significant life stressors.

¹ Rationale for including frequency in the guidelines is based on the data gathered by APRA for FY 2014. Analysis of data suggests that the drugs of choice within the DBH network are primarily Alcohol, Cocaine/Crack, and Heroin. These substances metabolize out of the body within 72 hours from administration. Marijuana and Benzodiazepines may take up to 25 days to metabolize out of the body. However, if there is no reoccurring use within the 25 day time frame, their levels will drop consistently during that period. The majority of consumers in care use a drug that will metabolize out of the body within 72 hours of use. Therefore, more frequent toxicology collections are required to help a consumer establish compliance and avoid diversion.

3. Low frequency of 1 screening per month if:
 - a. The client is at a more advanced stage of change (e.g. action or maintenance)
 - b. The client has an established sober support network
 - c. The client has established coping strategies for life stressors
 - d. The client is progressing well towards successful discharge

C. Safeguards.

1. The client shall be asked to remove outerwear before entering the restroom such as a coat or jacket.
2. The client shall be prohibited from bringing any kind of carrying case into the restroom when being tested such as a purse or backpack.
3. In whatever method of observation, staff shall ensure that specimen is accurate and client is not using a prosthetic device or a sample urine that is not produced at the time of testing.

Examples:

- a. The client shall be accompanied into the restroom by a staff member of the same sex or appropriate medical personnel and instructed to leave the door ajar for observation or within full view of the same-sex observer.
 - b. The direct observation protocol can also be practiced, if the space allows, through the use of mirrors offering the observer a view of the client submitting the specimen.
4. The client shall wash his/her hands in full view of the observer prior to producing a specimen (This step prevents the client from having an adulterant on their hands to add to the specimen after urination).
 5. Clients submitting a urine drug screen shall only be permitted to use a toilet which contains dyed water (This step prevents the client from diluting the sample with water from the toilet).
 6. If the specimen bottle has a thermometer, or thermal strip, built in, the observer shall confirm the temperature of the sample at 90-100 degrees Fahrenheit. If the specimen bottle has no built-in thermometer, the observer shall feel the outside of the bottle. A valid specimen shall make a plastic bottle warm to the touch.
 7. If there is evidence to suggest the specimen submitted is not genuine: unusual color, odor, etc. the observer is to share that information with the client and request a new specimen. Because this process involves collecting bodily fluids, staff members handling specimens shall always wear latex gloves during the collection process.
 8. Any provider's purchasing policies shall always ensure an adequate supply of gloves. Because this process involves collecting bodily fluids, staff members handling specimens shall always wear latex gloves during the collection process.

D. Chain of Custody.

1. It is absolutely essential that specimens are handled, labeled and stored properly to ensure those results are accurate and attributed to the correct client.
2. The Chain of Custody ensures the integrity of the collection process and provider credibility when reporting out drug test results.
3. If, at any time, the Chain of Custody protocol is violated, all applicable specimens need to be discarded and the clients re-tested. Examples of such violations are missing or broken seals, a leaking container, missing paperwork, or paperwork which is incomplete, or contains errors.
4. Make sure the paperwork is filled out completely. A failure to do so impacts the chain of custody.
 - a. Ensure the label is filled out completely as well
 - b. Close the lid tightly after the client submits the specimen to ensure there is no leak or spill in transit.
 - c. Affix the label to the specimen bottle.
5. Seal the bag completely once the specimen cup is inside. Fold the white copy of the form and insert it into the pouch on the back side of the bag.
6. All samples are to be deposited into a single secure location pending pickup from the laboratory.
7. Refrigeration is highly recommended for storage pending pickup, as refrigeration slows the degradation of metabolites in the specimen, reducing the chance of a false negative result.
8. The entire process shall occur uninterrupted with the chain of custody being carried out to completion before anything else is attended to.
9. A specimen shall never be left unattended until it is placed into the secure location at the end of the provider portion of the chain of custody.

E. Documentation.

1. All drug screen information shall be documented in the electronic documentation.
2. The Drug Screen Results document in electronic documentation keeps a running log of all of the drug tests conducted during a client's treatment episode allowing easy access to a client's record of abstinence.