Chapter: 4	Care and Treatment Services			
Section: 24	Co-Occurring Disorders			
Topic: 5	Drug Screening and Testing			
Page: 1 of 4	Supersedes Date: Pol: Proc: 12-28-16, 8-16-12	Approval Date: Pol: 8-16-12 Proc: 10-25-2024	Board Chairperson Signature	
			Chief Executive Officer Signature	
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/21/2025. For controlled				
copy, view Agency Manuals - Medworxx on the BABHA Intranet site.				

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that its designated medical authority shall have the discretion to refer individuals for laboratory screening if they are identified or suspected of active use with illicit or non-prescribed substances.

Purpose

This procedure is recommended for the uniformity and consistency in the practice of Drug Testing and Therapeutic Drug Monitoring for the health and safety of staff and individuals served, as well as assist prescriber decision making to improve efficacy and safety of treatment decisions. In addition, BABHA wants to educate and promote **Harm Reduction** as indicated and move toward a Recovery-Based Practice Model where there is consistent coordination with the Primary Case Responsible Worker.

Education Applies to

All BABHA Staff
Selected BABHA Staff, as follows: <u>Clinical Management and Primary Care Staff</u>
All Contracted Providers: Policy Only Policy and Procedure
Selected Contracted Providers, as follows: <u>Primary Care Outpatient Staff</u>
Policy Only Policy and Procedure
Other:

Definitions

<u>Screening</u>: The initial step in substance abuse evaluation and is accomplished through interview and standardized questionnaire.

<u>Testing</u>: Refers to laboratory analysis of biological specimens that identifies whether substances are present and typically follows screening. Specimens can include blood, urine, or saliva.

Designated Medical Authority: Includes treating prescribers and/or nursing staff.

<u>Harm Reduction</u>: Any program or policy designed to reduce drug/alcohol harm without requiring the cessation of drug/alcohol use.

Chapter: 4	Care and Treatment Services			
Section: 24	Co-Occurring Disorders			
Topic: 5	Drug Screening and Testing			
Page: 2 of 4	Supersedes Date: Pol: Proc: 12-28-16, 8-16-12	Approval Date: Pol: 8-16-12 Proc: 10-25-2024	Board Chairperson Signature	
			Chief Executive Officer Signature	
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/21/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.				

DO NOT WRITE IN SHADED AREA ABOVE

<u>Stage Based Recovery Model</u>: A **recovery approach** to mental disorder or substance dependence emphasizes and supports a person's potential for recovery. Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning. Staging an individual is about gauging where the individual is at in their readiness to move into recovery.

Therapeutic Drug Monitoring: Laboratory testing to look for the expected or unexpected presence of and the amount of a drug in the body.

Procedure

Drug Testing is viewed as an important tool in drug treatment. Detection of substance use and the potential for relapse as a chronic component can assist in the therapeutic process. Urine test results provide the clinician, practitioner, and individual with a timely opportunity to engage individuals in a process that addresses their substance use, initially providing safety through Harm Reduction and movement toward a path that leads to long term recovery. The inclusion of drug testing in treatment planning is **NOT** to be punitive but instead function as a very important way to document measurable progress. The concept of Universal Precaution can be applied to drug testing—anyone in the age range but not limited to 18-40-years-old—who we have suspicion of use should be considered for drug testing. In addition, drug screening should be completed prior to initiation of a controlled substance. The goal is to identify people seriously at risk and utilize the Stage Based Recovery Model toward successful rehabilitative outcomes.

Individuals will be referred for laboratory screenings as clinically appropriate and medically necessary. If an individual is deemed appropriate for immediate testing due to the suspicion of impairment, the safety and welfare of the individual will be taken into consideration when arranging for transportation to a screening location.

If an individual is suspected of active use, the prescriber can inform the individual of the need for laboratory testing. The prescriber writes the order and gives it to the individual to pursue or to accompanying staff to escort. The prescriber documents the occurrence in the medical record. The clinic receives the testing results and makes them available to the prescriber. The prescriber will utilize those results in treatment at their discretion.

Chapter: 4	Care and Treatment Services			
Section: 24	Co-Occurring Disorders			
Topic: 5	Drug Screening and Testing			
Page: 3 of 4	Supersedes Date: Pol: Proc: 12-28-16, 8-16-12	Approval Date: Pol: 8-16-12 Proc: 10-25-2024	Board Chairperson Signature	
			Chief Executive Officer Signature	
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/21/2025. For controlled				
copy, view Agency Manuals - Medworxx on the BABHA Intranet site.				

DO NOT WRITE IN SHADED AREA ABOVE

Therapeutic Drug Monitoring for other reasons other than drug testing for the use of substances of abuse can assist with prescriber decision making to improve treatment efficacy. Individuals may be offered therapeutic drug monitoring testing, including genetic testing, as an additional means to providing individualized treatment if indicated by a lack of therapeutic response to previous medication treatment.

Attachments

N/A

Related Forms

Controlled Substance Agreement Consent for the Use of Medication

Related Materials

Benzodiazepine Protocol <u>& Information Sheet</u> <u>Treatment for Stimulant Use Disorders</u> Gene sight Testing Protocol Forensic Fluid Testing Company forms and directions

<u>References/Legal Authority</u>

N/A

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Amy Folsom	PNLT	6/14/12	Revision	Triennial Review-Updated with Person First Language
Amy Folsom	PNLT	10/10/13	Revision	Language and process update
Amy Folsom	НСРС	8/16/16	Revision	Language update
Joelin Hahn	HCPC	12/28/16	Revision	Language and process update

Chapter: 4	Care and Treatment Services			
Section: 24	Co-Occurring Disorders			
Topic: 5	Drug Screening and Testing			
Page: 4 of 4	Supersedes Date: Pol: Proc: 12-28-16, 8-16-12	Approval Date: Pol: 8-16-12 Proc: 10-25-2024	Board Chairperson Signature	
			Chief Executive Officer Signature	
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/21/2025. For controlled				
copy, view Agency Manuals - Medworxx on the BABHA Intranet site.				

DO NOT WRITE IN SHADED AREA ABOVE

J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review
A. Folsom	HPC	10/25/24	Revision	Revision recommended by HPC to evolve
				current practice.