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URINE DRUG TESTING IN DETENTION

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ACQUISITIONS

Presented By:

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American Correctional Association

Presented At:

22nd National Conference on Juvenile Justice
March 21, 1995
1:45 - 3:15

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Each year advancements are made in drug testing within juvenile detention and correctional facilities. And yet, many juvenile facilities do not have drug testing programs and are totally unaware of the problems and potential dangers youth bring to the facility. We believe this project has not only identified three viable approaches to drug testing within juvenile facilities, but has also developed policies and procedures for such a program. The facilities and project staff have identified realistic problems and practical solutions in implementing such a program. We encourage and support all juvenile detention and corrections facilities to test youth upon admission for substance abuse. We believe the information contained herein will facilitate this. However, we are also aware that some practitioners may need or desire additional support, information, consultation and/or technical assistance. All of us within Juvenile Projects are available to provide these services. If we can be of any help or provide any technical assistance to you, please do not hesitate to call us.

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INTRODUCTION

Juveniles at high risk for drug use are also at high risk for delinquent behavior, which often leads to arrest and detention. Information about recent drug use helps detention staff make appropriate case-management decisions, which may include drug treatment. Drug testing is the most effective way of determining illegal drug use. Use of illegal substances is an integral part of high-risk behavior that prevents juveniles from effectively reentering the community. Positive drug test results cut through the denial that often accompanies drug use. Confronting a juvenile about drug use and establishing a case management plan that includes appropriate treatment and follow-up should be an integral part of the intake process. For the facility, drug testing answers important safety and security issues regarding the health and well-being of the juvenile entering detention. Drug testing should be used to help juveniles overcome an overwhelming personal and social problem.

Drug use is associated with crime. Juvenile drug use correlates highly with delinquency. Juvenile detention facilities are encouraged to adopt a holistic approach to the well-being of the adolescent in custody. Drug use is one in a constellation of problems associated with the high-risk adolescent. Determining the extent of drug use among the juvenile detention population, both individually and collectively, contributes valuable information to detention center administrators and staff and helps determine appropriate recommendations within a case management system. For the safety and security of the juvenile

and the detention facility, recent drug use must be identified and confronted. The goal of drug testing is to enhance the precision and appropriateness of intervention and treatment — not to add punitive sanctions to the detained juvenile's charges. Although financial and authorization for drug testing in each jurisdiction needs research, a drug testing program can be a valuable asset to a detention program.

The American Correctional Association and the Institute for Behavior and Health, Inc., funded by a grant from the Office of Juvenile Justice and Delinquency Prevention, collaborated on a project to determine the status of drug testing in juvenile detention centers.

The goals of this grant were to conduct a national assessment of existing drug testing programs, develop prototype elements of a urine drug testing program, develop related policies and procedures, and implement urine drug testing at three juvenile detention centers in the United States.

The purpose of this grant was to ensure that detention center staff utilize the drug testing results to improve case management of juveniles in detention, not use the results for punishment.

This report will examine the four years this grant was in operation and the information researched and disseminated.

HISTORY

The American Correctional Association (ACA) and the Institute for Behavior and Health, Inc. (IBH) were awarded a grant on October 1, 1989, entitled *Testing Juvenile Detainees For Illegal Drug Use*, from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). In the last four years, a substantial and vital amount of research and program implementation has been accomplished. This chapter discusses the tasks completed by ACA and IBH staff since inception of the grant.

Literature Review

A comprehensive review of scientific and implementation literature on the status of existing juvenile drug testing programs was conducted.

Written and Telephone Surveys

A written questionnaire was prepared and sent to over 500 juvenile detention centers across the United States. Forty-eight percent, or 237 questionnaires, some with written guidelines and/or policies and procedures attached, were returned and analyzed. Sixty-three centers were identified as having some type of drug testing program.

Those 63 juvenile detention centers were reviewed again and prerequisites for testing, size, and extent of the program yielded 35 detention facilities that were contacted by telephone. The telephone interviews clarified information

given on the written questionnaires and supplied greater detail about the urine drug testing programs. Information sought in the telephone interviews included changes to the program since completion of the written survey, turn-around time for drug test results, and budgetary provisions for testing. After review of the additional information, nine detention facilities were selected for site visits to obtain first-hand knowledge about their urine drug testing programs.

Initial Site Visits

Prior to the initial site visits to nine juvenile detention centers, a site evaluation form was designed. The form rated each detention center on drug testing policy and procedures, deficiencies and/or outstanding attributes of the policy and procedures, and other related questions.

The nine site visits provided information about collection areas, chain-of-custody procedures, outside laboratory processing and on-site testing technology. Dissemination of drug test results, record-keeping, and data collection were reviewed. Staff members were interviewed to determine their support of urine drug testing, local patterns of drug use and community support.

Prototype Program

Findings from the written surveys, telephone interviews, and initial site visits provided information on technical details for implementing urine drug testing programs in juvenile detention facilities.

Subsequently, the best program components were identified and a prototype drug testing program was developed. IBH and ACA staff drafted guidelines and related policies and procedures to establish a model urine drug testing program for juvenile detention centers.

Sample Policies and Procedures for a Drug Testing Program in Juvenile Detention Facilities

This resource handbook was designed to guide juvenile detention facilities in developing their own comprehensive drug testing policies and procedures manual. The handbook addresses pertinent questions surrounding the creation and maintenance of drug testing policies and procedures. Topics covered include program organization, program budgets, personnel and training, records and information systems, physical plants, programs, medical services, sample collection and drug testing procedures.

Prototype Drug Testing Program for Juvenile Detainees

This publication was written for detention center administrators and staff who are familiar with the needs of juvenile detainees, and who are exploring the possibilities of establishing a drug testing program.

Guidelines for establishing and implementing a viable urine drug testing program in a juvenile detention facility are presented in this manual.

Each chapter addresses a specific topic and can be used alone or with other chapters. For some issues discussed, specific recommendations are made

based on successful drug testing programs currently in operation. Information is presented to enable administrators and staff to make decisions based on the specific needs of the program.

Monograph: Drug Testing of Juvenile Detainees

ACA and IBH staff wrote a monograph, which covered the research completed in the first two years of the grant. It addressed the literature review, written and telephone surveys, and the initial site visits. Over 1,000 copies of the monograph were nationally disseminated to the juvenile justice community.

Concept Paper

A request for concept papers was mailed to 875 juvenile detention centers across the United States. The purpose was to solicit responses from juvenile detention centers to apply for training, technical assistance, and limited funding to implement a model urine drug testing program.

Proposal

From the submitted concept papers, 13 juvenile detention centers were asked to write a detailed proposal describing their facility's physical plant, drug testing background, drug testing implementation plan, in-kind resources and organizational capabilities.

ACA and IBH staff developed an evaluation form to review the nine submitted proposals. Three juvenile detention centers were recommended to

OJJDP — one small, one medium and one large-sized facility. The three sites selected were:

- ◆ Madison County Juvenile Court Services in Jackson, Tennessee
- ◆ Marion County Juvenile Detention Center in Marion, Ohio
- ◆ Jackson County Juvenile Court in Kansas City, Missouri

Follow-Up Site Visits

Site visits were conducted to each of the three detention centers by ACA and IBH staff to ensure the facilities met the selection criteria. Each detention center exceeded site visit expectations, and OJJDP approval was received to implement model urine drug testing programs.

Drug Testing Training

A two-day training session addressing drug testing was conducted in Baltimore for representatives from each of the three detention centers. The topics covered included:

- ◆ philosophy and purpose of drug testing
- ◆ national drug testing activity
- ◆ legal issues of drug testing
- ◆ intake and operations issues
- ◆ drug testing technology
- ◆ drug testing policies and procedures
- ◆ use of drug testing results

Technical Assistance Site Visits

ACA and IBH staff conducted three site visits approximately three months apart. The purpose was to offer technical assistance, collect data, and ensure the successful implementation of the model urine drug testing programs.

Articles

Several articles examining the progress and activities of the grant have been published in ACA's magazine, *Corrections Today*. The articles can be found in the April 1993, February 1994, June 1994, July 1994, and August 1994 issues.

SITE VISIT SUMMARIES

Madison County Juvenile Court Services, Jackson, Tennessee

Madison County Juvenile Court Services has been in existence since 1979. It is a small facility with seven secure bedrooms and one all-purpose room. It is the only secure facility for juveniles between Memphis and Nashville. The detention center is co-ed, although the population averages 74% male. It serves 18 rural counties with a commitment to keeping local youth in a rural environment. An average stay for a youth is three to five days.

Eight full-time staff and a supervisor work at the detention center. Staff training is a priority.

The Madison County drug testing program start-up date was April 12, 1993. Program milestones were completed by May 1, 1993. The facility selected the microLINE Screen kit by DSSI (Drug Screening Systems, Inc.). This was the most cost-effective system given the modest number of urine tests to be conducted each month. Due to financial constraints, the detention center only tested for marijuana and cocaine. Occasionally a broader screen for heroin, amphetamines and PCP was conducted to uncover new drug use trends that might have been occurring in the area.

Since May 1, 1993, 22% of juveniles not brought in on drug charges tested positive. Without urine drug testing, these juveniles would not have been identified and provided with intervention/treatment services.

The trained detention staff were very enthusiastic and fully supportive of the drug testing program. They were pleasantly surprised that there were virtually no hassles from the youth about collecting the urine samples. Two hundred and six juveniles were tested with no refusals.

The facility's use of drug test results was impressive. The Detention Director gave both positive and negative test results for all delinquent offenders to the Court Director who referred the cases to the two court intake workers. These workers requested a formal alcohol and drug assessment in some cases and made a direct recommendation to the court on others, using their best judgement. They also notified all parents of positive tests personally. Juveniles were either placed in a drug/alcohol safety education class, weekly counseling by a certified counselor, or residential placement in a private or state program. Non-delinquent offenders were not usually accepted in detention with the exception of some runaways who were referred to the agency holding custody. Test results were given to these agencies on an informal basis.

During program implementation, the primary problem at this site was reading the color on the second blue line (an indication of a negative test on the test devices). In some cases, the readings were very faint. The manufacturer told the staff that this indicated a drug concentration close to the cut-off level. This problem was resolved by using a timer to measure the time required to achieve an accurate reading — 10 minutes for cocaine and 20 minutes for marijuana. Unless the result was distinct, it was considered a negative unless the youth admitted to the use of the substance. Otherwise, the credibility of the program

could be questioned by youths who had not used the substance.

The remaining problem was the lack of treatment alternatives, primarily caused by reductions in state funding. It was suggested that efforts be directed to implementing some type of 12-step program (either AA or NA) for some of the juveniles, either in the facility or in the community.

The urine drug testing program received county funding for next year and presumably will be funded in the future.

The drug testing program in Madison County, Tennessee was a success. Line staff, detention administrators, and the court were supportive of the program.

Marion County Juvenile Detention Center, Marion, Ohio

The Marion County Juvenile Detention Center is a secure, 36-bed facility that can house 24 males and 12 females. The center supports a predominately white, rural, middle class socio-economic base. The percentages of white/black/other juvenile detainees closely mirror the community ratio. Forty-five percent of the population comes from eight nearby counties, all of which have the same socio-economic base.

There are 33 full and part-time staff working at the facility.

The facility drug testing program start-up date was March 22, 1993. Program milestones were in place by June 1993. They chose to use the Syva EMIT system which was operated in-house by trained staff. This system handled the volume of tests required accurately, and the results were available immediately. As a result of financial constraints and the lack of positive results for other drugs, testing at this site was limited to marijuana. It was suggested that periodically, other drug tests be run to anticipate new trends of drug use. By self-report, amphetamine and inhalant usage was prevalent in this population. The staff would like to test for amphetamines, but the reagent shelf-life is too short to make it cost-effective.

Sample collection was extremely successful — 1,059 urine specimens were collected without a single refusal. Staff were well trained and reported no problems with the sample collection process.

Staff members expressed their surprise at a positive rate of only 24.4%. They had assumed that drug use among their population would be higher. However,

the number of youths testing negative but admitting to drug use raised the percentage to 36%. Therefore, the drug tests tended to serve as "honesty checks" in their population.

An elaborate and effective system for the use of results was established. All juveniles who tested positive for self-report drug use were referred for a formal substance abuse assessment. They were assessed as low, medium or high risk and referred to a variety of treatment options. Parents were included in the assessment procedures and notified of the test results.

All juveniles who tested positive or admitted to drug use were required to attend a 10-week drug education course offered both at the detention center and in the community. Others were recommended for either bi-weekly or individual counseling at the local substance abuse clinic, and some were recommended to attend a variety of 12-step programs in the community. Recommendations were made for court commitments to other programs, including drug treatment. Only a few were referred to inpatient treatment because of the expense and insurance coverage. No publicly funded inpatient treatment was available in the community.

The staff found that parents generally were receptive and concerned, but not always surprised at positive drug test results.

The facility's primary concern centered around the budget. The cost of calibrating the Syva EMIT equipment daily was \$10.50. A secondary concern was the amount of staff time required to process the urine screens before the detention hearings were conducted each morning. As a consequence of these

two issues, the frequency of drug testing was decreased from daily to twice weekly. Although the immediate problem was alleviated, program effectiveness was reduced because results were not immediately known.

Another problem was the reagent shelf-life. The staff realized, for instance, that the amphetamine reagent would not last long enough for the entire amount to be used. Because they were finding self-reports of amphetamine use, the staff would like to have tested for amphetamines, but it was not cost-effective.

Data was collected on over 1,059 juveniles on hard copy. A problem with coordinating the project data protocol and the juvenile Drug Use Forecasting (DUF) data protocol resulted in a delay in complete computerization of the data. Staff members realized that they will need to make changes to the data collection form when it will only be used internally. Computerized data collection for the facility was not available during the course of the project, but the staff were working out the final software problems at the time of project completion.

As a result of the success of the urine drug testing program, the detention facility received funding for 1994 from the County Commissioner, Probation Department, and the Alcohol, Drug and Mental Health Board for approximately \$10,000. This funding will allow a two drug screen for all juveniles — marijuana and one other drug. The staff probably will test for cocaine rather than amphetamines because the amphetamine reagent shelf-life is too short to be cost-effective.

The facility received a grant from a county drug and alcohol agency for a counselor to work with the drug-involved youth.

The staff plan to pursue alternative sources of funding, such as offering follow-up drug test monitoring to parents or providing testing to other criminal justice agencies on a fee-for-service basis.

The program exceeded expectations and was well received in the community.

Probation officers increased the use of drug testing for juveniles under supervision by 200%, and the court integrated treatment recommendations into its adjudication and commitment orders. The drug testing program promoted honesty among juveniles, which impacted all other programming in a positive manner.

Staff "wishes for the future" included increased availability of both inpatient and outpatient drug treatment programs in the community, and a method of ensuring increased parental involvement and responsibility.

Although the program added to staff responsibilities, this facility had a strong team ethic, agreed that the time expended was worthwhile, and that the program was working. This assessment was reinforced by support of the surrounding counties' juvenile judges for the drug testing component of the program. In addition, the Marion County drug testing program was selected by the Ohio Governor's Office of Criminal Justice Services as a data collection site for a federal Center for Substance Abuse Treatment grant.

Jackson County Juvenile Court, Kansas City, Missouri

The Jackson County Juvenile Court operates a secure, coed juvenile detention center that was built in 1971. The facility has the ability to house 56 males and 16 females.

There are 53 full-time staff. Drug testing of staff members preceded that of the juveniles. In addition to providing an information base for staff, it gave the facility the opportunity to present itself to the community as "drug free."

The drug testing program start-up date was April 1, 1993. After considering the volume of drug tests required and staffing limitations, the facility opted to send the urine samples to an outside laboratory (Physicians Reference Laboratory) by courier several times daily. Because of the facility's high volume of tests, this method was the most cost-effective. A four-drug screen — marijuana, cocaine, amphetamines, and PCP — was conducted for each juvenile at a cost of \$15.50 per specimen, which included the confirmation of positive results. The results were available within four hours via fax. The relationship with the laboratory and the service provided were excellent. This was one of the high points of the program.

Based on reasonable suspicion, the staff also tested for alcohol use with a breathalyzer.

The data collection was fully computerized and worked effectively. Early minor problems were quickly resolved. Program milestones were completed by May 10, 1993.

The first month of testing was a good example of initiating a new program in a large facility — making adjustments in policies and procedures and emerging

with a strong start-up program. The facility maintained documentation of all of their task force meetings and the efforts made to improve accuracy of the case report forms. The facility began identifying each juvenile's residential zip code when the staff realized that those juveniles testing positive for PCP lived primarily in a specific area, and have begun working with the police.

The most significant problems in this program were related to sample collection. A large number of juveniles were recorded on the data entry forms as having refused to take the drug test. This number reached 39 in June, 22% of those admitted to the facility. Some of these refusals recorded by staff were not actually refusals. Instead, the juveniles were admitting to drug use to avoid the urine test. Therefore, inaccurate data recorded by staff were contributing to the high percentage of refusals (10.4% overall).

Some of the refusals listed on the data entry forms were actually instances where urine was not collected because the juvenile was unable to provide a sample at the time of intake, the number of juveniles at intake at a given time overwhelmed the process, or the intake procedure overlapped a staff shift change and a decision had not been made whether or not to admit a juvenile. The intake room was small and could not accommodate large numbers of juveniles. When juveniles could not provide a sample quickly, they were taken to the living unit and no drug test was performed. In addition, some intake staff were not fully committed to the process.

These concerns were discussed at the September 1993 site visit and strategies to solve them were shared with the detention administrator. Staff were

retrained in urine sample collection to emphasize its importance, and collection procedures were posted conspicuously in the intake area.

As a result of these efforts, the number of "refusals" dropped to 7 (4.5%) for the rest of September. Refusals rose to 17 (12.7%) and 15 (10.3%) during the following two months, then dropped to 6 (4.2%) during December, the last month of the project. Line staff realized the value of the drug test results and were requesting information to help them assess new detainees. Improved staff compliance was noted at the final site visit in January 1994.

Use of drug testing results was the highlight of this program. Although significant treatment alternatives were available before the program began, existing programs were expanded and additional alternatives created.

Most juveniles with positive drug test results were required to attend a seven-week, 21-hour substance abuse education program with their families. In the detention facility, weekly individual and group sessions were held with a trained counselor and volunteers. Plans were underway to develop a special group for girls. Juveniles had the opportunity to attend Alcoholics Anonymous or Narcotics Anonymous meetings held at the facility on Saturdays. Volunteer mentors encouraged attendance at community 12-step meetings following release.

The Court Commissioner and Judges used the drug test results for assistance in determining the programming in the dispositional phase of their hearings.

Parents were becoming more concerned about drug test results and more involved in follow-up recommendations during the latter part of the project.

In 1989, the citizens of Jackson County, Missouri passed a quarter-of-a-cent sales tax to be used for drug prevention, detection, enforcement and treatment. The Juvenile Division of the Circuit Court receives \$1.5 million per year, therefore, continuation of this program was not a financial problem.

Staff who were openly reluctant and skeptical during the preliminary stages of the project became very supportive of the urine drug testing program. After initially balking at the added duties, they began to view the drug testing process as part of the intake routine. They understood the use of drug test results for medical interventions (especially PCP positives) and to explain behavior that could be attributed to withdrawal symptoms. Staff began to ask the facility nurse for drug test results and requested testing for youths missed during the initial intake screening.

PROGRAM EVALUATIONS

Data Collection Methods Summary

Madison County Juvenile Court Services, Jackson, Tennessee

The Madison County Juvenile Court Services recorded all results manually and chose to use the original data collection form unchanged.

Marion County Juvenile Detention Center, Marion, Ohio

The Juvenile Court of Marion County added questions from the Juvenile Drug Use Forecasting (DUF) survey to their data collection. During the course of the project, this site, which began testing for the presence of four drugs, gradually reduced the number to one (marijuana). This decision was based partly on cost and partly on the finding that the rate of positive results for the other drugs approached zero.

Jackson County Juvenile Court, Kansas City, Missouri

The Family Court Division of the Circuit Court of Jackson County had an entirely computerized system, and modified the data collection form to accommodate their automated system. Offenses were obtained directly from the intake forms. In addition, Kansas City had a significant number of juveniles who were not drug tested during the course of the project.

Results Summary

Madison County Juvenile Court Services, Jackson, Tennessee

- ◆ Madison County Juvenile Court Services drug tested 206 juveniles for the presence of marijuana and cocaine between April 12, 1993 and December 31, 1993.
- ◆ The rate of positive tests for marijuana was 19.9%.
- ◆ Fifteen and one-half percent of the drug tests were positive for cocaine.
- ◆ Of the total drug tested, 22.8% of the juveniles tested positive for one drug; 6.3% were positive for both marijuana and cocaine.
- ◆ Self-reported use of
 - marijuana (26.6%) was only slightly less than that of alcohol (27.2%)
 - cocaine was 1.9%
 - "other drugs" was less than 1%
- ◆ Of those who denied use of marijuana by self-report, 16.4% tested positive.
Of those who tested positive for marijuana, 61% had not disclosed use of marijuana prior to testing.
- ◆ Of those who tested positive for one or two drugs,
 - only 25.4% of the juveniles admitted to recent drug use after notification of a positive result
 - 88.3% were male and 11.7% were female
- ◆ Of those testing positive for one or two drugs, the following chart indicates age and proportion of positive results:

<u>Age</u>	<u>Number Testing Positive</u>	<u>Percent of Positive</u>
12	2	3.3%
13	0	0%
14	5	8.3%
15	17	28.3%
16	13	21.7%
17	23	38.3%

- ◆ Of those juveniles not attending school, 46.2% tested positive for one or two drugs; of those attending school, 30.0% tested positive for one or two drugs.

- ◆ The greater percentages of drug positives were compared with the most common offenses in this population. The following table presents the information for this site:

	<u>Number</u>	<u>% positive for 1 or 2 drugs</u>
Drug possession	20	75%
Burglary	13	23%
Auto theft	30	20%
Runaway	28	25%
Probation violation	10	60%
Murder	9	22%
Armed robbery	6	50%
Deadly Weapon Possession	6	67%

Significance

The overreporting by self-report of marijuana use may be attributed to the relatively high cut-off for marijuana (100 ng/mL) used in the testing devices at this site. This cut-off level would not identify juveniles who had used a relatively small amount of marijuana or who had not smoked in several days.

The high rate of denial of drug use (especially cocaine) after being informed of a positive result was unique to this site. One reason for this denial may be the stigma attached to cocaine use, while marijuana was considered a more "acceptable" drug in the community. This attitude was reflected in the response of a parent when informed of her daughter's positive result for marijuana use. The mother expressed her relief that the girl was only using marijuana.

The percentage of positive drug test results was significantly higher among juveniles not attending school (46.2%) than among those attending school (30%), providing support for the assumption that leaving school increases the likelihood of drug use.

Not surprisingly, 75% of juveniles brought into detention on drug possession charges tested positive for one (60%) or two (15%) drugs. Of greater impact to the drug testing program, 21.4% of the juveniles charged with non-drug-related offenses tested positive for one or two drugs. Given the low rate of self-reported drug use, over one-fifth of the juveniles who had recently used drugs would not have been identified without drug testing. This finding from the drug testing program underscored its importance at this site.

Marion County Juvenile Detention Center, Marion, Ohio

The Marion County Juvenile Detention Center tested 1059 juveniles for drug use between March 22 and December 31, 1993. Initially, the drug testing screened for the presence of four drugs: marijuana, opiates, cocaine and benzodiazepines. By the September site visit, only one test out of 200 performed had been positive for opiates, which was verified as a prescribed medication. After 400 tests for cocaine, there were no positives. There also were no positive results for benzodiazepines. Therefore, the site administrators decided to test only for marijuana.

- ◆ At a 20 ng/ml cut-off, 26.6% of the juveniles tested positive for marijuana.
- ◆ Self-reported drug use was significant in this population despite the fact that marijuana was the only drug included in the testing throughout the project. Juveniles at this site self-reported the following drug use:
 - 42.0% reported marijuana use
 - 59.4% reported alcohol use
 - 11.4% reported use of amphetamines
 - 6.4% reported use of inhalants

Urine Drug Testing in Detention

- ◆ Of those who did not self-report marijuana use, 11.1% tested positive for the drug.
- ◆ Of those who tested positive, 24.1% had not included marijuana by self-report.
- ◆ Almost all (99.2%) of the juveniles who tested positive for marijuana admitted to use after notification of a positive result.
- ◆ Of those testing positive for one drug, 72.9% were male and 27.1% were female.
- ◆ Of those testing positive for one drug, the following chart indicates age and proportion of positive results:

<u>Age</u>	<u>Number Testing Positive</u>	<u>Percent of Positive</u>
8-11	0	0%
12	3	1.1%
13	14	5.1%
14	33	11.9%
15	54	19.5%
16	94	33.9%
17	79	28.5%

- ◆ Of those juveniles not attending school, 37.4% tested positive for one drug; of those attending school, 24.6% tested positive for one drug.
- ◆ The following table lists offenses associated with significant drug test positives in this population:

	<u>Number</u>	<u>% positive for 1 drug</u>
Burglary	26	26.9%
Assault	63	23.8%
Truancy	122	36.1%
Trespassing	11	45.5%
Violation of court order	58	25.9%
Runaway	125	24.0%
Drug abuse	9	88.9%
Habitually disobedient	316	20.6%
Curfew violation	29	41.4%
Consuming	37	51.4%
Escape	14	35.7%

Significance

Drug testing at this site provided a strong "honesty check" for the juveniles. The high degree of self-reported drug use furnished the program with a useful indication of which youths were drug-involved. Drug use information obtained by self-report was an important first step in providing early intervention and treatment. The number who self-reported drug use added to the number of positives obtained by testing provided a good indication of the number of drug-involved youth in detention.

The relatively large percentage of juveniles self-reporting amphetamine use indicated a significant problem in this community. Although the facility would like to include an amphetamine screen in its testing, the cost of the reagent and its short shelf-life made such an addition uneconomical.

This site had a significantly larger percentage of females who tested positive (27.1%) than either of the other sites.

The correlation of positive drug test results with offenses at this site provided pertinent information. The percentage of positive drug test results for status offenses (noncriminal misbehavior by a minor) such as truancy, runaway, curfew violation and being habitually disobedient were especially noteworthy. Of the marijuana positives, 53.5% were associated with these offenses. Drug use is frequently one of a spectrum of problem behaviors associated with youth who encounter the juvenile justice system. Providing appropriate and comprehensive intervention and treatment services for this population cannot happen without knowledge of drug involvement.

Jackson County Juvenile Court, Kansas City, Missouri

The juvenile detention center in Kansas City, Missouri, admitted 1333 juveniles to detention between April 1 and December 31, 1993; 1194 were tested for drug use. Drugs tested for included cocaine, marijuana, PCP and amphetamines. Of those juveniles admitted, 27% tested positive for one drug and 1.7% tested positive for two or more drugs.

- ◆ Marijuana was the most frequently used drug, with 24.2% of the sample testing positive at a 20 ng/ml cut-off level, and 49.1% self-reporting use.
- ◆ PCP was the next most frequently used drug, with 6.4% of juveniles admitted to detention testing positive and 3.9% self-reporting use.
- ◆ Drug tests revealed that 2.4% tested positive for cocaine whereas 2.5% self-reported use of cocaine and 1.6% self-reported crack use.
- ◆ Slightly under 1% tested positive for amphetamines; slightly over 1% self-reported their use.
- ◆ Almost 97% of the juveniles who tested positive admitted recent use of one or more drugs when informed of the results.
- ◆ Of those testing positive for one or more drugs, 82.3% were male and 17.7% were female.
- ◆ Of those testing positive for one or more drugs, the following chart indicates age and proportion of positive results:

<u>Age</u>	<u>Number Testing Positive</u>	<u>Percent of Positive</u>
9	0	0%
10	1	0.3%
11	0	0%
12	6	1.7%
13	18	5.2%
14	54	15.7%
15	103	29.8%
16	149	43.2%
17	12	3.5%
18	1	0.3%
21	1	0.3%

- ◆ Of those juveniles not attending school, 34.3% tested positive for one or more drugs; of those attending school, 27.0% tested positive for one or more drugs.
- ◆ The following offenses are associated with a significant percentage of positive drug test results:

	<u>Number</u>	<u>% positive for 1 or more drugs</u>
Drug possession	41	51.2%
Shoplifting	86	16.3%
Burglary	49	16.3%
Assault	162	19.1%
Armed robbery	13	38.5%
Vandalism	133	27.1%
Runaway	177	42.9%
Escape	116	30.2%
Status offense	220	29.6%

Significance

Although the Kansas City juvenile facility was the largest included in this project, the actual number of drug tests performed does not reflect the number of intakes because 10.4% of the juveniles were unwilling or unable to provide a urine sample for testing.

Discovery of the extent of PCP use in this population was surprising. Until this study was undertaken, PCP use was assumed to be confined primarily to the East and West Coasts, but rare in America's heartland. The significant percentage of drug tests positive for PCP had a strong impact on the staff's impressions about drug testing. Knowledge about PCP use explained the aggressive behavior of some juveniles brought into detention. The week before testing began, one detainee was removed to a hospital with a PCP overdose. As a service to the community, the facility shared information regarding PCP such as residential zip

codes with the local police department, which was able to target drug enforcement efforts more specifically.

Staff members reported that a few juveniles seemed genuinely surprised that they tested positive for cocaine. It is possible that some were exposed to the drug unwittingly through smoking "blunts" — hollowed-out cigars filled with marijuana and occasionally sprinkled with powdered cocaine. This situation provided a valuable educational opportunity for the staff who counseled the juveniles on their drug use.

Detained juveniles at this facility were younger and had a higher rate of positive drug test results than juveniles at the other two sites. The majority of juveniles testing positive were 14-16 (88.7%), compared with 15-17 years of age at the other two sites (88.3% (Jackson, TN) and 82.2% (Marion, OH)).

In addition to the positive drug test results for status offenses, this facility found a significant amount of recent drug use for such offenses as shoplifting, burglary, vandalism, assault and armed robbery.

CONCLUSIONS

Significant intervention must take place to prevent repeat offenses and to prevent juveniles from graduating to the adult criminal justice system. Providing a system of drug use detection and intervention may be an important step in preventing recidivism.

Juvenile detention centers can detect drug use by urine testing detainees during the intake process. The results of urine drug tests offer a valuable tool for assessing the needs of detained juveniles. Knowledge of drug use allows appropriate intervention and treatment options to be incorporated into case-management plans. This project to implement urine drug testing programs in three juvenile detention centers demonstrated the value of such knowledge.

Juvenile detention facilities that conduct drug testing find the results useful for individualizing the care of detainees, making appropriate plans for their entry back into the community, and establishing drug use patterns for the community. Drug use is viewed as an important component in the overall medical and psychological profile of each juvenile.

As discussed by the three juvenile detention centers in Appendix C, initiating a urine drug testing program in a detention facility is a challenging yet rewarding enterprise. As urine testing has become more common in juvenile justice systems, many problems have been solved, and many questions have been answered. The issues discussed in this document are important considerations for a juvenile detention center initiating a drug testing program. A drug testing program

provides valuable information about the detainee population for the best possible prognosis for re-entry into the community.

APPENDIX A

**Policies and Procedures
From the Three
Selected Sites**

**MADISON COUNTY JUVENILE COURT SERVICES
JUVENILE DETENTION CENTER**

PROGRAM ORGANIZATION: Mission/Philosophy Statement

The mission of the Madison County Juvenile Detention Center in developing and implementing a urine drug testing program is to identify those youth who are drug users, thereby enhancing the ability of Juvenile Court Services to provide appropriate case management to hold the youth accountable for their behaviors, and to help develop a plan to rehabilitate them. The results of testing will be used to recommend appropriate interventions to the Court.

REVIEW:

The Detention Center supervisor will review the mission/philosophy statement at least annually and update as needed.

PROGRAM ORGANIZATION: Goals and Objectives

GOAL:

The drug testing program will identify drug involvement of individual youth to assist in planning for their treatment and hold them accountable for their behavior.

OBJECTIVES:

1. Using health screening and urinalysis testing implemented by same sex staff on all youths taken into custody in Jackson and Madison County, Tennessee who are being booked/processed into the facility, youth in need of drug-related treatment will be identified and designated case management procedures will be followed to ensure timely referral and follow-up of treatment.
2. Positive results of urinalysis testing will NOT be used for legal purposes or as a basis to invoke punitive sanctions.
3. Results of testing will provide information about drug use among adolescents in the juvenile justice system for community awareness purposes. Information may help to predict new drug use trends; to develop profiles of drug using youth; to identify current common drugs of choice and to provide information as to the extent of the local drug problem among adolescents.
4. Results of testing will provide information that can be used to determine the existence of a link between violent crimes and drug use.
5. Accurate identification of drug use will provide information to determine the existence of a strong relationship between drug use and delinquent behavior.
6. Accurate identification of drug users, who are high risk juveniles, will allow for early intervention and will decrease recidivism by preventing drug use and related delinquent activity.
7. Accurate and immediate identification of drug users promotes the safety/security of the detention facility by identifying those who are in need of immediate treatment or detoxification or special housing.
8. Results of testing may provide information that can be used to determine the existence of a link between property crimes and drug use.

REVIEW:

The drug testing program goals and objectives will be reviewed by the Detention Center supervisor annually and revised as needed.

LEGAL ESTABLISHMENT:

The staff of the Madison County Juvenile Detention Center is hereby authorized to perform urine drug testing on juveniles who are going to be booked/processed into the facility. The results will be used for case management purposes only.

PROGRAM ORGANIZATION: Establishment and Review of Policies and Procedures

The Detention Center supervisor will have the responsibility to write policies and procedures and shall use input from staff, the Juvenile Court Judge, legal advisors, and other interested parties as needed.

The policies and procedures will be reviewed annually by the Detention Center supervisor and revised as needed.

PROGRAM ORGANIZATION: Dissemination of Policies and Procedures

A copy of the drug testing policy and procedure manual will be given to each staff person and to the director of Juvenile Court Services. In addition, one copy will be designated as the booking counter copy and will remain in the booking area at all times.

The drug testing policy and procedure manual will be explained and a copy given to new employees at the time of their employment.

When an employee terminates his/her employment, it shall be that employee's responsibility to turn in his/her policy and procedure manual to the Detention Center supervisor.

PROGRAM ORGANIZATION: Organizational Structure

CHART

Each shift member is directly responsible to the supervisor of the Detention Center, who is, in turn, directly responsible to the Juvenile Court Services Director.

PROGRAM ORGANIZATION: Program Monitoring

Monthly Reports

Each month the Detention Center Supervisor will provide a statistical report on the drug testing program to the director of Juvenile Court Services. A copy will be sent to the Juvenile Court Judge.

In addition to the statistical report, the supervisor will also provide the director with on-going information as to:

- a. improvements needed
- b. problems (if any)
- c. purchasing needs
- d. incidents, if any
- e. any other pertinent information

PROGRAM BUDGET: Budget Preparation

The Juvenile Court Services Director will prepare the budget for the Juvenile Detention Center, with input from the Detention Center supervisor as to specific needs. This will be done on an annual basis.

The drug testing program will be addressed in the line item #340, Medical and Dental Services.

PROGRAM BUDGET: Inventory Control and Requisitioning

Inventory

The Detention Center supervisor or designee shall conduct a monthly inventory of all supplies necessary to operate the drug testing program effectively. Supplies will include:

- a. test kits
- b. latex gloves
- c. zip-loc bags
- d. drug test request forms

All supplies are ordered by the Detention Center supervisor or designee, with approval from the Court Services Director.

Each month, the number of test kits ordered will be compared to the number of test results obtained by the supervisor.

Requisitioning

The requisition of supplies by staff will follow the normal procedure of requisitioning supplies for all other areas of detention operations.

PERSONNEL AND TRAINING: Personnel Involved in Drug Testing

All regular full and part-time staff will be responsible for performing urine drug tests on juveniles who are being booked into the facility. Same sex staff on duty will be responsible for supervising the sample collection.

RECORDS AND INFORMATION: Drug Test Records

The drug testing program shall provide accurate and confidential drug test information to the individual case record of each juvenile tested. One copy of the drug test request form (pink) shall be placed in each individual detention case file. (See Appendix for copy of drug test request form)

At a minimum, each record shall include the:

- * date and time of sample collection
- * drug(s) tested for
- * name of any prescription or over-the-counter medication juvenile is taking
- * results of test

The staff person who witnesses the collection of urine is required to sign the drug test request form.

The staff person who performs the test shall sign as to verification of results. Results shall also be verified by the signature of the other staff person on duty. If the results are questionable or somehow unreadable, staff will perform another test kit.

PERSONNEL AND TRAINING: Evaluations; Training

Evaluations:

All staff will continue to be evaluated as for all other areas of operation in the Detention Center.

Training:

The training plan for the drug testing program shall follow the training plan designed for all other areas of detention program operations. In-service training is provided throughout the year by the Detention Center supervisor.

All new employees will, as part of their pre-service training, receive training on the drug testing program.

RECORDS AND INFORMATION: Information Collection and Storage

One copy (white) of the drug test request form will be kept by the supervisor in a research file to be used for statistical purposes.

The yellow copy is sent to the Director of Juvenile Court Services, who gives it to the appropriate Intake Counselor, and the pink copy is kept in the juvenile's detention file.

Accumulated data may be used to measure accomplishments of objectives for the drug testing program.

All data accumulated in the drug testing program is confidential. When using drug testing data for research purposes, the names of juveniles will not be released.

The Detention Center supervisor will review the drug testing information system monthly to ensure that program information is being collected, as well as to make any necessary changes in the type of information to be collected.

A card file will be maintained by the supervisor, with each card containing name of youth, sex, race, age, and date of test and results. It will also contain information as to admission/denial of drug use and whether or not a consent to release information was signed by the juvenile. The same card will be used to record drug information on the juvenile each time he/she is booked into the facility so that test results may be compared and we may have cumulative information readily available.

PHYSICAL PLANT: Maintenance and Housekeeping

All staff shall have the responsibility of maintaining a clean and orderly processing room and bathroom. Shift C is responsible for daily cleaning, but all staff shall tidy up after a juvenile is processed. In particular, the processing bathroom must always be kept free of any substance that could contaminate or in any way alter the results of the drug test.

Maintenance requests will be processed in the usual manner, with staff notifying the supervisor if anything is in despair. The supervisor will then notify the Operations Supervisor who, in turn, assigns the repair to the maintenance man.

PHYSICAL PLANT: Storage of Supplies

A small supply of gloves, collection cups, drug test request forms, and test kits will be stored in the cabinet in the processing room.

A larger supply will be kept in the hall cabinet and the supply room.

A supply of antibacterial soap and paper towels will be maintained in the processing bathroom for the juveniles to use before they provide a sample.

PROGRAMS: Case Management

Results of drug tests shall be used for the juvenile's individual case management. Juveniles who test positive shall

not be subject to punitive action, including denial of basic rights in detention or withholding privileges.

The main purpose of the drug testing program is to provide factual knowledge concerning the individual juvenile's use or non-use of illegal drugs.

For any youths who test positive for any type of drug, the supervisor will forward the yellow copy of the drug test request form to the Director of Juvenile Court Services, who will then forward the information to the appropriate intake counselor who will be responsible for making recommendations to the Court. The yellow copy of the drug test request form will also follow the same route for those youth testing negative, so that the Youth Services file may reflect that the youth was tested for drug use.

For case management in detention, drug test results will be used by staff to:

- * identify those youths needing detoxification
- * assist staff in assigning housing
- * assist staff in information as to what type of behavior to expect, including withdrawal.

MEDICAL SERVICES: Detoxification

The drug testing program shall not include detoxification functions.

If a juvenile is in need of detoxification, it shall be done under medical supervision and the youth will not be accepted for placement. Depending on the charge, staff will determine whether to refer back to law enforcement for transportation to an emergency medical facility or to contact the parent for immediate pickup.

MEDICAL SERVICES: Staff

All staff will be offered a series of Hepatitis B shots. This service will be provided by the county at no cost to the employee. If any wish to refuse this service, a waiver must be signed and placed in the individual's personnel file.

COLLECTION PROCESS

All juveniles who are to be booked into the facility and who are "Madison County placements" (NOT out-of-county placements, but any youth taken into custody by Jackson Police Department, Madison County Sheriff's Department, or Tennessee Highway Patrol in Madison County, regardless of the location of their residence) will be tested.

Exceptions

1. Juveniles who have already been to court and who are committed (post-adjudicatory)
2. Juveniles who are not going to be fully booked into the facility, but are going to be released to parents or other agencies.

Booking of the juvenile will continue, with all the regular paperwork being completed by staff.

When a youth is taken into the processing room by same sex staff, he/she will be asked to remove his/her clothing. Clothing will be moved aside by staff so as to ensure that the youth may not have access in order to introduce contraband into the facility. The youth will be given a towel to hold around them while staff completes the receiving/screening form.

Staff will then explain the following to the juvenile:

- * the purpose of the drug testing program
- * the results are confidential and will only be given to the juvenile, his/her parents, and to the Judge for treatment recommendations ONLY, NOT punishment, or to add additional charges
- * what the collection process will involve

The juvenile will be clearly informed that no punishment will be imposed due to positive test results.

If a juvenile admits using illegal drugs during this explanation, or at any other time during the collection process, it will be noted on the receiving/screening form, as well as under comments section of the drug test request form.

The urine drug testing system selected for use is Drug Screening Systems Incorporated's MicroLine Screen, based on immunoassay technology.

The staff member will then accompany the juvenile into the bathroom area, taking care to wear gloves all during the remainder of this admission process. Staff will have the juvenile wash his/her hands thoroughly using liquid antibacterial soap and rinsing well with warm water. Staff will then ask the youth to provide a urine sample.

Staff shall respect the privacy of the juvenile as much as possible without jeopardizing the integrity of the collection process. The process may seem embarrassing to the juvenile and staff will use sensitivity in carrying out this duty.

Staff will ask the juvenile to place a paper towel around the collection cup before handing it out to staff.

Staff will place the collected urine on the countertop in the processing room. The test kit will not be immediately performed, but the urine will be allowed to set for approximately 10-20 minutes while the juvenile is in the shower.

Urine samples shall never be collected from more than one juvenile at a time.

If a juvenile cannot provide the specimen (is willing, but is not able), staff will halt the booking process, advise the youth of the necessity of providing the sample and that the booking process cannot be completed until the specimen is collected and then:

- * try running the water a little in the sink for a while
- * give the youth 8 ounces of lukewarm (NOT COLD) water to drink. NO MORE.

Staff will monitor the youth continuously until the sample can be provided. If at all possible, staff and the juvenile will remain in the processing room until the sample can be provided.

COLLECTION PROCESS: Refusals; Exceptions

Refusals

If a juvenile absolutely refuses to provide a sample and is totally uncooperative, staff shall advise the juvenile that he/she is in violation of the Detention Center rules, and will be written up. Also advise the youth that we will obtain a court order from the Juvenile Court Judge and a sample will be provided. As well, the Juvenile Court Judge will receive a report that the youth was uncooperative and refused to submit to drug testing. An incident report shall be completed by staff and submitted to the supervisor in the usual manner, according to Detention Center policies/procedures.

Exceptions

- * A juvenile who cannot wait through the booking process to urinate
- * Mass booking

If a juvenile requests at admission to go to the restroom and states he/she cannot wait, same sex staff will have juvenile remove any heavy outerwear; do body frisk and then accompany youth to the processing room. The drug testing program will then be explained; the juvenile will thoroughly wash hands with antibacterial soap and rinse well, and then be asked to provide a sample. The youth will be asked to place a paper towel around the collection cup and hand it out to the staff person, who will then place the cup on the cabinet in the processing room to be allowed to set until the youth is placed in the shower, at which time the test kit will be done by staff. Staff will then accompany the juvenile back to the lobby area, where booking will continue in the usual way.

If two juveniles are brought to be booked, one may be booked while the other waits in the lobby area, as usual, unless there is a security risk.

If more than two juveniles are brought to be booked, or if there is a security risk, all will be searched and all but one will be placed on the south side, with no access to bathrooms until they each can be processed. All bedroom doors will be locked to provide no access to bathrooms to prevent the juveniles from using the bathroom before we are ready to collect a sample. If a juvenile states he cannot wait to use the bathroom, staff will follow the procedure listed above.

Under no circumstances are staff to collect samples from more than one juvenile at a time without running the test kit and completing the process. In other words, staff may not collect from many juveniles and have the samples setting together on the cabinet, labeled or not.

COLLECTION PROCESS: Disease Control

Urine specimens and all materials coming in contact with them should be handled and disposed of as if infectious and capable of transmitting infection. Staff should never pipette by mouth and should always avoid contact from the urine with broken skin.

Staff shall wear gloves throughout the entire process and should wash hands thoroughly with antibacterial soap and warm water immediately after removing gloves.

DRUG TESTING PROCEDURES

Instructions for using kit

After allowing the urine sample to set for approximately 10-20 minutes, the following steps should be followed. Staff will wear gloves at all times.

- * Open foil package and remove test kit
- * Place test kit in front of you on the counter
- * Using the dropper, take in urine from the sample cup
- * Hold the dropper straight up and down over the window of the test kit to make sure complete drops are delivered to the window with no air bubbles
- * Slowly add 1 drop to cocaine; then 1 drop to marijuana; then 1 drop to cocaine; then 1 drop to marijuana until 4 drops have been placed in each window on the left (where there appears to be a cotton-like material in an open area). DO NOT OVERFILL.
- * Set the timer by turning the knob past 15 minutes and then back to 10 minutes.
- * DO NOT throw away extra urine yet
- * When timer goes off after 10 minutes, read the COCAINE results only and record this on the drug test request form. (ONLY COCAINE at this time.) Have the other staff person witness these results.
- * If the results cannot be clearly read after 10 minutes or if the kit is making a funny or odd line, then do another test kit.
- * Immediately reset the timer by turning the knob past 15 minutes, and then back to 10 minutes. When the timer goes off again, read the MARIJUANA results. Record the results on the drug test request form, and have the other staff person witness the results.

Reading Results

2 lines, no matter how faint, mean the test is negative.

1 line means the test is positive.

If the test kit on either cocaine or marijuana is not easily read, staff should do another test kit. They should be labeled as #1 and #2.

Staff MUST read the results of cocaine after 10 minutes and the results of marijuana after 20 minutes. The technology of the test kits is not guaranteed if more time passes and the kits are not read. Staff must record exactly what they see immediately when 10 minutes are up for cocaine and when 20 minutes are up for marijuana.

Staff will complete the drug test request form. The completed test kit with the ID # and date written on it will be placed into a zip -loc bag along with completed drug test request form. The staff will write the name of the juvenile; ID #; and date on the white area of the zip-loc bag; seal the bag; and place it in the red locked box located in the processing room. Results may then be discussed with the juvenile.

If the results appear to be positive and the youth denies drug use, staff must explore the use of other substances. If the youth states he/she takes prescription or over the counter medication, staff shall question the youth as to why this information was not provided during the specific questions on the receiving/screening form. Staff shall document all responses by the youth. If the youth persists in telling the staff about the use of medication, staff will begin a verification process, beginning with the parent(s). Pharmacists or doctors may have to be contacted, but all contacts will be documented in both the log book and on the drug test request form. We will need information on the time of the last dose of medication.

Disposition of Samples:

After staff has completed the process of the test kits and believes the test kit performed properly, then the rest of the urine may be thrown away in the processing bathroom, along with the collection cup and dropper. Urine may be poured in the toilet or sink.

After removing gloves, staff must wash hands thoroughly with anti-bacterial soap and warm water.

Positive test kits will be kept for a period of one year. Negative test kits will be kept until the court appearance or 30 days, whichever period is longer. These will be kept in a locked file cabinet in the supervisor's office.

DRUG TESTING PROCEDURES: Quality Control; Reporting Results

Quality Control:

- * If refrigerated, test kits must be removed at least 30 minutes before testing
- * Test kits are not to be allowed to freeze or overheat
- * If foil bag of test kit is torn or perforated, staff are not to use
- * Staff will use test kit immediately after removal from foil pouch
- * Staff will not use test kits beyond their expiration dates

Release of Information on Test Results

Staff will, as part of the booking procedure, obtain the signature of each youth on the consent to release information form (See APPENDIX for copy of the form).

After the test results are complete, staff may tell the youth the results. Youth will be advised of the confidentiality of the test and that parents will be notified of the results, as well as a representative of Juvenile Court Services for case management ONLY and not for punishment of any type. Staff will maintain confidentiality when advising youth of his/her test results and NOT give out this information in the lobby area where it might be overheard by other residents or visitors.

Staff are not allowed to release any information regarding test results to anyone, but must refer all inquiries to the supervisor or Court Services Director, who are authorized to release information.

The yellow copy of the drug test request form is forwarded by the Detention Center supervisor to the Court Services Director on all juveniles tested, both positives and negatives. In turn, this copy is forwarded to the appropriate Intake Counselor for use in making recommendations to the Court.

DRUG TESTING PROCEDURES: Use of Broad Screen Testing

The broad screen test kit of 5 drugs will be used:

- * if a juvenile states during receiving/screening that he/she has used a drug on the screen other than cocaine and marijuana within the time frame that it would show up on the test kit
- * quarterly we will do broad screen drug tests on 20 youth to determine any new trends or determine the validity of continuing to only test for cocaine and marijuana on a regular basis

We, therefore, will always keep several broad screen tests on hand in the event that we process a youth who might be using other drugs than cocaine or marijuana.

**CONSENT FOR RELEASE OF INFORMATION
MADISON COUNTY JUVENILE DETENTION CENTER**

JUVENILE'S NAME: _____

I, the undersigned, do hereby give the Madison County Juvenile Detention Center permission to release information to or request information from: Jackson-Madison County schools; Southwest Community Health Agency (ACC Team); Department of Human Services; Department of Youth Development; Jackson Madison County Health Department; any mental health agency or health-related agency; a court appointed or privately retained attorney; or any other cooperating agency working with me. This will only involve information vital to treatment for me.

Signed this _____ day of _____, 19____.

JUVENILE'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

WITNESS: _____

DATE: _____

MADISON COUNTY JUVENILE DETENTION CENTER
DRUG TEST REQUEST FORM
CONFIDENTIAL

Name of Juvenile: _____

ID#: _____ Age: ___ Sex: ___ Race: ___ D.O.B. _____

Charge(s): _____

COLLECTION INFORMATION:

Collected by: _____

Date: _____ Time: _____

Medication(s) being taken by juvenile: _____

Comment(s): _____

Signature of Collecting Staff: _____

Staff Witness: _____

TESTS REQUESTED:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin/Opiates	<input type="checkbox"/> Other tests
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamine	_____
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Phencyclidine	_____

TEST RESULTS:

Negative for: _____

Positive for: _____

Juvenile notified of results: () Yes () No

Comment(s): _____

Staff Signature Performing Test: _____

Staff Witness of Test Results: _____

Parent Notified of Results: () Yes () No

CONFIDENTIAL

Case disposition: _____

MARION COUNTY JUVENILE DETENTION CENTER POLICY AND PROCEDURES

Chapter: Drug Detection and Monitoring Program

Subject: Philosophy and Mission

Policy

The Ruzzo Juvenile Justice Center Drug Detection and Monitoring Program shall be implemented through a written philosophy and mission statement. This statement shall be reviewed at least annually and updated, if necessary.

Procedure

A. Philosophy and Mission Statement:

The drug epidemic of the past decade has left no segment of society untouched. The most devastating effects of illicit drug use can not only be seen in hospital emergency rooms and child welfare systems, but also, in our prisons, jails and courts. There is a strong association between crime and drug use. At all levels of the justice system, from juveniles to adults to neglected and abused children, drug use is consistently cited as the largest and most difficult to deal with problem facing practitioners. As a Juvenile Detention Center, we are on the "cutting edge" of the drug/crime problem. What we do at this beginning juncture of a youth's deviant behavior is critically important. Drug abuse places great strain on our social systems and it begins at an average age of 12 years old in the lives of juvenile delinquents who admit to illicit drug use. Not surprisingly, public officials are searching for ways which, if not solving the underlying problems, at least provide a better means of managing and effectively utilizing the limited resources available to the justice system. Drug testing is seen as one such means.

On the surface, the MCJDC provides a useful and somewhat simple service to the juvenile justice system and the communities of Marion and nearby counties: we temporarily limit the freedom of juveniles pending court action who are at risk of committing another offense before, or failing to appear at, their next scheduled hearing. In reality, however, the MCJDC can meet a very complex need that goes well beyond simply limiting mobility. The MCJDC is often the juveniles' first contact with the legal system and that may influence their reaction and responsiveness to future justice system contacts. As a front-line service provider, the MCJDC can identify and be responsive to individual medical, psychological and social problems. The urine drug test is a vital tool which can be used to meet this purpose.

To this purpose, the MCJDC will implement a Drug Detection and Monitoring Program which will screen all juveniles brought to the MCJDC for use of illicit drugs. The issues of the constitutionality of urine collection and testing in detention facilities hinges on what use is made of the test results. Test results from the MCJDC Drug Detection and Monitoring Program will only be used for drug/alcohol treatment and/or case management. Adherence to this concept is critical to the survivability of this program. The MCJDC Drug Detection and Monitoring Program has three express goals: (1) get the issue of a juveniles' use of illicit drugs "on the Table", i.e., the circle of denial can be broken for both youth, parents, and case workers; (2) enhance the identification of rehabilitation needs for the juvenile and allowing treatment to be targeted to the juveniles' drug use and; (3) assure the safety of staff and juvenile while the youth is in detention.

b. This Philosophy and Mission Statement is current as of March 15, 1993.

Policy

Goals and Objectives for the DDM Program will be prepared and reviewed annually. Goals and Objectives are vital to focus on the important aspects of the Program - the ones that will assure the reliability of test results and sustain the Program's growth in the future. Goals and objectives also assure staff comprehension and commitment to a common mission.

Procedures

Goal #1: The MCJDC will receive urine samples from 95% of all juveniles who undergo the intake process into the Center.

Objective:

The DDM Program Manager will develop a prepared briefing (Instructions to Juvenile

Offenders form) to be read to all juveniles as part of the intake processing. The briefing will stress the routine nature of providing a urine specimen.

Objective:

Intake Officers will use effective communications skills in encouraging juveniles to provide the urine specimen, as trained by support staff. Juveniles must accept that positive results will not be used in a punitive action against them.

Goal #2: The MCJDC will maintain a non-discrepancy rate of 98% in Chain of Custody violations.

Objective:

Youth staff will be thoroughly trained in Chain of Custody procedures.

Goal #3: The MCJDC will enhance public awareness as to the level and degree of use of illicit drugs involving the juvenile delinquents of Marion and surrounding communities.

Objective:

A Monthly Statistical report will be prepared by the DDM Program Coordinator and distributed to courts, schools, and agencies who are associated with drug and alcohol intervention.

Goal #4: The MCJDC will identify funding for the DDM Program.

Objective:

The DDM Program Coordinator will contact and brief the ADMH Boards of all counties served by the MCJDC. STATUS UPDATE: June, 93.

Objective:

The DDM Program Coordinator will contact the State of Ohio Office of Criminal Justice Services for grant funding ideas. STATUS UPDATE: May, 93.

Objective:

The DDM Program Coordinator will develop in county strategies for sources of funding for future operations. (i.e. court costs and fines, user fees, etc.) STATUS UPDATE: June, 93.

Objective:

The DDM Program Coordinator will brief the County Commissioners on the Program to assure their understanding and commitment. STATUS UPDATE June, 93.

Chapter: Drug Detection and Monitoring

Subject: Program Monitoring

Policy

To ensure the efficient functioning of the DDM Program towards program goals and objectives, regular and routine reports, audits, and inspections shall be made and reviewed. The purpose of periodic monitoring and evaluations is to identify areas that are unproductive or off course and enable changes aimed at making the DDM Program the most effective and efficient as possible.

Procedures

A. Monthly Meeting

1. The following individuals will meet the last Wednesday of each month to discuss DDM Program activities:
 - * Program Coordinator
 - * Program Manager
 - * Program Drug Test Technicians
 - * Quality Assurance and Control Supervisor
 - * Fiscal
2. The following subjects will be discussed and essential information will be compiled in the DDM Program Monthly Report:
 - * improvements or needs of the program and problems (if any) in meeting these needs.
 - * fiscal condition, purchasing problems, etc.
 - * description of major incidents (if any) and what action was taken.
 - * goal and objective attainment for the month.
 - * plans for the coming months.

B. DDM Program Monthly Report

1. The DDM Program Manager shall accomplish a monthly report by the 5th working day of each month for data and information regarding the preceding month.
2. The DDM Program Monthly Report will contain, at the minimum, the following information:
 - * the number of drug test samples taken.
 - * the results of all drug tests.
 - * all subjects discussed in the monthly meeting as mentioned above.

Chapter: Drug Detection and Monitoring

Subject: Training

Policy

All youth leader staff shall receive specific training pertaining to the drug testing program. Training curriculum shall be reviewed and updated on an as-needed basis or at least annually. An understanding of the program's policies, procedures, goals and objectives is fundamental for new staff.

Procedures

- A. The DDM Program Manager will provide training to staff and all new employees. In the absence of the Program Manager, the Program Coordinator will provide the training.
- B. The training curriculum will consist of, at the minimum, the following subjects:
 - * DDM Program Mission and Goals and Objectives.
 - * How to ask questions and interpret answers on DDM Program documentation at intake processing.
 - * How to search and shower the juvenile properly.
 - * How to explain the drug testing policy, sample collection procedure and use of results to the juvenile.
 - * How to conduct the sample collection procedure properly.
 - * How to record activities and maintain chain of custody samples.
- C. Every youth leader will be certified by the DDM Program Manager or Coordinator as trained to receive urine specimens.
 - * This training certification will be documented on the DDM Program Training Certification form and filed in the youth leaders' personnel file.

Chapter: Drug Detection and Monitoring

Subject: Urine specimen Collection/Storage

Policy

It is the policy of this facility that the privacy and dignity of the juveniles be protected at all times during the collection of a urine specimen. The specimen should be collected in a manner which ensures the juvenile does not contaminate or alter it in any way. All specimens will be collected by a staff member of the same sex as the juvenile. Specimens will be kept in a locked refrigerator located in the locker/supply storage area until they are received and tested by the Drug Testing Technician the next working day following collection.

Procedures

1. Upon entering the Juvenile Detention Center and as the beginning part of the intake process, staff will conduct the initial pat-down search (Rubber gloves will be required).
2. Urinalysis Drug Test/Chain of Custody form, as well as all other intake forms (i.e., intake card, case report form, property card) and paperwork will be completed and signed by the intake officer and juvenile at this time.
3. The juvenile will be asked if he/she has been taking any prescribed medication or illicit drugs. If so, what and when was the last time such a substance was taken. Juveniles response will be noted on the Urinalysis Drug Test/Chain of Custody form. Self-report of illicit drug use will be noted on the Case Report Form.
4. The intake officer will escort the juvenile to the shower area. Chain of Custody form and

Identification Label will accompany the juvenile. All other collection items (i.e., specimen container, security seal, rubber gloves, plastic bag, pen, clipboard etc.) will be located in the intake shower closet.

5. Juvenile will be strip searched and then directed to the staff restroom to wash and dry his/her hands.
6. Juvenile will be advised to enter into the intake shower at which time a specimen container will be provided. While being as discreet as possible, intake officer will directly observe urine passing from the juvenile into the specimen container. Juvenile will be advised to fill container as full as possible.
7. Juvenile will be instructed to secure the container cap tightly and dry with a paper towel before handling specimen to intake officer. The intake officer will affix Security Seal and Identification Label to the specimen in the presence of the juvenile. Date and time of collection will be noted on Identification label and Urinalysis Drug Test/Chain of Custody form. At this time, the intake officer will label the juvenile's clothing and the routine shower and intake process will continue.
NOTE: Specimen Identification Label will be placed on at least one end of security seal with the intake officer and juvenile's initials.
8. Specimen will be placed in zip lock bag with Chain of Custody form attached. At no time during the collection process will the specimen be out of the sight of the juvenile and the intake officer. Urine specimens will never be collected from more than 1 juvenile at a time.
NOTE: If juvenile is unable to provide a specimen upon admission he/she will be given a t-shirt, a pair of shorts and sandals and escorted to the East or West entry to be monitored until urine specimen can be obtained. Youth will be offered no more than 2 cups or lukewarm water every hour until sample is provided. Shower and routine intake procedures will not be completed until specimen is collected.
9. Upon completion of the intake process, the juvenile will witness the intake officer placing his/her sealed container into the locked refrigerator located in the locker/supply storage area. (Key to refrigerator will be kept in control room).
10. Intake officer will escort juvenile to his/her assigned room.
NOTE: If juvenile is a behavioral problem upon intake (i.e., intoxicated, out of control, etc.) and is unable or unwilling to submit a urine specimen he/she will be patted-down, given a t-shirt and a pair of shorts and placed in an isolation cell. Intake Officer will notify Program Manager for further instructions or in her absence, the Program Coordinator.

Chapter: Drug Detection and Monitoring

Subject: Urine Specimen Testing/Disposition

Policy

To ensure the integrity of the drug test results, careful processing of the urine specimen, after collection, shall be carried out. Adherence to proper procedure is important to make sure the test results are accurate, and to provide documentation and accountability in the event the outcome is challenged.

Procedures

1. Once the technician receives the urine specimen, he/she must assure that the container seal is undamaged and intact. If seal has been tampered with in any way, no test will be conducted and the urine will be discarded. Further urine test collections will be done only at the request of appropriate Court Personnel.
2. Drug testing technicians will be sufficiently trained in the use of the testing equipment. The technicians will be certified by the "Syva" company and will strictly adhere to their procedures.
3. All urine tested as having no presence of illicit drugs will be disposed of immediately after testing has been completed.
 - A. Urine will be emptied in clinic toilet.
 - b. Specimen containers, gloves, cuvette strips, etc. will be disposed of in a red bio-hazard bag and discarded in trash dumpster daily.
4. All "positive" results will be retested immediately for verification. If second test on the "positive" urine is marginal result, (i.e., between positive and negative) test will be documented as negative and disposed.
5. "Positive" specimens will be kept in the clinics locked freezer for a period not to exceed 90 days/juvenile's 18th birthday. "Positive" specimens may be kept for a longer period of time at the request of appropriate Court Personnel.

6. No confirmation of "positive" test will be conducted, however, upon the request of the juvenile's parents, a positive result may be sent to a local lab confirmation. If the results are the same as the MCJDC, parents will be responsible for payment of test. Payments for negative results will be the responsibility of the Center.
7. Testing results will be recorded on the Urinalysis Drug Test/Chain of Custody form and maintained in facility clinic.

Chapter: Drug Detection and Monitoring Program

Subject: Chain of Custody Records

Policy

The original copy of the Chain of Custody form which documents the sequence of handling and testing of the urine specimen shall be kept on file in the facility's clinic. The Chain of Custody form is important to ensure the accountability and accuracy of the specimen and the test results. The Chain of Custody form must accompany the sample from collection to recording the results in the case record.

Procedures

1. All procedures will be followed as written in the collection process. Intake Officer will ensure that the top portion of the Chain of Custody form is completed during the sample process.
2. The original copy of the Chain of Custody form will be kept on file and locked in the facility's clinic.
3. At no time will a staff replace and/or give the sample to another staff during the collection process. This will break the chain of custody and invalidate the results of the drug test.

Chapter: Drug Detection and Monitoring Program

Subject: Notification

Policy

Urinalysis Drug Testing will be conducted in the strictest of confidence. Confidentiality of the drug test results will be protected at all times. Notification of "Positive" results will be provided to the Chief Probation Officer of Juvenile Court and to the point of contact for out of county residents.

Procedures

1. The Drug Testing Technician will be required to maintain original copy of the Chain of Custody form. Two copies will be hand delivered in a sealed envelope to the Chief Probation Officer. In the event of his absence the results will be provided to the Court Director or her designee.
2. The DDM Program Manager will forward through the mail or to the transport officer two copies of the Chain of Custody form to the out of county "Point of Contact". Results will be double wrapped with "confidential" written on the inside envelope and the "Point of Contact" name on the outside.
3. Requests for results via the telephone from out of counties "Point of Contact" may be given by the DDM Program Manager once identity is confirmed by return call. Chain of Custody forms will follow.
NOTE: Any requests for information regarding drug results will be forwarded to the DDM Program Coordinator or Manager.

Chapter: Drug Detection and Monitoring Program

Subject: Security

Policy

All staff will adhere to specific security measures in order to ensure the protection of specimens, records, and the testing site from damage due to rioting, fire, etc.

Procedures

1. "Positive" results will be kept in a locked freezer located in the facility clinic.

2. All drug testing records and the on site freezer and refrigerator will be locked anytime the Drug Testing Technician is not in the testing site area.
3. Refrigerator located in the locker/storage supply area is to be locked at all times except when placing or removing urine specimens. Anytime refrigerator is found to be unlocked, and inventory of the urine specimens. Will be taken an documentation of the incident will be given to the DDM Program Manager.
4. The Senior Drug Testing Technician, Alternate Technician, DDM Program Coordinator and the Inventory Key Control Manager will have access to keys for the on site door, refrigerator located in locker/storage supply area. All staff will have access to a key for the refrigerator located in locker/storage supply area. This will be kept on a separate key ring and left in the Control Room.
5. In the event of vacation or an extended absence of the above personnel, keys will be turned into the DDM Program Coordinator.

Chapter: Drug Detection and Monitoring Program

Subject: Documentation

Policy

The test site shall maintain documentation on every aspect of the drug testing process, including:

- * completed forms
- * maintenance logs
- * testing results
- * test data resulting from testing equipment
- * policy and procedure manual, etc.

Procedures

1. Documented records will be retained until Juvenile reaches the age of 18. If records are being challenged under the legal system they may be retained for an indefinite period of time.
2. Intake officers will ensure that forms implemented as intake process (i.e.; Chain of Custody, Lines A through O of the Urinalysis Drug Testing Case Report form) are filled out correctly.
3. The test site will maintain both the Policies and Procedures manual for Drug Testing and Testing Equipment.
4. A monthly statistical report will be prepared by the DDM Program Coordinator and forwarded to the appropriate Court personnel. The report should include, but not be limited to:
 - A. number of specimens received.
 - B. number of tests run per specimen.
 - C. number of retests run.
 - D. number of "positives" and for what drug.
 - E. aspects of the administration of the DDM program.
5. This report will be accomplished no later than the 5th working day of each month.

Chapter: Drug Detection and Monitoring Program

Subject: Protected Work Environment

Policy

Safety is an obvious concern to any collection or testing personnel, therefore, safety precautions need to be taken at all times during the Urinalysis Drug Testing process. Staff shall comply with the following procedures.

Procedures

1. The use of rubber gloves will be maintained throughout the urine collection and testing process.
2. Testing Technician (s) will be required to wear a lab coat, glasses and/or goggles.
3. No refrigeration of food will be kept where specimens and chemicals are stored.
4. Policies and Procedures concerning fire and other emergencies will be maintained throughout the testing process.
5. No smoking, drinking or eating will be permitted in the testing area.
6. All disposable materials will be placed in a red bio-hazard garbage bag, sealed and placed in trash

dumpster, daily.

Chapter: Drug Detection and Monitoring Program

Subject: Staffing

Policy

Staff for the Drug Detection and Monitoring Program at the Edward J. Ruzzo Juvenile Justice Center will consist of a Program Coordinator, and on-site Drug Testing Manager and an on-site Drug Testing Technician(s).

Procedures

1. Drug Detection and Monitoring Program Coordinator will be responsible for the following:
 - A. Coordinate the Drug Test Program.
 - B. Preparation of the budget and assuring the DDM program is in fiscal compliance.
 - C. Monitor legal issues, such as, court challenges and testifying requirements.
 - D. Inspection of test site.
 - E. The evaluation and analysis of the DDM program.
 - F. The process of making changes in the use of testing instruments, if needed.
2. Drug Detection and Monitoring Program Manager will be responsible for the following:
 - A. Manage administrative responsibilities of the office where the test site is located.
 - B. To ensure that adequate training is provided for the Drug Testing Technician(s) and to ensure proper documentation of work performance.
 - C. To ensure procedural manual is complete, up to date and available to all personnel.
 - D. To ensure that a 3 month supply of chemicals and needed equipment are on hand to avoid unnecessary shut down.
 - E. To maintain the responsibility for delegated tasks.
 - F. Will have training and expertise in all aspects of the drug testing process.
3. Drug Testing Technician(s) will be responsible for the following:
 - A. Responsible for the day to day management of the drug testing site.
 - B. Certified by the manufacturer on his/her ability to perform testing and handle trouble shooting of the equipment.
 - C. Ordering supplies and maintaining inventory control.
 - D. Receive specimens, operate instruments and comply with requirements of maintenance.
 - E. Testify in Court.
 - F. Maintain required documentation of the testing process.
 - G. Assist Drug Testing Manager as directed.
 - H. Complete at least one hour of training per quarter, provided by the supplier.

**CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
JUVENILE DIVISION, DETENTION FACILITY
DRUG TESTING POLICY/PROCEDURE**

Policy

It is the policy of the Juvenile Division of the 16th Circuit court to have a drug testing program for juveniles admitted to Detention. At all times during the testing process, staff involved will observe the highest regard for the juvenile's privacy and dignity.

Purpose

- Aid in the detection and intervention of drug use;
- Insure safety and health of the juveniles in our Detention facility;
- Deter drug use and delinquent behavior;
- Provide appropriate intervention/education/treatment to assist rehabilitation efforts;
- Assist in the daily management of juveniles during their Detention stay;
- Provide a data base for predicting trends in drug use and determining needs for related services.

Methodology

Collection of urine specimens for analysis by Physicians Reference Laboratory. Testing for alcohol consumption with Alco-Sensor III breath alcohol tester.

Procedure

Juveniles will be requested to submit urine specimens as follows:

- A. Upon completion of the Detention screening interview and notice that the juvenile will be detained, the admitting Youth Worker will collect a urine specimen. If the juvenile displays signs of alcohol intoxication or he/she admits recent alcohol use, a breathalyzer test will be conducted (this occurs before shower and dress in, observing the highest regard for the juvenile's privacy and dignity).
- B. The Youth Worker will follow and properly complete the Chain of Custody form which will accompany the urine specimen. If a breathalyzer test is conducted, information including results is documented on the Urine Drug Testing Case Report form.
- C. The Youth Worker will contact the Shift Supervisor who will store the specimen in the refrigerator located in the Supervisor's Office. Each Shift Supervisor will be responsible for immediately contacting the laboratory for specimen pick up (Monday-Friday between 8:00 a.m. and 5:00 p.m.; Saturday between 8:00 a.m. and 2:00 p.m. Beyond these hours, alternate courier service should be contacted).
- D. The Youth Worker will proceed with the juvenile's intake process and complete all necessary paperwork including the Urine Drug Testing Case Report.
- E. The Shift Supervisor will log all juvenile information on the Urinalysis Log (this is done for statistical purposes).
- F. The Shift Supervisor will receive urinalysis results within 4-6 hours via fax machine located in the Control Room. Fax machine copy of results should be kept in a confidential binder for statistical purposes.
- G. Each Shift Supervisor will be responsible for logging the results on the Urinalysis Log.
- H. The Detention Nurse will be responsible for communicating all positive and negative results to the Detention Counselor for juveniles in need of drug education and counseling.
- I. The Detention Counselor will advise necessary staff (as specified under Use of Results section) of positive and negative results (for juveniles who have been adjudicated).

Urine Collection and Processing

Urine specimen collection will be done individually, in private and with only collection personnel of the same gender present.

Collection personnel will assemble the following items:

- Specimen Kit
- Blueing Tablets
- Latex Gloves
- Drug Testing Chain of Custody Form

Sixty (60) milliliters of urine is considered an adequate quantity. However, a quantity as near to 60 as possible will be acceptable.

Collection personnel will never touch the specimen bottle without wearing latex gloves. The juvenile is requested to perform all activities related to direct touching of the unwrapped specimen container.

In order to maintain the integrity of the specimen, personnel responsible for collecting this specimen will insure the juvenile submits an unadulterated specimen, i.e. specimen not diluted with water, fingernail dirt, soap shavings, etc.

The following procedures must be followed:

1. Record juvenile's Life Number or assign 3 digit number on the drug testing Chain of Custody form in the top left section designated as, "Employee I.D. or SSN." The name of the juvenile is never to be written on copies 1 and 2 of the form. Complete sections 1 through 4.
2. Instruct the juvenile to remove outer garments.
3. Instruct the juvenile to empty pockets and then pat search the juvenile's clothing for possible items used for adulteration.
4. Instruct the juvenile to wash, rinse and thoroughly dry hands prior to providing a urine sample.
5. Examine the juvenile's arms and hands to insure they are clean.
6. Give the juvenile the wrapped specimen kit and then instruct the juvenile to open the outer packaging.
7. Place blueing tablet in the stool to color the water and instruct the juvenile not to flush the toilet until the specimen has been provided.
8. Give the collection container to the juvenile and instruct the juvenile to urinate into the container. Instruct the juvenile to further secure the specimen bottle's cap tightly once they are done.
9. Staff personnel should stand next to the sink and allow the juvenile privacy to provide the specimen.
10. Instruct the juvenile to flush the toilet.
11. Note the specimen temperature and record on the drug testing Chain of Custody form under Section 5.
12. Write all information on the security seal tape and request the juvenile to initial the security seal tape.
13. Instruct the juvenile to affix the security seal centering the tape over the specimen bottle cap.
14. Instruct the juvenile to affix one assessment number sticker (from the drug testing Chain of Custody form) on the cap on top of the security seal tape where it states, "Place Over Cap." A second assessment number sticker is to be affixed to the side of the specimen bottle.
15. Instruct the juvenile to place the specimen bottle inside the secondary seal bag and secure completely.
16. Staff affix the "STAT" sticker on the outer bag seal.
17. Complete Section 6 on the drug testing Chain of Custody form by printing and signing name and dating to show that the specimen has been received from the juvenile. In addition, immediately print and sign your name to indicate the specimen is being released to the courier service.
18. Instruct the juvenile to complete Section 7 which is found on copy 3 of the drug testing Chain of Custody form. Collection personnel complete Section 8.
19. Give juvenile copy #4 entitled "Donor" of the drug testing Chain of Custody form. All other copies are to be given to the Shift Supervisor for statistical purposes.
20. Place the first two copies of the drug testing Chain of Custody form in the small side pocket of the specimen bag. Contact the Shift Supervisor to store specimen in refrigerator for courier pick up.

When the juvenile refuses to provide a urine specimen, encouragement to do so should be provided. However, if he/she adamantly refuses, a specimen should not be collected. If the juvenile states he/she is unable to provide the specimen at that time, the specimen should be collected as soon as the juvenile is able to do so.

Breath Alcohol Testing

This methodology may be used with juveniles in the following circumstances:

- a. When the juvenile displays signs of alcohol use (i.e. slurred speech, difficulty walking/stumbling, smell of alcohol on breath, slow reactions, poor coordination, etc).;
- b. When the juvenile admits recent use of alcohol.

If either a or b is present, a pocket size breath alcohol tester (Alco-Sensor III) shall be utilized. This device is stored in the Control Room.

Alco Sensor III Operating Instructions

1. Check temperature (If any number or symbol shows, proceed to Step No. 2; if not, place instrument in pocket close to body for 2 minutes and re-check).
2. Attach mouthpiece.
3. Press READ button for 10 seconds. If display is zero, proceed. If not, depress SET button and return to pocket.
4. Depress SET button.
5. Instruct juvenile to blow steadily for as long as possible.
6. Press READ button before exhalation ceases (but not less than 3 seconds after blowing starts).
7. Keep READ button depressed until maximum reading is obtained.
8. Discard mouthpiece and depress SET button.
9. A reading of .03 or higher is considered a positive result.
10. If a reading of .08 or higher is obtained, medical attention for the juvenile will be sought (juvenile is to be transported to either Children's Mercy Hospital or Truman Medical Center and medical clearance is to be obtained).
11. Results of .03 or higher are to be recorded along with all juvenile information on the Urine Drug Testing Case Report form.
12. Following five readings of .10 (occurring in less than 60 minutes), the Alco-Sensor III will need to be calibrated.

Use of Results

When non-adjudicated offenders for whom we have no reasonable suspicion are subject to urinalysis upon entering Detention, the following guidelines govern the use of the information obtained.

1. For those juveniles held more than 2 hours but less than 24 hours and are, therefore, tested and intake is not set, a positive result will be given in person to the parent only. When notification in person is not possible, contact will be made in writing. No record will be maintained for the Social File (if any). A separate record will be kept for statistical purposes and for use by Detention personnel only.
2. For those juveniles held more than 2 hours but less than 24 hours and whose case is scheduled for an intake interview, a positive result will be made known to the parent in person. When notification in person is not possible, contact will be made in writing. Positive results will not be placed in the Social File nor would it be made known to the Case Assessor conducting the interview. The information will be kept in a separate record for statistical purposes and for use by Detention personnel only.
3. Those juveniles who are out of state runaways will be treated the same as non-adjudicated offenders held less than 24 hours.
4. For those juveniles who are on-adjudicated, for whom there is no reasonable suspicion of drug use, who are held and scheduled for a Detention Hearing, the Screening Officer will not consider the drug test results unless there already exists a lawful rationale for Detention in secure or non-secure detention. The report will be given to the parent in person. When notification in person is not possible, contact will be made in writing. A record will not be placed in the Social File but would be kept for statistical purposes and for use by Detention personnel only.
General information would be relayed from the Detention Counselor or the Screening Officer to the newly assigned Deputy Juvenile Officer indicating, not that there was a positive test, but that the issue of drug use should be investigated.
Where there was already a Deputy Juvenile Officer assigned, the same information would be given.

5. Those juveniles who may have been adjudicated pursuant to Section 211.031.1 (1) (Abuse/Neglect) only would be treated as non-adjudicated offenders regardless of the present allegation.
6. For adjudicated offenders and those whose behavior suggested a reasonable suspicion of recent drug or alcohol use and who test positive, a report will be placed in the Social File and the information will be relayed to the Deputy Juvenile Officer for general use in treatment planning, recommendation formulation, case management, notification to parents, etc.

In addition to these categories, in some instances the Court may require a non-adjudicated offender to submit to random drug testing as a condition of release on home detention, etc., in which case a juvenile may be treated as an adjudicated offender unless otherwise specified in the Order.

Drug Education/Counseling

Drug education and counseling will be provided by the Detention Counselor. These sessions will be offered to all juveniles in the Detention facility. They are optional. However, for those with positive urinalysis and/or breathalyzer result, they are required.

Drug education sessions and AA support meetings will be offered once a week. For juveniles with a positive urinalysis and/or breathalyzer result, individual counseling sessions will also be offered once a week to address issues of drug/alcohol use.

Management and Information

- A. The refrigerator used to store specimens is to be locked when authorized testing personnel are not present and is never used for the storage of food or drinks.
- B. The testing supplies and documentation records are to be locked when authorized testing personnel are not present. (These records will be kept in the Supervisor's Office.)
- C. The Drug Testing Coordinator is responsible for the following:
 1. Order supplies;
 2. Maintain Chain of Custody documents and the Urinalysis Log;
 3. Report any violation of basic safety precautions;
 4. Prepare monthly drug testing report.
- D. Drug use trends and drug testing effectiveness will be noted via analysis of data compiled monthly and annually. Data to be maintained includes the following:
 1. Total Number of Urine Specimens Collected.
 2. Total Number of Positive Urine Specimen Results.
 3. Total Number of Negative Urine Specimen Results.
 4. Total Number Positive for THC (Marijuana).
 5. Total Number Positive for Phencyclidine (PCP).
 6. Total Number Positive for Cocaine.
 7. Total Number of Breathalyzer Tests Conducted.
 8. Total Number of Positive for Amphetamine/Methamphetamine.
 9. Total Number of Positive Alcohol Results.
 10. Total Number of Negative Alcohol Results.
 11. Total Number of Urine Samples Collected by Age, Race and Gender.
 12. Total Number of Positive Urine Samples Collected by Age, Race and Gender.
 13. Total Number of Breathalyzer Tests Conducted by Age, Race and Gender.
 14. Total Number of Positive Breathalyzer Results by Age, Race and Gender.

Effective April 1, 1993