TESTING JUVENILE DETAINEES FOR ILLEGAL DRUG USE

FINAL REPORT

Produced By:
American Correctional Association

In Cooperation With:
Institute for Behavior and Health, Inc.

Funded By:
Office of Juvenile Justice
and Delinquency Prevention

July 1, 1995

ACA FOUNDED 1870

OJJDP
Office of Juvenile Justice and Delinquency Prevention

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The American Correctional Association's Juvenile Projects would like to express their appreciation to the Institute for Behavior and Health, Inc. for their cooperation in the implementation of the grant *Testing Juvenile Detainees for Illegal Drug Use.*

Juvenile Projects also wish to acknowledge the direction and support provided by the Advisory Board and the Office of Juvenile Justice and Delinquency Prevention.

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

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. Urine drug testing is the most reliable way to detect recent drug use.

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 information researched and disseminated over the four years this grant has been in operation.

HISTORY

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). Over the four year grant period, a substantial and vital amount of research and program implementation has been accomplished. This chapter discusses the project tasks completed by ACA and IBH staff.

Literature Review

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

This information is summarized in Appendix A.

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 existing 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 a policies and procedures resource handbook and a prototype manual to establish a model urine drug testing program for juvenile detention centers.

This information is summarized in Appendix B.

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 manual 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 the publication.

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 were written for ACA's magazine, *Corrections Today*. These articles were published in the April 1993, February 1994, June 1994, July 1994, and August 1994 issues.

Also, an article was written for a local newspaper in Ohio, *The Sunday Star*, which discussed Marion County Juvenile Detention Center's drug testing program.

Copies of these articles are located in Appendix C.

SITE VISIT

SUMMARIES

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, Tennessee. 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. The 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. (See Appendix D for milestones form.) 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 <u>not</u> 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 <u>no</u> 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. (Intake

guidelines (case report forms) for a drug screening program can be found in Appendix D.) 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 positive 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 marijuana and 20 minutes for cocaine. 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 1994 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. The newspaper article included in Appendix C is a good example of providing information to 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 durint 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 betan 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

PROGRAM EVALUATIONS

Introduction

Implementation and performance of the urine drug testing programs at three detention sites were evaluated by qualitative and quantitative methods. The former are described in the section entitled "Site Visit Summaries."

This section describes the methods and results of the quantitative, descriptive evaluation conducted at each site. The process and impact evaluations for each site focus primarily on assessing the implementation of the urine drug testing program (process) and by tracking program statistics (impact) during the first year of operation. An attempt was made to track anonymously staff change in knowledge, attitudes, and beliefs, but too few questionnaires were returned to conduct meaningful analyses.

This evaluation was not developed to be an experimental or quasi-experimental study of the effectiveness of urine drug testing. Because of this, comparisons across sites do not appear below.

During the training and technical assistance phase of the implementation process, a case report form was developed to provide basic demographic and drug test information. Much of the demographic information, including age, gender, and racial background was already standard on each facility's intake form. To the standard intake, the revised project case report forms included self-reported drug use, drug test results, information about the offenses for which the juvenile was brought into detention, and information about how results would be used for programming and referral. During the course of the project, completed case report forms were returned to IBH for data input.

Copies of the case report forms used in this project are included in Appendix D. Each site transferred information from the intake and urine testing forms to a case report form. At the final site visit, each site identified two particularly valuable types of data. Individual drug test results and case management decisions retained in the records of each juvenile were particularly

useful for completing a drug use and treatment profile. Aggregate, or compiled data, were endorsed because they provided helpful information about percent positive for each drug, comparison with self-reported drug use, whether repeat offenders continue to test positive, and correlations with offenses. Over time, this information can provide the detention program and the community a profile of drug use trends by juveniles.

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:

Age	Number Testing Positive	Percent of Positive
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:

	Number	% positive for 1 or 2 drugs
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. (See Appendix B for further information about cut-off levels.)

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
- 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:

Age	Number Testing Positive	Percent of Positive
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:

	Number	% positive for 1 drug
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:

Age	Number Testing Positive	Percent of Positive
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:

	Number	% positive for 1 or more drugs
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 years old (88.7%), compared with 15-17 year olds at the other two sites (88.3% in Jackson, TN and 82.2% in 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

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

Literature Review Summary

APPENDIX A
Literature Review Summary

A strong correlation exists between drug use and crime for both adult and juvenile offenders. Studies show that individuals entering the criminal justice system commonly under-report drug use (Dembo, 1990; Toberg, et al., 1989). If drug use is not detected, intervention and treatment to stop the juvenile's drug use will not happen. Undetected drug use adds to the risk of recidivism and frustrates all other rehabilitation efforts.

Determining recent drug use by urine drug testing is commonly used in the criminal justice system, primarily with adults both pre- and post-adjudication. Urine drug testing identifies drug use, which has occurred within one to three days before testing. Drug testing technology is accurate and sensitive in determining recent use of specific drugs.

Drug testing in juvenile detention facilities is less common than in adult facilities, but increasingly, sites throughout the country are beginning to implement routine drug testing programs. Identification of drug use is the essential first step for the juvenile, for the justice system, and for the community. Without identification through drug testing, denial takes hold and drug problems fester.

Identification of drug use also helps case managers use drug treatment where appropriate. Intervention is an important first step in breaking the cycle of substance abuse and delinquent behavior. Matching an adolescent to appropriate and effective drug treatment promotes abstinence and contributes to his or her return to the community. Failure to detect drug use and intervene enables this vicious cycle to continue. Urine testing to identify recent drug use provides information for appropriate intervention. The juvenile detention program provides an opportunity to address complex risk factors including physical and sexual abuse, medical neglect, dual diagnosis and substance abuse (c.f. Chatlos, 1989; Dembo et al., 1988; DuPont, 1989; Singer et al., 1989). Adolescents entering the juvenile justice system with these problems are the highest of high-risk juveniles who have a significant probability of continued anti-social behaviors (DuPont, 1989). Among all drug users, those at highest risk are individuals who start at the youngest ages and who are involved in the criminal justice system. To protect the community from the effects of delinquent behavior, and in the interest of the needs of these high-risk juveniles, identifying drug use is essential to getting appropriate help for them. Establishing recent drug use is not a substitute for educational, medical, psychological, or other rehabilitative care. Detection is a necessary precondition for these strategies to work since drug use exacerbates all other physical, mental, and emotional problems.

Several studies have revealed a powerful association between drug use and delinquency. Often, peer behaviors strongly influence drug use and other risky adolescent behaviors (c.f., White et al., 1985; Robinson et al., 1987; Huizinga & Elliott, 1981). Most studies have found that increased drug use is associated with increased delinquent behavior.

The Drug Use Forecasting (DUF) surveys conducted by the National Institute of Justice have been extended to include males detained at juvenile facilities in 11 cities in the United States. DUF data is collected through voluntary and anonymous urine drug testing of arrestees. Drug use was detected in 10% (Kansas City) to 31% (Los Angeles) of the juveniles tested in 1990. Marijuana use was most

frequently detected in eight cities, marijuana and cocaine were detected almost equally in one city, and positive tests for cocaine were highest in Washington, D.C. and Cleveland. In addition, multiple drug use was detected at all sites (DUF, in press).

Studies comparing the drug use histories of juveniles involved in the justice system with juveniles in the general population have yielded striking results. For example, the Colorado Division of Youth Services conducted a survey of juveniles admitted to five corrections centers and compared the results with 12- to 17-year-old juveniles in the 1982 National Household Survey on Drug Abuse sponsored by the National Institute on Drug Abuse (NIDA). Ninety-five percent of the Colorado juveniles reported having used marijuana and alcohol. Over half had used hallucinogens, stimulants, cocaine, and inhalants, and over 30% had used painkillers, sedatives or tranquilizers non-medically. Compared to the 1982 NIDA sample, juveniles in contact with the juvenile justice system were almost three times more likely to have used illegal drugs, and they were twice as likely to have used alcohol (Colorado Division of Youth Services, 1985). Dembo and his colleagues (1988) reached similar conclusions comparing juveniles between the ages of 10 and 18 in a Florida detention center with those in the 1985 NIDA National Household Survey. In this sample, 72% were male. The detained juveniles reported dramatically greater drug use: marijuana use was 70% for detained juveniles compared to 24% in the NIDA sample, and the rates for lifetime cocaine use were 37% and 5%, respectively.

Juveniles are detained if they are apt to leave the jurisdiction or commit another offense before their court hearing, if they are being transferred to another facility, or if they have no family or friends to provide shelter after arrest (Simonsen & Gordon, 1979). Detention facilities prepare detainees for the legal, social and personal trials that accompany entry into the justice system. Besides providing secure confinement, most detention programs try to address the short-term and long-term physical, psychological, emotional, and social needs of the adolescents in their care. To meet these needs, detention centers commonly provide medical and psychological assessments, including determination of physical or sexual abuse. Most detention facilities also provide activities and programs that promote pro-social adjustment and coping skills, and individual and group counseling (ACA, 1983).

Case management in juvenile detention centers balances the need for rehabilitation, custodial care, and contingency management by individualizing available resources (c.f., Beilenson, 1987). In detention, case management is essential to (1) provide information about drug use and assess its impact on behavior and health; (2) make informed recommendations to courts, parents, social agencies, probation/aftercare services or commitment sites; and (3) ensure adequate follow-up. In the case management philosophy, detention becomes an opportunity to provide services that have been absent. Knowledge of community and area resources is essential to identify services that match the needs specified in the case management plan. The few detention programs that currently test for drug use demonstrate the benefits of case management.

Unpublished annual reports and policies and procedures manuals from nine detention facilities and probation and aftercare programs with active urine drug testing programs show that urine drug testing helps identify drug users and prepares staff to act appropriately during and after detention. Juvenile detention centers differ widely in their application of urine drug testing. Some programs use testing to plan for subsequent action, whereas other facilities conduct drug testing to protect the safety and security at the facility.

In some juvenile detention programs, urine testing is court-ordered, although other programs rely on voluntary compliance. Pre-trial urine screening is done routinely as part of the intake process at only a few sites. In some programs reviewed, refusing to provide a specimen for testing can mean a probation/aftercare violation or a violation of the rules of the institution, which results in the same disciplinary action as a positive drug test.

One program, where juveniles are required to pay the cost of testing when the results are positive, uses admission of drug use instead of testing. One administrator noted that on-site testing serves as a "lie detector" because juveniles know results will be available quickly. When faced with the certainty that the equipment will verify drug use, juveniles often will acknowledge recent drug use voluntarily, reducing or eliminating the cost of a drug test.

Prevention of drug use and related delinquent activity is the goal of all juvenile drug testing. Achieving abstinence from drug and alcohol use is the primary goal of urine drug testing for juveniles who become involved in the juvenile justice system. The legal, emotional, and social handicaps of continued drug and alcohol use practically ensure future problems for these high-risk juveniles. Urine drug testing helps make juveniles accountable for their actions, minimizing denial and emphasizing the importance of maintaining a drug-free lifestyle.

APPENDIX B

Technical Information for Implementing a Urine Drug Testing Program

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Legal Authority for Conducting Urine Drug Tests for Juveniles

The serious drug problem of the past decade has left no segment of society untouched. The most devastating effects of illicit drug use can be seen in hospital emergency rooms, in our juvenile justice systems, in our prisons and jails, and in our courts. At all levels of the justice system, from juveniles to adults, drug use is consistently cited as the largest and most intractable problem facing practitioners. Not surprisingly, public officials are searching for ways that provide, if not solve underlying problems, a better means of managing them. Drug testing has been seen as one such method.

Several jurisdictions propose to expand drug testing to the juvenile system because of its success in a number of adult criminal justice systems. Drug use among juvenile delinquents is known to be significant and widespread, according to data from the Drug Use Forecasting System of the National Institute of Justice.[1] The DUF data and other research tell us that drug use typically begins early, around age 12, often progressing from beer, wine, and tobacco to more serious drugs. Younger drug users are much less likely to self-report their drug use. Often, a drug test is the only means of breaking through the denial associated with juvenile drug use.

Testing juveniles charged with delinquent acts for illegal drug use seems a logical application of existing technology. After all, the goals of the juvenile justice system require that the court act to help the child and provide the care and supervision when the home environment is lacking. Consistent with the "*parens patriae*" theory underlying the juvenile justice system, the court needs to know if the child is involved in illegal drug use. Only by identifying a potential problem can the court begin to deal with it. But is it legal? Does authority exist to require juveniles to produce urine samples? If so, at what stage of the proceedings? Can samples be collected immediately after arrest? Only after adjudication? In connection with a drug treatment program or as a condition of probation? These questions inevitably arise in a discussion of juvenile drug testing.

To date, few states have enacted legislation authorizing juvenile testing for drugs of abuse. For that matter, it has only been within the past few years that some states and the federal government have amended statutes authorizing jurisdictions to test adult arrestees. Aside from legislative authorization, authority for testing may exist in Court Rules, departmental decrees, or specific judicial or probation orders. The American Probation and Parole Association, in drug testing guidelines for adult probationers and parolees published July 1991, recommends that "drug testing should be authorized by state law instead of being merely a condition imposed by the judge or parole board."[2]

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[1] Since 1988, the National Institute of Justice has surveyed drug use among juveniles as part of the Drug Use Forecasting system. Currently, 11 sites are collecting data and requesting urine samples from juvenile detainees. They are: Birmingham, Cleveland, Denver, Los Angeles, St. Louis, Phoenix, Washington, D.C., Indianapolis, Portland, San Diego, and San Jose.

[2] Guideline 4-3, "Authority to Test," Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies," July, 1991. The Commentary to this guideline goes on to state that "although courts have generally considered drug testing imposed by the judge... without legislative authorization as valid, the passage of such legislation ensures a more successful defense against potential legal challenges." (page 13)

Despite the lack of specific legislative authorization, many juvenile justice systems are using drug testing at some level. Some use drug testing as part of a routine assessment procedure after adjudication for identifying appropriate candidates for treatment programs. Several jurisdictions conduct testing within secure institutions. With or without specific authorization, many practitioners view drug testing as a tool well within the traditional framework of the juvenile justice system.

The District of Columbia has an extensive juvenile drug testing program. Although legal cultures and practices vary from place to place, the experience of the District is useful in that it illustrates how local officials, applying traditional principles of the juvenile justice system, developed a legal basis for implementing comprehensive juvenile drug testing. The elements of the program include testing juveniles immediately after arrest; as a condition of release pending adjudication; and as a condition of probation after adjudication. The tests are conducted by the D.C. Pretrial Services Agency, which operates a drug testing laboratory located in the courthouse. Drug test results become part of the juvenile's "social record" and are subject to strict confidentiality laws.

As with other locations, the District of Columbia Code provides no specific statutory authorization for drug testing, or for using drug test results in juvenile proceedings. However, the statute was viewed as sufficiently broad to encompass drug testing. The D.C. statute is quite similar to most state statutes. Although juveniles now have many due process rights, the system still reflects the paternal orientation that has been the hallmark of the system for the past 90 years. The accused juvenile is a "respondent," not a "defendant." Charges are brought by a "petition" and the truth of the allegations is determined by a "fact finding hearing." For the juvenile to be found "involved," the Court must determine that the juvenile committed a "delinquent act" and is "in need of care or rehabilitation." Both the juvenile records of adjudications and the "juvenile social records" are subject to strict confidentiality laws with criminal penalties for unauthorized disclosures. As in almost every state, juvenile proceedings in the District of Columbia are concerned with the "best interests of the community" and the "best interests of the juvenile."

Although the D.C. Code does not deal specifically with drug testing, it does permit physical examinations.

> *At any time following the filing of a petition, on motion of the Corporation Counsel or counsel for the child, or on its own motion, the (Family) Division (of the Superior Court) may order a child to be examined to aid in determining his physical or mental condition.*[3]

D.C. Superior Court judges consider drug testing to be within the definition of "physical examinations" as authorized by statute.

The second legal basis for pre-petition, or intake, drug testing is found in Superior Court Rules 102 and 103. The Rule mandates the Director of Social Services (probation) to make a preliminary determination whether there is a "need for supervision." Any indications of illegal drug use have been deemed, almost by definition, to justify a finding that there is a need for supervision. Thus a drug test has become viewed as an essential element in the intake process.

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[3] D.C. Code 16-2315.

Another Court Rule addresses the criteria to be considered in determining whether a juvenile shall be placed in detention before a fact finding hearing. Rule 106 requires a judicial finding that detention is necessary to protect the person or property of others or of the juvenile. In determining whether detention is necessary to protect the juvenile's own person, the rule specifically mentions "narcotics addiction or other severe and chronic drug abuse."

Taken together, the philosophy of the juvenile justice system, the factors to be considered at intake, and the well-recognized role of the Court to serve in a semi-parental capacity "in the best interests of the child" all support the view that drug testing is appropriate. This belief is reflected in a "Memorandum of Understanding" setting forth the goals and procedures of juvenile drug testing, and in an order issued by the Chief Judge directing the Pretrial Services Agency to "perform drug tests on and monitor compliance with Court ordered conditions by juvenile offenders..."

Whether the experience of the District of Columbia is applicable to other jurisdictions is a matter for those jurisdictions to determine for themselves. Two final points bear noting. First, after almost five years of continuous operation in which almost every juvenile is tested at intake, no legal or constitutional challenges have been filed. Second, the legal framework for the juvenile justice system in Washington, D.C. is quite similar in philosophy and substance to that of most states. Although specific legislative authorization for juvenile drug testing is clearly preferable, existing authority is probably sufficient to conduct post-adjudication testing. Pre-adjudication testing should be approached cautiously. However, the positive experience of the District of Columbia may offer some guidance and encouragement to practitioners in other states.

Operational Issues

Operational issues for urine drug testing include developing policies and procedures, determining types of equipment, staffing, location of equipment, and related issues. Some issues are simple; others are technical. A simple issue at one detention center may be a complex issue at another. The following paragraphs present common operational issues and include recommendations based on site visits of existing programs.

Urine collection should always be observed since samples can be altered easily. A staff member of the same sex monitors while the juvenile disrobes, showers, and provides a urine sample. Urine samples collected while the juvenile is unclothed present few opportunities for adulterating the sample with concealed substances. Showers before sample collection eliminate chemical concealment (e.g., Drano) under the fingernails. A staff member's presence also prevents the urine specimen from being diluted with liquid soap or tap water. In programs that do not require a shower as part of the intake process, urine samples are collected in a lavatory large enough for the juvenile and a staff observer.

Since stringent consequences may follow a positive drug test result, chain-of-custody procedures should be observed. Chain-of-custody means that strict rules are followed in collecting a sample, storing it, and testing it or sending it to a laboratory. Each person who handles the specimen either initials or signs a form or label attached to the sample. All samples are stored in secure areas that have limited and tightly controlled accessibility.

Urine drug testing can take place either on-site at the facility or off-site in a laboratory. Many detention programs have access to government laboratories and to commercial laboratories. On-site urine drug screening uses testing instruments or devices at the facility and detention staff to conduct the tests.

Each program should develop procedures that work best in its setting. Although standard policies and procedures need to be followed, there should be flexibility to accommodate organizational differences. Specimen collection should take place during the intake process, and testing should occur before the pre-hearing or within 48 hours of detention.

Some juvenile programs use random testing within the detention facility. Random testing is unannounced, and all juveniles in the program are equally likely to be tested on any given day. The frequency of random testing may vary from one to three times a week.

There are several urine testing technologies that are currently available and are described in the following table.

TLC (thin-layer chromatology) — The TLC process is based on concentration of the urine sample, separation of compounds on a thin layer of silica, and interaction with chemical compounds that produce characteristic color reactions. These color reactions are evaluated by a trained laboratory technician to determine the presence of a drug.

Immunoassay Tests — Immunoassay tests are new, more sensitive, higher-technology tests, which depend on an immunologic chemical reaction involving antibodies and anti-gens. Antibodies are developed in animals to react with a specific drug. A label or tag is then chemically attached to a sample of the drug sought. The tagged drug, the untagged drug in the urine specimen, and the antibody are then mixed together during the immunoassay test. Each of the immuno-assays, explained below, detects a drug using a different process,

EIA (enzyme immunoassay) — EIA tests urine by measuring color change with a device called a spectrophotometer. Gives qualitative results quickly, but does not produce quantitative results.

RIA (radio-immunoassay) — Uses radioactive tags to identify drugs in urine. This method produces qualitative and quantitative results.

FPIA (fluorescence polarization immunoassay) — Uses fluorescent tags, which are counted by a computer-driven system to determine drugs in urine. This method gives both semiquanitative and qualitative results.

GC/MS (gas chromatography/mass spectrometry) — Most frequently used as a confirmation test, this method heats the urine sample until it vaporizes and the drug metabolites are separated. These components are passed through a capillary column. Of the many ways used to detect drugs, mass spectrometry is the most accurate. Gas chromatography used with mass spectrometry is known as GC/MS and is the gold standard against which all other detection methods are compared.

Urine test results are reported qualitatively, quantitatively, or semiquantitatively. Qualitative results give either a "positive" or a "negative" result compared to a particular cut-off level. This gives a "yes" or "no" answer to the question, "Has there been recent drug use by this individual?" Quantitative results are given as numbers, such as 300 nanograms per milliliter (ng/mL). This result can determine more precisely the level of drug metabolite in the urine. Semi-quantitative results give a numerical value relative to a standard specimen that is run through the drug testing equipment before the client samples.

Thin-layer chromatography (TLC) was one of the first testing technologies used widely in the criminal justice system. TLC is a laboratory-based technique that cannot be performed on-site, because it requires a high degree of technical training to read the subjective test results. Because it is not as sensitive at low levels as other testing technologies, TLC has been shown to underdetect recent drug use.

Immunoassay tests are newer, higher-technology urine tests, two of which are appropriate for use on-site. Enzyme immunoassay tests (EIA) are relatively inexpensive, but do not give a numerical readout of the amount of drug in the urine. Fluorescence Polarization Immunoassay (FPIA) is a semi-quantitative procedure (DuPont and Saylor, unpublished). The third immunoassay test, radio-immunoassay (RIA), can give both qualitative and quantitative results. However, because RIA uses radioactive substances that require special precautions, the equipment is not suitable for on-site testing.

On-site urine drug testing devices, about the size of a standard playing card, use immunoassay screening technology. They differ in the need for separate reagent solutions and the ways in which results are read. Some devices test for only one drug; other devices feature as many as seven drugs in one test.

Costs of testing devices depend on several factors, the most important of which is volume. Large-volume purchases result in a lower cost per test. Smaller facilities can contact other community agencies who conduct drug tests and place a joint order to purchase larger numbers of on-site testing devices from a manufacturer. Single-drug test devices cost less than multiple-drug tests, but may not be as cost-effective if results for several drugs are desired.

Gas chromatography/mass spectrometry (GC/MS) is a highly sophisticated system appropriate only for laboratories. GC/MS is the standard against which all other technologies are compared and is used most frequently to confirm positive results obtained using other technologies. Except in rare situations, it is unlikely that juvenile detention programs will use GC/MS.

Hair analysis is a recently introduced testing technique. Drugs are deposited in the hair root via the blood stream; the hair shaft grows at the rate of approximately one-half inch per month. For testing, a small portion of hair is clipped close to the scalp. The hair sample is analyzed by an RIA enzyme technique. Hair testing has a longer detection window than urine testing. A one-and-a-half inch hair sample shows drug use over a period of three months compared to a one- to five-day detection window for urine testing. Some people consider hair testing to be less invasive than urine testing. It also has the advantage of easy retesting. Currently, however, the turn-around time is longer than other techniques. Hair testing technology is more costly per sample than urine testing and is used less often.

Breathalizer devices detect recent alcohol use by measuring blood alcohol level. Alcohol use is difficult to assess because of technological limitations and the metabolic properties of alcohol that make detection difficult unless testing occurs within a few hours of alcohol use.

New single test kits using saliva have recently become available to test for alcohol use. Advancement in the science of drug testing will add more technologies in the future, and some of them may be less intrusive and more efficient.

On-Site and Off-Site Testing

On- and off-site drug testing options are available to detention programs. Turn-around time for test results, size of the facility, and budgetary or staff constraints determine which testing strategy is preferable. One does not automatically preclude the other. For example, a program might want to do most of its testing on-site and send only positive samples to a laboratory for confirmation. Conversely, a program may want to have all testing performed by a service laboratory and reserve on-site testing for emergency or quick turn-around tests. Generally, high-volume urine testing requires laboratory testing.

Detention programs use a variety of laboratories for off-site testing including a health department facility, a probation department laboratory and a coroner's laboratory. Commercial laboratories are suitable for testing. Most laboratories provide courier service for nearby clients and mailing service for clients who are located beyond a convenient driving distance. Laboratories usually supply all materials needed to collect, prepare, and mail urine samples. This includes sample cups, lids, labels, and boxes or bags for shipping.

The availability of a second testing technique if confirmation is necessary is a significant benefit of off-site laboratories; however, a longer turn-around time is probable. Delays in receiving results can reduce the effect of treatment or intervention. Detention programs considering urine testing need to identify a desirable turn-around time and determine if their laboratory can meet that standard.

On-site testing systems are ideal for targeted drug monitoring, quick results, and qualitative or semiquantitative screening of specific clients. On-site urine testing equipment is compact, about the size of a personal computer, and may be expensive to purchase. However, the manufacturers may lease the equipment at a nominal charge if reagents to run the urine tests are purchased from the company.

Staffing is a consideration for on-site testing programs. Most juvenile detention facilities with on-site testing use available staff to operate the equipment. Most manufacturers of on-site testing equipment offer training, which qualifies selected staff in detention as technicians. Designating selected staff members as urine testing technicians is an issue that each detention center should address. Some juvenile programs find that running testing equipment is burdensome because of full staff schedules. One creative solution involves working jointly with a nearby university to establish a work-study program in conjunction with the school's technician training program. Under this program, the university pays a percentage of the cost, and a technician works part-time in the detention facility.

On-site urine testing provides advantages for several of the detention programs reviewed. The quick turn-around time for results is essential to some programs. Immediate feedback is extremely important for many intervention strategies, especially when working with high-risk juveniles.

For diagnostic purposes, testing for a broad range of drugs upon admission to the detention facility is recommended. After an initial determination of the scope of drug use, subsequent testing can focus on those drugs detected in the initial screen or other drugs that might be prevalent in a particular geographic

area. Focusing on specific drug use can save both time and money, especially if on-site testing is used.

Detection Limits and Cut-off Levels

Urine testing program personnel need to be familiar with the detection limits following drug use. As seen in the following table, the periods for successful detection differ from substance to substance. This information is essential for program counselors to evaluate accurately an individual's prior and present drug use. Knowing the duration of the detection period of individual drugs also helps to determine the frequency of random testing most appropriate for each client.

Drug	Detection Limits
Alcohol	12 hours or less
Amphetamines	48 hours
Barbiturates	1 to 7 days
Cannabinoids (marijuana, hashish)	3 to 27 days
Cocaine (coke, crack)	2 to 3 days
Lysergic Acid Diethylamide (LSD)	1 to 3 days
Opiates (heroin, morphine)	48 hours
Phencyclidine (PCP)	8 days
Synthetic Narcotics (China White, Fentanyl)	1 to 5 days

This chart adapted from the Journal of the American Medical Association, 257 (22) p. 3112.

The determination of cut-off levels for quantitative results is important. The cut-off level is the amount of drug metabolite in the urine that constitutes a positive result. A cut-off level that is too high will produce a false negative. For example, an individual might have an actual level of 50 ng/mL of marijuana metabolite (THC) present. A cut-off level of 100 ng/mL would result in the client testing negative for marijuana use. On the other hand, a cut-off level of 20 ng/mL would yield a positive result and a more accurate reflection of actual recent drug use. Establishing appropriate cut-off levels is important to reduce denial. Recommended cut-off levels are listed in the following table:

Drug	Cut-Off Levels
Amphetamines/Methamphetamine	1000 ng/mL
Cocaine Metabolites	300
Cannabinoids (marijuana, hashish)	50
Opiates (heroin, morphine)	300
Phencyclidine (PCP)	25

To maximize impact, positive results require follow-up. The case-management plan needs to reflect the evidence of recent drug use and the commitment to deter further use. Counselors should have some flexibility to individualize programs to meet the needs of the juvenile. Drug test results should not affect legal charges or sentencing decisions.

APPENDIX C

Corrections Today and the Sunday Star Articles

April 1993 Corrections Today

SITES SELECTED FOR JUVENILE DRUG TESTING PROJECT

By Kimberly Konitzer

American Correctional Association's *Testing Juvenile Detainees for Illegal Drug Use* project, funded by a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), has selected three sites where it will begin establishing its model drug testing program. These sites were chosen by ACA and its sub-contractor, the Institute for Behavior and Health, Inc. (IBH), and approved by OJJDP to receive training and technical assistance to start testing this program in the field.

The *Testing Juvenile Detainees for Illegal Drug Use* project began in October 1989 with the original grant award from OJJDP. Since that time, ACA has worked with IBH to gather information from juvenile detention facilities around the country on the status of drug testing in juvenile detention. Based on this information, ACA and IBH chose to evaluate nine detention facilities with drug testing programs in place. ACA and IBH compiled the information they gleaned from the nine programs and identified the best elements in each.

Model drug testing program elements were developed using the best components from each site. Prototype policies and procedures, and a training manual were also developed to assist future sites in implementing the model program. Finally, a monograph entitled *Drug Testing of Juvenile Detainees* summarizes the project's progress in its first two years.

The *Testing Juveniles Detainees for Illegal Drug Use* grant was re-authorized in February 1992. Under this re-authorization, ACA and IBH were to select sites to receive technical assistance and staff training on the model urine drug testing program developed under this grant.

ACA and IBH selected three sites from submitted proposals to recommend to OJJDP for training and technical assistance. The facilities, one large, one medium-sized and one small, were given initial approval contingent upon a visit by ACA and IBH staff to ensure that each met selection criteria.

Madison County Juvenile Detention in Jackson, Tennessee; Marion County Juvenile Detention Center in Marion, Ohio and Jackson County Detention in Kansas City, Missouri were given final approval from OJJDP to receive training and technical assistance on the model urine drug testing program elements. These three programs will be the sites for implementing the ACA/IBH model drug testing program for juvenile detainees.

The first step in the training process for these programs was a training workshop for five to eight representatives from each program on February 19-20, 1993 in Baltimore, Maryland. Training was conducted by ACA and IBH staff and consultants.

Once the sites have received the technical assistance and training and the model program elements are in place, each site will be evaluated. These evaluations, to take place at some point in the next year, will be compiled and recorded in a report, which will disseminated nationally in the following year.

For more information on this project, please contact Judith Campbell at (301) 206-5045.

February 1994 Corrections Today

ACA'S JUVENILE DRUG TESTING GRANT

By Judith R. Campbell

The American Correctional Association's grant, *Testing Juvenile Detainees for Illegal Drug Use*, is coming to a close. The Office of Juvenile Justice and Delinquency Prevention initially awarded ACA and its sub-contractor, the Institute for Behavior and Health, Inc., a two-year grant on October 1, 1989. Since then, ACA and IBH have been re-authorized twice so that the completion date for this grant was extended to April 30, 1994.

In the last four years, a substantial and vital amount of research has been accomplished. The purpose of the initial two-year grant was to complete a literature review, conduct a national survey, visit numerous drug testing sites, develop a prototype urine drug testing program, develop related policies and procedures, and produce a monograph detailing the grant's progress.

The third year involved the selection of three juvenile detention facilities to participate in the model urine drug testing program. This was facilitated by ACA and IBH staff reviewing submitted proposals from juvenile detention facilities across the nation. One of the primary requirements was that the facility use the test results for case management and not for discipline. Tentative selections were submitted to OJJDP for final approval. The three sites selected to receive urine drug testing training and technical assistance were Madison County Juvenile Detention Center in Jackson, Tennessee; Marion County Juvenile Detention Center in Marion, Ohio and Jackson County Juvenile Detention Center in Kansas City, Missouri.

Staff members from each site received training on:

- the philosophy and purpose of drug testing
- national drug testing activity
- drug testing legal issues
- intake and operations issues
- drug testing policies and procedures
- use of drug testing results
- drug testing computer software
- drug testing equipment.

The equipment needed to be accurate and cost effective for the number of tests that would be run monthly. Also, the results had to be available as quickly as possible to ensure the best case management process for the juveniles who tested positive for drug use.

Jackson County is the largest of the three facilities and chose to send the urine samples to an outside laboratory (Physicians Reference Laboratory) by courier several times daily. This method was the most cost-effective because of the facility's high volume

of tests. Marion County is the medium-sized detention center and opted to use the Syva EMIT system. This system, which is operated in-house by trained staff, can handle numerous tests accurately and the results are available immediately. Madison County is the small-sized facility and selected the microLINE Screen kit by DSSI (Drug Screening Systems, Inc.). This was the most cost-effect system for them due to the modest number of urine tests to be taken each month.

The purpose of this final year was to implement the model urine drug testing program at the three selected juvenile detention facilities, conduct four site visits for program evaluation, and produce and nationally disseminate a final report on the initial research and the conclusive results of the grant.

The ACA and IBH staff involved in this four-year juvenile drug grant feel that the information obtained through this project will not only benefit the three selected sites, but the entire juvenile justice system. Through dissemination of the final report and networking with the three selected sites, juvenile facilities across the nation will have a prototype urine drug testing program to use a guide as they implement their own program.

For more information on this project or to receive a free copy of the final report, contact Judith Campbell or Aggie Nestor at 301-206-5045.

June 1994 Corrections Today

MADISON COUNTY'S JUVENILE DRUG TESTING PROGRAM

By Barbara C. Dooley, Ph.D.

What an exciting day it was for the staff of Madison County Juvenile Court Services when we learned that we had been selected as the small juvenile detention center site to receive training and technical assistance from the American Correctional Association to begin a model drug testing program.

The Director and the Detention Supervisor had been interested in beginning a drug testing program in our facility for a very long time. At first, it seemed like an impossible dream. There were so many questions for which we had no answers. Would it cost a lot of money? Could we justify the program to our County Commission? How would we start? Would the staff be against it? After all, it would involve more work for them. What about legal considerations? We knew of no other small, rural facility having a drug testing program that we could use as a reference guide to help us begin. That is why when we received a letter from ACA in May 1992 stating they were seeking three detention center sites to demonstrate a model urine drug testing program, we decided to submit a proposal.

It was a long process which required a proposal and putting into words many thoughts and ideas regarding initiation of a drug testing program.

The Madison County Juvenile Detention Center in Jackson, Tennessee has been in existence since 1979. It is very small with seven secure bedrooms and one all-purpose room. Eighteen rural counties contract to use the Center for pre-adjudicatory placement of juveniles. Our Center is the only secure facility serving West Tennessee outside of Shelby County.

In the last decade, our town of Jackson, Tennessee has been dramatically transformed from a somewhat small community wedged on I-40 between Tennessee's two largest cities to a vibrant center of shopping, medicine, and industry for West Tennessee. The use of crack cocaine in our county was practically unheard of just a few years ago. With I-40 being referred to as "Cocaine Corridor", the cocaine business has expanded from Memphis and Nashville to our area. Jackson's violent crime rate in 1991 was nearly twice the national average, according to a Federal Bureau of Investigation report released 8/30/92. By mid-1992 we were beginning to experience an increase in youths taken into custody for violent or serious crimes as well as an escalation of drug-related offenses. It was evident that our area was fast becoming the drug distribution center for rural West Tennessee. This is the type of information we submitted in our proposal to ACA as the rationale for wanting and needing a drug testing program in our facility.

It was our belief that Juvenile Court Services had a gap in service delivery to juveniles because even though we had in place a comprehensive assessment process for youths brought to us on alcohol/drug-related charges, we were missing youths with drug-related problems who were brought to us on other charges. These youths needed to be identified so that appropriate intervention programs could be recommended and the Juvenile Court Judge would have this information at hand in order to make more appropriate dispositions. We had no intentions of the results being used for punishment, only to obtain necessary treatment for the youth. Our ultimate objective would be to identify those youth using drugs, obtain proper and appropriate treatment for them, and thus prevent drug use and future criminal activity.

In October 1992, we were notified by the American Correctional Association that we were a finalist in the selection process and a final decision would be made after a site visit. Needless to say, we were all very nervous about the site visit and felt that something was bound to go wrong and we would not be selected. So far, everything was just too good to be true! We did, however, survive the site visit and were awarded the honor a short time later of being chosen as the small detention center site.

The first step in our process was for the Director of Juvenile Court Services and the Detention Center Supervisor to attend training in Baltimore. Based upon that training, the decision was made to use a hand-held screening kit and a manual of policies and procedures was put into draft form.

During the training provided by ACA in April 1993, it was discovered that there were several procedures that sounded great on paper but in reality, would not work the way we thought they would. Changes have been made and revised as needed throughout the year. Staff have had a lot of input in the procedures and have felt more a part of the entire program because of their inclusion from the beginning. They expressed fear during the training that juveniles would try to throw the urine on them. They also thought that many juveniles would refuse to cooperate and not provide a sample. Staff also felt, initially, that the collection process would be embarrassing to both them and the juvenile.

The hand-held screening kit we chose was the most appropriate, we felt, for our local situations. We found it simple to store and use. It requires little staff time to perform and produces fairly rapid results. Also, the procedure can be done in the presence of a juvenile, which makes the immediate results dramatic in some cases.

Since actual implementation on 5/13/93, we have experienced very few problems. Most have had to do with the actual process itself. Staff had to be a little more technical in running the tests than we had originally thought. We continue to get some inconclusive test results on marijuana, but we feel this is due to the high cut-off level of the hand-held screening kit we have chosen to use. The process has not proved to be embarrassing for staff or for juveniles, because staff handle this in a very matter-of-fact manner that puts the youth at ease and lets them know that it is part of the booking process for every juvenile.

As of January 31, 1994, we have tested 220 juveniles and have not had a single refusal. We have had no incidents of youth throwing urine on staff. We have only had one youth who tried to add water to his sample. Probably the most unique thing that has happened occurred when a young man could not be immediately tested. The staff instructed him to notify them when he was ready. In the meantime, lunch was served. Shortly after lunch, the youth brought his milk carton to staff — it was full of urine.

Since May 1, 1993, which was the official starting date for our drug testing program, of the 220 juveniles tested: 59 tested positive for any drug; 19 for cocaine; 28 for marijuana; and 12 for both cocaine and marijuana. A total of 45 juveniles who tested positive were charged with offenses other than alcohol/drug-related offenses and thus, would have been missed prior to implementation of the drug testing program as possibly having drug-related problems, as their offenses would not have indicated the use of drugs.

We get more youth who deny use of drugs when questioned by staff on the intake form than we do who admit prior to testing — 84% deny use of cocaine, but test positive; 52% deny use of marijuana but test positive; 83% deny use but test positive for both cocaine and marijuana.

Once a juvenile tests positive, we are able to arrange professional assessments to determine what type of treatment is needed for each individual juvenile. This information is given to our Juvenile Court Judge who then has an idea of the extent of the problem before he has to make a dispositional decision.

We have had our program in place for nearly a year and we are ready to do some different things. Now that we have stabilized our drug testing program for juveniles, we plan to implement a program of urine drug testing our employees.

If we had to do it over again, would we? Yes, definitely. Sometimes the most difficult thing about a new program is getting it started. Obstacles seem larger and many problems are anticipated that just don't happen. In retrospect, one of our biggest obstacles was ourselves. The program has not been difficult to implement and run. The hardest thing was to begin. If we can do it in our small facility, then you can too!

For more information about Madison County Juvenile Detention Center's drug testing program, contact Barbara Dooley or Cindy Medlin at 901-423-6140.

July 1994 Corrections Today

MARION COUNTY JUVENILE DETENTION CENTER'S DRUG DETECTION AND MONITORING PROGRAM

By David V. Lashey

When I first read about the American Correctional Association's and the Institute for Behavior and Health's solicitation for proposals to take part in a urine drug testing program for juvenile detention facilities, my interest was immediately aroused. I had just retired from the military and was quite familiar with the success of it's urine drug testing programs. As a criminal investigator, I knew the deterrent of drug testing had significantly decreased drug use in the military. I saw no reason why urine drug testing could not have the same success in our juvenile justice system.

The staff at Marion County Juvenile Detention Center submitted a proposal and was selected by ACA and IBH as one of the test sites. The detention center is a secure, 36-bed facility located in Marion, Ohio which supports a rural, middle-class socio-economic base. Forty-five percent of our population comes from eight surrounding counties.

Now, as I ponder our successes and lessons learned at the end of the pilot program, I am unequivocally in support of urine drug testing in juvenile detention facilities. I offer the following comments to those who may be considering such a program in their facilities.

- *It doesn't cost that much.* We selected an house automated analyzer as the method of drug testing. Most drug testing companies will provide the equipment and training for one person free of charge. Our obligation was to purchase all drug reagents and supplies from the company. With the financial assistance of $6,000 from ACA, we tested 1090 youths (100% of intakes) for marijuana and were able to test about half of the youths for other drugs of choice (cocaine, opiates, benzodiazapenes). For the subsequent year, we secured funding amounting to approximately $10,000, and this should allow for two drug screens (marijuana and another drug of choice) for all youth the entire year. With our annual number of youth intakes (approximately 1400), we realize we are on the "edge" of having a drug testing company committing to install equipment in our facility. We believe our approximate $10,000 annual input to the drug testing company's revenue will be sufficient to keeping the equipment on-site. This money is well worth any program out there which benefits the rehabilitation of youth.
- *Our concerns did not come true.* When we were brainstorming the implementation of urine drug testing, a lot of negatives were discussed. "What if a urine sample spills or is thrown at a Youth Leader?" "What if a youth refuses to give a sample?" "What if a youth can't provide a sample?" "Directly observing a sample being give will be uncomfortable for the youth and Youth Leader." Needless to say, we were overreacting. No urine sample has been spilled or thrown; 100% of our intakes provided samples; we patiently waited for the youth to provide a sample; and when handled professionally, neither the youth nor Youth Leader has had any problem with "looking." I must say that comprehensive training (before the urine drug testing is implemented) is absolutely essential to turning these negatives into positives. I also believe that the self-esteem and image of

our youth leaders has increased due to their involvement in benefiting the lives of the youths and the community. We are not naive enough to believe that one of the above stated concerns will not come true someday. However, the fact is that we completed the pilot program without a negative situation certainly enhances the overall benefit of urine drug testing.

- *There haven't been any complaints from the ACLU.* Built into policies and procedures must be a clear statement that the results of urine drug testing are not to be used for any freedom restricting activities. Results are only used for health, welfare, case management and rehabilitative treatment of the youth. Here's where the strength of urine drug testing lies. Today, case managers have a vital piece of information when considering a youth's rehabilitation. Before drug testing, a youth could return to our facility six, seven, or eight times before someone could confirm the he/she was using controlled substances. Now we know this vital information the first time a youth is brought to detention.
- *Urine drug testing in detention is everything that the ACA/IBH study envisioned it would be.* It has proven to be a valuable tool in the hands of the court and probation officers. Drug abuse is caught at a much earlier stage in many youth's lives. Parents have been extremely positive about our drug testing results. We have had no parent (or youth) challenge the results of the urine tests. This fact is a credit to the reliability of our present on-site drug testing equipment. While we have not instituted this procedure as of present, some parents have been receptive to paying for follow-up testing of their children. Youth are realizing the folly in denying the use of drugs and are becoming more open about their frequency and pattern which allows for more credible drug assessments to be accomplished by counselors. Drug testing is holding youth accountable to stay clean as an order of probation. Probation officers collect samples at the schools or have the youth report to the court. One youth with a history of continued drug abuse has undergone 11 urine drug tests that have tested negative for the presence of controlled substances. This is the ultimate proof when asked if a urine drug testing program is worth it. For one youth, it has deterred him from using drugs at least in the short term.
- *Every juvenile detention facility that does not have urine drug testing is really missing out on a major asset which will help youth get back on the right track in their lives.* Follow-up to identify a youth who is involved in drug abuse is absolutely essential. I've alluded to this but I want to make a direct statement about follow-up now. What's the use of having urine drug testing when the results may not be used for anything? The sky is just about the limit when we think of the types of follow-up, both in and out of detention, we can implement. Follow-up is dependent on money and a lot of juvenile detention facilities are short on that. I wish we had more. We do have weekly group counseling, but it is a far cry from what the youth who are identified as drug abusers need. I believe patience, time and a lot of public relations can help in this area.

In ending, I can truly say urine drug testing has been a very positive experience for all involved — the Court, Detention Staff, parents, youth and the community.

For more information about Marion County Juvenile Detention Center's drug testing program, contact Gloria Dorsey or Paula Gibson at 614-389-5476.

August 1994 Corrections Today

JACKSON COUNT'S JUVENILE JUSTICE CENTER'S DRUG TESTING PROGRAM

by Lisa Bara, B.A., R.N.

The Jackson County Juvenile Detention Center is a secure, 68 bed detention facility located in central Kansas City, Missouri, primarily used for pre-adjudication detention with an average length of stay of 13 days. Jackson County, Missouri contains urban, suburban and rural communities.

As with most major metropolitan areas across the country, Kansan City has experienced a dramatic increase in violent, drug related crimes. Detained youth for some time have exhibited more aggressive and complex management issues. A more sophisticated juvenile has been entering our detention facility. The typical delinquent youth is now a repeat offender.

The consensus of the administration and staff of our facility was that there was a significant need to be able to detect and identify those juveniles entering the facility under the influence of controlled substances. The staff had seen multiple cases of youth entering the facility experiencing the effects and, sometimes, withdrawal from a variety of street substances; especially, PCP and Cocaine. However, no method of verifying these drugs or the levels of such drugs was available to our facility. As practitioners, we were forced to rely upon our own individual observations and the word of the detainees as to which substances had been ingested. The ramifications of relying upon such subjective factors in rendering care, custody and control cannot be understated. Additionally, in spite of obvious signs to the contrary, many detainees vehemently denied the use of any substances prior to their entry into detention.

Being selected as the large sized juvenile detention facility by ACA for this year long pilot program opened the door for the development of a facility wide drug testing program. Prior to attending the drug-testing training sponsored by ACA/IBM in February, 1993, a committee was formed and comprised of several key players from our facility. This committee had been meeting on a weekly basis. Our main focus in these initial meetings was to develop appropriate policies and procedures, examine salient legal issues, develop a training curriculum, and determine overall logistical issues; for example, locating and contracting with a local NIDA certified laboratory.

The ACA/IBH training provided a wealth of information that was both practical and germane to our individual and collective needs. Administrative staff, medical personnel, as well as line staff were able to assimilate information appropriate to our respective roles. Another benefit of the training was the opportunity to meet and interact with other professionals who were facing similar challenges in the field of juvenile justice.

The purpose of the drug testing program at the Jackson County Detention Center was to:

1. Allow for the timely detection of drug use to unsure the safety and health of the juvenile entering the facility.
2. Examine the correlation between drug usage and delinquent behavior.
3. Provide appropriate intervention, education and treatment to assist rehabilitative efforts.
4. Assist in the classification and daily management of juveniles during their detention.
5. Provide a data base to determine trends in drug use and needs for related services.

Because of the size of our facility and the volume of admissions, we chose to contract with a large NIDA certified laboratory which services the greater metropolitan area. The lab provided all forms and collection kits, as well as a courier service. They were also able to provide our facility with test results within four hours via a fax machine. We chose to routinely test for four substances, including Marijuana, Amphetamines, PCP and Cocaine. We had the option of including others, such as Benzodiazipines, LSD or Opiates.

Since actual implementation in April, 1993, we have experienced sporadic difficulties with juveniles refusing to submit to testing, attempts to dilute samples and other attempts at tampering. Initially, staff experienced some difficulty incorporating the new procedures into their already heavy workload. Staff were intensively trained on proper methods of sample collection, with particular emphasis on issues pertaining to chain of custody and adherence to universal precautions.

Within two weeks of the inception of this program, a newly admitted detainee arrived at our facility exhibiting strange behavior. Per written policy, he was placed into isolation to allow for closer observation by on-duty staff. Staff documented his behavior and actions by noting that he began screaming, banging his head and appeared to be hallucinating. Upon receipt of his urinalysis results, it was determined that he was under the influence of PCP, Cocaine and Marijuana. All levels recorded were substantially above the cutoff levels used by the laboratory. Based upon this information, the detainee in question was transported via ambulance to a local hospital that provided medically managed detoxification. Detoxification was followed by fourteen days of inpatient treatment tailored to address his individual needs. He was then returned to our facility.

During the last year, similar situations involving detainees under the influence have arisen. As in the above situation, timely knowledge of a given detainee's type and level of intoxification has proven to be invaluable in pursuing a course of short term intervention and long term education and treatment. The value of this type of monitoring in a detention setting cannot be overstated.

Some important issues to keep in mind when planning a new drug testing program include:

1. Keeping the purpose of the project well defined,
2. Deciding on a method by which to carry out the program,
3. Including the personnel who will be handling the task in the decision making process and, most importantly,
4. Deciding how the information gleaned from such programming will be utilized by the agency.

In conjunction with the timely identification of abused substances, follow-up drug education and counseling sessions were considered essential. These sessions were made available to all juveniles in the Detention Center. They are optional except for those with positive urinalysis results. Drug education sessions and AA/NA support meetings are offered a minimum of once per week. The detention drug counselor also notifies parents/guardians by mail whenever their child, upon arriving at the Detention Center, test positive for drugs. Additionally, information concerning educational and treatment options is provided to the client and parents/guardians.

Overall, parents have been very receptive to the drug testing program. We have had no incidents of a parent or youth challenging the results of a drug test. We have had parents make the comment that it was easier to confront their child about suspected drug use with the knowledge of a positive urinalysis.

Year end statistics have shown that 32% of all residents tested were positive for one or more substances. Most of these residents tested positive for Marijuana, followed by PCP and Cocaine. These findings are in keeping with results reported by the facilities in the metro area, although our PCP percentages appear to be higher.

When representatives from our agency left Kansas City for the drug testing training, sponsored by ACA/IBH in Baltimore, I was personally excited about acquiring new knowledge, but skeptical as to how the training and subsequent program could change or positively impact our facility. Now, one year later, I would fight to keep this program funded and viable. I would also encourage other facilities, large or small, urban or rural, to explore their options in implementing a drug testing program. As professionals, we owe it to ourselves and our clients to have as much information available to us as possible. Breaking down the walls of denial by being armed with timely, accurate facts, is the place to begin.

The Star/David Scholz

EFFECTIVE TOOL — Paula Gibson, staff nurse at the Marion County Juvenile Detention Center, reads results on tape from a drug testing unit at the facility. The $10,000 unit was provided at no cost by the San Francisco-based SYVA.

Juvenile drug tests proving positive

By DAVID SCHOLZ
Staff Writer

Urine drug testing of juvenile offenders is proving positive so far, and officials at Marion County Juvenile Court hope to expand the detection and monitoring program in 1994.

Started in March with a $6,000 grant from the American Correctional Association, Court Administrator David Lashey said that through Nov. 30, 1993, 983 tests were done on samples from juveniles admitted to detention.

The practice does not represent a civil rights violation because the results are solely used for treatment and case management purposes, said Lashey.

Lashey said ACA and Institute for Behavior and Health Inc. findings show the following benefits of testing:

- Allowing the earliest possible intervention.
- Targeting treatment, because drug use must addressed before disruptive behavior/attitudes can be treated.
- Break the cycle of drug use denial by youths.
- Provide families with undeniable evidence of youth involvement.
- Act as a deterrent to drug use.

Marion is the only juvenile facility in Ohio that is testing 100 percent of the individuals entering the facility. Tests cost about $5 each. Remaining drug-free is a condition of probation.

Of the 983 samples tested in Marion through November by staff nurse Paula Gibson, 278 specimens — or 28.3 percent — have shown the prescence of illegal drugs. Marijuana was the most common drug found, according to Lashey, citing a 46.3 percent tally of drug users at the Marion facility.

Initial testing was done for marijuana, cocaine and other drugs on a rotating basis. But this was altered in July to assure the program could be financed for the rest of 1993. Cocaine failed to show up in 500 tests, said Lashey.

"Why test for it, if it's not showing up?" she asked. "This program is everything the ACA envisioned that it would be. It allows (us) to place youth in drug rehabilitation alternatives much quicker than before."

Sample testing is done twice a week. Upon arriving to the facility, young offenders give a sample that is refrigerated, then warmed prior to testing.

Marion youth comprise the majority of individuals housed at the facility, and they represented 160 of the 278 individuals who tested positive. Licking County was second with 52 cases, followed by Knox with 22. Morrow County youth were fourth with 12.

Before the initiation of the program, Lashey noted, "A youth could be back and forth between JDC and home eight or nine times before we would have an inkling that the youth may be involved in drug use."

"Now, we know the youth's level of drug involvement, if any, the first time he or she comes to the center. It's relevant that the probation officer get the information and parents get the information."

Juveniles are interviewed before they are tested, allowing them to admit drug use. A total of 191 offenders admitted to drug use while not actually showing positive test results. Overall, Lashey said, 469 of the 983 juveniles placed in detention are involved in drug use for a rate of 47.4 percent.

Court officials hope the county grants the detention centr $10,000 to continue the drug testing program next year, as the ACA grant expires at the end of this year, Lashley said.

Juvenile Judge Thomas K. Jenkins, Lashey and JDC staff may learn whether their request was granted this week when the proposed 1994 Marion County budget is considered, according to Commissioner Kirk Moreland.

"The times they have been briefed on the program, they have been responding very well," said an optimistic Lashey.

Commissioner John Watkins saw the tool used first hand and "He responded very positively to it," Lashey added.

Other means of support for the program next year include a $2,500 grant from the Marion County Board of Alcohol, Drug Addiction and Mental Health Services Board.

Another potential funding source being pursued is allowing parents to bring in samples from their children who were at the center in the past 90 days so they can track their children's progress. Projected costs is between $6 and $8 per test.

"It is a definite positive step forward in affecting change in the lives of youth who are hopelessly tangled in the web of drug abuse," he added.

Drug testing statistics

Drug detection and monitoring program statistics presented by Marion County Juvenile Detention Center Administrator David Lashey:

- 100 percent of juveniles taken to MCJDC since March 22 have been tested.
- Juveniles tested from Marion, Licking, Knox, Morrow, Crawford, Wyandot, Franklin, Hardin, Huron, Richland, Montgomery and Hocking counties.
- 207 male juveniles and 71 females tested.

n 75 juveniles testing positive are 17 years old; 73 16-year-olds; 56 15-year-oldsp; 30 14-year-olds; 15 13-year-olds; and three 12-year-old.

- Marijuana is the most often dectected drug with 32 of 278 specimens testing positive.
- 73 juveniles tested were arrested for habitual disobidence; 47 for truancy; 27 fo consuming alcohol and 25 for running away. Other offenses include theft, assault, shoplifting and burglary.
- Along with marijuana, other drugs showing up: Amphetamines, inhalants, cocaine, barbiturates, LSD, opiates, gas, PCP, benzodiazapenes and steroids.

APPENDIX D

Case Report Forms and Program Milestones Forms

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:

____Alcohol	____Heroin/opiates	____Other tests
____Cocaine	____Methamphetamine	_____
____Marijuana	____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:_____

***White copy: research *Yellow copy: case management *Pink: case file**

Madison County
Jackson, Tennessee

INTAKE GUIDELINES FOR DRUG SCREENING PROGRAM

1. Yellow copy of the drug screen results form goes to Intake Counselor on the day it is completed.

2. Intake Counselor schedules a need for treatment assessment for all youth whose drug screen is positive.

3. Assessment should be done while youth is in detention if possible. It must be done before youth goes to court.

4. Results of drug screen and assessment recommendations are to be included in every court report.

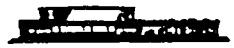
5. If a youth with a positive drug screen is assessed as not needing treatment, one of the recommendations should be for participation in the Alcohol Safety Education Program regardless of the charge. This includes the parent component.

6. If a youth is assessed as needing in-patient treatment, the recommendation should be made that the case be held open until treatment is completed so that the Juvenile Judge may order the aftercare plan.

7. Attendance at at least one Alcoholics Anonymous meeting should be recommended for all youth needing A & D treatment. Whether this treatment is to be in-patient or out-patient.

8. Any youth with a positive drug screen will be assigned to the Alcohol Safety Education Coordinator's caseload after Juvenile Court appearance.

EDWARD J. RUZZO JUVENILE JUSTICE CENTER



URINALYSIS DRUG TEST/CHAIN OF CUSTODY FORM

DATE: _____ INTAKE #: _____ COUNTY: _____ AGE: _____ RACE: _____ SEX: _____

JUVENILE'S NAME: _____

IS THE JUVENILE ON MEDICATION: ☐ NO ☐ YES WHAT KIND: _____

JUVENILE REFUSED TO PROVIDE A SAMPLE: ☐ NO ☐ YES

SAMPLE WITNESSED AND COLLECTED BY: _____

DATE: _____ TIME: _____

JUVENILE'S SIGNATURE AND INITIALS: _____

Technician's Name: _____ Date: _____ Time: _____ Urine Transferred to Testing Site

Sample Analyzed By: _____ Date: _____ Time: _____

Sample Results: ☐ Negative ☐ Positive ☐ Duplicate Analysis Run

Sample Results Positive For: ☐ THC ☐ Cocaine ☐ Benzodiazepines ☐ Barbiturates ☐ Other _____

Retested by: _____ Date: _____ Time: _____

Sample Placed in Freezer by: _____ Date: _____ Time: _____

Confirmation Test: ☐ Yes ☐ No

Specimen Received By: _____ Date: _____ Time: _____

Location Sent: _____ Specimen tested and results were: ☐ Negative ☐ Positive

AFTERCARE

Drug and Alcohol Assessment _____ Date of Assessment _____

12-Step Program _____ Repeated Drug Testing _____ Individual Counseling _____

Group Counseling _____ Out-Patient/Aftercare _____ In-Patient Treatment _____

Parental Notification _____

Comments: _____

THE EDWARD J. RUZZO JUVENILE JUSTICE CENTER
1440 MT. VERNON AVE., MARION, OHIO 43302
(614) 389-5476, FAX (614) 389-2860

Marion County Drug Detection and Monitoring Program
Urine Drug Testing Case Report Form

David V. Lasney, Program Coordinator
Paula Gibson, Senior Drug Testing Technician
Gloria J. Dorsey, Program Manager

A. Juvenile Intake Number _____

B. Date of Drug Test __/__/__
mo dy yr

C. Number of Admissions Since March, 1993 _____

D. Age _____

E. Sex (circle one)
1. Male
2. Female

F. Race (circle one)
1. Caucasian 3. Hispanic 5. Asian
2. African-American 4. American Indian 5. Other (specify) _____

G. Currently Attending School
0. No
1. Yes

If No (circle one)
1. Graduated 3. Suspended 5. Other (specify) _____
2. Expelled 4. Dropped Out

H. Last Grade Completed _____

I. Who does the juvenile live with? (circle one)
1. Mother 4. Grandparent 7. Relative 10. Other(specify) _____
2. Father 5. Stepparent 8. Friends
3. Brother/Sister 6. Institution/Foster 9. Alone

J. Ever received drug/alcohol treatment? (circle one)
0. No 2. Yes, just alcohol
1. Yes, Just drug 3. Yes, drug and alcohol

K. Ever used drugs (by self-report) (circle those which apply and answer questions in next two columns)

	Used in last 3 days? (Y/N)	# Days used in past 30
0. None	___	___
1. alcohol	___	___
2. marijuana	___	___
3. cocaine (powder)	___	___
4. crack (smokeable)	___	___
5. opiates-heroin	___	___
6. amphetamines (speed)	___	___
7. benzodiazepines (Xanax, Valium)	___	___
8. barbiturates (downers)	___	___
9. inhalants (glue, aerosols)	___	___
10. other (specify) _____	___	___

L. Heard of any new drugs on the street? (circle one)
0. No
1. Yes if yes, specify _____

M. Ever injected drugs?
0. No
1. Yes if yes, specify _____

N. Age first injected _____ O. Number of times injected _____

P. Drug Test result (circle all that apply)

J2VS2020 CIRCUIT COURT OF JACKSON COUNTY MISSOURI RUN 06/05/93 10:02:34
URINE DRUG TESTING - CASE REPORT FORM PAGE 180
FOR: 3 - JACKSON COUNTY JUVENILE DETENTION CENTER
05/01/93 THRU 05/31/93
SUMMARY OF DRUG TEST ACTIVITY

NUMBER OF DETENTION ADMITS FOR REPORT PERIOD:		175
NUMBER OF DRUG TESTS GIVEN DURING REPORT MONTH:	148	
NUMBER OF JUVENILES WHO REFUSED TO TAKE DRUG TEST:	12	
NUMBER OF JUVENILES ADMITTED BUT NO DRUG TEST GIVEN:	0	
NO DRUG TEST RECORDS FOUND IN SYSTEM FOR ADMIT RECORD:	19	
TOTAL	179	

NUMBER OF DRUG TESTS WITH POSITIVE RESULT:	36
NUMBER OF DRUG TESTS WITH NEGATIVE RESULT:	112
NUMBER OF ADULTERATED DRUG TESTS:	0
TOTAL	148

NUMBER OF POSITIVE DRUG TEST RESULTS FOR:	ALCOHOL	1
	MARIJUANA	36
	COCAINE	1
	OPIATES	0
	AMPHETAMINES	0
	BENZODIAZEPINES	0
	BARBITURATES	0
(PCP)	OTHER	11
		49

J2VB0023 CIRCUIT COURT OF JACKSON COUNTY MISSOURI RUN 06/05/93 10:04:33
POSITIVE URINE DRUG TEST ANALYSIS PAGE 1
FOR: 3 - JACKSON COUNTY JUVENILE DETENTION CENTER
05/01/93 THRU 05/31/93

BREAKDOWN OF CASES TESTING POSITIVE FOR MORE THAN ONE (1) DRUG TYPE

NUMBER OF POSITIVE DRUG TESTS FOR COMBINATIONS OF:

MARIJUANA - PCP	9
MARIJUANA - COCAINE	1
ALCOHOL - MARIJUANA	1
MARIJUANA - PCP - OTHER	1

Program Milestones

Name of Program _____

Contact Person _____

_____ (date) 1. Support for urine drug testing from the chief administrator in the parent agency achieved.

_____ 2. Legal status of drug testing program established.

_____ 3. Funding for drug testing program for the first year assured.

_____ 4. Facility staff committed to urine drug testing program.

_____ 5. Mission statement for drug testing program developed.

_____ 6. Testing method selected.

_____ 7. Drug testing policies and procedures developed and written.

_____ 8. Equipment and supplies acquired and designated space set up for drug testing.

_____ 9. Staff trained in drug testing procedures.

_____ 10. Management Information System established.

Program Milestones

Name of Program Madison County Juvenile Detention Center

Contact Person Cindy Mellin

7-1-92 (date)	1.	Support for urine drug testing from the chief administrator in the parent agency achieved.
7-1-92	2.	Legal status of drug testing program established.
7-1-92	3.	Funding for drug testing program for the first year assured.
4-1-93	4.	Facility staff committed to urine drug testing program.
3-25-93	5.	Mission statement for drug testing program developed.
2-25-93	6.	Testing method selected.
3-25-93	7.	Drug testing policies and procedures developed and written.
4-14-93	8.	Equipment and supplies acquired and designated space set up for drug testing.
4/5-4/6-93	9.	Staff trained in drug testing procedures.
5-31-93	10.	Management Information System established.
4-15-93	11.	Urine drug testing program begun.
5-1-93	12.	Drug testing data transmission to IBH begun.

Program Milestones

Name of Program Marion County Juvenile Detention Center

Contact Person David V. Lashey/Gloria J. Dorsey

24 Sep 92 (date)	1.	Support for urine drug testing from the chief administrator in the parent agency achieved.
11 Mar 93	2.	Legal status of drug testing program established.
18 Feb 93	3.	Funding for drug testing program for the first year assured.
Feb/Mar 93	4.	Facility staff committed to urine drug testing program.
Mar 93	5.	Mission statement for drug testing program developed.
18 Dec 92	6.	Testing method selected.
Mar 93	7.	Drug testing policies and procedures developed and written.
16 Feb 93	8.	Equipment and supplies acquired and designated space set up for drug testing.
Mar 93	9.	Staff trained in drug testing procedures.
_____	10.	Management Information System established.
22 Mar 93	11.	Urine drug testing program begun.
Jun 93	12.	Drug testing data transmission to IBH begun.

2. Date Juvenile Court Judge ordered urine testing on juvenile detainees as part of their intake processing(see Atch)

4. Several presentations to staff took place to explain the need for urine testing and the ipmportance of their role

5/7. Policies and procedures in final form(see Atch)

9. Individual training of each staff member accomplished by the DDM Program Manager.

11. Date we began.

12. Accumulated data from Mar/Apr/May forwarded after review by IBH site visit.

¶

SUBMITTED 17 JUN 93

Program Milestones

Name of Program Kansas City, MO

Contact Person LAWRENCE E. MYERS OR DANIA RICE

9-1-92 (date)	1.	Support for urine drug testing from the chief administrator in the parent agency achieved. Judge 3-10-
3/15/93	2.	Legal status of drug testing program established.
1-2-93	3.	Funding for drug testing program for the first year assured.
1-27-93	4.	Facility staff committed to urine drug testing program.
2-17-93	5.	Mission statement for drug testing program developed.
12-28-92	6.	Testing method selected.
3/9/93	7.	Drug testing policies and procedures developed and written.
3/19/93	8.	Equipment and supplies acquired and designated space set up for drug testing.
3/25/93	9.	Staff trained in drug testing procedures.
3/9/93	10.	Management Information System established.
4/1/93	11.	Urine drug testing program begun.
5/10/93	12.	Drug testing data transmission to IBH begun.

APPENDIX E

Resource List

APPENDIX E
Resource List

Alcoholics Anonymous World Services, Inc.
(General Service Office)
Box 459
Grand Central Station
New York, NY 10163
(212) 870-3400

American Correctional Association
8025 Laurel lakes Court
Laurel, MD 20707
(301) 206-5045

Juvenile Justice Clearinghouse
1600 Research Boulevard
Rockville, MD 20850
1-800-638-8736

Narcotics Anomymous World Service Office
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3860

National Institute on Drug Abuse (NIDA)
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

APPENDIX F

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 shell use input form 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

Show Organizational 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 parents 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" (<u>NOT</u> 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 Count, regardless of the location of their residence) will be tested.

<u>Exceptions</u>

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 overhead 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:

___Alcohol	___Heroin/Opiates	___ Other tests
___Cocaine	___Methamphetamine	_____
___Marijuana	___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

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Case disposition: _____

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, fines, user fees, etc.) STATUS UPDATE: 0June 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 armed 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 Manager
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. The 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) will be located in the intake shower closet.

5. Juvenile will be strip searched and 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 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 breathalizer 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 breathalizer 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 assession 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 assession 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 devise 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 breathalizer 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 breathalizer 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 Breathalizer 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 Breathalizer Tests Conducted by Age, Race and Gender.
    14. Total Number of Positive Breathalizer Results by Age, Race and Gender.

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