

Required Language for Toxicology Policy in Alignment with R95 Access to Care Expectations

- Required Language – Noted in **BLUE**
- Recommended Language – Noted in **BLACK** text and can be modified or omitted
- Comments – Noted in **ORANGE ITALICS** text are clarification and are not for inclusion in the policy
- To include additional provider agency-specific information not covered in the template, insert a new paragraph directly after the relevant block of required text.
- Use provider agency specific headers / formats in accordance with your policy and procedure standards
- This is not an exhaustive Toxicology Policy, and any other County or State requirements need to be included in a provider agency's final version, including additional guidance that aligns with the intent of the R95 Initiative.

Note: Provider agencies may use “client” or “patient” depending on your standard language

PURPOSE:

This agreement provides an outline of provider agency protocol and expectations for implementing toxicology (also known as drug or urinalysis) testing as a therapeutic tool to support clients enrolled in substance use disorder (SUD) treatment. The aim is to operationalize a toxicology testing approach that is grounded in a non-judgmental, person-centered framework where:

- Toxicology testing serves as one of many tools to facilitate discussions with clients about their substance use, inform level of care placement, monitor treatment progress, and connect clients with harm reduction services, as applicable.
- Neither a positive nor negative toxicology test is a prerequisite for admission with an exception for contingency management for which toxicology testing is a required component of the treatment.
- A positive toxicology test result is not grounds for automatic discharge.
- Toxicology testing ultimately supports the individual recovery of clients.
- Toxicology testing can be part of a client's treatment goals and relapse prevention plan.

SCOPE:

This policy applies to all supervisors, Licensed Practitioners of the Healing Arts (LPHA), registered/certified counselors, Medi-Cal Peer Support Services Specialists, and other staff who provide direct services and/or have a role in client toxicology testing. Furthermore, it applies to all levels of care and services provided by the provider agency (e.g., outpatient, intensive outpatient, residential, withdrawal management, Opioid Treatment Programs, Recovery Services, Recovery Bridge Housing, and Recovery Housing). [Include all levels of care and services offered by your agency]

DEFINITIONS:

Reaching the 95% (R95): This is an initiative specifically designed to reach the 95% of people who according to national data meet criteria for SUD treatment but either do not want treatment or chose not to access treatment by reducing barriers to care, including but not limited to, updating admission and discharge policies to include admission and delivery of services to those who are not abstinent but are interested in receiving services, do not state a readiness for complete abstinence; developing and implementing a service design that accommodates those who are not ready for complete abstinence; and identifying new collaborative opportunities and/or alternate service locations to better reach this population.

R95 Population: Individuals who most likely did not come to the program with a clear desire to commit to treatment and achieve long-term abstinence but do recognize that their substance use has been problematic and/or are willing to take steps to address those issues through participation in services.

Stages of Change: A model developed by Prochaska and DiClemente that posits that individual move through the following five stages when changing a behavior: precontemplation, contemplation, preparation, action, and maintenance. Relapse, also referred to as return to use, is recognized as a common part of the stages of change, providing an opportunity for learning and continued progress toward lasting recovery.

Toxicology Testing: A [An optional] tool that can be offered alongside other clinical interventions to support clients' individualized goals and used by the treatment team to better inform care. The frequency of toxicology (also known as "drug" or "urinalysis") testing is informed by clinical need. When a person has a clinically unexpected result or declines to test, this should prompt therapeutic discussions with the client and consideration of the client's plan of care and it does not result in an automatic refusal in admission or discharge from treatment. Provider agency staff prioritize engaging a person in treatment, which may include referrals to additional appropriate services.

[SAPC is seeking to transition to the term "toxicology" rather than "UA" or "drug" testing. As part of the policy and procedure, agencies may continue to use terms such as "drug"]

testing that may be better understood by agency staff and recommend including “also known as ‘toxicology testing’” to begin to familiarize the workforce with this terminology]

PROCEDURES:

I. Client Rights:

A. Client Consent: While choosing to test is highly encouraged due to clinical benefits, prior to engaging in toxicology testing, clients must voluntarily provide written consent (see Toxicology Client Agreement). Staff provide information about toxicology testing and client’s rights to the client in their preferred language.

B. Confidentiality:

1. A client’s test result will only be visible to the client and to the practitioners at [insert provider agency name]. A client can authorize the sharing of their test results with judicial entities or other external clinical and community partners upon the client’s voluntary request and following the client’s signed release of information authorization form that permits information sharing in accordance with 42 CFR Part 2, HIPAA, and all applicable rules and regulations. Clients may request to revoke their previously authorized release of information at any time. Exceptions to these rules as outlined in 42 CFR Part 2 (e.g., in case of medical emergency or when required by court order) may apply.
2. All processes and information sharing will be conducted in compliance with 42 CFR Part 2, HIPAA, and all applicable rules and regulations.

II. Screening Panel:

A. [Agency name] tests for the presence of the following substances on the screening panel:

1. [List substances tested for on screening panel]

III. Screening Frequency: The frequency of toxicology testing will be individualized and determined by clinical need. Toxicology testing is not used as a “punishment” or to catch or entrap clients in cases of suspected substance use. Rather, testing provides an opportunity for the treatment team to engage in collaborative

conversation with the client, helping them reassess treatment goals, identify triggers, and strengthen their plan of care.

A. Random and for-cause toxicology testing may be offered to clients when there are instances of suspected use that impact the safety of the client or treatment milieu. Results of such toxicology testing shall only be used in the same individualized and client-centered approach as outlined in this policy.

B. [Describe agency protocol for screening frequency]

IV. Materials:

A. [List materials and point of care cup required for toxicology testing]

V. Testing Process and Chain of Custody: Testing follows a detailed protocol and chain of custody to ensure the safety of clients and staff, obtain information that supports a treatment milieu free from on-site substance use and preserves the integrity and reliability of test results.

A. Clients are asked to self-report any substance use that may result in a positive toxicology test result prior to testing, as well as any factors that may result in a false positive result. This includes all recent medications (prescription and over the counter) and supplements.

B. Clients are asked to empty their pockets, remove bulky outer clothing, and leave all personal items outside the testing space. [Detail additional agency policies to prevent falsification of the specimen]

1. Unobserved specimen collection is used as the default collection method in combination with procedural precautions to prevent falsification, honor Client privacy, and foster a trusting client-provider relationship.

2. Staff may conduct direct observation of specimen collection [in cases when less intrusive measures to ensure testing validity have been previously unsuccessful, such as prior sample tapering] using a trauma-informed and culturally responsive approach. Staff recognize that direct observation may be a trigger for clients with a history of sexual trauma or go against cultural norms. Staff commit to working with clients to ensure the highest degree of respect and privacy throughout the process.

Clients are asked to specify the gender of the staff member they are most comfortable with conducting the observation.

3. Staff discuss alternative testing methods (e.g., saliva) with Clients who do not wish or are unable to provide a urine sample.

C. **Testing steps and chain of custody:**

1. [List provider agency-specific steps and chain of custody for each testing method (e.g., urine, saliva) employed at your agency]

D. **Client expectations**

1. [List all agency-specific client expectations during the toxicology testing process]

VI. **Staff Training and Development:** All practitioner staff authorized to conduct toxicology testing (e.g., SUD counselors, Licensed Practitioners of the Healing Arts [LPHA]) working at treatment sites participate in the following activities:

- A. Training upon hire, and minimally overview updates annually thereafter, on the toxicology policy and demonstrate understanding of its requirements by attending an approved agency or Substance Abuse Prevention and Control (SAPC) training, including:

1. Privacy and confidentiality requirements
2. Safety and risk management
3. Best laboratory practices to ensure accurate results
4. Trauma-informed and culturally responsive testing procedures

VII. **Communicating Test Results:**

- A. When a client's test results come back **NEGATIVE** for all substances where a negative test is clinically anticipated:

1. The Client and their immediate treatment team are notified of the negative test result.

B. When a client's test results come back with an **UNEXPECTED POSITIVE** or **PERTINENT NEGATIVE**:

1. The Client and their immediate treatment team are notified of the unexpected positive or pertinent negative test result.
2. In the case of an **UNEXPECTED POSITIVE** or **PERTINENT NEGATIVE** (such as a Client being treated with buprenorphine testing negative for buprenorphine), the treatment team can send the sample for confirmatory testing based on the clinical need to verify the validity of the result.
3. Confirmatory testing will be provided when requested by the Client at no cost to them.

C. When a client's test results are **INCONCLUSIVE**:

1. The sample may be sent for secondary, confirmatory testing at no cost to the client.
2. In cases where the sample was insufficient, altered, or contaminated, the client may be asked to submit an additional sample for testing.

VIII. Managing Clients with **UNEXPECTED POSITIVE** Results:

- A. The treatment team will make a clinical determination of the client's current impairment due to substance use and ability to engage in treatment services that day.
1. Clients who lapse are not automatically transferred or discharged to emergency services, withdrawal management, or hospital settings unless the client has medical and/or behavioral symptoms that necessitate these levels of care, as determined by qualified clinicians operating within their scope of practice.
 2. When it is determined that the client is functionally unable to participate in services or counseling due to the clinical features of intoxication, they will be provided a dedicated resting/sleeping area temporarily to facilitate improved staff monitoring when this supports the safety and comfort of the client and other clients.

3. When it is determined that the client is able to functionally participate in services or counseling, the client will be connected with their counselor/treatment team to discuss the test results, the client's goals, additional supports or services needed, and any necessary changes to the treatment plan.
 - a. Treatment staff acknowledge that SUD is a chronic and relapsing health condition that benefits from continued connections to services to facilitate achievement of personalized recovery goals.
 - b. These discussions are non-judgmental, non-punitive, and focused on engaging clients in ongoing services that help them meet their treatment goals, even if they are not yet ready to commit to complete abstinence.
 - c. Motivational Interviewing should be used to facilitate client-oriented and individualized change throughout this process.
4. The client will be offered harm reduction resources and/or supplies (naloxone, etc.), based on the clinical needs of the client.

IX. Quality Control

- A. [Describe agency policy for ensuring testing accuracy and quality control]
- X. Add other topic areas as needed, in appropriate order]

ATTACHMENTS

1. Client Toxicology Agreement
2. [Include the titles of any additional documents referenced in your toxicology policy and attach below]