

# YOUTH SERVICES POLICY

<b>Title:</b> Youth Drug/Alcohol Testing	<b>Type:</b> C. Field Operations <b>Sub Type:</b> 2. Security <b>Number:</b> C.2.7
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<b>References:</b> La. R.S. 15:827(A)(4) and 875(C), ACA Standards 4-JCF-4E-03, 4-JCF-4E-04, 4-JCF-4E-05, 4-JCF-4E-06; 4-JCF-5I-03 (Performance Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.2.7 “Drug-Free Workplace”, B.2.20 “Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth”; B.5.1 “Youth Code of Conduct – Secure Care”, C.1.3 “Crimes Committed on the Grounds of Youth Services Facilities/Office Buildings and/or Properties”, and C.5.1 “Required Database Entry and Reporting Requirements”	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 09/16/2022

**I. AUTHORITY:**

Deputy Secretary of Youth Services (YS) as contained in La. R.S.36:405. Deviation from this policy must be approved by the Deputy Secretary.

**II. PURPOSE:**

To establish the procedures to be followed in the administration of drug/alcohol testing of youth under supervision or in the custody of YS.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Probation and Parole Program Director, Youth Facilities Director - Statewide, Executive Management Advisor, YS Health Services Director, Regional Directors, Facility Directors, Regional Managers, and the Contracted Health Care Provider (CHP) are responsible for ensuring that all necessary procedures are in place to comply with this policy.

**IV. DEFINITIONS:**

**Contracted Health Care Provider (CHP)** - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

**Drug Testing** - Any chemical, biological, or physical analysis or test administered for the purpose of determining the presence or absence of a drug or its metabolites and/or alcohol. An analytical procedure to detect the presence of drugs or metabolites using approved drug-testing instruments.

**Illegal Substances** - Controlled dangerous substances as defined in La. R.S. Title 40, alcohol, over the counter drugs, or any substance declared contraband or prohibited by policy and/or practice.

**LGBTIQ** - Youth who have identified themselves as lesbian, gay, bisexual or transgender, intersex or questioning their sexual orientation, or gender nonconforming youth. (Refer to YS Policy B.2.20)

**Operations Shift Supervisor (OSS)** – An employee who is responsible for a range of duties which includes, but is not limited to the following: support management in maintaining a safe, secure facility; oversee administrative and operational security activities during specific shifts; manage staff during each assigned shift; ensure adequate security coverage; lead count procedures; oversee the custody, supervision and control of secure care youth; manage frontline security staff; assist in controlling youth movement; assist in directing the use and issuance of keys, locks, and security equipment.

**“Positive” Results** - Results at or above the concentration cutoff levels previously established by the Substance Abuse and Mental Health Services Administration (“SAMHSA”), in a publication entitled “Mandatory Guidelines for Federal Workplace Drug Testing Programs” located in the Federal Register.

**Probable Cause** - Articulate knowledge supported by reasonable suspicion that a youth is under the influence of an illegal substance and/or that the youth is hiding contraband or drugs. Probable cause exists when facts and circumstances within the employee's knowledge and about which he has reasonable, trustworthy information are sufficient to support a reasonable belief that a youth is under the influence of an illegal substance and/or that the youth is hiding contraband or drugs.

**Reasonable Suspicion** - Suspicion supported by information (facts, tips and circumstances) which leads an employee of ordinary caution to believe that a youth is under the influence of an illegal substance and/or that the youth is hiding contraband or drugs. In determining reasonable suspicion an employee must consider the nature and reliability of the information in addition to facts contributing to or mitigating against it. If reasonable suspicion is based on information provided by another person the employee must also consider the degree of corroboration of the information.

**Random Drug Test** - A drug test performed monthly on a minimum of 15% of the youth population at a secure care facility.

***Routine*** - Normal activity that is within the scope of established day to day procedures.

***Testing Instruments*** - Approved testing devices which include, but are not limited to, a urine “tox-cup” or saliva swab.

**V. POLICY:**

It is the Deputy Secretary’s policy that the use of illegal substances and alcohol by youth presents a serious threat to youth health, public safety and the security of a facility. Drug/alcohol testing of youth is an effective means by which to detect the use of illegal drugs or alcohol. Youth Services (YS) is committed to providing an effective substance use testing program to protect the youth and staff, and providing graduated sanctions and appropriate treatment options. A positive test shall be responded to with appropriate sanctions and/or treatment/intervention.

Furthermore, it is the responsibility of YS to ensure that testing devices are approved by the Deputy Secretary/designee.

**VI. PROCEDURES FOR SECURE CARE YOUTH:**

**A. General**

Specimens for drug and alcohol testing shall be collected by CHP staff who has received the appropriate training in drug testing, devices and procedures. Testing devices for secure care youth shall require the approval of both the Deputy Secretary/designee and the CHP. An adequate supply of testing devices shall be maintained for the CHP, who shall provide proper storage and quality control for the devices, and train its staff in the use of the devices.

The CHP shall also provide training for male JJS staff in order that they may serve as witnesses to specimen collection when necessary, as described in D.2 below.

**B. Testing**

When YS staff identify a youth or group of youths whom staff has reasonable suspicion should be drug/alcohol tested, a ‘Request for Drug/Alcohol Test’ form shall be completed [see Attachment C.2.7 (a)]. The form shall then be immediately submitted to the Operations Shift Supervisor (OSS), who shall seek approval from the Facility Director/designee for the test to be administered. In the absence of the OSS, the requesting employee shall submit the form to the Facility Director for his approval.

The Facility Director may give verbal approval for drug/alcohol testing, but the Facility Director must sign the “Request for Drug/Alcohol Test” form upon submission from the OSS or an employee.

The “Request for Drug/Alcohol Test” form shall be maintained in the youth’s Master Record as further described in this policy.

Drug and alcohol testing is by urinalysis.

Upon approval, a youth shall be ordered to submit a urine specimen randomly or based upon reasonable suspicion as follows:

#### Random Monthly Testing

1. Every Month, on the first of the month, lists of 15% of the general population currently at each of the Office of Juvenile Justice secure facility will be pulled from Continuous Quality Improvement Service’s Data Warehouse and sent to each secure Facility Director or designee.
2. The Facility Director or designee at each secure facility will have three business days from the receipt of the monthly list of youth to conduct urine drug screens as described below in part D for each youth.

#### Reasonable Suspicion

1. When staff has a reasonable suspicion that a youth is under the influence of drugs;
2. When there is some indication of alcohol use;
3. When a youth is found to be in possession of suspected illegal drugs or alcohol, or when suspected illegal drugs or alcohol are detected or found in the youth’s area of immediate control (refer to YS Policy No. B.5.1);
4. When a youth is observed to be in possession of or using what appears to be illegal drugs or alcohol, but staff are unable to locate the substance in question;
5. When a youth or several youth assigned to a housing unit test positive, the remaining youth in the dorm shall be tested; unit staff shall also be tested at that time pursuant to YS Policy No. A.2.7.
6. Pursuant to an ongoing investigation involving the possession/use of alcohol or drugs, the Director of IS may recommend testing.

#### Off Campus

1. When a youth returns from any unescorted off-campus activity, including furloughs and escapes, the youth shall be drug and alcohol tested;

2. Youth returning from an escorted off-campus activity may be required to submit to drug and/or alcohol testing;

**C. Refusal of the test**

If a youth refuses to be tested or refuses to submit a specimen, the youth shall be informed that such refusal shall be deemed a positive reading, and result in a Code of Conduct Violation for Contraband being lodged against the youth.

**D. Urine specimen collection**

1. The youth shall be escorted to the facility's infirmary. The JJS escorting the youth must remain with the youth throughout the testing and fill out the pertinent sections of the "Request for Drug/Alcohol Test" form.
2. Specimen collection shall be witnessed by OJJ staff of the same gender as the youth to ensure that the youth submits a valid unadulterated urine sample. If no CHP staff of the same gender are on duty at the time of the specimen collection, a trained OJJ staff shall function as the witness to the collection and complete applicable information on the "Request for Drug/Alcohol Test" form.
3. If the youth does not provide a urine sample immediately, he shall be detained for up to three (3) hours until he is able to provide a sample. If he does not provide a sample within three (3) hours, this shall be considered a refusal to submit a sample. A refusal shall be deemed a positive reading and the youth shall be charged with a Code of Conduct Violation for Contraband.

The youth's refusal or inability to comply shall also be documented by staff on an Unusual Occurrence Report (UOR).

4. When the testing is complete, the escorting staff shall deliver the completed "Request for Drug/Alcohol Test" form to the Facility Director, who shall ensure a copy is provided to the youth's Case Manager.

**E. Urine specimen collection of LGBTIQ or Gender Nonconforming Youth**

When a staff member is required to watch a LGBTIQ or gender nonconforming youth submit a urine sample for a drug test, the youth confirmed as transgender may request that either a male or female staff member observe the drug test.

Pursuant to YS Policy No B.2.20, this request shall be documented on the "Statement of Search" and/or "Drug/Alcohol Screen Preference Form" [refer to Attachment B.2.20 (b)]. Appropriate staff shall be notified of this fact. The form shall be maintained in the youth's Master Record under Clip IV.

**F. Positive Results**

**1. Drugs/Alcohol:**

A positive result on the urine screen shall require medical staff to perform a confirmatory test by utilizing the same urine same in a different "tox cup". Results are forwarded to the facility director/designee. If the results remain positive, a repeat urine screen using a new sample may be conducted only at the request of the facility director/designee. The Health Service Director(HSD) recommends that a repeat urine screen/test be performed within 4-6 hours of the initial test. If the repeat screen is negative, only the Facility Director/designee or the HSD has the authority to void the initial test. When the repeat screen is complete, the escorting staff shall deliver the results to the Facility Director, who shall ensure a copy is provided to the youth's Case Manager. Positive results shall also be provided to the facility IS office.

**G. Use of results**

1. A positive drug or alcohol screen result may be used as evidence of the use of alcohol or the drug for purposes of a Youth Code of Conduct Violation.
2. Drug testing activities shall be reported and maintained monthly on the "Youth Drug/Alcohol Testing Report" [see Attachment C.2.7 (b)] by the CHP. The report shall reflect urine screens conducted (random and probable cause) with breakdown totals indicating the following:
  - a. Number of tests conducted,
  - b. Number of positives,
  - c. Percentage of positives,
  - d. Type of drug detected, and
  - e. Number of negatives.
3. The youth's Case Manager shall report the results of positive drug/alcohol tests or a refusal to the committing court through the Quarterly Progress Report to the Court.
4. When a Case Manager receives a drug/alcohol test yielding a positive result or a refusal, the Case Manager shall immediately counsel the youth regarding his substance use. If the youth reveals information to the Case Manager regarding the source of the illegal substance, the Case Manager shall report that information to IS by immediately completing a UOR and/or contacting the Employee Hotline @ 1-800-626-1430.

H. Consequences:

1. Pursuant to YS Policy No. B.5.1, when a youth is found guilty of a violation of "Contraband", the youth shall be disciplined.
2. A youth who tests positive for or refuses to test for drug or alcohol use may be recommended for participation in an appropriate substance use program. Such youth shall also be tested monthly for a minimum of three (3) months following the positive test result or the refusal.
3. Restitution may be obtained from the youth after a finding of guilt by the Code of Conduct Committee.

**VII. PROCEDURES FOR YOUTH UNDER THE SUPERVISION OF COMMUNITY BASED SERVICES (CBS):**

A. Testing:

Tests shall be administered by CBS staff who have received instruction/training in the use of the approved testing instrument(s). All youth who are to be screened are to have a Drug Screen Referral Form filled out by [see Attachment C.2.7 (c)] at the time of collection of the specimen. If the parent or youth refuse to sign, please state that on the form and document the refusal in a JETS case narrative. The form should be filed in Section IV of the casefile. Specimen collection shall be witnessed by staff of the same gender as the youth. CBS staff shall take all safety precautions when administering drug tests, including wearing latex gloves.

Used screening kits, specimen cups and gloves shall be placed in a sealed bag and disposed of properly.

B. Frequency:

All youth shall receive a drug screen as follows:

1. Within the first 30 days of being placed in custody;
2. As ordered by the court;
3. When there is reasonable suspicion that a youth is using to include the youth's SAVRY Substance-Use Difficulties risk factor is Moderate or High or;
4. 45 days following a positive drug screen or admittance of use.

Youth in YS custody who are placed in a non-secure facility are subject to drug screens as stated in the Standard Operating Procedures for Contract Providers, Section 5.5.

Youth assigned to Drug Court or enrolled in a similar program that conducts drug screens do not require additional screenings by the Probation and Parole Officer/Juvenile (PPO/J).

C. Results and Sanctions:

All incidents of positive test results shall be met with a treatment recommendation and/or an appropriate sanction, which may be a referral to an addictive disorder clinic or clinician for evaluation.

Negative test results should be reinforced with positive feedback.

D. Documentation:

Drug screens administered shall be documented in the youth's JETS record as a Case Narrative - Significant Event - Drug Screen - Positive or Drug Screen – Negative by the PPO/J.

**VIII. STAFF DEVELOPMENT:**

A. Secure Care

1. Documented training as recommended by the manufacturer of the testing devices to be used for CHP staff shall be available for review by YS.
2. Documented training for male JJS staff who may serve as witnesses to specimen collection shall be provided by the CHP and documented in TREC or LEO by the facility's Staff Development Training Specialist staff.

B. Community Based Services

Staff responsible for drug/alcohol testing and monitoring shall receive appropriate training on the use of the approved testing instrument and signs and symptoms of drug use on an annual basis. Training shall be documented in TREC or LEO by designated unit staff.

**IX. QUALITY ASSURANCE:**

- A. Pursuant to YS Policy No.C.5.1, the YS Health Services Director shall provide Continuous Quality Improvement Services (CQIS) with the CHP's Monthly Statistical Report by the 10<sup>th</sup> working day of the month, for the prior month's activity.

**Previous Regulation/Policy Number:** C.2.7

**Previous Effective Date:** 09/30/2021

**Attachments/References:** C.2.7 (a) Secure Care Request for Drug Alcohol Test September 2020.docx  
C.2.7 (b) Secure Care Youth Drug Alcohol Testing Report September 2022.docx  
C.2.7 (c) Drug Screen Referral Form September 2020



**SECURE CARE  
REQUEST FOR DRUG/ALCOHOL TEST**

The JJS who escorted the youth to the infirmary must take a copy of this completed form to the youth's case manager before the end of the JJS's shift. The case manager shall maintain this form in the youth's master record.

Youth's Name \_\_\_\_\_ JETS# \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Request made by: \_\_\_\_\_  
(Name of YS staff who thinks this test is necessary) (Date and Time)

Reason(s) for this request: \_\_\_\_\_  
\_\_\_\_\_

Operations Shift Supervisor receiving request: \_\_\_\_\_  
(OSS signature) (Date and Time)

Test approved by radio/phone: \_\_\_\_\_  
(Signature of person receiving the approval) (Date and Time)

Test approved in person: \_\_\_\_\_  
(Signature of Director) (Date and Time)  
(Note: If approved over phone or radio, Director must sign and date here to confirm the verbal authorization.)

Time youth entered infirmary: \_\_\_\_\_

Sample obtained by/date and time: \_\_\_\_\_  
(WP Employee) (Date and Time)

Sample witnessed by/date and time: \_\_\_\_\_  
(WP Employee or JJS Employee) (Date and Time)

Test 1 (Preliminary Test) Results:  Negative  Positive (Note: If Test 1 is positive perform Test 2.)

Test 2 (Confirmatory Test) Results:  Negative  Positive

IF POSITIVE DRUG SCREEN, a repeat urine screen may be conducted as requested by the facility Director. The test should be conducted 4-6 hours from the initial urine drug screen.

IF POSITIVE ALCOHOL SCREEN: no further test shall be given.

\_\_\_\_\_  
(Signature of CHP employee conducting test(s)) (Date and Time)

\_\_\_\_\_  
(Printed name of CHP employee conducting the tests(s)) (Date and Time)

**REFUSAL:** A youth may refuse a drug or alcohol test by stating that they refuse to take the test or, by not providing a urine specimen within three (3) hours of their arrival at the infirmary.

Youth refused test:  refused  refused to provide a urine sample

Youth's signature: \_\_\_\_\_  
(Date and Time)

Staff witness signature: \_\_\_\_\_  
(Date and Time)

Staff witness signature: \_\_\_\_\_  
(Date and Time)

Original to Facility Director  
Copy to Case Manager, Youth's Master Record, and Code of Conduct Officer





## Drug Screen Referral Form

NAME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ SUBJECT REFUSED TO PRODUCE A URINE SAMPLE.

SUBJECT ADMITS / DENIES USING ANY ILLEGAL DRUGS DURING THE LAST 30 DAYS. IF ADMISSION IS MADE, EXPLAIN? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

TEST(S) PERFORMED: \_\_\_\_\_

RESULTS: Temp \_\_\_\_\_ ° \_\_\_\_\_

SUBJECT INFORMED OF RESULTS: \_\_\_\_\_

1. In the last 30 days, have you had any Marijuana, Cocaine or other illegal drugs in your system? (If yes, please list the drug and how long it has been since taking.)

\_\_\_\_\_  
\_\_\_\_\_

2. Are you presently taking any medication(s)? (This includes prescription or over the counter) (Please indicate the answer below. If yes, please list the drug and how long it has been since taking.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUBJECT'S SIGNATURE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
SCREENER'S SIGNATURE