

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

**Date of Issue: 4/19/17**

**Section Number 612**

**Date Revised:**

### **Policy 612 – Laboratory Services**

#### **I. DRUG SCREENS**

All patients in the SHCMHC OBMAT program shall undergo at least monthly drug testing. Random drug testing of all patients shall be conducted during the course of treatment as required in the OBMAT rule.

#### **II. COLLECTION AND TESTING**

The SHCMHC OBMAT program may contract with a laboratory services provider who will work carefully with toxicology testing kits or federally certified laboratories to ensure valid, appropriate results of toxicological screens.

The SHCMHC OBMAT program will obtain medication blood levels when clinically indicated or through random or monthly drug testing of all patients.

Urine drug screening and other adequately tested toxicological procedures shall be used as an aid in monitoring and evaluating a patient's progress in treatment.

Drug screening policies and procedures shall be determined on an individualized basis for each patient, subject to the following requirements:

- A patient receiving medication-assisted treatment medication maintenance services must have at least one random drug screen per month during the first year of treatment and random drug screens quarterly thereafter.
- A patient undergoing medically-supervised or other types of withdrawal may be required to have more frequent collection and analysis of samples.

When using urine as a screening mechanism, the SHCMHC OBMAT program shall develop and implement policies and procedures which may include observed testing to minimize the chance of patient adulterating or substituting another individual's urine.

The SHCMHC OBMAT program shall develop and implement policies and procedures to minimize misidentification of urine specimens and to ensure that the tested specimens can be traced to the donor patient.

### III. SCREENING POLICY

If unable to provide a specimen, the person may not leave the premises. Water will be provided by the SHCMHC OBMAT program. Failure to produce a specimen within a two (2) hour time frame will be considered a refusal. Once a specimen is provided, the nurse or designee will walk to the laboratory with the consumer to personally deliver the specimen. The nurse or designee will stay with the consumer until the specimen has been delivered, sealed, and initialed by the consumer verifying the ownership of that particular specimen.

Drug screenings shall include toxicological analysis for drugs of abuse, including, but not limited to:

- Buprenorphine, including in ratio to Norbuprenorphine, if clinically indicated.
- Opiates including oxycodone at common levels of dosing.
- Methadone, medication-assisted treatment medications or any other medication used by the program as an intervention for that patient.
- Benzodiazepines
- Cocaine, including its metabolites, if clinically indicated.
- Meth-amphetamine/amphetamines.
- Tetrahydrocannabinol, delta-9-tetrahydrocannabinol, dronabinol, including its metabolites, if clinically indicated, or other similar substances.
- Other drugs or substances as determined by community standards, regional variation or clinical indication, such as carisoprodol or barbiturates.
- Collection and testing shall be done in a manner that assures a method of confirmation for positive results and documents the chain of custody of the collection.

When necessary and appropriate, breathalyzers or other testing equipment may be used to screen for possible alcohol abuse.

The SHCMHC OBMAT program shall document both the results of toxicological tests and the follow-up therapeutic action taken in the patient record.

The SHCMHC OBMAT program shall ensure that program physicians demonstrate competence in the interpretation of “false negative” and “false positive” laboratory results as they relate to physiological issues, differences among laboratories and factors that impact the absorption, metabolism and elimination of opiates.

The program physician shall thoroughly evaluate a positive toxicological screen for any potentially illicit substance such as benzodiazepines, carisoprodol, barbiturates and amphetamines. The SHCMHC OBMAT program shall verify with appropriate releases of information that:

- The patient has been prescribed these medications by a licensed physician for a legitimate medical purpose.
- The prescribing physician is aware that the patient is enrolled in an OBMAT program.

If a patient refuses the release of information to contact his or her physician but can produce prescriptions or other evidence of a legitimate prescription, such as current medication bottles that are fully labeled, the interdisciplinary team shall consider the patient's individual situation and the possibility that he or she may be dismissed from the care of his or her physician if the physician discovers that the patient is in an OBMAT program. The program physician shall make the ultimate decision as to the patient's continuing care in the program and the circumstances of that care.

The SHCMHC OBMAT program may administer any additional drug tests as deemed necessary.

#### **IV. PREGNANCY TESTS**

All women of child bearing age will receive monthly pregnancy tests.

#### **V. TEST RESULTS**

Each positive drug test result for un-prescribed medications in the SHCMHC OBMAT program shall result in a re-evaluation of the patient's treatment plan and additional counseling as clinically indicated.

Positive screens for tetrahydrocannabinol, delta-9-tetrahydrocannabinol, dronabinol or similar substances shall be both carefully and clinically evaluated. Testing positive solely for any illicit drug shall not serve as a basis for discharge from the SHCMHC OBMAT program. The SHCMHC OBMAT program will develop policies and practices based on sound clinical judgment and individualized for each particular patient.

Absence of medication-assisted treatment medication prescribed by the program for the patient is evidence of possible medication diversion. Whenever there is evidence of possible medication-assisted treatment medication diversion, the patient shall be re-evaluated by the program physician at the SHCMHC OBMAT program and the treatment plan shall be adjusted accordingly.

Special precautions will be taken when a patient has both sedatives and buprenorphine in his or her urine. This requires immediate discussion with the patient about the dangers and shall be noted in the patient's record.