



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 841.5

Substance Use Testing and Treatment Services

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in May 2024 and determined that no changes are needed.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Alcohol - The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Case Plan - A dynamic document used to guide the probationer's/parolee's progress in achieving their goals and treatment needs during supervision based on assessments of the probationer's/parolee's criminogenic factors; it is a mutually agreed contract between the probationer/parolee and supervising staff that outlines the requirements while on supervision, identifies probationer/parolee goals, outlines the activities necessary to achieve those goals, and sets time frames for completion. The P&P Officer's surveillance, verification, referral, and monitoring responsibilities are defined in conjunction with each probationer/parolee goal.

Chain of Custody (COC) - The ability to guarantee the identity and integrity of a specimen is correctly matched to the person who provided the specimen, from the point of collection through the reporting of test results, including but not limited to collection, handling, storage, transportation, and testing of the specimen and dissemination of test results.

Cognitive Therapeutic Community (CTC) - A structured, residential substance use disorder treatment program that incorporates cognitive and behavioral programming to aid in the recovery from alcohol and other drug addictions.

Collecting Officer - Any Corrections Officer participating in the collection of a specimen as documented on the chain of custody form.

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, Establishment of community corrections alternative program, supervision upon completion.

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) - The DOC approved risk/needs assessment, which consists of different versions for community corrections and institutions. COMPAS-R Community Corrections is a support system for supervision and case-management decisions, a database used in combination with VACORIS, a tool that assesses two critical risks, violence and recidivism, risk, and a tool for determining the criminogenic needs that are used to develop case plans and set programming.

Drug - A chemical or substance, such as a narcotic or hallucinogen that affects the central nervous system and can cause changes in behavior and possibly addiction.

Drug Test - A single test or panel of tests used to identify the presence of drugs, or their metabolites, in human urine or saliva.

Drug Testing Contract Administrator - The person appointed by the executive staff to be the DOC alcohol and other drug testing coordinator and oversee contracts for substance use testing.

Follow-up Random Testing - Testing after the initial/full test focused on the probationer's/parolee's alcohol or other drug of choice, not to exceed three substances per test.

Gas Chromatograph/Mass Spectrophotometer (GC/MS), Liquid Chromatograph/Mass Spectrophotometer (LC/MS) - Testing methods that separate the drug or drug metabolite from the specimen for examination on the molecular level to reveal a pattern that is unique to the particular drug in question to the exclusion of any other substance.

Handheld Testing Device - A portable substance use testing device, such as a test slide, requiring no calibration or formal instrumentation.

Initial/Full Test - A multiple substance test for at least three substances to include alcohol and other drugs.

Inmate - A person who is incarcerated in a Virginia Department of Corrections facility or who is Virginia Department of Corrections responsible to serve a state sentence.

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female; intersex medical conditions are sometimes referred to as disorders of sex development.



Medical Practitioner - A Physician, Nurse Practitioner, or Physician's Assistant.

Mental Health Clinician - An individual with at least a master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

Negative Result - A test result indicating that alcohol, other drugs, or a metabolite was not detected at or above the cut-off level.

Positive Result - A test result indicating that alcohol, other drugs, or a metabolite was detected at or above the cut-off level.

Probationer/Parolee - A person who is on community supervision as the result of the commission of a criminal offense and released to the community under the jurisdiction of courts, paroling authorities, the Virginia Department of Corrections, or other release authority; this includes post release supervision and Community Corrections Alternative Programs.

Random Testing - A process of selecting individual inmates and CCAP probationers/parolees for testing that reduces predictability; provides an equal probability that any inmate or CCAP probationer/parolee from a group will be selected; and does not allow staff the discretion to waive the testing of any inmate or CCAP probationer/parolee selected under the process.

Re-entry Case Plan - A case plan that outlines short term and long term program needs based on an assessment of the inmate's individual criminogenic factor.

Repeat Test - A second test, utilizing the same testing methodology that detected a positive result from an initial specimen.

Specimen - The amount of urine taken from an inmate or probationer/parolee sufficient to perform an alcohol or other drug test.

Staff - A Department of Corrections employee or contracted employee who is authorized to perform alcohol and other drug testing on an inmate or probationer/parolee.

Testing Coordinator - The staff Member designated by the Facility Unit Head or Chief P&P Officer to coordinate and oversee alcohol and other drug testing for the unit.

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Universal Precautions - An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other blood borne pathogens.

Voluntary Admission - An inmate's and probationer's/parolee's self-declaration to substance use prior to alcohol or drug testing or confirmation.

Voluntary Substance Use Disorder Treatment (V-SUDT) - A voluntary substance use disorder program for inmates who used or possessed alcohol or drugs for their own use within 30-days prior to the request for admission.

Women's Risk/Needs Assessment (WRNA) - The risk/needs assessment tool sanctioned by DOC for institutions and community corrections that includes gender-neutral risk/needs information, but also is inclusive of gender-specific factors such as mental health, child/adult abuse and/or victimization, relationship dysfunction, parental stress, and housing safety. Areas of strength such as self-efficacy, parental involvement, family support, and education are also assessed. The WRNA is used to develop gender-responsive case plans and identify programming needs designed to reduce recidivism of female inmates/probationers/parolees.

PURPOSE

This operating procedure establishes guidelines for conducting inmate and probationer/parolee alcohol and other drug testing and for imposing appropriate sanctions and treatment interventions for inmates and probationers/parolees who test positive for or have documented substance use disorder.

PROCEDURE

- I. Substance Use Assessment and Case Planning (5-ACI-6A-23; 4-ACRS-5A-08)
 - A. Staff will identify inmates and probationers/parolees who have substance use disorders using the *Correctional Offender Management Profiling for Alternative Sanctions* (COMPAS) or the *Women's Risk/Needs Assessment* (WRNA), as appropriate. (5-ACI-6A-42)
 1. Staff must complete the COMPAS or the WRNA:
 - a. Within 60 days of an inmate's transfer date into a Reception Center or other DOC institution for intake from a jail or other non-DOC facility; see Operating Procedure 820.1, *Inmate Case Management*.
 - b. Prior to admission, or if not completed, within seven days of the probationer's/parolee's admission to a CCAP; see Operating Procedure 940.4, *Community Corrections Alternative Program*
 - c. Within the first 45 calendar days of the probationer's/parolee's initial placement on community supervision; see Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*.
 2. Staff should use the COMPAS or WRNA assessment to guide the development of *Re-entry Case Plans* and community *Case Plans* as it relates to the inmate's or probationer's/parolee's substance use risk and treatment needs. (5-ACI-6A-42)
 - B. When indicated by the COMPAS or WRNA assessment, inmates and CCAP probationers/parolees should undergo further clinical assessment by a multidisciplinary clinical team that includes medical, mental health, and substance use disorder professionals. (5-ACI-6A-42)
 1. Staff should use the clinical assessment as the basis for the development of an individual substance use disorder treatment plan.
 2. Staff should incorporate the individual substance use disorder treatment plan into the *Re-entry Case Plan* or community *Case Plan*, as appropriate.
 3. Staff should include appropriate referrals to treatment resources such as a therapeutic community and prerelease relapse-prevention education, including risk management in the *Re-entry Case Plan* or community *Case Plan*.
 - C. Staff will provide information, education, and appropriate treatment to inmates and CCAP probationers/parolees with substance use disorders and will involve them in developing after care discharge plans as indicated. (5-ACI-6A-42; 4-ACRS-5A-08[I])
- II. Substance Use Testing Requirements
 - A. Designated facility staff and P&P Officers are responsible for conducting substance use testing in accordance with the guidance provided in this operating procedure on: (4-ACRS-5A-09; 4-APPFS-2D-04)
 1. Collecting, processing, and disposing of samples
 2. Interpreting results
 3. Responding to violations
 4. Preserving evidence and the chain-of-custody
 5. Observing transgender and intersex inmates and probationers/parolees



- B. In addition to the minimum testing requirements established for the security management of institutions, CCAPs, and P&P Offices the frequency of substance use testing and the substances tested is dependent upon the inmate's or probationer's/parolee's: (5-ACI-6A-42)
1. History of substance use.
 2. Results of a risk/needs assessment.
 3. Current substance use program assignments.
 4. Recent substance use.
- C. Designated staff should conduct a test for substance use on inmates and probationers/parolees within 24 hours anytime naloxone is administered, or an overdose is suspected.
1. When an inmate or probationer/parolee is transported to the hospital, staff should request the admitting hospital conduct a test for substance use and follow-up with the hospital for the test results.
 2. Staff should document the results of the test as an addendum to the *Incident Report*; see Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
- D. Substance Use Testing at Institutions (5-ACI-6A-23; 4-ACRS-5A-08[I])
1. Facility Unit Heads, at their discretion, may authorize inmate substance use testing in addition to the minimum testing requirements to ensure safe and secure institutional operations. Inmates are tested:
 - a. Upon intake for inmates newly received into the DOC from a jail or other non-DOC facility.
 - i. Newly received inmates will not be subject to a disciplinary offense for a positive test.
 - ii. Staff should notify the jail or non-DOC facility of the inmate's positive test results.
 - b. Upon an inmate's arrival at an institution due to transfer. When an inmate tests positive for substance use, the Testing Coordinator at the receiving institution must notify the sending institution so an investigation can be conducted.
 - c. At least 10 days prior to an inmate's discharge to community supervision. When an inmate tests positive for substance use, the Testing Coordinator must notify the inmate's P&P Officer and an investigation should be conducted.
 - d. When there is reasonable belief, the inmate may be under the influence of alcohol, illicit drugs, marijuana, or tobacco. Reasonable belief includes but is not limited to:
 - i. The odor of alcohol, marijuana, or tobacco on the breath; erratic behavior; incoherent, staggering, or disoriented demeanor; fresh needle marks; slurred speech; glassy eyes; dilated pupils; or previous history of substance use.
 - ii. Factors that cause suspicion, such as an alcohol, illicit drug, marijuana, tobacco, or related contraband found on, about, or around an inmate or the inmate's personal property.
 - iii. Credible information the inmate may be using alcohol, illicit drugs, marijuana, or tobacco.
 - e. In accordance with the *Random Testing Requirements* below:
 - i. Five percent of the overall inmate population will be tested per month.
 - (a) VACORIS automatically schedules a random test for each institution on the 28th of each month.
 - (b) Staff may collect specimens on that day or reschedule that test to any date in that same month.
 - ii. Ten percent of inmates assigned to work outside the security perimeter will be tested per month.
 - iii. Five percent of residential substance use disorder treatment programs such as CTCs will be tested per month.
 2. Increased Testing Levels (5-ACI-5E-11)
 - a. The Facility Unit Head or designee should increase testing levels for substance use as needed to maintain the integrity of a substance use disorder program and the substance free status of program participants.

- i. The residential substance use disorder treatment program supervisor should confer with the Facility Unit Head and Testing Coordinator to ensure staff conduct program related testing.
 - ii. At the discretion of the Facility Unit Head or designee additional substance use testing may occur as a part of non-residential substance use disorder treatment programs.
 - b. Inmates convicted of a 145a-c will be tested minimally once per week, on random days, for at least a 90-day period to ensure abstinence.
 - c. Inmates convicted of disciplinary offense code 122a-f or offense codes 198 a/b/c-122 a/b/c/d/e/f will be tested at least twice per month for one year after their last conviction.
 3. Facility Unit Heads should regularly review testing results to adjust, if needed, the frequency and types of substances tested.
- E. Substance Use Testing at CCAP Facilities (4-ACRS-5A-08[CC])
1. CCAP probationers/parolees will receive an initial/full test upon entry into the CCAP.
 2. All CCAP probationers/parolees will have a follow-up random test each month thereafter until their termination from the program.
 3. At least 10 percent of all CCAP probationers/parolees assigned to community employment will have an additional test for substance use monthly.
 4. All CCAP probationers/parolees will be tested at least 10 days prior to graduation from a CCAP. When a probationer/parolee tests positive for substance use, the Testing Coordinator must notify the probationer's/parolee's P&P Officer and referring P&P District staff.
- F. Substance Use Testing on Community Supervision (4-APPFS-2D-04)
1. P&P Officers will conduct an initial/full test on each probationer/parolee at case opening; see Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*.
 - a. After the initial/full test is conducted at case opening, follow-up random testing should focus on the probationer's/parolee's identified substances of choice.
 - b. P&P Officers will test up to a maximum of three substances; the combination of substances tested is at the discretion of the P&P Officer.
 - c. The Chief P&P Officer, when warranted for reasonable suspicion of substance use, may authorize staff to test more than three substances on a case-by-case basis.
 - d. P&P Officers should only test for multiple substances when the probationer/parolee is suspected of poly-substance use or in the case of a change in their substance of choice.
 2. P&P Officers will determine the frequency of additional testing based on suspected substance use; instances where probationers/parolees may be required to submit to additional testing include, but are not limited to the following:
 - a. During the pre-sentence investigation by the Court.
 - b. When imposed as a special condition of probation, parole, or post-release supervision.
 - c. When staff observation of a probationer's/parolee's physical symptoms cause suspicion of alcohol, illicit drug, or marijuana use.
 - d. When a probationer/parolee is arrested for a new offense that may be related to substance use.
 - e. When a probationer/parolee admits to using alcohol, illicit drugs, or marijuana, or to being under the influence of alcohol, illicit drugs, or marijuana.
 - f. When illicit drugs or marijuana have been discovered in an area controlled, occupied, or inhabited by a probationer/parolee.
 - g. When a probationer/parolee is undergoing outpatient substance use disorder treatment in a program where substance use testing is not administered.
 - h. When a probationer/parolee has a history of substance use.

G. Staff Approved to Conduct Testing

1. The Facility Unit Head and Chief P&P Officer will determine which staff positions are responsible for substance use testing.
2. The Facility Unit Head and Chief P&P Officer will designate a staff member as the unit's Testing Coordinator responsible for ensuring testing levels are maintained and, when required, random test measures are used.
3. The Facility Unit Head, Chief P&P Officer, or the unit's Testing Coordinator will ensure that all staff involved in substance use testing are properly trained in specimen collection and testing procedures.

III. Approved Testing Methods (4-ACRS-5A-08)**A. Methods of Testing**

1. Substance use testing through the Virginia Department of General Services, Division of Consolidated Laboratory Services (DCLS), handheld testing using a device purchased from Virginia Correctional Enterprises (VCE), and handheld alcohol detection devices purchased through the current state contract are the only methods of substance use testing allowed.
 - a. Substances available for testing under the DCLS Memorandum of Agreement include:
 - i. Amphetamines
 - ii. Barbiturates
 - iii. Benzodiazepine
 - iv. Buprenorphine (Suboxone)
 - v. Cocaine Metabolites
 - vi. Cannabinoids
 - vii. ETG Alcohol
 - viii. LSD
 - ix. Methadone
 - x. Opiates
 - xi. Oxycodone
 - xii. Phencyclidine
 - xiii. Validity Testing (Creatinine/Specific Gravity)
 - b. Substances available for testing using VCE handheld testing devices include:
 - i. Acetylmorphine (6am-Heroin)
 - ii. Amphetamines
 - iii. Bath Salts
 - iv. Barbiturates
 - v. Benzodiazepine
 - vi. Buprenorphine (Suboxone)
 - vii. Cocaine Metabolites
 - viii. Cannabinoids
 - ix. Cotinine (Nicotine metabolites)
 - x. Ecstasy
 - xi. ETG Alcohol
 - xii. Fentanyl
 - xiii. K-2/K-3 Spice (Synthetic Marijuana)
 - xiv. Methadone
 - xv. Methamphetamines
 - xvi. Opiates
 - xvii. Phencyclidine
 - xviii. Tramadol



- xix. Zolphidem
- xx. Validity Testing (Creatinine/Specific Gravity)

2. Staff can only use a handheld alcohol detection device to test a probationer/parolee for alcohol use.
3. The DOC contract will control the sensitivity level of testing services and handheld devices provided by the vendor.
4. Staff must strictly adhere to the manufacturer's instructions for all testing devices.
5. Staff, when applicable, must complete the manufacturer's on-line training for testing devices prior to use.

B. Use of Handheld Testing Devices

1. Staff trained in administering and reading the handheld testing device only are allowed to conduct the test. Staff conducting the test must document the test and the results of the test in VACORIS.
2. Staff can only use a handheld testing device on an inmate when:
 - a. The staff member detects the odor of alcohol on the breath; erratic behavior; incoherent, staggering, or disoriented demeanor; fresh needle marks; slurred speech; glassy eyes; dilated pupils, etc.
 - b. The inmate is on dialysis.
 - c. The inmate has other medical conditions as determined necessary by appropriate health care staff.
 - d. DCLS is unable to test for a particular substance.
3. CCAP staff and P&P Officers can only use a handheld testing device on a probationer/parolee when:
 - a. The test results are required for the immediate arrest of a probationer/parolee.
 - b. Staff are in the field i.e., Courthouse.
 - c. DCLS is unable to test for a particular substance.
4. Every time there is a positive test using a handheld device staff must conduct a repeat test with a handheld device for confirmation.
5. Staff may submit positive tests from a handheld device to DCLS for screening and confirmation testing. Staff must submit the original sample for confirmation testing.

C. Confirmation Testing

1. Gas Chromatograph/Mass Spectrophotometer (GC/MS) and Liquid Chromatograph/Mass Spectrophotometer (LC/MS) laboratory confirmation is strictly limited to criminal prosecution or probationer/parolee revocation proceedings as required by the Court or Parole Board.
 - a. The Drug Testing Contract Administrator must approve all confirmation testing for any other reason except criminal prosecution and revocation proceedings.
 - b. An inmate or probationer/parolee cannot request a confirmation test be conducted.
2. The Facility Unit Head or Chief P&P Officer or designee will order GC/MS or LC/MS confirmation testing in VACORIS.
3. DCLS staff conducts the confirmation test on the original specimen stored in their laboratory.

IV. Specimen Collection

- A. A staff member of the same gender or the gender indicated on an approved *Strip Search Deviation Request* 810_F2 or *P&P Urine Test Observation Accommodation Request* 841_F21 will observe inmates and probationers/parolees as they provide a urine specimen for substance use testing; see Operating Procedure 445.4, *Screenings and Searches of Persons* and Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*.
 1. Staff must ensure the inmate or probationer/parolee is free from observation by non-involved staff or other inmates and probationers/parolees when providing the specimen.



2. A staff member must personally observe the urine collection from a side or frontal view to reduce the possibility of substitution, dilution, or adulteration of the urine.
3. Voluntary Admission
 - a. Prior to testing, the inmate or probationer/parolee may voluntarily admit to the use of a substance by signing the *Substance Use Voluntary Admission* 841_F9.
 - b. Voluntarily admitting and signing a *Substance Use Voluntary Admission* 841_F9 does not prevent the inmate or probationer/parolee from being tested.
 - c. Staff must witness the inmate's or probationer's/parolee's signature and may use the signed *Substance Use Voluntary Admission* 841_F9 in disciplinary or violation proceedings.
- B. The staff member collecting the specimen will:
 1. Enter an electronic order in the *Drug Testing Module* of VACORIS to generate the *DCLS Chain of Custody (COC)*, when testing through DCLS; see Attachment 1, *DCLS Chain of Custody - Sample*.
 2. Indicate the specific substance(s) to be tested in the *Drug Testing Module* in VACORIS
 - a. Staff can test a maximum of three listed substances at one time and in any combination.
 - b. The Facility Unit Head, Chief P&P Officer or designee will identify the combination of substances to be tested by staff.
 - c. The Facility Unit Head, Administrative Duty Officer (ADO), or Chief P&P Officer may authorize more than three substances be tested on a case-by-case basis when warranted for reasonable suspicion of substance use.
 - d. When staff suspect the specimen has been altered, the staff member can test the specimen for adulteration or dilution.
 3. Print the *DCLS COC* on the label paper obtained through VCE.
 - a. Staff must use the *DCLS COC*; alteration and substitution of the *DCLS COC* is prohibited.
 - b. When staff use a handheld testing device, the staff member is not required to use the *DCLS COC*, bar code label, and security seal.
 4. Document in VACORIS and notify appropriate staff when an inmate or probationer/parolee fails to appear as scheduled for testing, refuses to submit to testing, or is unable to provide a specimen.
 5. Document the prescription medication(s) on the *DCLS COC* when an inmate or probationer/parolee claims they take prescription medications that could cause a false positive test result; see Attachment 1, *DCLS Chain of Custody – Sample*
 6. Label the collection cup with the inmate's or probationer's/parolee's name and DOC number using the VACORIS generated bar code label; staff should label the collection cup before the specimen is obtained for testing.
 7. Frisk search the inmate or CCAP probationer/parolee.
 - a. Staff must frisk search all inmates and CCAP probationers/parolees immediately prior to collecting a specimen to avoid the possibility of substitution, dilution, or adulteration of the specimen.
 - b. Staff should contact the Facility Unit Head or designee for authorization to conduct a strip search if at any point during the search or observation of the inmate or CCAP probationer/parolee the staff member has reasonable cause to believe the inmate or CCAP probationer/parolee is attempting to invalidate or circumvent testing procedures; see Operating Procedure 445.4, *Screenings and Searches of Persons*.
 8. Instruct the inmate or probationer/parolee to dry the specimen cup once they produce a specimen before handing it to the Collecting Officer.
 - a. After placing the lid securely on the collection cup, staff will place the security seal across the lid of the cup.

- b. The staff member must ensure the security seal does not obscure the bar code label identifying the specimen.
 - c. All staff must wear personal protective equipment when handling urine specimens to comply with the universal precautions regarding occupational exposure to blood borne pathogens; see Operating Procedure 740.1, *Infectious Disease Control*.
9. Ensure the *Collector Certification* and *Donor Certification and Consent* sections on the *DCLS COC* are signed.
- a. If the inmate or probationer/parolee refuses to sign the *Donor Certification and Consent* section, the Collecting Officer will document their refusal by checking the box provided.
 - b. Staff must not give inmates and probationers/parolees a copy of the *DCLS COC*.
10. Seal the specimen and the *DCLS COC* in a plastic transport bag provided by the lab when testing through DCLS.
- C. If an inmate or probationer/parolee is initially unable to provide a specimen, staff will give the inmate or probationer/parolee 16 ounces of water and instruct them to stay in an area where there is no access to additional fluids for up to two hours to produce an adequate specimen volume.
- 1. If an inmate is unable to produce a useful specimen, staff will inform the inmate that failure to produce a specimen within two hours will result in disciplinary action and the inmate will be charged with offense code 122d, *Refusal to submit to drug testing*.
 - 2. In cases of a documented medical condition, staff will give the inmate or probationer/parolee 16 ounces of water and two hours to produce a specimen.
 - a. Staff may extend the timeframe based on the recommendation of appropriate health care staff.
 - b. Staff should ensure the inmate or probationer/parolee does not have possession of substances that could adulterate, dilute, or produce a false specimen and the inmate or probationer/parolee does not have access to additional fluids until the inmate or probationer/parolee is able to provide an adequate specimen.
 - c. If the inmate or probationer/parolee is unable to provide a urine sample, staff may use oral swab testing. The staff member must notify the Drug Testing Contract Administrator within one working day of each inmate and probationer/parolee tested by oral swab.
 - 3. Inmates and probationers/parolees who suffer from a medical condition or social phobia that causes an inability to provide a urine sample must have an appropriate diagnosis to receive water and extra time.
 - a. When an inmate or CCAP probationer/parolee alleges an inability to provide a urine sample, the employee will refer the inmate to medical to rule out any medical conditions.
 - b. Once a Medical Practitioner determines the inmate's inability to provide a urine sample is not due to a medical condition, a Mental Health Clinician will meet with the inmate or CCAP Probationer/Parolee to assess them for a diagnosis of social phobia.
 - c. A multidisciplinary team should convene to consider alternative ways to accommodate the inmate or CCAP probationer/parolee to feel more comfortable with providing a urine sample or implement mitigating strategies.
 - d. In institutions and CCAP facilities, the Mental Health Clinician or Health Authority should document, in VACORIS as a *Facility Note*, the inmate's or CCAP probationer's/parolee's inability to produce a urine sample.
 - i. The Mental Health Clinician or Health Authority will include a projected date as to when the inmate or CCAP probationer/parolee may again be able to provide a urine sample.
 - ii. The Mental Health Clinician or Health Authority will notify staff responsible for urine collection of the inmate's or CCAP probationer's/parolee's inability to produce a urine sample and will document the diagnosis in the Health Record.

iii. Staff must not enter an inmate's or probationer's/parolee's specific diagnosis in a VACORIS *Facility Note*.

e. In P&P Offices, the P&P Officer will document, in a VACORIS *Case Note*, the probationer's/parolee's inability to produce a urine sample and include a projected date when the probationer/parolee may again be able to provide a urine sample. Staff must not enter a probationer's/parolee's specific diagnosis in VACORIS *Case Notes* or the *Case File*.

D. When the Collecting Officer in an institution suspect the specimen has been altered, but the specimen does not test abnormal for adulteration or dilution, staff should reject the specimen and require the inmate to provide a second specimen.

1. If during the collection of the specimen, the Collecting Officer witnesses the inmate intentionally alter or tamper with the specimen, The Collecting Officer should charge the inmate with offense code 122f, *Adulteration, dilution, or substitution of specimen for the purpose of compromising the results of the drug test*.
2. The inmate should then provide a second specimen for substance testing.
3. The rejected specimen should be disposed of in a sanitary sewer system (toilet or urinal) and the container disposed of in an appropriate trash receptacle.

V. Ordering Collection Supplies

A. When testing through DCLS, the DCLS Courier Service will replenish specimen collection kits, collection cups, plastic transport bags, and security seals at the same time they return the Specimen Transport Containers to the unit.

1. Staff will contact DCLS directly at (804) 648-4480 ext. 104 for additional specimen collection kits.
2. For additional *DCLS COC* forms, contact the Drug Testing Contract Administrator
3. P&P sub-office replenished specimen collection kits are delivered to the main P&P Office.

B. For handheld testing devices, staff must purchase specimen collection cups directly from VCE.

1. The Drug Testing Contract Administrator will review and approve all orders through *eVA* for handheld testing devices.
2. No substitutions are permitted.

VI. Specimen Storage and Courier Services

A. Storage of Urine Specimens

1. The specimen can remain at room temperature or staff can refrigerate the specimen for up to a maximum of seven calendar days.
 - a. For specimens stored in either manner, DCLS must receive the specimen in time to test the specimen by the seventh day after collection.
 - b. If staff are unable to get the specimen to the lab within this timeframe, staff must store the specimen in a secured freezer.
 - c. When freezing a specimen, the staff member collecting the specimen must write the letter "F" and the date the specimen was frozen directly on the *DCLS COC*; see Attachment 2, *DCLS Chain of Custody - Sample, Frozen Specimen*.
 - d. If staff do not correctly document the specimen was frozen on the *DCLS COC*, DCLS will reject the specimen.
2. Failure to store a specimen properly will not cause a positive test result.
3. Access to specimen storage areas will be restricted to only designated staff authorized to handle urine specimens.



B. DCLS Courier Service

1. Each unit has designated date(s) for DCLS courier service pick up. The Testing Coordinator is responsible for:
 - a. Removing urine specimens from storage, placing the specimens into the DCLS specimen transport containers, securing the containers, and securing the containers in the DCLS courier service pick-up box/location.
 - b. Logging into the *ACE Client Portal*, entering, and submitting the required information to include the barcode numbers for the associated samples prior to DCLS pick up.
 - c. Timing the placement of the specimen containers in the pick-up box/location so the time out of storage before pick-up by the courier is limited.
 - d. Packing transport containers and ensuring the containers are ready for pick up when the courier arrives. The courier is not required to wait for staff to pack transport containers.
2. The DCLS Courier Service will return empty specimen transport containers on the next scheduled pick-up day.
3. Staff should contact DCLS directly at (804) 648-4480 ext. 104 to address any questions regarding transport containers or to request additional containers.

VII. Reporting Test Results

- A. DCLS staff sends the test results electronically through the *Drug Testing Module* in VACORIS. Staff are encouraged to check the *Drug Testing Module* daily and to take appropriate action based on the results.
- B. Staff conducting substance use testing with a handheld device must document the result of the test in VACORIS by entering the testing information and results into the *Drug Testing Module*.
- C. Test Results - Institutions
 1. Staff will record all positive and negative test results in VACORIS and must notify the unit's Testing Coordinator or a designated point of contact for all positive tests.
 2. Inmates testing positive for substance use are subject to disciplinary action; see Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - a. The Collecting Officer should be the Reporting Officer on the *Disciplinary Offense Report*.
 - b. The Collecting Officer is considered to have discovered the offense when they become aware of the test results and, if applicable, received guidance on whether any medication(s) prescribed to the inmate may have caused a false positive.
 - c. If the inmate claims to be taking prescription medications that could cause a false positive, the Collecting Officer will contact the Medical Department to verify the inmate's prescribed medications.
 - i. If the Medical Department or the manufacturer of the drug-testing device does not support the inmate's claim that prescribed medication(s) caused a false positive, the inmate will be charged with offense code 122c, *Under the Influence of Drugs*.
 - ii. The manufacturer is the authority for determining if a particular medication could cause a false positive. Staff should contact the Drug Testing Contract Administrator for assistance.
 3. Abnormal validity test results (Creatinine/Specific Gravity):
 - a. Staff will give inmates testing positive for dilution, because of ingesting excessive liquids, one warning without a disciplinary charge and will retest the inmate as soon as practical but at least three hours after the initial test and warning.
 - b. Inmates testing positive for dilution on any subsequent test after receiving one warning, will be charged with offense code 122f, *Adulteration, dilution, or substitution of specimen for the purpose of compromising the results of the drug test*.

- c. Inmates who are observed or are determined to have adulterated, diluted, other than by ingesting excessive liquids, or substituted a specimen for the purpose of compromising the results of the drug test should be charged with offense code 122f, *Adulteration, dilution, or substitution of specimen for the purpose of compromising the results of the drug test* on the first offense with no warning issued.
4. THC or Nicotine
 - a. Because THC and Nicotine may, in some cases of high use, stay in the body up to 30 days, inmates testing positive for THC or Nicotine should receive an initial charge, but not be recharged based on a positive test for 30 days from the date of the initial positive test.
 - b. These inmates should receive increased frequency testing and be charged if the use of other substances is found during the 30-day period.
5. Jimson Weed
 - a. When staff determine an inmate ingested Jimson Weed, the staff member should charge the inmate with offense code 122c, *Under the Influence of Drugs*, a positive drug test result is not required.
 - b. When staff find Jimson Weed in an inmate's possession, the staff member should charge the inmate with offense code 122a, *Possession of unauthorized or un-prescribed Drugs*.

VIII. Inmate or Probationer/Parolee Refusal to Provide a Specimen

A. Inmate Refusals

1. If an inmate refuses to submit to alcohol testing, staff will charge the inmate with offense code 145d, *Refusal to Submit to Alcohol Test*.
2. If an inmate refuses to submit to drug testing, staff will not give the inmate sixteen ounces of water and two hours to produce a specimen but will charge the inmate with offense code 122d, *Refusal to submit to drug testing*.
3. The staff member witnessing the inmate's refusal should act as the Reporting Officer for the *Disciplinary Offense Report*.
4. The facility should develop methods to notify the appropriate staff of sanctions and program referrals.

B. Probationer/Parolee Refusals

1. If the probationer/parolee is unable to provide a specimen, the probationer/parolee should be given 16 ounces of water and up to two hours to provide a specimen.
2. Verified medical conditions resulting in the probationer's/parolee's inability to produce a urine specimen will be handled on a case-by-case basis.
3. The P&P Officer will impose appropriate sanctions for probationers/parolees determined to be or attempting to adulterate, dilute, or substitute their specimen to avoid detection.
4. If a CCAP probationer/parolee refuses to provide a specimen, staff will impose appropriate sanctions in accordance with Operating Procedure 940.4, *Community Corrections Alternative Program*.

IX. Case Management and Special Program Issues (2-CO-4F-01)

- A. The DOC provides guidance and necessary resources to establish and maintain special services and programs for inmates and probationers/parolees with substance use disorders. (2-CO-4B-04)
- B. Any time an inmate or CCAP probationer/parolee receives a positive test for substance use, staff should notify the counselor and the counselor should adjust the *Reentry Case Plan* or *Case Plan*, as appropriate, to refer the inmate or CCAP probationer/parolee to programming that addresses addiction, dependency, or criminal thinking issues. (5-ACI-6A-23, 5-ACI-6A-42; 4-ACRS-5A-08)
- C. Substance Use Disorder Treatment Programs-Institutions (5-ACI-6A-23)



1. Programs and services for inmates with substance use disorders include monitoring and additional substance use testing at all institutions. (5-ACI-5E-11)
 2. Voluntary Substance Use Disorder Treatment (V-SUDT)
 - a. Inmates who voluntarily admit to a substance use problem or the possession of alcohol or other drugs for personal use, prior to notification of an alcohol or drug test or notification of a search and who have a minimum 12 months left on their sentence may request assignment to a V-SUDT program.
 - b. The inmate must document their voluntary admission on a *Substance Use Voluntary Admission* 841_F9 to participate in a V-SUDT program.
 - i. The *Voluntary Admission Form* must be signed, dated, and witnessed.
 - ii. The inmate's voluntary admission does not prevent the inmate from being tested for substance use.
 - iii. If the inmate requests assignment to the V-SUDT program, staff will not charge the inmate for a positive test for 30 days after the inmate's completion of the *Substance Use Voluntary Admission* 841_F9.
 - iv. The inmate will review and sign Attachment 3, *V-SUDT Program Contract*; a staff member must witness the inmate's signature on the *V-SUDT Program Contract*.
 - c. Staff will refer any inmate requesting V-SUDT program assignment to their counselor and will forward their signed *V-SUDT Program Contract*.
 - d. Within 24-hours of the inmate's voluntary admission staff must test the inmate for substance use and enter the results of the test into VACORIS.
 - e. The inmate's counselor will:
 - i. Review the *Institutional Assignment Criteria* for the receiving institution and determine if the inmate meets the criteria.
- Male Inmates
- (a) The V-SUDT program, for Security Level W, 1, & 2 male inmates, is at Indian Creek Correctional Center. Security Level W, 1, & 2 male inmates must be within 20 years or less of their Mandatory Parole Release Date (MPRD)/Good Time Release Date (GTRD) in lieu of the 6 months minimum and 36 months maximum required by the *Institutional Assignment Criteria* for assignment to ICC.
 - (b) The V-SUDT program, for Security Level 3 male inmates, is at Green Rock Correctional Center (GROC); Security Level 2 inmates at GROC will apply for GROC's V-SUDT program.
 - (c) Substance use disorder treatment for Security Level 4 and above male inmates is provided at the inmate's current institutional assignment; inmates will not be transferred for treatment.
- Female Inmates
- (d) The V-SUDT program, for Security Level W, 1 & 2 female inmates, is at Virginia Correctional Center for Women.
 - (e) Substance use disorder treatment for Security Level 3 female inmates is at Fluvanna Correctional Center for Women.
 - ii. Notify the Institutional Classification Authority (ICA) and prepare the *Institutional Classification Authority Hearing Notification* in VACORIS; see Operating Procedure 830.1, *Institution Classification Management*.
 - f. The ICA will review the inmate for transfer to the appropriate V-SUDT program, conduct an ICA hearing, and will escalate transfer recommendations in VACORIS to CCS for a final decision.
 - i. Before the ICA can recommend an inmate transfer to participate in a V-SUDT program the ICA must confirm the inmate reviewed and signed the *Substance Use Voluntary Admission* 841_F9 and Attachment 3, *V-SUDT Program Contract*.
 - ii. Staff must upload the completed *Substance Use Voluntary Admission* and *V-SUDT Program*

- Contract* as an external document to the ICA recommendation for transfer.
- iii. The ICA, when applicable, will expedite the inmate's transfer to the appropriate institution for participation in a V-SUDT program.
 - g. Inmates who voluntarily admit to alcohol or drug possession for their personal use are required to surrender the substance to investigative staff.
 - i. If the inmate requests assignment to the V-SUDT program, the inmate will not be subject to a disciplinary offense for possession.
 - ii. Staff will charge the inmate for any alcohol or drugs found in their possession after their initial surrender and request for assignment to the V-SUDT program.
 - h. For any documented overdose, positive test for substance use, or conviction for drug possession within the previous 30 calendar days, the counselor should:
 - i. Offer Security Level W - 3 male inmates and Security Level W - 2 female inmates with the opportunity to request assignment to a V-SUDT program.
 - ii. Offer Security Level 4 and above male inmates and Security Level 3 female inmates with treatment at their current institutional assignment.
 - iii. Process the inmate's request in accordance with this operating procedure if the inmate voluntarily requests assignment to the program.
 - iv. Document the inmate's refusal as a *Facility Note* in VACORIS if the inmate refuses assignment to the program.
3. Upon admission to the V-SUDT program, the inmate is required to:
- a. Complete the *National Institute on Drug Abuse (NIDA) Assist V2.0* screening and *Addiction Severity Index (ASI)*, which will guide the development of the inmate's individualized substance use disorder treatment plan.
 - b. Submit to a test for substance use and sign a participant agreement/consent to treatment.
 - c. Participate in and complete the program.
4. V-SUDT program refusals and removals
- a. Staff will charge inmates who refuse to participate in the V-SUDT program after a transfer is scheduled, after their transfer is complete, or is removed due to disruptive, non-participatory, or non-compliant behavior with offense code 200b, *Refusal to participate in or removal from any voluntary (non-reentry) program*.
 - i. Staff must complete a *V-SUDT Program Progressive Action Log 841_F27* when issuing a *Disciplinary Offense Report (DOR)* for offense code 200b.
 - ii. Upon completion, staff will upload the *V-SUDT Program Progressive Action Log 841_F27* as an external document and will submit the *Progressive Action Log* with the DOR in VACORIS.
 - b. The ICA will conduct a formal ICA hearing for any inmate convicted of offense code 200b, *Refusal to participate in or removal from any voluntary (non-reentry) program* to address the inmate's security level, Good Time Class Level, and institutional assignment.
 - i. The ICA will review the inmate for a mandatory reduction to Good Time Class Level IV effective the date the charge was written; see Operating Procedure 830.3, *Good Time Awards*.
 - ii. Staff will use a #7 override, *Refusal of or removal from any required educational, program, vocational, or work assignment must result in an automatic override to Level IV regardless of the inmate's class level score*.
 - iii. This override will flag the inmate's file so that they are not allowed to earn good time for two years.
 - c. The ICA will escalate their recommendations to CCS for a final decision.
5. Inmates who successfully complete the V-SUDT program and do not receive an offense code 122 a-d, f or a 145c conviction will have:
- a. All visitation and phone privileges taken due to any of the 122 a-d, f and 145c convictions restored

twelve-months after program completion.

- b. Future sanctions related to a new 122 a-d, f or 145c conviction will not include prior 122 a-d, f and 145c convictions received over the past two years.)
 - c. Their Good Time Class Level IV reviewed 12 months after program completion for advancement to an appropriate Class Level; see Operating Procedure 830.3, *Good Time Awards*.
 - d. Their Security Level reviewed 12 months after program completion for a Security Level decrease; see Operating Procedure 830.2, *Security Level Classification*.
 - e. Their institutional assignment reviewed for a transfer to an appropriate institution. The ICA will escalate their recommendations for transfer in VACORIS to CCS for a final decision.
 - f. Their 122a-d, f and 145c convictions overturned in VACORIS after 12 months to remove the offense from the inmate's list of convictions.
6. Inmates who successfully complete a V-SUDT program, and who voluntarily admit to continued substance use may reapply for reassignment to a V-SUDT program. Staff will consider the inmate's application and reassignment to a V-SUDT program on a case-by-case basis.
 7. Inmates who did not successfully complete the V-SUDT program or who were removed from the V-SUDT program, and who voluntarily admit to continued substance use may reapply 90 days after program removal for reassignment to a V-SUDT program. Staff will consider the inmate's application and reassignment to a V-SUDT program on a case-by-case basis.

D. Cognitive Therapeutic Community (CTC) Programs-Institutions

1. CTC programs for substance abuse are intensive residential substance use disorder treatment programs designed to address the substance use needs of inmates.
2. CTC programs are operated at institutions designated by the Deputy Director for Institutions; see Operating Procedure 830.5, *Transfers, Institution Reassignments*.
 - a. The admission criteria for a CTC program are as follows:
 - i. A maladaptive pattern of substance use noted by one or more of the following:
 - (a) Use interferes with responsibilities.
 - (b) Use interferes with safety.
 - (c) Use causes legal problems.
 - (d) Use causes social and interpersonal problems.
 - ii. Time remaining to serve must be 6-36 months; exceptions will be made on a case-by-case basis.
 - iii. Psychological classification is appropriate for assignment to the designated institution.
 - iv. Security classification is appropriate for assignment to the designated institution.
 - b. Inmates must meet the criteria of the institution hosting the CTC program.
 - c. A Court may sentence eligible inmates directly to a CTC program.
3. Each CTC program has a written treatment philosophy within the context of the total corrections system, goals, and measurable objectives. These documents are reviewed at least annually and updated, as needed. (5-ACI-5E-12)
 - a. Each CTC program provides for an appropriate range of primary treatment services for substance use that includes, at a minimum, the following: (5-ACI-5E-13, 5-ACI-6A-42)
 - i. Inmate diagnosis.
 - ii. Identified problem areas.
 - iii. Individual treatment objectives.
 - iv. Treatment goals.
 - v. Counseling needs.
 - vi. Alcohol and drug education plan.
 - vii. Relapse prevention and management. (5-ACI-6A-42)
 - viii. Culturally sensitive treatment objectives, as appropriate.

- ix. The provision of self-help groups as an adjunct to treatment.
- x. Prerelease and transitional service needs. (5-ACI-6A-42)
- xi. Coordination efforts with community supervision and treatment staff during the prerelease phase to ensure a continuum of supervision and treatment.
- b. Staff working in a CTC program use a coordinated staff approach to deliver services as documented in treatment planning conferences and individual treatment files. (5-ACI-5E-14).
- c. Each CTC program provides incentives for targeted treatment programs to increase and maintain the inmate's motivation for treatment. (5-ACI-5E-15)
- d. Removal from CTC for Substance Use:
 - i. Staff should remove inmates found to be using alcohol, illicit drugs, or marijuana while in a CTC program from the program for a period of at least 30 days, during which time staff will test the inmate frequently for substance use.
 - ii. Staff will not readmit the inmate to the CTC program for at least the 30-day period, after which staff will determine whether the inmate will be readmitted based on the inmate's commitment to change.
 - iii. Upon removal from the CTC program, staff will reduce the inmate's Good Time Class Level to IV; see Operating Procedure 830.3, *Good Time Awards*.
 - (a) Staff will not raise the inmate's class level until the inmate re-enters and successfully participates in CTC for substance use.
 - (b) Staff must not raise the inmate's Good Time Class Level if the inmate is transferred to another institution and does not re-enter and successfully participate in a CTC for substance use.
 - iv. An increase in security level is required for any inmate found to be using alcohol, illicit drugs, or marijuana upon their second conviction unless staff determine other recommendations or sanctions are more appropriate.
- e. Staff will review any inmate who refuses to participate in the CTC or whose behavior warrants removal from the CTC due to their non-compliant or disruptive behavior in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

REFERENCES

ACE Client Portal

COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 445.4, *Screenings and Searches of Persons*

Operating Procedure 740.1, *Infectious Disease Control*

Operating Procedure 820.1, *Inmate Case Management*

Operating Procedure 830.1, *Institution Classification Management*

Operating Procedure 830.3, *Good Time Awards*

Operating Procedure 830.5, *Transfers, Institution Reassignments*

Operating Procedure 861.1, *Offender Discipline, Institutions*

Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*

Operating Procedure 940.4, *Community Corrections Alternative Program*

ATTACHMENTS

Attachment 1, *DCLS Chain of Custody - Sample*

Attachment 2, *DCLS Chain of Custody - Sample, Frozen Specimen*



Attachment 3, *V-SUDT Program Contract*

FORM CITATIONS

Strip Search Deviation Request 810_F2

Substance Use Voluntary Admission 841_F9

P&P Urine Test Observation Accommodation Request 841_F21

V-SUDT Program Progressive Action Log 841_F27

