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

## COMPLIANCE
This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, 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 that 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.

**Collecting Officer** - Any 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 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, 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 DOC drug testing coordinator and oversee contracts for drug testing.

**Follow-up Random Testing** - Drug testing after the initial/full test focused on the probationer’s/parolee’s drug of choice, not to exceed three drugs per test.

**Gas Chromatograph/Mass Spectrophotometer (GC/MS), Liquid Chromatograph/Mass Spectrophotometer (LC/MS)** - Drug 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 drug-testing device, such as a test slide, requiring no calibration or formal instrumentation.

**Initial/Full Test** - A multiple drug test for at least three 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.

**Intensive Drug Treatment Program (IDTP)** - A voluntary substance use disorder program for inmates who while incarcerated, have used or been in possession of drugs or alcohol for their own use within the previous 30-days prior to the request for admission.

**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
**Negative Result** - A test result indicating that a drug or metabolite was not detected at or above the cut-off level.

**Organizational Unit Head** - The person occupying the highest position in a DOC unit, such as a correctional facility, regional office, probation and parole office, Virginia Correctional Enterprises, Academy for Staff Development, Corrections Construction Unit, Agribusiness Unit, and individual headquarters unit e.g., Human Resources, Offender Management, Internal Audit.

**Positive Result** - A test result indicating that a drug or 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 factors.

**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 a 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 person designated by the Unit Head to coordinate and oversee alcohol and other drug testing for the Organizational 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 the use of drugs prior to drug or alcohol testing or confirmation.

**Women’s Risk/Needs Assessment (WRNA)** - The risk/needs assessment tool sanctioned by DOC for institutions and community corrections that includes gender-neutral information of COMPAS, but also is inclusive of gender-responsive 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.
PURPOSE
This operating procedure establishes guidelines for performing inmate and probationer/parolee alcohol and other drug testing and for the imposition of appropriate sanctions and treatment interventions for those who test positive for illicit substances 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 will complete the COMPAS or the WRNA upon an inmate’s or probationer’s/parolee’s intake into a DOC facility or upon beginning supervision in a P&P District; see Operating Procedure 820.1, Inmate Case Management, Operating Procedure 920.1, Community Case Opening, Supervision, and Transfer, and Operating Procedure 940.4, Community Corrections Alternative Program.
      2. The COMPAS assessment should guide the development of Re-entry Case Plans and community Case Plans as it relates to the individual’s substance use risk and treatment needs.
   B. When indicated by the 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. The clinical assessment should be the basis for the development of an individual substance use disorder treatment plan, which staff should incorporate into the Re-entry Case Plan or community Case Plan, as appropriate.
      2. The Re-entry Case Plan or community Case Plan should include appropriate referrals to treatment resources such as a therapeutic community and prerelease relapse-prevention education, including risk management.
   C. Inmates with substance use disorders will be provided with information, education, and appropriate treatment and will be involved in developing after care discharge plans as indicated.

II. Substance Use Testing Minimum Testing Requirements
   A. All facilities and P&P Offices are responsible for conducting substance use testing as required in this operating procedure which provides staff with guidance on the following: (4-ACRS-5A-09; 4-APPFS-2D-04)
      1. The collection, processing, and disposing of samples
      2. The interpretation of results
      3. The response to violations
      4. Chain-of-custody and the preservation-of-evidence
      5. Staff observations of transgender and intersex inmates and probationers/parolees
   B. In addition to the minimum testing requirements established for the security management of institutions, Community Corrections Alternative Program (CCAP) facilities, and P&P Offices, an inmate’s, probationer’s, or parolee’s frequency of substance use testing and the substances tested is dependent upon their history of substance use, results of a risk/needs assessment, current program assignments, and recent substance use. (5-ACI-6A-42)
   C. Institutions (5-ACI-6A-23; 4-ACRS-5A-08[I])
1. Facility Unit Heads may conduct substance use testing at their discretion to ensure safe and secure operations of the institution. At a minimum all inmates will be tested as follows:
   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 other non-DOC facility of the inmate’s positive test results.
   b. Upon the inmate’s arrival at an institution due to a transfer. When an inmate tests positive for substance use, the Testing Coordinator at the receiving institution must notify the sending institution so that an investigation can be conducted.
   c. At least 10 days prior to the 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 that the inmate may be under the influence of illicit drugs, tobacco, marijuana, or alcohol. Reasonable belief includes but is not limited to:
      i. The odor of tobacco, marijuana, or alcohol on the breath; erratic behavior; incoherent, staggering, or disoriented demeanor; fresh needle marks; slurred speech; glassy eyes; dilated pupils; or previous history of drug/alcohol use.
      ii. Factors that cause suspicion, such as an illicit drug, tobacco, marijuana, alcohol, or related contraband found on, about, or around an inmate or the inmate’s personal property.
      iii. Credible information that the inmate may be using illicit drugs, tobacco, marijuana, or alcohol.
   e. In accordance with the below Random Testing Requirements:
      i. Five percent of the overall 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 per month
      iii. Five percent of residential substance use disorder programs such as Cognitive Therapeutic Communities

2. Increased Testing Levels (5-ACI-5E-11)
   a. The Facility Unit Head or designee should increase testing levels as needed to maintain the integrity of a substance use disorder program and the substance-free status of program participants.
      i. The residential substances use disorder program supervisor should confer with the Facility Unit Head and Testing Coordinator to ensure staff conduct program related testing.
      ii. Substance use testing may occur as a part of non-residential substance use disorder programs at the discretion of the Facility Unit Head or designee.
   b. Inmates who test positive for alcohol or are found to be manufacturing alcohol will be tested minimally once per week, on random days, for at least a ninety-day period to ensure abstinence.
   c. Inmates convicted of disciplinary offense code 122A/b/c/d/e/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.

D. CCAP Facilities (4-ACRS-5A-08[CC])
   1. CCAP probationers/parolees will receive an initial/full test upon entry.
   2. CCAP probationers/parolees will have a follow-up random test each month thereafter until termination from the program.
   3. At least 10 percent of all CCAP probationers/parolees assigned to community employment will have
Operating Procedure 841.5, *Inmate and Probationer/Parolee Substance Use Testing and Treatment Services*

Effective Date: November 1, 2021

**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. Zolpidem
- xx. Validity Testing (Creatinine/Specific Gravity)

2. Handheld alcohol detection devices will only be used to test a probationer/parolee for alcohol use.

3. The state contract will control the level of sensitivity of the testing services and handheld devices provided by the vendor.

4. Staff will strictly adhere to manufacturer’s instructions for all testing devices. When applicable, staff will 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 will conduct the test and are required to document the test and the results of the test in VACORIS

2. Institution staff are only authorized to 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. When the inmate is on dialysis and when necessary for other medical conditions as determined by appropriate health care staff.

c. DCLS is unable to test for a particular substance, for example: Tramadol, K-2/K-3 Spice.

3. CCAP staff and P&P Officers are only authorized to use a handheld testing device when the results are required for the immediate arrest of a probationer/parolee, when staff are in the field i.e. Courthouse, or when DCLS is unable to test for a particular substance.

4. Any positive test resulting from a handheld device requires that a repeat test with a handheld device be conducted for confirmation.

5. Positive drug tests resulting from a handheld device may be submitted to DCLS for screening and confirmation testing. The original sample must be submitted 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 confirmation testing for any reason other than criminal prosecution and revocation proceedings.
   b. An inmate or probationer/parolee cannot request that a confirmation test be conducted.

2. The Organizational Unit Head or designee will order GC/MS or LC/MS confirmation testing in VACORIS.

3. DCLS conducts the confirmation test on the original specimen stored in their laboratory.

IV. Specimen Collection

A. Inmates and probationers/parolees will provide a urine specimen for substance use testing under the direction of a same gender staff member or of the gender indicated on an approved Strip Search Deviation Request 810_F2 or P&P Urine Test Observation Accommodation Request 841_F21. 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 that 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 alcohol or other drugs by signing the Substance Use Voluntary Admission 841_F9.
   b. Obtaining a signed Substance Use Voluntary Admission from the inmate or probationer/parolee does not preclude the individual 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 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 particular substance(s) to be tested in the Drug Testing Module in VACORIS
a. Staff can test a maximum of three listed drugs at one time and in any combination.

b. The Organizational Unit Head or designee will identify the combination of drugs to be tested by unit staff.

c. The Facility Unit Head, Administrative Duty Officer (ADO), or Chief P&P Officer may authorize more than three drugs to be tested on a case-by-case basis when warranted for reasonable suspicion of drug use.

d. When staff suspect that the specimen has been altered, the specimen can be tested for adulteration or dilution.

3. Print the DCLS COC on the label paper obtained through VCE.
   a. No alteration/substitution of the DCLS COC is allowed.
   b. Staff are not required to use the DCLS COC, bar code label, and security seal when a handheld testing device is used to obtain immediate test results.

4. Document in VACORIS and notify appropriate staff when an inmate or probationer/parolee fails to appear as scheduled for testing, refuses to submit substance testing, or is unable to provide a specimen.

5. Document the prescription medication(s) on the DCLS COC when the inmate or probationer/parolee claims to be taking 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 before the specimen is obtained for testing.

7. Frisk search the inmate or CCAP probationer/parolee.
   a. To avoid the possibility of substitution, dilution, or adulteration of the specimen, staff must frisk search all inmates and CCAP probationers/parolees immediately prior to producing a 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 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 prior to handing it to the Collecting Officer.
   a. After placing the lid securely on the collection cup, staff will secure the security seal across the lid of the cup.
   b. The staff member must ensure that the security seal tape 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 Universal Precautions regarding occupational exposure to blood borne pathogens; see Operating Procedure 740.1, Infectious Disease Control.

9. Ensure that 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 the refusal by checking the box provided.
   b. Inmates and probationers/parolees will not be provided a copy of the DCLS COC.

10. Seal the specimen and the DCLS COC in the plastic transport bag provided by the lab when testing through DCLS.

C. If the 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 or unwilling 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, Reset 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 that the inmate or probationer/parolee does not have possession of substances to adulterate, dilute, or produce a false specimen and 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. The inmate or probationer/parolee must have an appropriate diagnosis when the inmate or probationer/parolee suffers from Paruresis or a medical condition such that they are not able to provide a urine sample when provided water and extra time.
   a. A mental health professional must diagnose an inmate or probationer/parolee with Paruresis. A Medical Practitioner must diagnose medical conditions.
   b. In institutions and CCAP facilities, the Psychology Associate or Health Authority should document, in VACORIS as a Facility Note, the inmate’s or probationer’s/parolee’s inability to produce a urine sample and include a projected date of when the inmate or probationer/parolee may again be able to provide a sample.
      i. The Psychology Associate or Health Authority will advise staff responsible for urine collection of the inmate’s or probationer’s/parolee’s inability to produce a urine sample and will document the diagnosis in the inmate or probationer/parolee Health Record.
      ii. Staff must not enter the inmate’s or probationer’s/parolee’s specific diagnosis in the VACORIS Facility Note.
   c. 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 sample. The probationer’s/parolee’s specific diagnosis must not be entered in a VACORIS Case Notes or the Case File.

D. When staff in an institution suspect that the specimen has been altered, but does not test abnormal for adulteration or dilution, the specimen should be rejected and the inmate is required to provide a second specimen.

1. If during the collection of the specimen, the collection Officer witnesses the inmate intentionally alter or tamper with the specimen, the inmate should be charged 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 drug 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, DCLS Courier Service will replenish specimen collection kits, collection cups, plastic transport bags, and security seals when they return the Specimen Transport Containers to the unit.

1. For sub-offices, replenished specimen collection kits are delivered to the main P&P Office.
2. Staff will contact DCLS directly at (804) 648-4480 ext. 104 for additional specimen collection kits.

3. For additional DCLS COC forms, contact the Drug Testing Contract Administrator

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

1. No substitutions are permitted.

2. The Drug Testing Contract Administrator will review and approve all orders through eVA for handheld testing devices.

VI. Specimen Storage and Courier Services

A. Urine Specimen Storage

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 the staff are unable to get the specimen to the lab within this timeframe, staff must place and 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 that 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 that 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 the urine specimens.

B. DCLS Courier Service

1. Each unit has designated date(s) for DCLS courier service pick up and the unit’s Testing Coordinator is responsible for 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.

   a. The Testing Coordinator, prior to DCLS pick up, will log into the ACE Client Portal, enter and submit the required information to include the barcode numbers for the associated drug samples.

   b. The Testing Coordinator should time the placement of the specimen containers in the pick-up box/location so that the time out of storage before pick-up by the courier is limited.

   c. Transport containers must be packed and ready for pick up when the courier arrives. The courier is not required to wait for staff to pack the 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 their questions regarding transport containers or to request additional containers.

VII. Reporting Test Results

A. DCLS sends the test results electronically through the Drug Testing Module in VACORIS. Staff are encouraged to check the Drug Testing Module daily and take appropriate action based on the results.

B. The staff member conducting a test with a handheld device is responsible for documenting the test results by entering the testing information and results into VACORIS.
C. Test Results - Institutions

1. All positive and negative test results will be recorded in VACORIS with notification to the unit’s Testing Coordinator or designated point of contact of all positive tests.

2. Inmates who test positive will be subject to disciplinary action; see Operating Procedure 861.1, Offender Discipline, Institutions.
   a. The staff member collecting the specimen should be the Reporting Officer on the Disciplinary Offense Report.
   b. The staff member 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 for verification of prescription medications that the inmate is taking.
      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 of the drug testing device/method is the authority for determining if a particular medication could cause a false positive. Contact the Drug Testing Contract Administrator for assistance.

3. Abnormal validity test results (Creatinine/Specific Gravity):
   a. Inmates testing positive for dilution due to ingesting excessive liquids will be given one warning without a disciplinary charge and will be retested 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 have established that an inmate ingested Jimson Weed, the staff member should charge the inmate with offense code 122c, Under the Influence of Drugs, without a positive drug test result.
   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, Probationer, Parolee Refusal to Provide a Specimen

A. Institutions

1. If an inmate refuses to submit to alcohol testing, staff should charge the inmate with offense code
241d, *Refusal to Submit to Alcohol Testing.*

2. If an inmate refuses to submit to drug testing, staff will charge the inmate with offense code 122d, *Refusal to submit to drug testing.*
   a. Staff will not give the inmate sixteen ounces of water and two hours to produce a specimen.
   b. The staff member witnessing the inmate’s inability or refusal to submit a urine specimen should act as the Reporting Officer for the *Disciplinary Offense Report.*
   c. The facility should develop methods to notify the appropriate staff for sanctions or program referrals.

B. Community Corrections

1. If the probationer/parolee is unable to provide a specimen, the probationer/parolee should be given 16 ounces of water and up to 2 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, appropriate sanctions will be imposed 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 resources to establish and maintain special services and programs for inmates and probationers/parolees with substance use disorders. (2-CO-4B-04)

B. Programs and services for inmates with substance use disorders include monitoring and drug testing in all facilities. (5-ACI-5E-11)

1. Any time an inmate or CCAP probationer/parolee receives a positive drug test, the counselor should be notified and the *Reentry Case Plan or Case Plan*, as appropriate, should be adjusted if needed 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)

2. If an inmate completes the drug program and does not have a positive drug test for a period of 1 year, the disciplinary offense will be expunged

C. Intensive Drug Treatment Program (IDTP)-Institutions

1. Inmates who voluntarily admit to a drug use problem, prior to notification of a drug test, or voluntarily admit to possession of drugs for personal use, prior to notification of a search, may request assignment to an IDTP.
   a. Male Inmates
      i. The IDTP for Security Level W, 1, & 2 male inmates is provided at Indian Creek Correctional Center.
      ii. The Intensive Substance Use (ISU) Program for Security Level 3 male inmates is provided at Green Rock Correctional Center (GROC).
         (a) Inmates must sign Attachment 3, *ISU Program Admissions Contract* in order to be recommended for a transfer to GROC to participate in the program.
         (b) Staff will witness the inmate’s signature on the *ISU Program Admissions Contract* and must forward the signed document to the inmate’s counselor.
         (c) Staff, prior to the ICA recommending a transfer, will drug test the inmate within 24-hours of the inmate’s voluntary request and will enter the results into VACORIS.
         (d) Upon admission to the ISU Program at GROC, the inmate will be required to complete the
**TCU Drug Screen 5**, which will guide the development of the inmate’s individualized substance use disorder plan.

iii. Substance use 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.

b. Female Inmates
   i. The IDTP for Security Level W, 1 & 2 female inmates is provided at Virginia Correctional Center for Women.
   ii. Substance abuse treatment for Security Level 3 female inmates is provided at Fluvanna Correctional Center for Women.

2. The inmate’s voluntary admission of drug use must be documented on a *Substance Use Voluntary Admission 841_F9* for participation in the IDTP program.
   a. The inmate’s voluntary admission does not preclude them from being drug tested. If the inmate requested assignment to the program, the inmate will not be subject to a disciplinary offense for a positive test for 30 days from completion of the *Substance Use Voluntary Admission 841_F9*.
   b. Any positive drug test that occurs 30-days from completion of the *Substance Use Voluntary Admission 841_F9* will result in a disciplinary offense.
   c. Inmates are only eligible to voluntarily admit to drug use and request assignment to an IDTP once during their incarceration, unless the inmate previously completed an IDTP. Inmates who successfully completed an IDTP, and voluntarily admit to continued drug use may reapply 24 months after program completion for reassignment to an IDTP.

3. Inmates who voluntarily admit to drug possession for their personal use will be required to surrender the drugs to investigative staff.
   a. If the inmate has requested assignment to the program, the inmate will not be subject to a disciplinary offense for drug possession.
   b. Inmates are subject to a disciplinary offense for any drugs found in their possession after the initial surrender and requested assignment to the IDTP.
   c. Inmates are only eligible to voluntarily admit to drug possession for personal use and request assignment to an IDTP once during their incarceration, unless the inmate previously completed an IDTP. Inmates who successfully completed an IDTP, and voluntarily admit to continued drug use may reapply 24 months after program completion for reassignment to an IDTP.

4. Staff will refer any inmate voluntarily requesting an IDTP assignment to their counselor. If the inmate meets the *Institutional Assignment Criteria* for the receiving institution, the Counselor will notify the Institutional Classification Authority (ICA) and prepare the *Institutional Classification Authority Hearing Notification* in VACORIS; see Operating Procedure 830.1, *Institution Classification Management*.
   a. 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 18 months minimum and 30 months maximum required by the *Institutional Assignment Criteria* for assignment to ICCC.
   b. For assignment to the ISU program at GROC, staff must upload a completed *Substance Use Voluntary Admission* and *ISU Program Admissions Contract* as an external document with the ICA recommendation for transfer.

5. The ICA will conduct the hearing upon receipt of notification from the inmate’s counselor and, when applicable, will expedite the inmate’s transfer to the appropriate institution for participation in the IDTP.

6. Upon assignment to the IDTP program, the inmate will be required to participate and complete the program.
   a. Inmates who refuse to participate after a transfer is scheduled, who refuse to participate in the...
program after their transfer is complete, or who are removed due to disruptive, non-participatory, or non-compliant behavior will be charged with one of the following offense codes: (changed 3/1/22)

i. Offense code 119e, *Refusal to participate in or removal from a residential cognitive community program.*
   (a) Staff must complete a *Progressive Action Log 841_F26* when issuing a *Disciplinary Offense Report (DOR)* for offense code 119e.
   (b) Upon completion, staff will upload the *Progressive Action Log 841_F26* as an external document and will submit the *Progressive Action Log* with the DOR in VACORIS.

ii. Offense code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*

b. Inmates convicted of offense code 119e or 200 will receive a formal ICA hearing to address the inmate’s security level, Good Time Class Level, and institutional assignment. The ICA will escalate their recommendations to CCS for a final decision.
   i. The ICA will review the inmate for a 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 until completing the specified program.

7. For any documented overdose, positive drug test, or conviction for drug possession within the previous 30 calendar days, the counselor will:
   a. Offer Security Level W - 3 male inmates and Security Level W - 2 female inmates with the opportunity to request assignment to an IDTP
   b. Offer Security Level 4 and above male inmates and Security Level 3 female inmates with treatment at their current institutional assignment; inmates will not be transferred for treatment.
   c. If the inmate requests assignment to the program, staff will process the inmate’s request in accordance with this operating procedure.
   d. If the inmate refuses assignment to the program, staff will document the inmate’s refusal as a *Facility Note* in VACORIS.

8. Any inmate who completes the substance use program and does not have a positive drug test for a period of one year from the date of their IDTP completion will have their associated disciplinary offense expunged.

9. Inmates transferred for IDTP participation and who successfully completed the program will be reviewed by the ICA for transfer to an appropriate institution. The ICA will escalate the transfer in VACORIS to CCS for a final decision.

D. Substance Abuse Cognitive Therapeutic Community (CTC) Programs-Institutions

1. Substance Abuse CTC programs are intensive residential programs designed to address substance use needs of inmates.

2. CTC programs are operated at institutions designated by the Chief of Corrections Operations; see Operating Procedure 830.5, *Transfers, Institution Reassignments.*
   a. The criteria for admission to a CTC are:
      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 18-20 months; exceptions will be made on a case-by-case basis.
   iii. Psychological classification is appropriate to the specific institution or unit
   iv. Security classification is appropriate to each specific institution or unit
b. Inmates must meet the criteria of the institution hosting the therapeutic community.
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 alcohol and other drug use inmates that include, 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. 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. Each facility with a CTC program uses 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. Inmates who are found to be using illicit drugs or marijuana while in a CTC program should be removed from the program for a period of at least 30 days, during which they will receive frequent drug testing.
   ii. The inmate will not be re-admitted to the CTC program for at least the 30 day period, after which readmission will be based on staff’s determination of the inmate’s commitment to change.
   iii. Upon removal from the CTC program, staff will reduce the inmate’s Good Time Class Level to Class Level IV; see Operating Procedure 830.3, Good Time Awards.
      (a) The inmate’s class level will not be raised until the inmate re-enters and successfully participates in a CTC program.
      (b) The inmate’s Good Time Class Level will not be raised if the inmate is transferred to another institution and the inmate does not re-enter and successfully participate in a CTC program.
   iv. An increase in security level is required for any inmate found to be using illicit drugs or marijuana upon their second conviction unless facility staff deem other recommendations or sanctions more appropriate.

REFERENCES
ACE Client Portal
COV §53.1-67.9, Establishment of community corrections alternative program; supervision upon completion
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, ISU Program Admissions Contract

FORM CITATIONS
Strip Search Deviation Request 810_F2
Substance Use Voluntary Admission 841_F9
P&P Urine Test Observation Accommodation Request 841_F21
Progressive Action Log 841_F26