

**STATE OPERATED LMHA/HOSPITALS:
POINT OF CARE TOXICOLOGY TESTING**

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STATE OPERATED LMHA/HOSPITALS: SITE VISITS

- Southeast Mental Health Authority
- River Valley Services
- Western CT Mental Health Network
- Capital Region Mental Health Center
- CT Valley Hospital
- Whiting Forensic Hospital
- Connecticut Mental Health Center/Substance Use and Addiction Treatment Unit
- Southwest CT Mental Health System

STATE OPERATED LMHA/HOSPITALS: STRENGTHS

- Commitment to Integrated Care
- Client Centered-Belief in the rights and dignity of the individual being served
- Belief in hope
- Belief in meaningful choice
- Client as storyteller
- Belief in resilience
- Desire to mitigate risk and overdose

STATE OPERATED LMHA/HOSPITALS: CHALLENGES

Lack of clarity regarding:

- “Supervision” of UDS
- Reading and interpreting UDS
- Roles/responsibilities of each member of multidisciplinary team
- How to develop culture that supports UDS
- How to utilize UDS results, including how they relate to continuity of care

URINE DRUG SCREENS (UDS)

BEST PRACTICES:

STATE OPERATED LMHA/HOSPITALS

STATE OPERATED LMHA/HOSPITALS: UDS BEST PRACTICES

Best Practice #1: Urine Drug Screens should be viewed as an expectation during intake to help establish initial diagnostic considerations and promote an individual's safety.

Best Practice #2: Individuals should be fully informed of the UDS process and the process itself should be trauma sensitive to their unique clinical needs.

Best Practice #3: Urine drug screens should be used to enhance an individual's safety through identifying the potential for overdose or serious drug interactions, determining treatment adherence, and detecting early relapse thereby allowing for more immediate interventions and/or helping to prevent prolonged use.

STATE OPERATED LMHA/HOSPITALS: UDS BEST PRACTICES

Best Practice #4: Individuals who can benefit from Medications for Opioid use Disorder (MOUD)/Medications for Alcohol Use Disorder (MAUD) will be evaluated on admission or closely thereafter to help enhance an individual's survival, retention in treatment and improve birth outcomes for pregnant individuals who have substance use disorders.

Best Practice #5: "Supervision Protocols" should be in place with the UDS process to help ensure the authenticity of the UDS process and the specimen.

LIVED EXPERIENCE

REFLECTIONS AND BEST PRACTICES

LIVED EXPERIENCE: A DIFFERING IN APPROACHES

2 APPROACHES TO THE UDS PROCESS

PUNITIVE APPROACH

SUPPORTIVE APPROACH



LIVED EXPERIENCE: THE INDIVIDUAL AT THE CENTER OF THE UDS PROCESS

1. I matter. My questions matter. I am listened to.
2. I am included in the UDS Process-I am part of the TEAM.The Team is “US”.
3. The Focus of the UDS is Threefold:
 - Be Safe
 - Get Well
 - Engage in your OWN Recovery

LIVED EXPERIENCE: STEPS IN THE UDS PROCESS

STEP 1: Orient to the process of the UDS

Normalize the Process and Stress Safety.

Step 2: Assessment and Formulation

Review the “Results” with the person and have a “conversation”.

This is your time to learn more...

Step 3: Treatment Process

Establish a person-centered treatment plan that addresses the WHOLE Person...

LIVED EXPERIENCE: UDS BEST PRACTICES

1. Normalize the UDS Process
2. Use the UDS to foster a trusting relationship-Be supportive, not punitive
3. Respect and Dignity are the foundation of all solid relationships. Give it and teach it.
4. Lastly, the key word in team is US. We are in this together.