

**SUBSTANCE ABUSE:
ADMISSION and
TREATMENT**

SECTION:	Clinical
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SUBJECT:	Substance Abuse – Admission & Treatment
EFFECTIVE DATE:	2007
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POLICY

Substance abuse admissions will be based on severity of treatment need within a context of limited financial resources. Priority will be given to pregnant women, women with dependent children, intravenous drug users, and county residents. Contractual obligations will also be honored. Federally mandated set asides and requirements of the State Division of Substance Abuse will be followed. Assessment procedures will be utilized to determine severity of need and hence generate a waiting list, if necessary.

PURPOSE

The policy insures reasonable fairness, compliance with regulations, requirements, contractual obligations, and sets the stage for quality assessments and delivery of care. The policy addresses the screening / assessment of non-specified consumers as well as special populations. This allows for prioritization of admissions based on mandated set aside requirements as well as establishing medical necessity for an episode of care.

ASSESSMENT POLICY

Substance abuse assessments will be comprehensive and include science-based elements, which drive placement and treatment decisions. Assessments will be population sensitive and reflect the special needs of the developmentally disabled, children and youth, and adults. Co-morbidity with other mental disorders will be evaluated and also drive placement and treatment decisions. Special assessment questions required by the State Division of Substance Abuse and Mental Health will be addressed and reflected in the assessment document.

PROCEDURES

- I. Screening: Screening is the process that determines the need for a comprehensive assessment and/or other referral. A screening may be forgone if the need for comprehensive assessment is obvious. A screening should include the following:
 - A. The completed screening form including recommendations.

- B. The completed pre-admission ASAM worksheet indicating the level of care at which comprehensive assessment and admission should occur; and
 - C. Indication of whether a priority admission per Federal and State set aside requirements is needed (may be part of the narrative).
- II. Comprehensive Assessment: A Bio-Psycho-Social-Cultural assessment is the process that establishes medical necessity for an episode of care, results in a DSM multi-axial diagnosis, and generates alcohol and drug data that is required by the State Division of Substance Abuse and Mental Health. It elucidates problem areas and life circumstances that will translate into a treatment plan and must be completed for every treatment admission. Information is compiled in the Davis Behavioral Health Substance Abuse Initial Evaluation form, which reflects the State Divisions Substance Abuse Preferred Practice Guidelines.
- III. Required items specific to substance abuse assessment are as follows:
 - A. Completion of the Substance Abuse Assessment Form. (Bio-Psycho-Social-Cultural).
 - B. Special attention to the alcohol and drug use profile with all attendant data completed in that section, which must be entered in the computer to produce quarterly reports to the State Division of Substance Abuse and Mental Health.
 - C. In the medical section, indication that clients at risk for HIV/AIDS have had the issue discussed with them.
 - D. Data is collected, reviewed, and diagnosed based on a face-to-face client interview by a Licensed Mental Health Therapist.

The initial assessment must be completed within 2 days for Day Treatment admissions and within 7 days for outpatient admissions. Specific assessment forms or procedures may change, but required essentials must continue to be assessed.

POLICY: SUBSTANCE ABUSE TREATMENT

Substance abuse treatment will be determined by initial placement and/ transfer decisions based on American Society of Addictive Medicine (ASAM) criteria. ASAM criteria define medical necessity for a specified level of care. Sensitivity to individual client needs and circumstances will also be considered in placement / transfer decisions, as well as externally based requirements (i.e. from Corrections, Courts, and contractual obligations). Principles of effective science based treatments and preferred practices will also guide treatment. Recognition that recovery from addiction can be long-term process with multiple relapses and multiple episodes of care, results in a commitment to adequate time for recovery in treatment within a context of limited fiscal resources.

PURPOSE

The policy combines emphasis on medical necessity, individualized treatment planning, externally based forces, and improving treatment strategies. It provides a framework from which programmatic and individualized treatment decisions can be made.

PROCEDURES

Substance Abuse treatment procedures will follow preferred practice treatment procedures and requirements. Stand out procedures and requirements are as follows:

- A. Each program within the Substance Abuse continuum of care will follow DBH referral / transfer and discharge policy and ASAM guidelines for client level of care placement.
- B. Special requirements that are program specific, (i.e. day-treatment, intensive outpatient, outpatient) program requirements, and contractual obligations, will be monitored and documented.
- C. Transfer from a mental health therapist resulting in an episode of substance abuse treatment requires the addition at transfer of the Substance Abuse Assessment Form, ASAM criteria, and substance abuse treatment plan.
- D. Co-morbid mental disorders may require concomitant or sequential treatment depending on the needs of the client and the other pragmatic and clinical considerations.
- E. Disorders of sufficient severity to require medication should receive medication / referral services concomitant with substance abuse treatment;
- F. Documentation of family involvement is encouraged and should be recorded in the clinical record.
- G. Case management services should be added when needed; particularly for pregnant women and women with dependent children, where contracts specify extra care, and otherwise where indicated.
- H. Treatment plans for day-treatment admissions adhere to a maximum 2-day time line for the initial plan and must be updated as required. Treatment plans for outpatient and intensive outpatient admissions adhere to a maximum 7-day time line for the initial plan and must be updated as required. Time lines for updates that are specified by the Division of Substance Abuse are followed. Treatment services should not be provided until a treatment plan is completed.
- I. ASAM updates defining level of care must accompany each treatment plan update.

Treatment related forms and even procedures may change, but essentials referred to above must continue to be addressed in an identifiable way.