

Policies & Procedures

SUBSTANCE USE:

ADMISSION & TREATMENT

Section: Clinical

Pages: 3

Subject: Substance Use: Admission & Treatment

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POLICY

Substance use admissions will be based on the severity of treatment needs 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.

The policy addresses the screening, assessment, and prioritization of admissions based on regulatory mandates, and the establishment of medical necessity for an episode of care.

ASSESSMENT

Substance use assessments will be comprehensive and include science-based elements, which drive placement and treatment decisions. Assessments will be population sensitive and reflect the unique needs of the individual, co-morbidity with other mental and physical disorders will be evaluated and drive placement and treatment decisions. Special assessment questions required by the Office of Substance Use and Mental Health (OSUMH) will be addressed and reflected in the assessment document.

PROCEDURES

- I. Screening: DBH primarily uses full comprehensive assessments to guide medical necessity for treatment and level of care determination; however, preliminary screenings may be used in lieu of a comprehensive assessment. 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 requirements is needed (may be part of the narrative).
- II. Comprehensive Assessment: A biopsychosocial-cultural assessment is a

process that establishes the medical necessity for an episode of care, results in a DSM or ICD diagnosis, and generates substance use data that the OSUMH requires. 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 Use Initial Evaluation form, which reflects the OSUMH Preferred Practice Guidelines.

- III. Required items specific to substance use assessment are as follows:
- A. Completion of the Substance Use Evaluation Form (Biopsychosocial-Cultural), which includes the American Society of Addictive Medicine (ASAM) criteria.
 - B. Special attention to the alcohol and drug use profile with all attendant data completed in that section and entered into the electronic health record.
 - C. Indication within the medical section that clients at risk for HIV/AIDS have had the issue discussed with them.
 - D. Development of a diagnosis generated from data collected, reviewed, and synthesized by a licensed mental health therapist in a face-to-face, either in-person or via tele-mental health, interview with the client.

TREATMENT

Initial placement and/or transfer decisions based on the ASAM criteria will determine substance use treatment. ASAM criteria define medical necessity for a specified level of care. Sensitivity to individual client needs and circumstances and externally based requirements (i.e., from corrections, courts, and contractual obligations) will also be considered in placement/transfer decisions.

DBH is committed to adequate time for recovery as we recognize that recovery from addiction can be a long-term process with multiple lapses in recovery and multiple episodes of care. DBH is also committed to principles of effective, science-based treatments and following preferred practice guidelines.

PROCEDURES

Substance use treatment procedures will follow preferred practice treatment procedures and requirements. Each substance use program in our continuum of care will follow DBH referral/transfer and discharge policy and ASAM guidelines for client level of care placement.

- A. Special requirements that are program specific (i.e., intensive outpatient, outpatient), and contractual obligations will be monitored and documented.
- B. Transfer from a mental health therapist resulting in an episode of substance use treatment requires the addition of the substance use assessment, ASAM criteria, and substance use treatment plan.
- C. Treatment for people with co-occurring mental health and substance use needs may require concomitant or sequential

treatment depending on the needs of the client and the other pragmatic and clinical considerations.

- D. Disorders that require medication should receive medication and referral services concurrent with substance use treatment.
- E. Documentation of family involvement is encouraged and should be recorded in the clinical record.
- F. Case management and peer services should be added when needed, particularly for pregnant women and women with dependent children.
- G. Treatment plans for outpatient and intensive outpatient admissions adhere to a maximum 7-day timeline for the initial plan and must be updated as required.
- H. ASAM updates defining the level of care must accompany each treatment plan update.