

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
INDIVIDUAL CARE TO CONSUMERS

CHAPTER: 4	SECTION: 21	SUBJECT: INDIVIDUAL CARE TO CONSUMERS
TITLE: SUBSTANCE USE DISORDER TREATMENT		
EFFECTIVE DATE: 12/15/95	REVISED/REVIEWED DATE: 11/28/01, 10/19/04, 12/7/04, 8/16/05, 8/7/07, 8/2/10, 2/13/13, 5/9/14, 7/10/15, 2/25/16, 5/2/17, 5/31/18	
ISSUED AND APPROVED BY:  <p style="text-align: center;">EXECUTIVE DIRECTOR</p>		

I. PURPOSE:

In providing quality mental health care to consumers with developmental disabilities and/or mental or emotional disorders, a substance-related disorder is recognized as a limiting factor in achieving self-sufficiency and self-reliance. Therefore, Community Mental Health of Ottawa County (CMHOC) seeks to assess consumers for the presence of a substance-related disorder and to address the problem as needed.

II. APPLICATION:

To all CMHOC providers.

III. DEFINITIONS:

Substance use disorder – A problematic use of a substance leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12 month period:

- a) The substance is often taken in larger amounts or over a longer period of time than was intended.
- b) There is a persistent desire of unsuccessful efforts to cut down or control substance use.
- c) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- d) Craving, or a strong desire or urge to use a substance.
- e) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- f) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of a substance.
- g) Important social, occupational, or recreational activities are given up or reduced because of substance use.
- h) Recurrent substance use in situations in which it is physically hazardous.
- i) Substance use is continued despite knowledge or having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use.

- j) Tolerance, as defined by either of the following:
 - a. A need for markedly increased amount of a substance to achieve intoxication or the desired effect.
 - b. A markedly diminished effect with continued use of the same amount of a substance.
- k) Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance used.
 - b. The substance, or a closely related

IV. POLICY:

It is the policy of CMHOC to maintain a cohort of staff who are properly credentialed as providers of treatment for persons with mental illness and co-occurring substance use disorders, and to be a provider of treatment for persons with mental illness and co-occurring substance use disorders.

CMHOC will support integrated treatment for substance abuse and MI as a preferred mode of service delivery, that both disorders should be considered primary, that both disorders should be treated within a philosophical disease and recovery framework, that there is no single correct intervention for individuals with co-occurring disorders, and that clinical outcomes for individuals with co-occurring disorders must be individualized and based on stages of change and phase of recovery.

V. PROCEDURE:

1. CMHOC will strive to assure that all employees are welcoming of individuals with co-occurring disorders, and that staff who are providing services for individuals with co-occurring disorders will display an empathic and hopeful orientation with the individual.
2. At the time of request for CMHOC services, persons who are eligible for services based on their mental illness will be welcomed regardless of their alcohol or drug abuse or dependence. If a substance-related disorder is determined to be the primary reason for service, a referral will be made to a community provider of treatment for substance use disorders.
3. At the time of the initial psychosocial assessment, individuals will be screened and assessed for substance use disorders. Service recommendations will be in accordance with the individual's stage of change and phase of recovery.
4. Individual and group services for persons with co-occurring disorders will employ motivational interviewing strategies, substance abuse counseling, and dual recovery support groups as appropriate to the individual's stage of change and phase of recovery.
5. Every crisis assessment will include an evaluation of the individual's current and past substance use and treatment history. A determination will be made as to whether there is evidence of substance abuse at the time of the assessment, and whether substance abuse impacts the individual's psychiatric condition. When substance abuse impacts the individual's psychiatric condition, the emergency worker will make recommendations for treatment that are in keeping with the individual's stage of change and phase of recovery.

Inpatient detoxification will be recommended when the individual's substance use puts them at serious medical risk.

6. Psychiatric services: Medications for the treatment of substance-related disorders (e.g., Disulfiram, Buprenorphine, Naltrexone) may be prescribed by Agency prescribers when privileged to do so. Consumers with an identified substance abuse history or current use may be referred for a substance use lab screen as indicated by the prescriber.

Provision of necessary non-addictive medication for treatment of psychotic illness and other known serious mental illness will be initiated or maintained regardless of continuing substance use. Individuals whose substance use appears to be significantly risky will warrant closer monitoring or supervision, not treatment discontinuation.

7. Referrals to CMHOC by community substance abuse treatment providers will be accepted for mental health and/or integrated mental health and substance abuse treatment when it is determined that the individual meets eligibility criteria for CMHOC services.

VI. ATTACHMENT:

Revised Controlled Substance Education document

VII. REFERENCE:

The Michigan Department of Health and Human Services Standards for Mental Health Services, and MDHHS Administrative Rules.