

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Communicable Disease Policy
Committee/Department: Substance Use Services	Regional Operations Committee Review Date 12/13/2023
Implementation Date 03/01/2024	Oversight Policy Board Approval Date 02/22/2024

I. PURPOSE

This policy establishes the responsibilities of substance use providers in addressing communicable diseases in the populations being served within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) region. The policy recognizes the primary purpose of communicable disease efforts is to prevent the spread of infection among substance using populations. This policy requires providers of services to individuals with substance use disorders have adequate resources to ensure proper screening and referral for individuals with potential risk of having a communicable disease. This policy also requires all substance use provider staff, including prevention and recovery who interact with individuals receiving services at a contracted provider have at least a basic knowledge of communicable disease and its relation to substance use.

II. REVISION HISTORY

DATE	MODIFICATION
06/2010	Original document
02/2012	Language changes/updates
09/08/2016	Language changes/updates
03/28/2019	Language changes/updates
02/22/2024	Language changes/updates

III. APPLICATION

<input type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input checked="" type="checkbox"/> SUD Prevention Providers
<input checked="" type="checkbox"/> Other as listed: All Substance Use Service Providers

IV. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Priority Populations: Communicable disease priority populations include all individuals with a history of Injection Drug Users (IDU) and pregnant individuals presenting for treatment.

V. POLICY

This policy establishes that all individuals with substance use disorders at risk for and/or living with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted diseases/infections (STDs/Is), tuberculosis (TB), Hepatitis (especially A, B, and C) and other communicable disease will have the opportunity for access to culturally sensitive and appropriate substance use prevention, treatment, and recovery services to address their multiple needs in a respectful and dignified manner.

Given the causal relationship between HIV/AIDS, hepatitis, sexually transmitted infections (STIs), other communicable diseases (CDs), substance use and the importance of recognizing the role of CD assessment in the development of substance use disorder treatment plans for individuals, a comprehensive approach is the most effective strategy for preventing infections among individuals with substance use disorders and the community.

VI. RESPONSIBILITIES

CMHPSM is responsible for the monitoring and oversight of the contracted substance use disorder provider network in screening for communicable diseases and referring individuals for testing and treatment where and when appropriate.

The substance use disorder provider network is responsible for meeting or exceeding the standards set forth by CMHPSM in the screening of communicable diseases and referral for appropriate testing and treatment, and for ensuring that all substance use services staff are properly trained in communicable diseases. Documentation of training and required updates are the responsibility of the provider and must be available upon request.

VII. STANDARDS

This policy establishes the standards that contracted substance use provider staff have a basic knowledge of HIV/AIDS, TB, hepatitis, STD/IS and their relationship to substance use disorder.

Level 1 requirement - At a minimum, **all** substance use program staff should have basic knowledge regarding communicable diseases, including:

- HIV/AIDS, TB, Hepatitis (especially A, B, and C) and STD/Is as they related to the agency target population;
- Modes of transmission (risk factors, myths and facts, etc.);
- Linkage between substance use and these communicable diseases;
- Overview of treatment possibilities; and
- Local resources available for further information / screening.

Level 1 training is available electronically at <https://www.improvingmipractices.org/>.

CMHPSM will maintain a tracking mechanism to assure Substance use services provider staff, across the continuum of care completes the Level1 training.

- Substance use services provider staff is required to complete the Level 1 training

- annually.
- New staff are required to complete the Level 1 training within 30 days of hire.

Services:

1. CMHPSM requires all individuals entering SUD treatment to be appropriately screened for risk of HIV/AIDS, STD/Is, TB, and hepatitis, and to be provided basic information about risk.
2. All individuals receiving SUD services who are infected by mycobacterium tuberculosis must be referred for appropriate medical evaluation and treatment. The CMHPSMs responsibility extends to ensuring that the agency to which the individual is referred to, has the capacity to provide these medical services or to make these services available, based on the individual's ability to pay. If no such agency can be identified locally (within reasonable distance), the CMHPSM must notify MDHHS/SUGE.
3. All individuals entering residential treatment and residential withdrawal management must be tested for TB upon admission. Arrangements can be made for an outside agency to test if they can be completed within 24 hours. With respect to individuals who exhibit symptoms of active TB, referral must be made for follow-up medical intervention and policies and procedures must reflect this requirement to avoid a potential spread of the disease. These policies and procedures must be consistent with the Centers for Disease Control and Prevention (CDC) guidelines and/or communicable disease best practice.
4. All pregnant individuals presenting for treatment must have access to STD/Is and HIV testing.
5. Per MDHHS, the following questions are required by the PIHP in the screening process in order to screen for high-risk individuals and refer them to services accordingly.

1) When was the **last** time, if ever, that you used a **needle to inject drugs or medication** (please include medication prescribed by a doctor)?

- a. Within the past 2 days
- b. 3 to 7 days ago
- c. 1 to 4 weeks ago
- d. 1 to 3 months ago
- e. 4 to 12 months ago
- f. More than 12 months ago
- g. Never

2) **During the past 12 months**, did you...? (Yes/No)

- a. use a needle to **inject drugs**?
- b. reuse a needle that **you** had used before?
- c. reuse a needle **without** cleaning it with bleach or boiling water **first**?
- d. use a needle that you knew or suspected **someone else** had used before?
- e. use someone else's **rinse water, cooker or cotton** after they did?

- f. **skip** cleaning your needle with bleach or boiling water **after** you were done.
 - g. let someone else use a needle **after** you used it?
 - h. let someone else use the **rinse water, cooker or cotton** after you did?
 - i. allow **someone else** to inject you with drugs?
- 3) **During the past 90 days**, how many **days** did you use a needle to inject any kind of drug or medication?
- 4) **During the past 90 days**, with how many **people** have you shared needles or works?
- 5) **During the past 90 days**, on how many **days** did you share needles with other people?
- 6) When was the **last** time, if ever, that you **had any kind of sex (vaginal, oral, or anal)** with another person?
- 7) **During the past 12 months**, did you...? (Yes/No)
- a. have sex while you or your partner **was high on alcohol or other drugs**?
 - b. have sex with someone who was an **injection drug user**?
 - c. have sex involving **anal intercourse**?
 - d. have sex with a man who might have had **sex with other men**?
 - e. have sex with someone who you thought might have **HIV or AIDS**?
 - f. have **two or more** different sex partners (not necessarily at the same time)?
 - g. have sex with a **male partner**?
 - h. have sex with a **female partner**?
 - i. have sex **without** using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy?
 - j. have a lot of **pain** during sex or after having had sex?
 - k. use alcohol or other drugs to make sex **last longer or hurt less**?

Other Questions:

- 8) When was the last time, if ever, that you were **exposed to another person's blood and/or body fluids**?
- 9) When was the **last** time, if ever, that you were **tested for hepatitis**?
- 10) When was the last time, if ever, that you had a **positive TB skin test, TB blood test or chest x-ray**?
- 11) Have you been in **close contact with individuals diagnosed with TB within the last 30 days**?
- 12) Have you had a nagging cough for more than three weeks **along with** any of the following symptoms: weight loss, fever for 3 days or longer, night sweats, coughing up blood?

13) Have you recently lived in **a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living, carceral institution** or in other close quarters with people you did not know well?

VIII. EXHIBITS

None

IX. REFERENCES

Center for Substance Abuse Treatment. (Published December 2011). *Addressing Viral Hepatitis in People with Substance Use Disorders*, Treatment Improvement Protocol (TIP) Series 53. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published September 2015). *Advisory: Hepatitis C Screening in the Behavioral Healthcare Setting*, Volume 14; Issue 1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published November 2020). *Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

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