

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 613 – Special Populations

I. Concurrent Alcohol and Poly-substance Abuse Issues

Patients with the SHCMHC OBMAT program will address abuse of alcohol and other non-opioid substances with the context of the medication-assisted therapy effort.

The SHCMHC OBMAT program shall ensure that its staff is fully trained and knowledgeable regarding current effective strategies for treating alcohol, illicit drug use and other drug abuse.

Ongoing poly-substance use will not be used as a reason for discharge unless the patient **is** repeatedly non-compliant with the OBMAT Program treatment recommendations. The interdisciplinary team shall consider the patient's condition and address the situation from a clinical perspective and in accordance with guidelines and protocols from approved authorities.

The SHCMHC OBMAT program shall have a policy regarding treatment of co-morbid disorders such as psychiatric and medical disorders. The goal of the treatment shall be to provide treatment for these disorders in as seamless a fashion as possible, maximizing patient convenience and compliance with appointments and recommendations. The program shall develop interagency agreements whenever possible to ensure smooth referral processes and interchange of information.

II. Treatment of Co-Existing Disorders Requiring a More Intensive Level of Service

In the event that a medical issue or psychiatric issue is determined, which may or may not interfere with OBMAT services, a referral will be made to the appropriate entity for evaluation for treatment. Consent will be obtained from the patient prior to making any referral.

III. Patients With Behavioral Health Needs

The SHCMHC OBMAT program will ensure that patients with behavioral health needs are identified through the evaluation process and referred for appropriate treatment.

At all phases of treatment, the SHCMHC OBMAT program shall monitor patients during medical withdrawal and recovery for symptoms of behavioral illness.

The SHCMHC OBMAT program will utilize the behavioral health services at SHCMHC for treatment. If a service is not available or an outside entity is requested, that referral will be made.

The SHCMHC OBMAT program may provide psychotropic medication management onsite by appropriately trained medical professionals. Individualized treatment plans shall describe the goals of psychotropic medication management, which shall be reviewed regularly. The patient's chart and individualized treatment plan will document regular contact with the prescribing physician or physician extender, or both, for the distinct purpose of monitoring prescribed psychotropic medications.

IV. Patients with HIV

The SHCMHC OBMAT program shall educate all patients regarding HIV/AIDS, testing procedures, confidentiality, reporting, follow-up care, safer sex, social responsibilities and sharing of intravenous equipment.

The program shall establish linkages with HIV/AIDS treatment programs in the community where available.

V. Patients with Chronic Pain

The SHCMHC OBMAT program shall ensure that physicians practicing at the facility are knowledgeable in the treatment and management of substance use disorder in the context of chronic pain and pain management. The SHCMHC OBMAT program will not prohibit a patient diagnosed with chronic pain from receiving medication for either maintenance or withdrawal in a program setting. The SHCMHC provider will evaluate the patient to ensure that the criteria is met for an opioid use disorder not only a chronic pain disorder. Each patient with this issue will be evaluated on a case-by-case basis.

The SHCMHC OBMAT program shall ensure continuity of care and communication between programs or physicians regarding patients receiving treatment in both an OBMAT program and a facility or physician's office for purposed of pain management, with the patient's written permission. If a patient refuses permission for the two entities to communicate and coordinate care, the program shall document refusal and may make clinically appropriate decisions regarding take-home medication privileges and continuation in treatment.

VI. Patients Who are Pregnant

Pregnant women seeking and needing treatment shall be enrolled in the SHCMHC OBMAT program and provided treatment in accordance with guidelines and protocols from approved authorities. A consent for Suboxone use will be completed.

The SHCMHC OBMAT program will ensure that a referral is made for every pregnant patient who does not have an obstetrical provider. Care for the pregnant patient with an opioid use disorder will be co-managed by the SHCMHC OBMAT program and the patient's obstetrical provider. The SHCMHC OBMAT shall have an agreement in place with obstetrical providers, including informed consent procedures that ensure exchange of pertinent clinical information regarding compliance with the recommended plan of medical care.

The SHCMHC OBMAT program shall offer basic instruction on maternal, physical and dietary care as part of its counseling services and document the provision of the services in the clinical record.

With respect to pharmacotherapy for opioid-addicted pregnant women in medication-assisted therapy, the program shall ensure that:

- Maintenance medication levels shall be maintained at the lowest possible dosage level that is a medically appropriate therapeutic dose as determined by the medical director or program physician taking the pregnancy into account.
- The initial medication-assisted treatment dose for a newly admitted pregnant patient and the subsequent induction and maintenance dosing strategy reflect the same effective dosing protocols used for all other patients.
- The dose is monitored carefully to supply increased or split dose if it becomes necessary.
- Monthly pregnancy tests will be completed.

If a pregnant patient elects to withdraw from medication-assisted treatment against medical advice, withdrawal it not initiated by the program before 14 weeks and after 32 weeks gestation and withdrawal should be supervised by a physician experienced in substance use disorder medicine. Any refusals by the patient will be documented and maintained in the patient record.

The SHCMHC OBMAT program shall document referral for follow-up and primary care for the mother and infant.

If a pregnant patient is discharged, the SHCMHC OBMAT program shall identify the physician to whom the patient is being discharged and this information shall be retained in the clinical record.

The SHCMHC OBMAT program will make a referral to parenting education and training to all male and female patients who are parents or shall refer interested patients to alternative services for training. Any referral shall be documented in the patient's record.