

PREVENTION POLICY # 02

SUBJECT: Addressing Communicable Disease Issues in the Substance Abuse Service Network

ISSUED: October 1, 2006; Revised: April 1, 2011, and September 14, 2011

EFFECTIVE: January 1, 2012

PURPOSE:

This policy revises regional substance abuse coordinating agency (CA) requirements with regard to addressing communicable disease. The primary charge of communicable disease efforts is to prevent the further spread of infection in the substance using population. The original policy, effective October 1, 2006, converted guidelines issued in the 2004 Action Plan Guidelines document, to a policy requirement. The policy was revised in April 2011 to re-affirm many of the original policy requirements, and implemented new requirements for targeting resources.

This revision eliminates most of the prior requirements that were put in place even though, for the past several years, Michigan has not been a designated state required to expend block grant funding on communicable disease (CD) services. When the results of CD services, such as outreach, counseling and testing services, performed over the years were examined, very low prevalence rates of new HIV infection and other CDs were found. Therefore, on the basis of a low prevalence rate of CDs, primarily new HIV infection rates, and reduced availability of funding for core substance use disorder (SUD) services, the requirement for designated communicable disease funding is repealed beginning in fiscal year 2012. However, in recognition of the linkage between CDs and SUD treatment, minimal requirements have been retained to assure needs are met for persons with, or at-risk for, HIV/AIDS or other communicable diseases, and are in treatment for substance abuse.

SCOPE:

This policy applies to CAs and their provider network, which are a part of substance abuse services administered through the Michigan Department of Health & Human Services (MDHHS), Office of Recovery Oriented Systems of Care (OROSC).

BACKGROUND:

Given the causal relationship between HIV/AIDS, hepatitis, other CDs, substance abuse, and the importance of recognizing the role of CD assessment in the development of substance abuse treatment plans for clients, a comprehensive approach is the most effective strategy for preventing infections in the drug using population and their communities.

The CA must assure persons with SUDs who are at-risk for and/or living with HIV/AIDS, sexually

transmitted diseases/infections (STD/Is), tuberculosis (TB), hepatitis C, and other CDs, have access to culturally sensitive and appropriate substance abuse prevention and treatment to address their multiple needs in a respectful and dignified manner.

REQUIREMENTS:

Staffing

Each CA must assure staff knowledge and skills in the provider network are adequate and appropriate for addressing communicable disease related issues in the client population, as appropriate for each position within each provider, in accordance with the “Minimum Knowledge Standards” that follow:

Minimum Knowledge Standards for Substance Abuse Professionals - Communicable Disease Related

BSAAS mandates that all staff with client contact at a licensed treatment provider have at least a basic knowledge of HIV/AIDS, TB, Hepatitis, and STD, and the relationship to substance abuse. BSAAS provides a web-based training that will cover minimal knowledge standards necessary to meet this **Level 1** requirement. However, if a CA region desires to provide this training through other mechanisms, the following information must be included:

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

CA regions are required to maintain a tracking mechanism to assure SUD provider staff completes Level 1 training.

Services

1. All persons receiving SUD services who are infected by mycobacterium tuberculosis must be referred for appropriate medical evaluation and treatment. The CA’s responsibility extends to ensuring that the agency, to which the client is referred to, has the capacity to provide these medical services, or to make these services available, based on the client's ability to pay. If no such agency can be identified locally (within reasonable distance), the CA must notify MDHHS/OROSC.
2. All clients entering residential treatment and residential detoxification must be tested for TB upon admission. With respect to clients who exhibit symptoms of active TB, policies and procedures must be in place to avoid a potential spread of the disease. These policies and procedures must be consistent with the Centers for Disease Control (CDC) guidelines and/or communicable disease best practice.
3. All pregnant women presenting for treatment must have access to STD/Is and HIV testing.
4. Each CA is required to assure that all SUD clients entering treatment have been appropriately screened for risk of HIV/AIDS, STD/Is, TB, and hepatitis, and that they are provided basic

information about risk.

5. For those clients entering SUD treatment identified with high-risk behaviors, additional information about the resources available, and referral to testing and treatment must be made available.

Financial and Reporting Requirements

For the required services set forth in this policy, there are no separate financial or reporting requirements.

If a CA chooses to utilize state funds to provide communicable disease services beyond the scope of this policy:

1. The CA must ensure that recipients are persons with SUDs.
2. The Communicable Disease Provider Information Plan must be completed at the beginning of each fiscal year in conjunction with the CA Action Plan submission (Attachment A).
3. The Communicable Disease Provider Information Report must be completed within 60 days following the end of a fiscal year and submitted to MDHHS-OROSC@michigan.gov (Attachment A).
4. The CA must submit data to the HIV Event System [HES] for Health Education/Risk Reduction Informational Sessions and Single-Session Skills Building Workgroups, as well as HIV Counseling, Testing and Referral Services (CTRS), consistent with MDHHS HIV/AIDS Prevention and Intervention Section (HAPIS) data collections methods.

PROCEDURE:

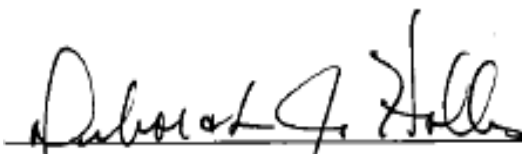
Procedures to meet these requirements are at the discretion of the PIHP.

REFERENCES:

Center for Substance Abuse Treatment. (Reprinted 2000). *Substance Abuse Treatment for Persons with HIV/AIDS*, Treatment Improvement Protocol (TIP) Series 37. U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Reprinted 1995). *Screening for Infectious Disease Among Substance Abusers*, Treatment Improvement Protocol (TIP) Series 6. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Approved by:



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