

## Revision Medical Services Policies and Procedures

Dept.	Policy #	Title	Notes
Medical Services	D08-07	Laguna Honda Psychiatry Substance Treatment and Recovery Services (STARS)	<ol style="list-style-type: none"> <li>1. Added documentation for non-specialty services for residents with SUDs shall be entered into the EHR and accessed by RCT.</li> <li>2. Added if residents who are willing to participate in the DMC program, the resident will be referred to and enrolled in the DMC program.</li> <li>3. Added resident will be asked to sign ROI form for permission to sharing treatment records and share with special SUD treatment information with the RCT.</li> <li>4. Added consent for ROI section. <ul style="list-style-type: none"> <li>-Provider will document summary information of SUD treatment in EHR</li> <li>-SUD treatment incorporated in resident's care plans</li> <li>- Provider will document detailed SUD treatment information in EHR</li> <li>-ROI can be revoked at any time and provider will cease to document SUD treatment in EHR</li> </ul> </li> <li>5. Added If resident wants to participate in SUD but does not consent for ROI section <ul style="list-style-type: none"> <li>-Provider will not document SUD treatment in EHR</li> <li>-SUD treatment will be documented in behavioral health EHR only and LHH SUD provider will note in the behavioral health EHR that resident does not consent</li> <li>-RCT may ask the resident about how the SUD treatment is doing and document in EHR</li> <li>-Resident can change their mind and consents to ROI, ROI documentation will be followed</li> <li>-SUD providers will periodically ask residents whether if they want to consent to ROI.</li> </ul> </li> <li>6. Added reference to 75-05 Illicit or Prohibited Drugs Policy for other aspects involving resident active substance use and contraband presence.</li> </ol>

# Revised Medical Services Policies and Procedures

## **LAGUNA HONDA PSYCHIATRY ~~SUBSTANCE TREATMENTS~~SUBSTANCE TREATMENT AND RECOVERY ~~SERVICES~~SERVICES (STARS)**

### **POLICY:** **POLICY:**

Laguna Honda Hospital and Rehabilitation Center (LHH) provides Substance Treatment and Recovery Services (STARS) for its residents with substance use service needs. These services include both non-specialty resident outreach and engagement services, as well as specialty substance use treatment services, in alignment with San Francisco Health Network Behavioral Health Services (SFHN-BHS) and Medicare/MediCal standards.

### **PURPOSE:**

1. To establish Policies and Procedures through which LHH Psychiatry clinicians deliver services for LHH residents with substance use disorders (SUDs).
2. To ensure that specialty substance treatment services are evidence-based, including the use of co-occurring service models, modeled after a Drug Medi-Cal (DMC) Organizational Delivery System (ODS) Outpatient Program, and meet SFHN-BHS requirements. (The specialty substance treatment portion of STARS shall be referred to as “DMC program” below.)
3. To ensure that the results of services to residents with SUDs are meaningful and helpful to the residents and are communicated where appropriate to the attending physician or the referral party.

### **OVERVIEW:**

LHH STARS program is part of LHH Psychiatry, which is a Clinical Service under LHH Medical Staff Services. The STARS program provides outpatient level non-specialty outreach efforts to engage LHH residents with SUDs in services, as well as specialty substance use treatment services (DMC program). The DMC program portion of STARS is modeled after the regulatory guidelines of Drug-Medi-Cal (DMC), SFHN-BHS of San Francisco Department of Public Health, and The Department of Health Care Services of California (DHCS).

### **PHILOSOPHY:**

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All STARS services are provided in alignment with the SFHN-BHS philosophy of care; elements include but are not limited to:

- Person centered
- Non-judgmental
- Evidence based
- ~~Strength~~Strengths based

- Individually tailored
- Trauma informed
- Culturally sensitive
- Harm Reduction
- Promoting autonomy, optimism and hope
- Integrating care for bio-psycho-social-spiritual aspects of the whole person.

## **PROCEDURE:**

### **I. Non-specialty outreach and engagement of resident with SUDs**

All LHH Psychiatry staff shall incorporate low barrier and welcoming approaches with the above philosophical principles in clinical encounters with residents with SUDs. This means any door is the right door, i.e. regardless of the types of clinical services staff are providing (i.e. psychotropic medication management, mental health services, neuropsychological and psychological services, behavioral consultation and planning, health and behavioral interventions), screening and checking in about substance use concerns (if any) are an integral part of the service. Depending on the resident's stages of change, clinicians may discuss with residents about their substance use concerns under the context of these existing Psychiatry services, providing brief interventions if indicated and appropriate, as well as referring the resident to specialty DMC program if indicated.

Documentation for such non-specialty services for residents with SUDs shall be entered into the electronic health record (EHR) section designated for LHH Psychiatry, under non-substance treatment related service areas (i.e., specialty mental health, non-specialty mental health, or primary care behavioral health service areas), in the LHH EHR. Such documentation can be accessed by LHH Resident Care Team members.

### **II. Specialty Substance Treatment Program (DMC Program)**

DMC program treatment services (including but not limited to: screening, assessment, treatment planning, individual and group counseling services) and other substance recovery related services (e.g. motivational interviewing, harm reduction counseling) are provided by a team of LHH Psychiatry staff who are registered, licensed, or certified to provide substance use and/or mental health services in California. These services are provided under the direction of Chief of Psychiatry, Behavioral Health Program Director, and designated STARS psychiatrist, and coordinated on a day-to-day basis by the STARS Clinical Coordinator, Behavioral Health Program Director or designee. The practice procedures outlined below are the general service delivery process. Staff will follow the steps as they are implemented during the program development process.

#### **1. Referral**

- a. Any LHH residents with known, suspected, unresolved or history of substance use, or residents who exhibit substance use behavior, with or without history of treatment, that may meet DSM-5 criteria for a SUD diagnosis (excluding nicotine-only use) shall be referred by the LHH Primary Physician for SUD screening and/or treatment services via the E-Consult process for LHH Psychiatry.

b. Any LHH resident and/or family can request a substance use treatment screening/assessment for the resident. The resident and/or family shall notify the resident's primary physician who shall make the referral to LHH Psychiatry. They

- b.      may also notify their currently assigned LHH Psychiatry provider, who can provide the service or make an internal referral, as appropriate.
- c. Residents may decline services by LHH Psychiatry clinicians for SUD related services, including screening, assessment or treatment. Resident participation in the DMC specialty SUD treatment program (DMC program) is voluntary.
- d. Designated LHH Psychiatry triage staff will review the referral within one business day of the E-consult entry. ~~Any referrals where substance use is a clinical concern will be assigned to a DMC program clinician for screening.~~
- e. The assigned clinician will review the resident's medical record and complete a screening within five (5) business days after being assigned, sooner if clinically indicated, unless the residents' special medical or other conditions warrants otherwise (the reasons for delayed screening and assessments need to be documented in the ~~e-consult response and the LHH~~ electronic health record (EHR) section designated for LHH Psychiatry.)

## 2. Information Gathering

- a. a.     The assigned clinician will collect information from the resident, medical records, staff, the LHH primary physician, and other entities authorized by the resident.
- b. b.     The clinician will screen the following areas:
  - i. The resident's history of using one or more substances (excluding nicotine-only use) including prescription medications or medicinal cannabis, whether such use meeting criteria for a DSM-5 substance use disorder diagnosis. This may include mild use disorders, SUD in remission, and if the resident is at risk for relapse without outpatient treatment.
  - ii. Motivation for Treatment (stages of change model).
  - iii. Physical and cognitive capacity to participate and benefit from receiving substance treatment.
- c. c.     Until the resident is diagnosed with a substance use disorder and agrees to specialty treatment, all initial documentation will be entered into the EHR section designated for LHH Psychiatry, non- substance treatment related service areas (i.e., specialty mental health, non-specialty mental health, or primary care behavioral health service areas)., in the LHH EHR.
- d. For residents who are assessed to be appropriate for and who are able/willing and ready to participate in the specialty DMC program, the resident will be internally referred (within LHH Psychiatry) to and enrolled in the DMC program. The enrolling/treating SUD treatment provider may or may not be the same clinician who completes the initial SUD screening.

- d. d. For residents who are assessed to be appropriate for but who decline to participate in the specialty DMC program during the initial encounter:
  - i. The clinician shall explain to the resident, that they can request to be re-assessed and ~~admitted to~~enrolled in the specialty DMC program at any time during their LHH stay.

- ii. The clinician will leave their contact information and STARS related information materials with the resident-, if acceptable to the resident.
- iii. The LHH Psychiatry clinician will make at least one more attempt based on their clinical judgment to engage the resident in specialty DMC program through outreach efforts and other ~~non-treatment~~ recovery services- (that are not treatment per se).
- iv. The LHH Psychiatry clinician ~~must~~shall notify the referring primary physician and STARS Clinical Coordinator regarding the residents' decision to not participate in the specialty DMC program. The clinician ~~must~~shall document the communication- in the EHR.

### 3. Admission to specialty DMC program

#### a. Inclusion Criteria:

- i. The resident meets criteria for a DSM-5 Substance Use Disorder diagnosis (including in sustained remission), excluding nicotine-only use.
- ii. The resident is interested in, or is ambivalent but still willing to participate in, the specialty DMC program.
- iii. The resident has the basic cognitive and physical capacity to participate in and benefit from treatment.

#### b. Once admitted to the specialty DMC program, the resident must be opened in the designated behavioral health EHR for LHH specialty DMC program.

#### c. For residents who are admitted to the specialty DMC program, the clinician will:

- i. Complete an Intake assessment (this may be extended over multiple sessions if preferred by the resident).

ii. Complete necessary treatment consent ~~and if indicated, Authorization.~~

~~iii.~~ Ask the resident to Disclose Private Healthsign the consent for Release of Information (ROI) (Form Name: Permission To Share Your Substance Use Disorder (SUD) Treatment Records) for the SUD treatment provider to share specialty SUD treatment information with the RCT (see Section 7 below).

~~iii.~~ iv. Have the designated STARS psychiatrist review the physical exam (must be within the past 12 months),

~~iv.~~ v. Have a licensed clinician review and approve (as indicated) the clinical elements per the current DMC guidelines, such as: DSM-5 diagnosis(es) and medical necessity of admission, the screening and Intake Assessment by the primary clinician (if non-licensed) ~~and/or per DMC guidelines.~~



**4. Specialty DMC program Treatment Plan of Care**

- a. Upon completion of the Intake Assessment, the primary DMC program clinician shall develop a Treatment Plan of Care with the resident, as per DMC requirements. Necessary signatures shall be obtained as per DMC requirements.
- b. The resident's assessment and treatment plan are shared among the DMC clinicians for review and comment.
- c. Treatment plan reviews and renewals will be documented according to DMC requirements.
- d. The treatment plan is developed using person-centered principles.

## 5. Substance Use Treatment

- a. Substance use treatment modalities at LHH may include:
  - i. admission and intake assessment/reassessment
  - ii. person-centered treatment planning and treatment plan reviews
  - iii. individual and/or group (and when appropriate, couples or family) therapy and psychoeducation
  - iv. crisis intervention
  - v. collateral sessions (meetings with family or others in the resident's natural support network)
  - vi. medication support and management
  - vii. coordination with hospital-based case management (RCT and medical social worker), including assistance with discharge planning and developing community-based substance use recovery plans. (See LHH HWPP 20-04 Discharge Planning)
- b. All services are to be provided with a wellness recovery approach.

## 6. Documentation

- a. Documentation of LHH ~~STARS~~ specialty substance treatment services will be completed in the designated behavioral health EHR. Paper records including the resident's signature will be kept in a separate DMC program medical record. Upon the resident's discharge from LHH, such records will be forwarded to SFHN-BHS Medical Record.
- b. ~~All~~ All specialty substance treatment documentation will follow the most current instructions for documentation, including but not limited to timing and content, based on the current Behavioral Health Services Substance Use Disorders Comprehensive Documentation Manual. Provision of the instructions is the ~~joint~~ responsibility of the LHH Psychiatry Behavioral Health Program Director (or designee) ~~and the STARS Clinical Coordinator.~~

## 7. Privacy and Authorization to Disclose Substance Treatment Information

- a. LHH Psychiatry clinicians will follow federal and state laws that govern the disclosure and re-disclosure of specialty substance use treatment information.

- b. LHH provides team-based services and the Resident Care Team concept is central to LHH's holistic approach to care. Communication between the Resident Care Team (RCT) and LHH Psychiatry staff is critical to this process.
- c. In order to facilitate care coordination, whenever appropriate, any LHH providers (DMC program ~~clinician~~clinicians, Psychiatry ~~provider~~providers or RCT members) ~~may ask~~shall encourage the resident to ~~sign the DPH "Authorization to Disclose Health Information Form" indicating authorization for~~ give consent for ROI, i.e., permission for the resident's specialty substance use treatment information to be disclosed to the RCT ~~members~~. The ~~form shall indicate specifically if~~specialty SUD treatment provider will go over the DPH form "Permission To Share Your Substance Use Disorder (SUD) Treatment Records" with the resident ~~is authorizing verbal~~. Once a resident signs the form indicating authorization for disclosure of treatment information, release of written substance treatment documentation, or both. The, the original signed form will be filed in the resident's DMC program chart, with a copy uploaded to the resident's record in the LHH EHR.
- d. Providers are encouraged to explain to the resident the importance, benefits, and risks (if any) of care coordination, while understanding that authorizing disclosure of substance treatment information is voluntary, and that the residents have the right to revoke the authorization, verbally or in writing, at any time. Providers are encouraged to inform residents of the legal exceptions to confidentiality.
- e. In cases where the resident gives consent for ROI:
- i. LHH Psychiatry SUD treatment provider will document summary information of the resident's SUD treatment in LHH EHR.
  - ii. LHH RCT incorporates the SUD treatment information into the resident's care plans.
  - iii. LHH Psychiatry SUD treatment provider will still document detailed SUD treatment information in the behavioral health EHR.
  - iv. If the resident changes their mind and revokes their consents for ROI at some point, no further entries will be made in LHH EHR by LHH Psychiatry specialty SUD treatment providers.
- e.f. Recipients of such disclosed substance treatment information are responsible for complying with legal requirement to refrain from re-disclosing substance treatment information except with the resident's written authorization or as specifically required by law.
- g. In cases where a resident desires and participates in specialty SUD treatment but does not consent for ROI:
- i. LHH Psychiatry SUD treatment provider will NOT document SUD treatment information in LHH EHR.
  - ii. SUD treatment information will be documented in the behavioral health EHR only and LHH Psychiatry SUD treatment provider will note in the behavioral health EHR that the resident does not consent (or has revoked prior consent) to disclosure of records.

- iii. LHH Psychiatry SUD treatment providers may still document in LHH EHR behavioral health treatment information that is NOT about specialty SUD treatment, such as:
  - Mental Health assessment and treatment;
  - Neuropsychological services;
  - Non-specialty level SUD services;
  - Psychotropic medication treatment; and
  - Behavioral consultation and planning recommendations.
- iv. LHH RCT members may ask the resident about how the resident is doing with the referral to SUD treatment, and document in Epic what the resident chooses to disclose in response, if any.
- v. LHH RCT will care plan for the resident's SUD condition(s) based on available clinical information and observations.
- vi. If the resident changes their mind and consents for ROI at some point, LHH Psychiatry SUD treatment providers shall follow steps c-e above.
- vii. LHH Psychiatry SUD providers will periodically (at least annually) ask residents whether they would like to consent for ROI, for the benefit of care coordination.

f.h. As the DMC program is part of the comprehensive behavioral health program of LHH Psychiatry, and LHH Psychiatry providers provide clinical cross-coverage for each other, a resident's DMC clinician may share the resident's substance treatment information with other LHH Psychiatry providers. Minimum necessary requirements of HIPPA will be followed.

## 8. Quality Assurance

LHH ~~STARS program~~ Psychiatry shall collaborate with LHH Quality Management on gathering, tracking and analyzing data related to STARS services for quality assurance and improvement purposes. Areas of improvement and countermeasures shall be identified and implemented following the LEAN quality improvement framework.

## III. Other Substance Use Recovery Related Groups and Activities

1. In addition to treatment services, LHH STARS program ~~will~~ may also include outreach, engagement and educational services for the general resident population and for those who are not ready to commit to active treatment. These services are focused on reduction of active use and harm. They may be provided if feasible based on resources and Infection Control protocols.
2. ~~STARS outreach program~~ Outreach may include peer support services such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), and others.

- a. Appropriate approval and clearance by the LHH Chief Medical Officer must be obtained before such groups may start.
- b. Coordination of these groups and activities will be through the LHH ~~STARS Clinical Coordinator~~ Psychiatry Behavioral Health Program Director or designee.
- c. Information about participation in peer support services for admitted residents will be collected from the resident during individual and/or group sessions. This information will be documented by STARS clinicians in individual and/or group counseling progress notes.

#### **IV. Active Use, Contraband and Searches for Illicit Drugs and Paraphernalia**

1. LHH Psychiatry clinicians are NOT to participate in any clinical searches for the purpose of maintaining milieu safety. This is to ensure that the therapeutic alliance formed between the LHH Psychiatry clinician and the resident, which is the foundation for effective therapeutic interventions, can be preserved, so that the resident would not suffer from breaking the trust in their treatment provider- (which may lead to negative treatment outcomes).
2. For residents with behavioral issues related to active use and negatively impacting care, LHH Psychiatry clinicians will collaborate with the RCT on behavioral management services. See LHH MSPP D08-10 Behavioral Management Services by LHH Psychiatry.
3. For other aspects involving resident active substance use and contraband presence, see LHH Policy 75-05 Illicit or Prohibited Drugs or Paraphernalia Possession/Use By Residents or Visitors.

#### **V. Education about Substance Use Treatment**

1. All LHH Psychiatry clinicians have a role in helping hospital staff, family members and/or the general resident population at LHH to learn about substance use disorders, wellness and recovery principles, and harm reduction principles.
2. The purpose is to reduce stigma, promote greater understanding of these disorders and potential consequences, and to increase the skills of staff and family especially in participating in treatment planning and helping to promote residents' recovery.
3. Such educational activities may include but are not limited to: input in staff training, family psychoeducation, consultation to the RCTs for specific residents, Learning Circles, and other means for increasing and improving communication, learning and understanding about SUDs.

**ATTACHMENT:**

None

**REFERENCE:**

1. 75-05 Illicit or Prohibited Drugs or Paraphernalia Possession/Use By Residents or Visitors
2. Community Behavioral Health Services Substance Use Disorders Comprehensive Documentation Manual, 2015
3. MSPP D08-03 Access to LHH Psychiatry Services
4. MSPP D08-10 Behavioral Management Services by LHH Psychiatry.
5. HWPP 20-04 Discharge Planning

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