

MACOMB COUNTY COMMUNITY MENTAL HEALTH
COMMUNICABLE DISEASE POLICY AND GUIDELINES

It is the policy of the Macomb County Community Mental health (MCCMH) SUD that contract agencies complete a behavioral risk screen on each admitted client, identify high risk behaviors/events for HIV, Hepatitis, Sexually Transmitted Infections (STIs) and Tuberculosis (TB). All contract providers are required to provide education of high risk behaviors, facilitate voluntary referrals for health screening, and provide case management and follow-up for referrals. *(See attachments for the Communicable Disease Risk Screening Form and Instructions.)*

Furthermore, it is also required that individuals or organizations contracted with MCCMH SUD to provide substance use disorder treatment services are able to demonstrate the minimum knowledge requirements related to Communicable Disease and Substance Use for Level I as defined below within 30 days of hire.

Definition of terms:

High Risk: An individual is deemed at high risk for contracting HIV, Hepatitis, STIs (including Chlamydia, Herpes, Gonorrhea or Syphilis) or TB when he/she engages in any series of behaviors or has been exposed to events or environments that increase the probability of contracting the same.

Risk Reduction: Any increase in the knowledge base about HIV-related disease, Hepatitis, STIs and TB; or transmission of said diseases, which enhances the decision making process and increases the individual's choices, resulting in behavioral change.

Health Screening Referral: A health screening referral is a voluntary referral to a personal physician or Public Health Department for confidential testing for Hepatitis, STIs or TB if an individual requests or is found to be at high risk.

HIV/HVC/TB/STI Testing Referral: A voluntary referral to an anonymous or confidential testing site for individuals identified as high risk or for those who request a testing referral.

LEVEL I Competency: Level I is related to education regarding Communicable Diseases and Substance Use for all staff. Per the Michigan Office of Recovery Oriented System of Care, the *minimum* knowledge regarding communicable diseases includes: HIV/AIDS, TB, Hepatitis (especially A, B and C) and STDs (here STIs) as they relate to the agency target populations; modes of transmission (risk factors, myths and facts, etc.), linkages between substance use and these communicable diseases, overview of treatment possibilities, local resources available for further information/screening and universal precaution procedures, or basic knowledge of universal precautions for blood/air-born and body fluid transmission of pathogens.

I. RISK SCREENING GUIDELINES

- A. An individual is determined to be at high risk for HIV, STIs or Hepatitis when One (1) or more of the following apply:
1. The individual engages in unprotected sexual interaction with a partner or partners where the health status is unknown. (e.g., sex while drunk or high, trading sex for drugs, having multiple sexual partners, solicitation, drug use by injection, men having sex with men, etc.).
 2. The individual engages in unprotected sexual interaction with a partner or partners where the HIV, STIs or Hepatitis status is known to be positive. For example, the individual has shared injecting needles or "works" with other persons, including spouse or partner, even once.
 3. The individual has experienced blood-to-blood or body fluid contact, (e.g., tattoos, piercings, blood transfusions, Hemophilia treatments, employment in the medical field, etc. where the individual is concerned about their HIV or HCV status).
 4. The individual is a child whose mother was known to have been an HIV high-risk candidate and in which exposure could have occurred in utero, during delivery or as a product of breast feeding.
 5. An individual determined to be at risk for either HIV/HVC or TB or an STI should be automatically considered to be at risk for all three, and should be identified as such and referred to the appropriate agency.
- B. An individual is determined to be at high risk for TB when one or more of the following apply:
1. The individual is currently or has recently lived in a residential treatment facility, homeless shelter, drug house, jail/prison, a psychiatric hospital or in close quarters with persons of unknown health status.
 2. Has recently had close contact with someone diagnosed as having TB.
 3. The individual has a chronic cough and one or more of the following symptoms: weight loss, fever for three days or longer, night sweats, or coughs up blood.
 4. The individual has been tested as having HIV or diagnosed with AIDS.
 5. The individual was born in or recently spent time in areas known for high prevalence for TB (e.g., India, Asia, Latin America, Africa).
- C. Clinicians completing and/or reviewing the Communicable Disease Risk Screening Form must explore the accuracy of the responses if there is information elsewhere in the case record that would suggest the client is either minimizing or in denial of the seriousness of their high risk behaviors.
- D. Once a referral for high risk behavior is made, the clinician must document follow up regarding the client's referral for services. The provider does not

need to document the results of the referral, only if and when it was completed and if not, any further steps that are taken to encourage the client to seek appropriate care.

II. SERVICES

- A. All persons receiving SUD services who are infected by mycobacterium tuberculosis must be referred for appropriate medical evaluation and treatment. Contracted providers are required to have the capacity to provide these medical services, or to make these services available, based on the client's ability to pay.
- B. All clients entering sub-acute residential detoxification and residential treatment 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 practices.
- C. All pregnant women presenting for treatment must have access STD/Is and HIV testing.
- D. Each PIHP is required to assure that all SUD clients entering treatment have been appropriately screened for risk of HIV/AIDS, STD/Is, and hepatitis, and that they are provided with basic information about risk.
- E. For all clients entering into SUD treatment identified with high-risk behaviors, resources and referrals to testing and treatment must be made available.

III. DOCUMENTATION GUIDELINES

- A. Chart documentation must be consistent with State and Federal requirements.
- B. The information about the individual's risk status for these communicable Disease(s) is documented in the case record on a Communicable Disease Risk Screening Form.
- C. The agency documents on the Communicable Disease Risk Screening Form instructions have been given to the client about the transmission of HIV, STIs, Hepatitis or TB. This documentation also addresses how substance use can effect contracting these diseases, and the ways to reduce the client's risk for infection.
- D. If the client is deemed to be high risk, the agency includes documentation in the individual's case record that a confidential or anonymous, voluntary testing referral has been made. Page 4 of the Risk Screening Form lists

local resources for the screening and treatment of Communicable Diseases, and should be given to the client following the screen with appropriate referral resources indicated for each high risk area. Each general area of referral should be noted on Page 3, which is kept in the clinical record.

- E. If the client is deemed to be at risk for Hepatitis, STIs or TB, the agency includes documentation in the individual's case record that a referral was made for a health screen through either the client's personal physician or the Public Health Department.
- F. If a referral has been made based on risk for communicable disease, the record must contain information relating to the outcome of that referral.

IV. STAFF TRAINING GUIDELINES

- A. **LEVEL I Competency:** All staff with client contact at a licensed treatment provider shall have at least the basic knowledge of HIV/AIDS, TB, Hepatitis, and STD with regards to the relationship of substance use. At a minimum, the following information must be included:
 - 1. HIV/AIDS, TB, Hepatitis (A, B, & C), and STD/Is;
 - 2. Modes of transmission (risk factors, myths, facts, etc.);
 - 3. Linkage between substance use and communicable diseases;
 - 4. Overview of treatment options, and;
 - 5. Local resources available for further information/screening.
- B. Staff must demonstrate competency in the above areas within one (1) month of hire at a provider agency as demonstrated by completing the: Communicable Disease training in Improving MI Practices.