11/2/00

Report of the CPS Acute Inpatient Substance Abuse Services Task Force

I. Background

A. Charge

In the fall of 1998, Dorn Schuffman, Director of the Division of Comprehensive Psychiatric Services, requested formation of a task force charged with:

1. Conduct a survey and analysis that better defines the current mix of diagnosis and service needs of persons presenting at CPS acute hospitals whose current presentation or history includes substance abuse.

2. Review of the current substance abuse programming at CPS acute hospitals.

3. Review research and expert opinion to determine what the current best practices are for diagnosis and substance abuse intervention in an acute hospital setting. The task force was asked to recommend changes in policy and programming to improve diagnosis, treatment intervention and management of persons with substance abuse presenting to CPS hospitals.

II. Membership

Joseph Parks, M.D. and Andy Homer – Co-Chairperson
Gerald Heisler & Dean Marth – Mid-Missouri MHC
Tony Cuneo, Irene Griggs & Mehdi Maghaddas, M.D. – Metropolitan St. Louis PC
Denise Norbury, Larry Wheatley & Troy Munsterman – Southwest MO PRC
John Colligan, Guy Roberts and John Golden, Ph.D. – Southeast MO MHC
Robin Burnside-Nave, Ken Spaulding, M.D., Mitch Landucci
& Muriel Lapsley – Western MO MHC
Jim Brady – Fulton State Hospital
Benton Goon
Rosie Anderson-Harper
Nkosi Halim
Niels Beck, Ph.D. (Dept. of Psychiatry)
Deborah Beste (Phoenix Programs)
Mike Williams (DART)

III. Analysis of Prevalence of Substance Abuse Disorders Among Persons Presenting To CPS Acute Hospitals and Review of Current Services

19% of persons admitted to the CPS acute hospitals only have a substance abuse disorder diagnosis with no diagnosis of mental illness, 6% have a primary substance abuse disorder diagnosis with a secondary mental illness and 18% have a primary diagnosis of mental illness with a secondary diagnosis of substance abuse. Thus overall, 43% of admissions to CPS acute facilities have a current diagnosis of substance abuse disorder for that admission. 32% of the total bed days provided by CPS acute facilities are utilized by patients with substance abuse disorders. 15% of involuntary commitments to CPS acute facilities are by reason by substance abuse disorder. However, it should be noted that there were numerous instances of persons admitted on a mental health order of detention that were subsequently discharged with only a substance abuse disorder diagnosis. On average throughout the year, persons with sole or primary substance abuse accounted for use of 41 beds at CPS acute facilities and persons with primary mental illness and a secondary substance abuse disorder accounted for use of another 53 beds. Several committee members at 3 of the acute facilities conducted onsite charge reviews. The findings of the chart reviews were:

1. The admissions were appropriate.

2. In many cases, the length of stay inpatient was longer than necessary.

3. The assessment of substance abuse history and current usage and the consequences of usage were inadequate.

4. The amount of substance abuse intervention was inadequate in view of the degree if substance abuse pathology.

5. Among a substantial portion of clients with significant mental health issues, medication was appropriate and an essential component of treatment.

6. There was an obvious need for mental health interventions for persons with previous experience of trauma or abuse. Persons who had been admitted were presenting behavioral difficulties or suicidal ideation beyond the ability of social detox settings to manage safely.

   As a result of the analysis and chart review, the committee determined that the evaluation and stabilization of persons with severe behavioral disruption or suicidal ideation due to substance use disorder is an appropriate and essential part of the safety net mission of CPS acute facilities. The essential services to fulfill that mission are:

1. Universal screening for substance use disorder of all persons presenting to CPS acute facilities.

2. For persons admitted to CPS acute facilities, assessment of substance use disorders sufficient to plan and provide for initial management and referral.

3. Modified medical detox.

4. Brief focused interventions to increase motivation, to accept referral and continue in treatment.

5. Appropriate referral to ongoing treatment in the community.

IV. Best Practice Recommendations for Substance Use Disorder Services at CPS Acute Facilities

A. All persons presenting for evaluating at CPS acute facilities should be screened for substance use disorder risk using the CAGE questionnaire while in the emergency room admitting area.

B. All persons presenting at CPS acute facilities should be screened for alcohol use or intoxication using hand-held breathalyzer while in the emergency room admitting area.

C. All persons admitted to CPS acute facilities should receive a substance abuse assessment covering the content from the ASI substance use history module (see Attachment 1).

D. All persons admitted to CPS acute facilities should have urine screening for drugs of abuse. In recent published research, 20% of patients who deny substance abuse or found to have positive urine screens and of these, half or the physicians evaluating them did not suspect 10% of all patients of substance use.

E. All CPS acute inpatients should have access and be encouraged to attend a substance abuse prevention intervention. This should be done in a group education format and cover topics such as the increased risk of persons with mental illness for developing substance use disorders, the impact of substance use disorders on the course of common mental illnesses, the addictive potential of various drugs of abuse, and refusal skills training.

F. Persons admitted to CPS acute facilities with a substance use disorder should receive individual substance abuse counseling once a day for no less than 15 minutes and not more than 30 minutes unless special circumstances dictate an individual exception. The session should use motivational interviewing techniques and should be done by a qualified substance abuse counselor (see Attachment 2).

G. Persons admitted to acute CPS facilities with substance use disorders should have access to and be encouraged to attend 2 group interventions a day. One of the groups should be informational in nature, covering topics including what is addiction, what is abuse and dependence, how mental illness effects addiction, what are the medical consequences of addiction. The second group should be more process oriented and use a motivation enhancement therapy approach to cover topics such as triggers to relapse and relapse prevention, coping skills, refusal skills and other social skills. A qualified substance abuse counselor should do the second group.

H. All persons at discharge should receive the following interventions to decrease transfer attrition:

1. If at all possible, the patient should meet in person with the staff from the agency that will be treating them in the community. If this is not possible, they should have a telephone conversation with staff of the agency that they will receive their substance use disorder treatment from in the community.

2. They should receive a packet of basic information about the program to which they are being referred including what kind of staff, what kind of treatment interventions they will receive, what its hours of operation are, address, telephone number and a map that shows how to get there.

3. They should receive an actual appointment date and time prior to discharge. Their initial appointment should be within 3 days following discharge.

I. Detox practice guidelines should be developed and adopted for alcohol, opiates, and for stimulant use.

J. A chart quality assurance review protocol should be used at each facility to assure that persons with substance abuse risk factors are assessed as to whether or not they have a substance abuse diagnosis, and the presence or absence of that

diagnosis is determined by considering all the diagnostic criteria in the DSM, and that appropriate referrals were made. This chart quality assurance review should be ongoing.

K. CPS acute facilities should meet the ADA certification guidelines for modified medical detox.

L. CPS acute facility staff should receive additional training and education on the assessment and management of substance use disorders and dual diagnosis (see Attachment 3).

M. The divisions of ADA and CPS in DMH should require by contract that their community treatment programs provide immediate access to substance abuse treatment services for people referred from CPS acute facilities and should make appropriate dual diagnosis programming available.