



Section: Substance Abuse Treatment & Prevention	Policy Name: Communicable Disease Testing/Education	Policy Number: 11.05
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Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Joel A. Smith, LMSW</i> Joel A. Smith, LMSW (Dec 4, 2023 08:31 EST)	Date Approved: Dec 4, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan (SUD) <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 1/1/2014

Policy: In accordance with the Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling, and Epidemiology Section (SUGE), contract in the area of HIV/AIDS-STI Communicable Disease, Southwest Michigan Behavioral Health (SWMBH), which is the Prepaid Inpatient Health Plan (PIHP) for Barry, Branch, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties will assure all direct treatment provider staff screen for HIV/AIDS-STI Communicable Diseases, provide referrals for testing as needed and provide health education to persons at risk.

Purpose: To convey the requirements of communicable disease training and outline the testing and health education expectations for persons receiving Substance Use Disorder (SUD) services to prevent the further spread of infection in the substance using population.

Scope: This policy is applicable to all SWMBH SUD contracted providers.

Responsibilities: SWMBH SUD contracted treatment providers shall screen for communicable diseases

Definitions: Communicable Diseases: Includes HIV/AIDS, STIs, Hepatitis B, Hepatitis C and Tuberculosis (TB).

High Risk Behaviors: Include injecting drugs, persons sharing needles, persons who engage in unprotected sex and persons living with an individual who has a communicable disease.

Standards and Guidelines:

A. If SWMBH uses Block Grant on communicable disease services, SWMBH will monitor provider



- compliance with the Action Plan Guidelines in the area of communicable disease testing and education.
- B. SWMBH will assure that all providers have a communicable disease policy on file with established procedures and protocols in place that minimally include counseling and basic education, and referrals for testing.
 - C. All records will include a health assessment that includes screening for high-risk behaviors or use the SWMBH Communicable Disease screening form (Attachment A). If a provider chooses not to use the SWMBH Communicable Disease Screening Form, the provider should assure screening questions are consistent with MDHHS/SUGE Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Use Disorder Service Network.
 - D. All customer records will include documentation of: referrals made for testing, counseling and basic education provided regarding communicable diseases, other healthcare referrals, referrals made to the regional HIV Case Manager, or acknowledgement that the customer is not at high risk for communicable disease(s) and no additional referrals were warranted. Signatures of both parties must be present.
 - E. A Communicable Disease Screening Tool is to be completed for each new admission to Treatment Services, and the customer has been provided basic information about risk. Provider is encouraged to assess annually, or as necessary.
 - 1. All customers entering residential treatment and withdrawal management must be tested for TB upon admission.
 - 2. All pregnant women presenting treatment must have access to STD/Is and HIV testing.
 - F. All direct service staff, including prevention, treatment, and recovery services, will meet the MDHHS and SWMBH defined training requirements for communicable diseases. MDHHS/SUGE provides a web-based training that will cover minimal knowledge standards necessary to meet this Level 1 requirement. Level 1 training is required to be completed within 30 days of hire.
 - G. Minimum Knowledge Standards include:
 - 1. HIV/AIDS, Hepatitis (especially A, B, and C) and STD/Is, as they relate to the substance use disorder population.
 - 2. HIV/AIDS:
 - a. Basics of HIV/AIDS:
 - b. Modes of transmission (risk factors, myths, facts, etc.).
 - c. Linkage between substance use and these CDs.
 - d. Overview of treatment possibilities.
 - e. Local resources available for further information/screening.

References:



Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section, Community Health. Substance Abuse Prevention Policy #02: Addressing Communicable Disease Issues in the Substance Abuse Service Network.

Attachments: 11.05A SWMBH – Communicable Disease Risk Screen



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	7/26/19	ALL	Updated document to new template and attachments to new numbering system	A. Wood
1	6/30/21	Links	Updated reference section to reflect source documentation of OROSC policy	J. Smith
2	6/21/22	Standards and Guidelines	Added additional minimum training requirements of level 1; added requirements of residential admissions and TB testing; added requirement of signatures of both clinician and customer as evidence that CD has been completed and reviewed.	J. Smith
3	10/26/23	Throughout	Changes made to align with MDHHS/SUGE policy update.	J. Smith







11.05 Communicable Disease Testing & Education

Final Audit Report

2023-12-04

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Customer Name: _____

SWMBH - COMMUNICABLE DISEASE RISK SCREEN

People who report a history of substance use are at a greater risk for developing certain serious communicable diseases. Please answer the following questions to determine if you may need further health assessment.

The following questions relate to HIV (the virus that causes AIDS), Hepatitis A, B and/or C, Sexually Transmitted Infections (STIs), e.g., Herpes, Gonorrhea, Syphilis, Chlamydia, and Tuberculosis (TB).

I. To be completed by Customer:

A. Needle Use:

1. When was the last time, if ever, that you used a needle to inject drugs or medication; please include medication prescribed by a doctor (please check box):

- Within the past 2 days
- 3 to 7 days ago
- 1 to 4 weeks ago
- 1 to 3 months ago
- 4 to 12 months ago
- More than 12 months ago
- Never (skip to section B)

2. During the past 12 months, did you...

- a. Use a needle to inject drugs? Yes No
- b. Reuse a needle that you had used before? Yes No
- c. Reuse a needle without cleaning it w/ bleach or boiling water first? Yes No
- d. Use a needle that you knew or suspected someone else had used before?
 Yes No
- e. Use someone else's rinse water, cooker or cotton after they did? Yes No
- f. Skip cleaning your needle with bleach or boiling water after you were done?
 Yes No
- g. Let someone else use a needle after you used it? Yes No
- h. Let someone use the rinse water, cooker or cotton after you did? Yes No
- i. Allow someone to inject you with drugs? Yes No

3. During the past 90 days, how many days did you use a needle to inject any kind of drug or medication? ____

4. During the past 90 days, how many people have you shared needles/works with? ____

5. During the past 90 days, on how many days did you share needles with other people? ____

B. Sexual Activity:

1. When was the last time, if ever, that you had any kind of sex (vaginal, oral, or anal) with another person? _____
2. During the past 12 months, did you...?
 - a. Have sex while you or your partner was high on alcohol or other drugs?
 Yes No
 - b. Have sex with someone who was an injection drug user? Yes No
 - c. Have sex involving anal intercourse? Yes No
 - d. Have sex with a man who might have had sex with other men? Yes No
 - e. Have sex with someone who you thought might have HIV or AIDS?
 Yes No
 - f. Have two or more different sex partners (not necessarily at the same time)?
 Yes No
 - g. Have sex with a male partner? Yes No
 - h. Have sex with a female partner? Yes No
 - i. Have sex without using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy? Yes No
 - j. Have a lot of pain during sex or after having had sex? Yes No
 - k. Use alcohol or other drugs to make sex last longer or hurt less? Yes No

C. Exposure:

1. When was the last time, if ever, that you were exposed to another person's blood and/or body fluids? _____
2. When was the last time, if ever, that you were tested for hepatitis? _____
3. When was the last time, if ever, that you had a positive TB skin test, TB blood test or chest x-ray? _____
4. Have you been in close contact with individuals diagnosed with TB within the last 30 days?
 Yes No
5. Have you had a nagging cough for more than three weeks along with any of the following symptoms:
 - Weight loss, fever for 3 days or longer? Yes No
 - Night sweats? Yes No
 - Coughing up blood? Yes No
 - Sudden and significant weight loss? Yes No
6. Have you recently lived in a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living, jail, prison, or in other close quarters with people you did not know well? Yes No

If you answered "Yes" to **any** of the above questions you may be at risk for HIV, Hepatitis, sexually transmitted infections, or tuberculosis. You will be given information on how HIV, Hepatitis, STIs and TB are transmitted, and how substance use can put you at risk for contracting these diseases. You will also be provided ways to decrease the risk for getting these diseases or giving them to others.

II. To be completed by Treatment Program:

Customer is High Risk for Communicable Disease

Yes No (client answered 'No' to all questions)

If at risk, please indicate referrals:

Public Health Department (HIV/AIDS, TB, STI, Hepatitis testing):

Private Physician Name:

HIV/AIDS/STI/TB Hotline/Resources:

Other Resources not Listed (specify):

Provided Education:

Additional Comments:

I have reviewed the above information with the customer, provided basic education, and made referrals as outlined above.

Treatment Staff Signature

Date

Agency staff have reviewed this form with me and have provided information, education, resources, and referrals for testing as necessary.

Customer Signature

Date

RISK SCREENING REFERRAL GUIDE

The following are local resources or hotlines related to items identified on the Communicable Disease Risk Screen. The check marked resources can provide you with further information and services based on the results of your risk screening.

Testing/Treatment/Information/Support:

- AIDS Partnership Michigan 800-872-2437
- En Espanol 800-344-7432
- Cares Sexual Wellness
Benton Harbor 269-927-2437
Kalamazoo 269-381-2437
- Michigan Department of Health and Human Services HIV Hotline 800-872-2437
- Teen AIDS Hotline 800-232-4636
- Hepatitis C Association Support Hotline 877 HELP-4HEP
- Liver Health Connection 800-522-HEPC
- National Sexually Transmitted Disease Hotline 800 232-4636

Health Departments:

- Barry County 269 945-9516
- Berrien County
Benton Harbor.....269 926-7121
Niles.....269 684-2800
- Branch/Hillsdale/St. Joseph Counties
Coldwater.....517 279-9561
Hillsdale.....517 437-7395
Three Rivers.....269 273-2161
- Calhoun County
Albion.....517 629-9434
Battle Creek.....269 969-6370
- Kalamazoo County.....269 373-5203
- Van Buren/Cass Counties
Lawrence.....269 621-3143
Dowagiac.....269 782-0064