

Substance Use Disorder Care Guide

June 2024



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.

Refer to "Disclaimer Regarding Care Guides" for further clarification.

<https://cchcs.ca.gov/clinical-resources/>

SUMMARY

GOALS

- Reduce Substance Use Disorder (SUD) related morbidity and mortality.
- Equip patients with tools, techniques, and treatments necessary to successfully manage their addiction.
- Ensure continuity of care while incarcerated and when reintegrating into the community upon leaving the California Department of Corrections and Rehabilitation (CDCR).

ALERTS

- If opioids are required for acute pain management, patients on methadone, buprenorphine/naloxone or naltrexone may require transfer to a triage and treatment area (TTA) or hospital, as medically indicated.
- Individuals leaving prison are at high risk for overdose-related harms, therefore everyone will be offered naloxone upon release.
- Pregnant patients with SUD/Opioid Use Disorder (OUD) require specialist management. (See Appendix 1: MAT for OUD in Pregnant Patients)
- Recognizing signs of withdrawal and supporting relapse prevention is a shared responsibility with the entire treatment team. (See [CCHCS Care Guide: Intoxication and Withdrawal](#))

SCREENING

- The treatment team is multidisciplinary, and team members have unique roles and responsibilities in delivering major components of the program including screening, assessment, treatment, monitoring and transitional services (see page 2).
- The National Institute for Drug Abuse (NIDA) Quick Screen (QS) is used to screen for SUD. The NIDA QS has four questions to address alcohol, tobacco, prescription drugs and illegal drugs. A positive affirmation on the NIDA QS triggers referral for assessment.

ASSESSMENT

- Assessment using the NIDA Modified Assist (MA) provides substance involvement risk scores for 10 different substances.
- An affirmative answer to the first question triggers completion of questions two through eight, (see page 5 and Attachment B).
- A multidimensional biopsychosocial assessment developed by the American Society of Addiction Medicine (ASAM) is conducted to develop specific level of care and treatment recommendations (see page 5).
- Motivational Interviewing techniques assist with obtaining accurate assessments, engaging the patient, and strengthening the therapeutic relationship (see page 7). (<http://healthknowledge.org/course/view.php?id=190>)
- Diagnostic coding can be derived from 2 differing systems – DSM-5 and ICD-10 (see page 9).
- Primary Care Providers (PCP) will integrate ongoing periodic assessment and relapse prevention into patient care plans.

TREATMENT

Comprehensive treatment utilizes behavioral, pharmacologic and/or housing modalities to stabilize an individual. These treatment modalities may be used individually or in combination based on patient need and consent.

- Patients are responsible for their own recovery. The treatment team should work to provide all the evidence-based approaches that increase their chance of success.
- Behavioral intervention begins with motivational interviewing techniques and development of a relationship with one's care team and may include Cognitive Behavioral Interventions (CBI) and Cognitive Behavioral Therapy (CBT).
- Nursing Led Therapeutic groups, as well as various peer support, are available and vary by institution.
- Supportive Housing is designated safe and secure environment at each institution where residents can engage in independent living and where the social milieu promotes recovery, eliminates the stigma of addiction, and supports rehabilitation.
- Medication Assisted Treatment (MAT) is available for patients with OUD or Alcohol Use Disorder

(AUD). If considered a candidate for MAT based on assessment findings, MAT will be initiated after completion of a signed informed consent.

MONITORING

- Follow-up appointments for patients on MAT are scheduled according to medication and duration of stability. Follow-up appointments for patients with SUD is essential to monitor the disease, even if the patient is not on MAT (see page 17).
- Urine drug screens (UDS) are used to monitor MAT adherence and performed randomly at defined intervals (see page 19).
- Annual labs and other diagnostic tests (e.g., EKG for patients on Methadone) should be done as recommended (see page 17).
- Key performance indicators for institution and providers are included on the ISUDT Dashboard.

ENHANCED PRE-RELEASE AND TRANSITION SERVICES

- Transition services are provided for all releasing patients in order to facilitate their ongoing treatment and recovery without interruption. See page 22 for more details.
- MAT medication (if applicable) and naloxone are dispensed to the patient at time of release. See page 22.