

Vermont Psychiatric Care Hospital Policy and Procedure		
Substance Use Screening and Assessment Policy		
Effective: July 2021	Revised: October 2024	Due to Review: October 2026

POLICY

The Vermont Psychiatric Care Hospital (VPCH) recognizes that unhealthy substance use, including the use of alcohol, tobacco, illegal drugs, and the nonmedical use or misuse of psychoactive prescription substances, has numerous deleterious effects on individuals and their communities. Substance use is known to be both a risk factor for the onset and exacerbation of other mental health problems, as well as a potential consequence of mental illness. Systematic screening for substance use can help identify this problem early and help individuals who use substances access resources that can help them reduce or stop problematic substance use.

PROCEDURE

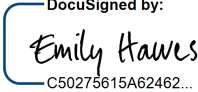
1. Persons hospitalized at VPCH will be screened for potentially unhealthy alcohol use within 24 hours of their admission using the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C). The AUDIT-C will be attempted by the admitting provider and will be documented in the VPCH Physician Admission Assessment.
 - a. If a person's AUDIT-C score is equal to or greater than 4 for men and 3 for women, the hospitalized person's Recovery Services Clinician shall provide brief intervention for alcohol use. The need to provide brief intervention shall be documented in each person's initial comprehensive treatment plan. Components of a brief intervention will include: (a) feedback concerning the quantity and frequency of alcohol consumed in comparison with national norms; (b) a discussion of the negative physical, emotional, and occupational consequences of unhealthy alcohol use; and (c) a discussion of the overall severity of the problem.
 - b. Attempts will be made to complete the brief intervention before the first treatment plan review. If it is not completed in that time, doing so will remain as a goal in the treatment plan. Recovery Services Clinicians will attempt to engage hospitalized persons in brief intervention once per treatment plan review period until completed. Attempts to do this will be documented in the treatment plan.

2. Persons hospitalized at VPCH will be screened for tobacco use within 24 hours of their admission. This will be attempted by the admitting provider and will be documented in the VPCH Physician Admission Assessment.
 - a. If a hospitalized person indicates that they are a current or former user of tobacco, the person's Recovery Services Clinician shall provide practical counseling for tobacco use. Components of practical counseling will include: (a) discussing danger situations in which they are tempted to use tobacco (b) developing coping

- skills to help resist urges to use; and (c) providing basic information about quitting.
- b. Attempts will be made to complete practical counseling before the first treatment plan review. If it is not completed in that time, doing so will remain as a goal in the treatment plan. Recovery Services Clinicians will attempt to engage hospitalized persons in brief intervention once per treatment plan review period until completed. Attempts to do this will be documented in the treatment plan.
 - c. Recovery Services Clinicians will be trained in the implementation of brief intervention and practical counseling by the Director of Psychology and Recovery Services, and completion of this training will be documented in the clinician's personnel file.
3. Persons admitted to VPCH will be screened for potential substance use issues using the 10-Item Drug Abuse Screening Test (DAST-10). This screening will be completed by the Recovery Services Clinician working with the person hospitalized.
- a. The need to complete the DAST shall be listed as a goal in each person's initial comprehensive treatment plan. If the DAST is not completed before the first treatment plan review, doing so will remain listed as an ongoing goal. Recovery Services Clinicians will attempt to complete this once per treatment plan review period until it is completed. Attempts to do this will be documented in the treatment plan.
 - b. Recovery Services Clinicians will complete a substance use assessment for everyone whose DAST score is 2 or higher, as well as for those with known substance use histories. Substance use assessments will also be conducted when a hospitalized person has a substance use diagnosis that is a focus of treatment at VPCH, or when requested by a member of the treatment team. When a substance use assessment is determined to be indicated, this will be documented in the person's treatment plan, and a substance use assessment will be conducted by the next treatment plan review.
 - c. When conducting substance use assessments, Recovery Services Clinicians will make reasonable attempts to directly interview the hospitalized person, and document these attempts as part of the assessment. If someone declines to participate, the assessment will be limited to a review of available medical records and through collaboration with other VPCH staff. The assessment document will specify what source(s) of information were used.
 - d. Specific short- and long-term recommendations made as a result of the substance use assessment will be detailed in the hospitalized person's treatment plan. The results of substance use assessments, including all recommendations, will be communicated to the person's treatment team, including the attending psychiatrist

and social worker.

- e. Completion of substance use screening and assessment will be monitored by the Quality Department.

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p>	10/15/2024