MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Appendix A: MCCMH Direct Clinics Controlled Substance Monitoring Process		
Last Updated: 01/26/2022	Owner: Chief Medical Officer	Pages: 6

I. PURPOSE:

To establish a process that assists MCCMH Direct Clinics in providing a safer monitoring of persons served identified as being at clinical risk for ongoing substance use or misuse of illicit substances.

To guarantee a safer and more individualized monitoring process of those persons served who may be at clinical risk for misuse of a currently prescribed controlled substance by an MCCMH licensed provider.

To provide persons served who are at clinical risk with a safe intervention that integrates best practices, safe prescribing standards and helps to create awareness about risks related to controlled substances and other drug use.

II. DEFINTIONS:

Chaperone: Any staff who is asked to witness the pill count process conducted by the RN. The Chaperone is only an observer limited to witness only the part of the encounter that involves the above described. The presence of this chaperone must be explained to the person served in advanced so that the individual is aware of the rationale behind their participation. It is recommended this chaperone is another RN staff when at all possible.

III. INTRODUCTION:

A. The Controlled Substance Monitoring Process is initiated when a licensed provider deems it clinically pertinent to have additional supports provided to a person at risk.

B. This monitoring order is deemed clinically appropriate when there is a high clinical index of suspicion of ongoing use or misuse of a controlled substance that is being prescribed by the provider, or if there is high suspicion of use/misuse of any substance(s) that may pose a risk to the individual and be counterproductive to their psychiatric treatment progress and stability.

C. RNs and Case Managers cannot place a Controlled Substance Monitoring order. If at any time during any of their encounters, initial or continued, these disciplines identify a high clinical index of suspicion for use or misuse of a currently prescribed controlled substance by an MCCMH provider or any illicit drug(s) in a person served, they must

discuss their concerns with the individual and also must notify the MCCMH licensed provider who can make the determination to place a Controlled Substance Monitoring order if deemed clinically appropriate once aware of the reported concerns.

D. A Controlled Substance Monitoring order includes the following:
    1. A urine Toxicology screening order.

    2. A request to nursing staff to initiate controlled substance monitoring as per procedure of any of the controlled substances prescribed by the MCCMH licensed provider. The goal is to ensure that any controlled substance prescribed by MCCMH licensed provider are taken as prescribed. Controlled substances prescribed by physicians outside of MCCMH Direct Clinic Network cannot be included in the count.

    3. In the event the licensed provider wants to consider other tests such as blood alcohol levels (BAL), liver function tests, hepatitis screening, etc., he or she must specifically state the specific request in the monitoring order.

E. The order will be documented by the licensed prescriber in the EMR. The order **must** include 1 and 2 and/or 3 as applicable. The licensed provider shall e-mail his/her clinic RN team notifying them that this order has been placed. Verbal orders cannot be accepted if the RN is not able to identify the written order in the individual's record. The communication must contain the individual's EMR record number and the date when the written order was placed.

F. A Controlled Substance Monitoring Order shall remain in effect for as long as the individual remains in treatment with the MCCMH clinic, or until the licensed provider decides to discontinue the order because clinical risk is no longer applicable. The frequency of the Monitoring Appointments will be determined by the MCCMH Licensed provider and readjusted as needed during the time the order remains in effect. It is the responsibility of the Nursing staff to follow the licensed provider's frequency and type of follow up as prescribed by the licensed provider and report progress.

G. All new or existing persons served who fall within the definition of *Individual at risk* as per the "Safe Practices When Suspecting a Person Served Ongoing Substance Use or Misuse or When Prescribing Controlled Substances" guidelines, must be debriefed on the existence of the Controlled Substance Monitoring Process, its goals and expectation by RN Staff so that in the event their licensed provider recommends it, all individuals on controlled substances were made aware of this additional support upon initiation of treatment or as soon implementation of this guidelines occurs in our Directs whichever applies first.

H. A Case manager/Therapist who identify a person of high clinical risk, per definition during an intake, must notify their respective Nursing staff so that the RN can discuss with the person served the existence of Controlled Substance Monitoring Process.

IV. PROCEDURE:

A. Once the licensed provider places a Controlled Substance Monitoring order with nursing staff, a person served is allowed 5 business days, from time of notification, to provide a urine drug screening (and/or BAL if also ordered) on site and to bring all MCCMH clinic prescribed control medications for a count. Controlled substance(s) that per MAPS or other source of information, are found to be prescribed to the person served by other providers outside of our clinic teams cannot be included in the pill count process.

B. In the event, due to special circumstances of the person served, the call back appointment cannot be scheduled within the expected time, it is to the discretion of the RN to provide an exemption and offer a time outside the projected timeframe. The reason for the exemption must be documented in the EMR.

C. At the time a person served is made aware that he/she has been deemed clinically appropriate for Controlled Substance Monitoring, the nursing staff must again explain to the person served the process goals and expectations in addition to the rationale behind the suspected risk that clinically identified the need to conduct it. The person served can decide to accept or decline scheduling the appointment for the Controlled Substance monitoring upon fully understanding the clinical risks. Their acceptance or wish to decline should be documented in the EMR.

1. If the person served agrees to schedule an appointment, this should be scheduled within the next 5 business days (unless special circumstances lead to an exemption as stated above). The person served will be reminded that he/she will need to bring all MCCMH controlled substances (bottles/ blisters packs or med boxes) for a pill count on the date of their appointment. Individuals will be informed that failure to bring the requested medication could result in an unsuccessful call back monitoring with the need to have to make another appointment to complete it. Failure to supply requested lab sample at time of the appointment will also result in an unsuccessful Controlled Substance monitoring.

2. On the date of the appointment:

1. RN must run a MAPS at each Controlled Substance monitoring appointment and upload in the EMR along with the call back monitoring order. Any clinically risky findings noted by nursing staff in the MAPS should be discussed with the person served at time of

their appointment. If upon completion of the MAPS, it is identified that person served is receiving other controlled substances from other providers, RN must advise the person served on the risk, if clinically appropriate, and encourage him/her to discuss further with their provider.

a. Controlled substances that are found as being actively prescribed in a MAPS report by other providers outside of our clinic teams are not to be included in the pill count process. Nevertheless, when so identified, the RN must complete a most up to date medication reconciliation, notify the person's served licensed provider of the findings following the appropriate coordination of care process with person's PCP.

2. Person served will be asked to provide sample for urine drug screening and/or a blood alcohol level (BAL) as applicable per order. Those samples will be processed as per existing MCCMH clinic protocol for the handling of laboratory samples and sent out for their processing, as applicable.
3. The RN will conduct a complete count of MCCMH prescribed controlled medications (bottles/blister packs/or med boxes). The RN may request the presence of a Chaperone to witness the process. If so the individual would need to be informed of the reasons for this Chaperone to be present as a witness for the process to guarantee the pill count is done accurately. Any findings of overuse/misuse will be documented in the EMR, communicated to the licensed provider (and other disciplines involved in that given individual's care) no later than the next business day. The person served must be provided with education regarding findings and a referral for substance abuse treatment should be discussed along with a thorough documentation of the individual's willingness or unwillingness to accept the referral. It is the due diligence of all the disciplines involved in the individual's care to continue to encourage them to reconsider their decision and to seek the help they need.

4. In the event the individual, at time of their appointment, fails to provide a urine screen or to bring their medications, the nursing staff must explore with the person served their concerns and provide another opportunity to reschedule the appointment within the next business day to complete what is pending. If individual fails to complete or declines, at a second attempt, an RN will document in EMR and communicate the unsuccessfulness of the Controlled Substance monitoring to the MCCMH licensed provider (and other disciplines involved in that given individual's care). The MCCMH

Licensed provider must advise on next appropriate clinical steps based on risk.

5. An unsuccessful Controlled Substance monitoring is not in itself grounds for dismissal from treatment.

6. The frequency of any continued Controlled Substance monitoring is left to the clinical discretion of the MCCMH licensed provider.

7. It is the responsibility of the Nursing staff to follow the order and to coordinate with the licensed provider the frequency of the monitoring and to make sure those follow up appointments occur as requested by the licensed provider.

8. The MCCMH licensed provider reserves the right, based on clinical risk, to reconsider the continued prescribing of any controlled substances if deemed contraindicated or high risk given the findings from the Controlled Substance monitoring appointment. The MCCMH Licensed prescribed may also consider MAPS report findings in context of the individual history as possible sole substantiation for such a risk.

9. In the event a licensed provider determines that continued prescribing of a given controlled medication is clinically contraindicated to the person served given evident clinical risk, he/she will discuss this with the individual, at next encounter or before as deemed appropriate, and follow the appropriate standard of care to safely discontinue the medication(s), as applicable.

10. Any incidental findings from other applicable ordered labs should also be discussed by the provider with the individual served so that those are addressed in a timely manner by other medical providers. Nursing staff will have to follow up with the person served to continue to provide education on the matter and assist with coordination of care as appropriate.

11. It is the responsibility of all disciplines involved with a persons served care to provide education and to utilize motivational interviewing techniques to prompt the person to participate in future call backs and to consistently encourage them to reconsider their decision whenever possible and remind them of the substance abuse treatment options available to them.

12. When a person serve opts for accepting a substance abuse referral, this should be promptly processed.

3. If the person served declines to schedule a Controlled Substance monitoring appointment or terminate his/her participation with the process against medical advice:

    1. The RN will notify the MCCMH licensed provider of person's served decision to decline by no later than next business day.

    2. It will be the MCCMH licensed provider's determination of how to proceed next based on clinical risk.

    3. Declining a call back is not in itself ground for dismissal for treatment. More than one unsuccessful Controlled Substance monitoring can result in future discontinuation of controlled substances prescribed by MCCMH provider. Therapeutic involvement of the clinical team should still be maintained to provide further encouragement and access to the appropriate substance use referrals in case the person were to change his/her mind.

V. REFERENCES:

MCCMH Direct Clinics - Safe Practices Guidelines When Suspecting Ongoing Substance Use or Misuse or When Prescribing Clinically Indicated Controlled Substances

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	01/26/2022	Development of Appendix	Dr. Serpa