

# **Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment**

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**A Playbook of Best Practices**

**2022**

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## Goal of Playbook

### **Purpose:** Explain the purpose of this playbook.

The goal of this playbook is to provide the context, resources, best practices, workflows, and strategies to increase the likelihood that a member will initiate and then engage in ongoing alcohol, opioid, or other drug abuse or dependence treatment.



## Preface

Supporting members in their recovery can be a difficult process. Our hope with this playbook is to offer some insight on how to best support our patients. To start, we must define what recovery is and understand the stages of change our members go through. SAMHSA defines recovery as, “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” As providers, we can support our members in their recovery by understanding what they need to improve their health, their community, and their purpose. Members will come to us in various stages of the change process. Our members may be in the precontemplation stage, the contemplative stage, the preparation stage, the action stage, or even the maintenance stage. Recovery is rarely a linear process, so it is not uncommon for people to bounce back and forth from stage to stage throughout their recovery. Staying vigilant in knowing where our members are in the change process is imperative to successful treatment. Consistently evaluating members will help us tailor our intervention to their specific needs and improve the possibility of success.

The journey to recovery looks different for everyone. For some, harm reduction is recovery. For others, abstinence is recovery. Our members can find and maintain their recovery through AA, Smart Recovery, detox, MAT, or outpatient therapy, while other members may find recovery through non-abstinence-based means which could include safer use practices like clean needles, using less substances, not using in isolation, or using a less dangerous drug. There are many paths to recovery, and it is important to know what recovery looks like for each of our members.



## Definition: Initiation and Engagement

**Purpose:** Define the measure for initiation and engagement.

- Initiation of alcohol and other drug treatment: The percentage of members who initiate treatment through an inpatient alcohol and other drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.
- Engagement of alcohol and other drug treatment: The percentage of members who initiated treatment and who had two or more additional alcohol and other drug services or medication treatment within 34 days of the initiation visit.
- Assesses both adults and adolescents (ages 13-64 years)
- Measures an outpatient visit, intensive outpatient visit, or partial hospitalization\*.
- Engagement visit must be with a behavioral health provider:
  - Psychiatrist
  - Psychologist
  - Clinical social worker
  - Community mental health clinic

\*Link to full definition of the measure: [Quality Measure Folder](#)



## Why Track This Measure

**Purpose:** Understand why it is important to track initiation and engagement in alcohol, opioid, or other drug abuse or dependence treatment

Nearly 85% of overdose deaths involved illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) (CDC,2022)

The COVID-19 pandemic has increased drug and alcohol use

Alcohol contributes to more than 200 health conditions (NIH,2022)

414,000 adolescents ages 12 to 17 meet criteria for AUD (NIH)

People with AUD were more likely to seek care from a primary care physician for an alcohol-related medical problem (NIH, 2022)

Alcohol, marijuana, and tobacco are the substances most commonly abused by teens (CDC)

Overdose deaths can be prevented by enhancing linkage to care (CDC,2022)

\* See bibliography for Literature Review



## Engagement

**Purpose:** Identify ways to improve engagement for members with alcohol, opioid, or other drug abuse or dependence treatment.



Identify patients that we need to engage



Provide education in a way that the member can understand



Engage in shared-decision making



Provide access to care and consistent care



Minimize barriers to care



Build trusting relationships



## Engagement: Identify

**Purpose:** To understand the importance of how we identify the members we want to engage

### ☑ How Do We Identify the Members We Want to Engage?

- By Diagnosis:
  - Alcohol abuse or dependence
  - Opioid abuse or dependence
  - Other drug abuse or dependence
  - Combination of the above with Serious Persistent Mental Illness (SPMI)
- Risk Factors:
  - Recent Overdose
  - Homelessness
  - Home Environment
- By Evaluation Score:
  - DAST: Drug Abuse Screening Test
  - SBIRT: Screening, Brief Intervention, and Referral to Treatment
  - CRAFFT: Car, Relax, Alone, Forget, Friends, Trouble (for adolescents)
  - AUDIT: Alcohol Use Disorders Identification Test



## Engagement: Educate

**Purpose:** To learn how to improve health literacy

- Provide Education in a Way That the Member Can Understand
- Ensure Information Is Culturally and Developmentally Appropriate
- Information In Preferred Language Available in Multiple Formats
- Use of Technology
  - YouTube teach backs
  - Text outreach vs call outreach
  - Use of social media
- Peer Support/Family Partner
- Use of Patient Portal/EMR portal



## Engagement: Shared Decision Making

**Purpose:** To provide ways to engage in shared decision making

☑ **How To Engage in Shared Decision Making:**

- Challenge Systematic Indifference
  - Change of culture within the health center
- Integrated Treatment
  - Social Worker staffed in the office
  - Use of Peer Support
  - Use of Family partner
- Individualized Treatment
  - Right treatment for the right ailment
  - Have a menu of options



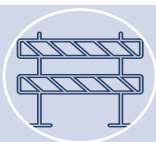
## Engagement: Access

**Purpose:** To understand how to provide members with access to care

☑ **How To Ensure Members Have Access to Care and Consistent Care:**

- Identify Barriers to Access and Address Them
- Clear Communication Between Members and Care Providers
  - Use preferred channels of communication
- Safe Office Environment
  - Emotional
  - Physical
- Staff Education and Training
  - Train all staff
  - Motivational Interviewing or other strength-based language training
  - Substance Use Disorder (SUD) training for all staff





## Engagement: Barriers

**Purpose:** To learn how to minimize barriers to care

### ☑ How To Minimize Barriers to Care

- Identify:
  - Stigma that affects members
  - Health Related Social Needs
  - Co-occurring mental and physical health conditions
- Address:
  - Systematic Indifference within the health center
  - Member ambivalence/fear/resistance with Evidence Based treatment
  - Our own bias or attitude toward the member and addictions
- Include Family and Other Natural Supports
- Increase Health Literacy Through Teaching



## Engagement: Building Trusting Relationships

**Purpose:** To learn to build trusting relationships with our members

### ☑ Build Trusting Relationships

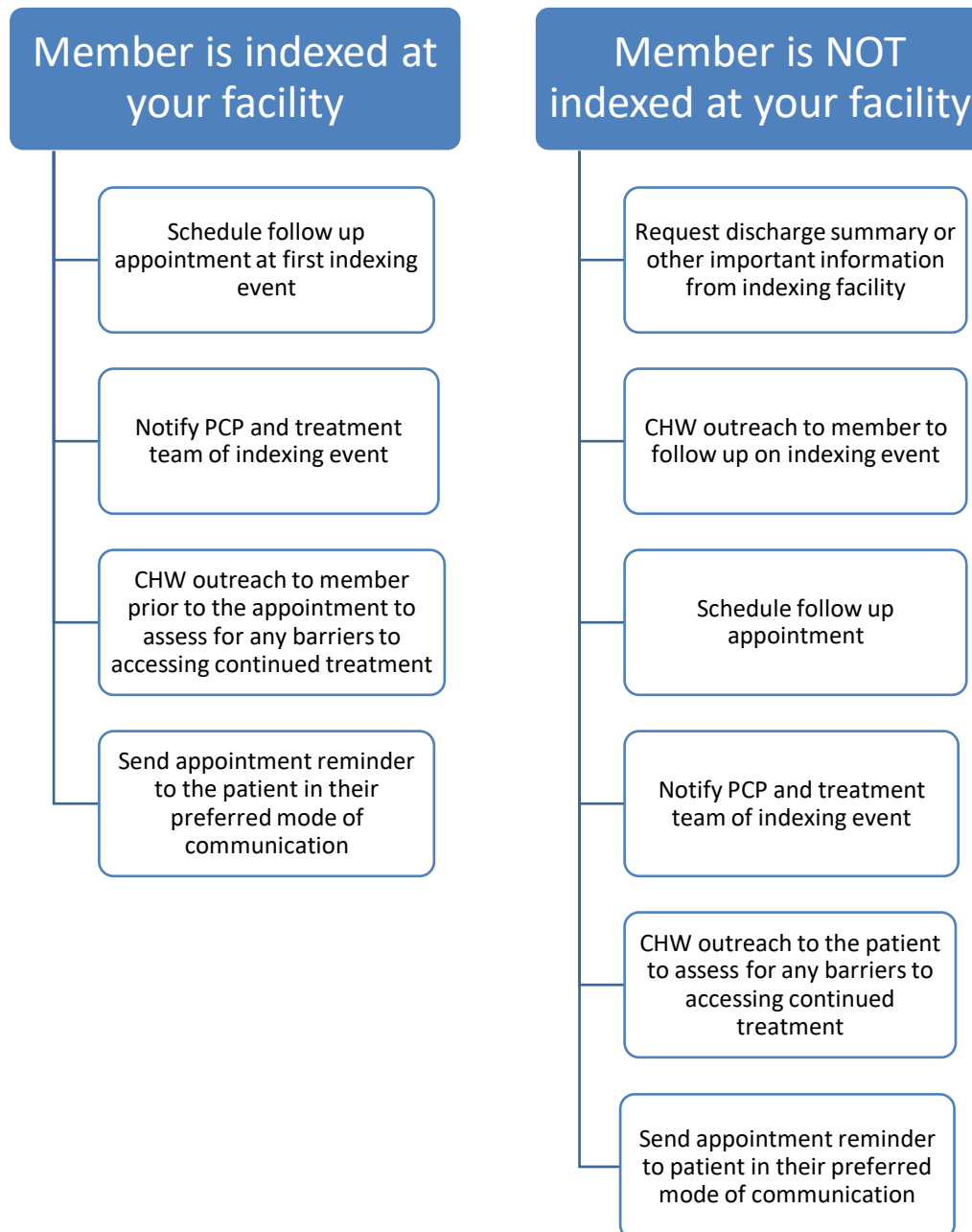
- Respect and Kindness at all levels of care
- Genuine Caring and Compassion
- Consistent And Reliable Care
- Active Listening and Shared Goal Setting
- Individualized Care
- Engaging Family and Community Supports

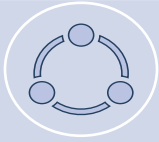


## Suggested Workflows

**Purpose:** To have clear and direct workflows for staff to follow. This will ensure consistency in patient treatment and engagement.

### Sample Workflow



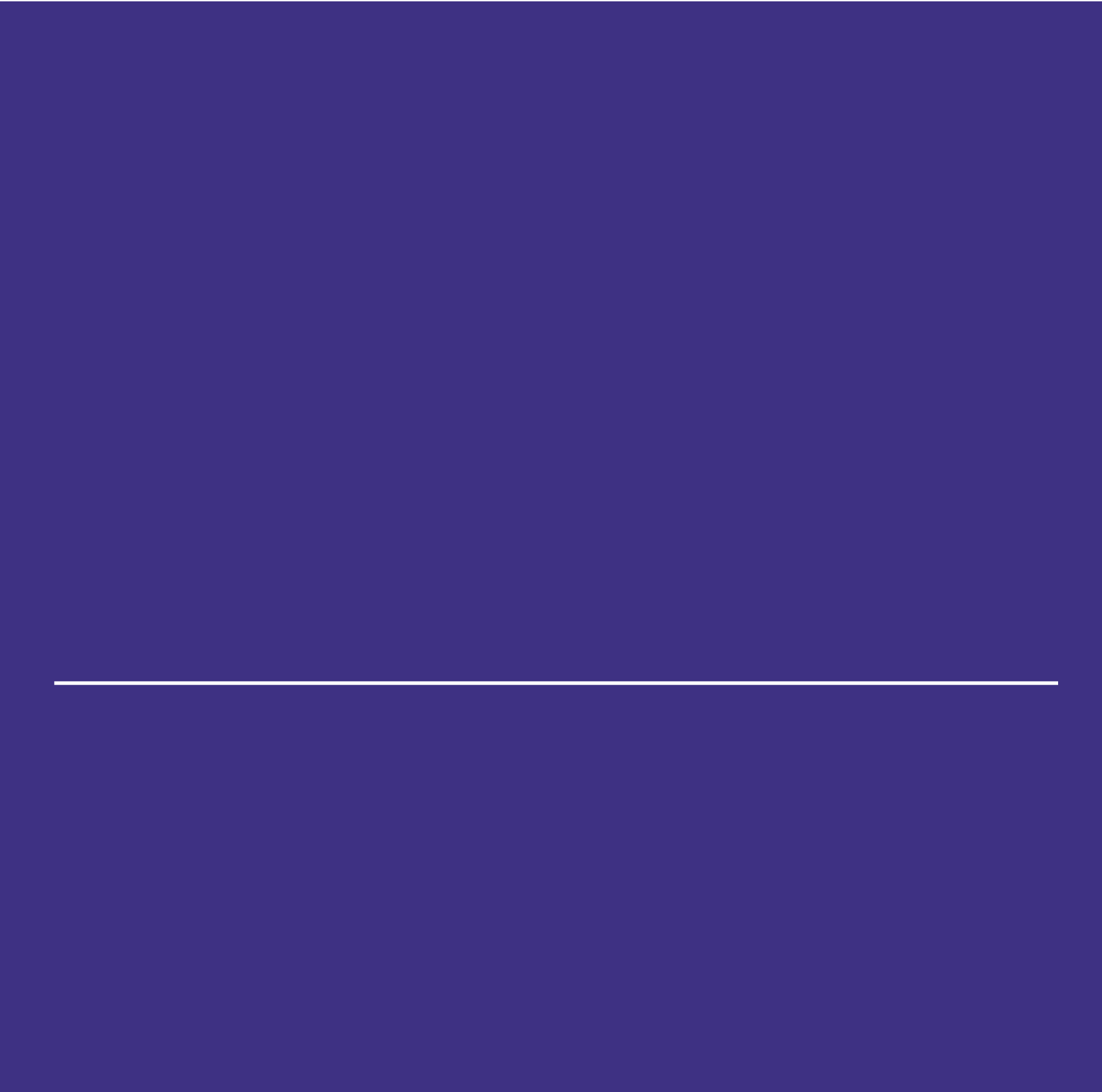


## Policy, Procedures and Protocols

**Purpose:** It is important to have policies, procedures, and protocols that reflect the importance of patient engagement

### Suggested Policies, Procedures and Protocols:

- Patient Engagement
- Relapse Management
- Staff Education:
  - Harm Reduction
  - Motivational Interviewing
  - Family and Natural Support Engagement
  - Patient Centered Care
- Community Engagement





## Appendix A: Bibliography

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