



Ensuring Access to Treatment for All Seeking Care

Admission and Discharge Policy

INSERT AGENCY NAME

DEPARTMENT OF PUBLIC HEALTH, SUBSTANCE ABUSE PREVENTION AND CONTROL

AGENDA

REVIEW TARGET POPULATION (10 MINUTES)

ADMISSION POLICY (40 MINUTES)

- ADMIT DISCUSSION (15 MINUTES)

DISCHARGE POLICY (40 MINUTES)

- DISCHARGE DISCUSSION (15 MINUTES)

**“The opposite of addiction is NOT sobriety;
the opposite of addiction is connection”**

Johann Hari, British-Swiss Writer & Journalist

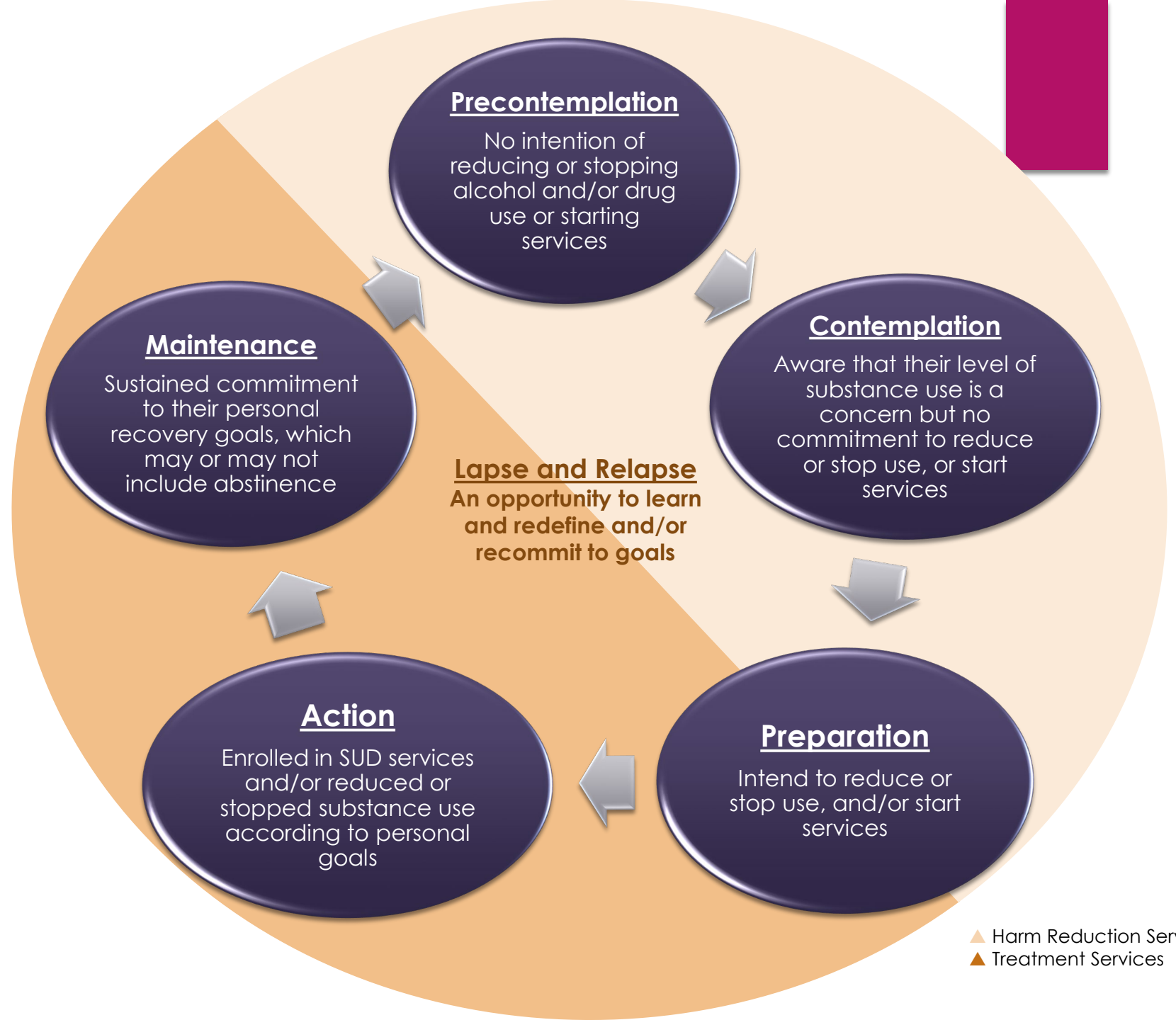


STAGES OF CHANGE

by Prochaska and DiClemente

A model developed by Prochaska and DiClemente that describes individuals as moving through the following five stages when changing a behavior: precontemplation, contemplation, preparation, action, and maintenance. Individuals may lapse or relapse and this presents an opportunity to learn and grow as goals are redefined or recommitted to.

This model is applicable to all types of behavior changes, including substance use and for substance use disorder (SUD) services. → →



How is our agency addressing rising overdose rates?

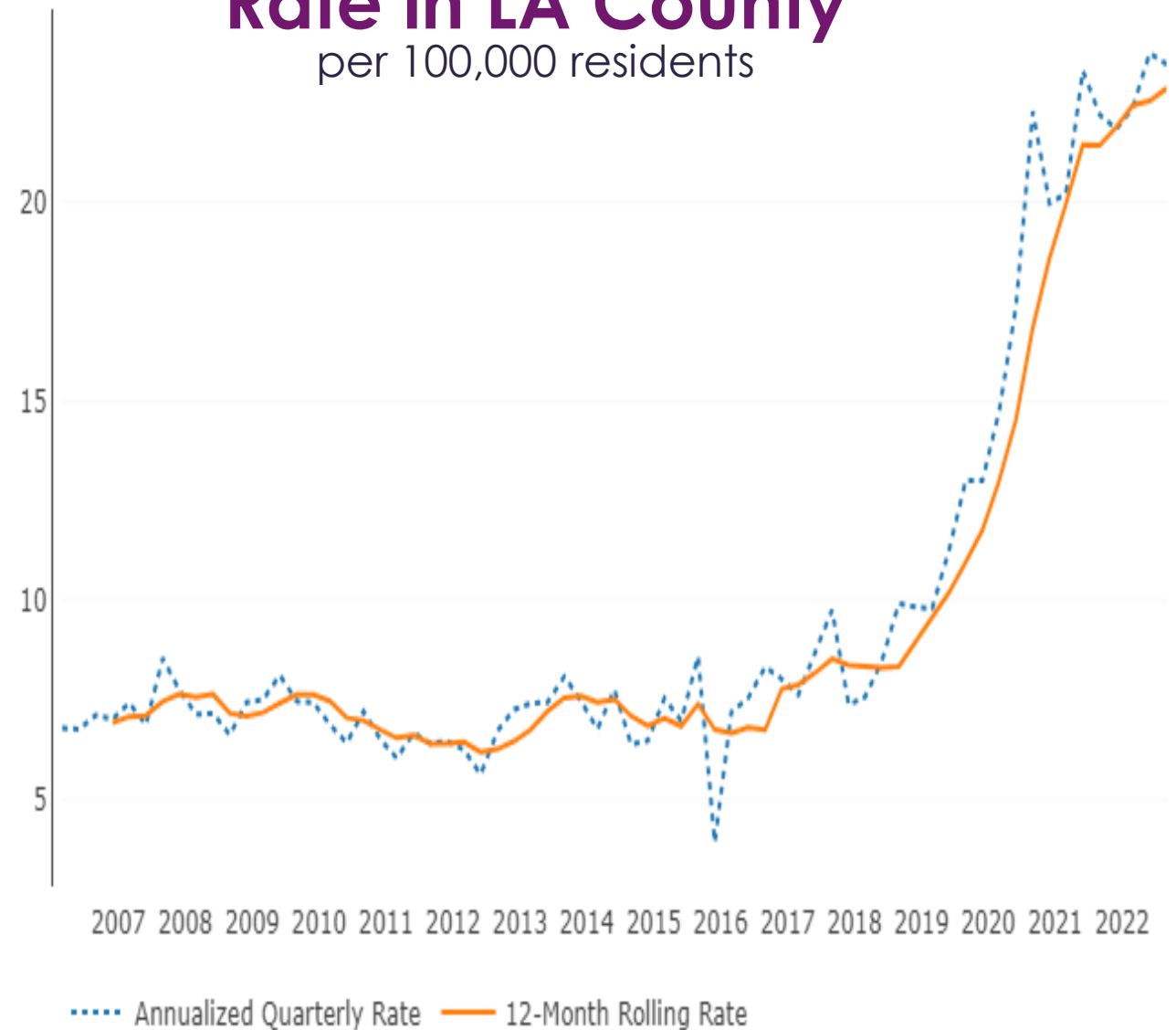
We expanded services to those who are not ready or willing to be abstinent (*this does not mean that people can use alcohol or drugs onsite*)

We provide lifesaving opioid overdose reversal medication (naloxone) during the admission because lapse/relapse is a part of recovery, and our goal is to help save lives. Access to naloxone does not encourage substance use

We connect all people who use opioids or alcohol with a qualified provider to learn about medications for addiction treatment - MAT (e.g., methadone) and get a prescription if desired. Use of MAT is allowable at all our program sites

Drug Overdose Death Rate in LA County

per 100,000 residents



How is our agency opening our doors wider to welcome and enroll the 95%?

We actively recruit and encourage people who are at different stages of readiness to enroll in services

We tailor services to a person's unique needs meaning some will get more individual services while others will get more group services

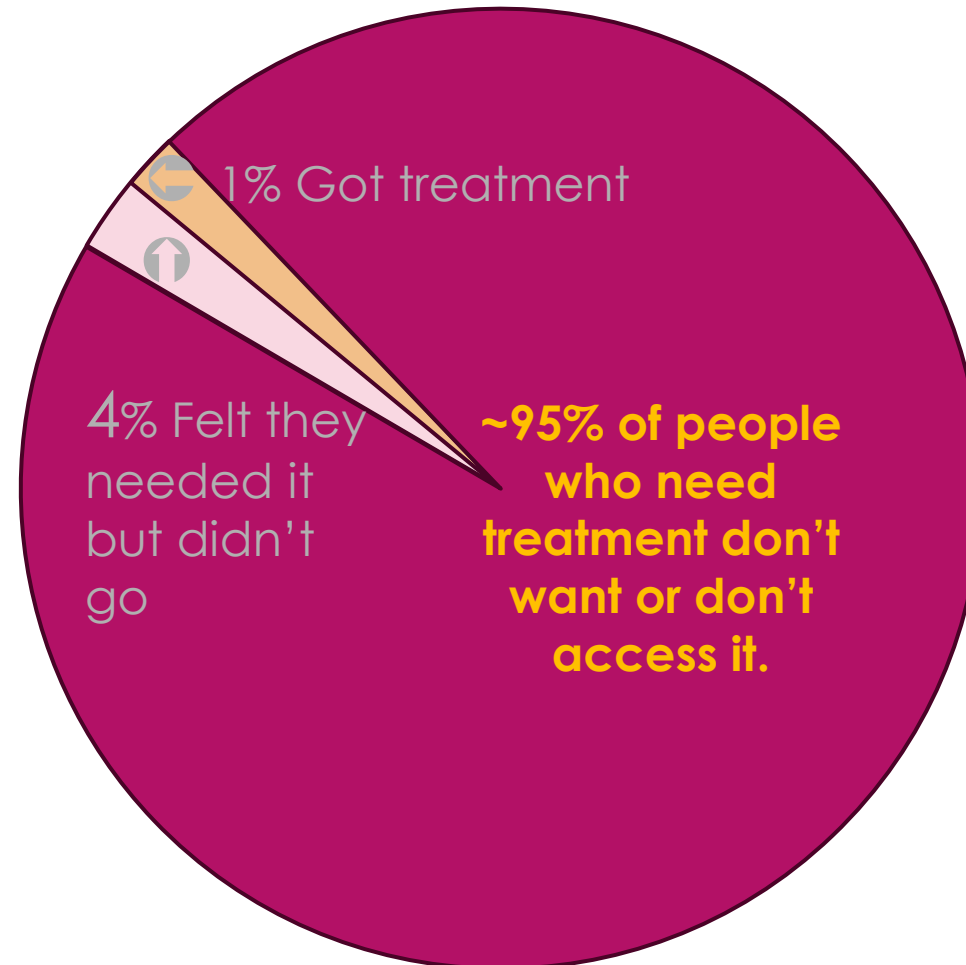
We do not require people to commit to abstinence to enroll in or continue treatment services

We work with people who lapse or relapse while in outpatient and residential programs when they remain committed to receiving services





Reaching the 95%

About 95% of people who need treatment don't access it. They don't call us. They don't come to our program doors.

This means only about 5% of those in need come to our programs and ask for services.



What does the data say, and what can we do?

61% are not ready to start treatment		If you are talking to them, it is a chance to connect and encourage them to just try it and attend a session
53% are not ready to stop or cut back on their use		Tell them it is okay and they don't have to make a decision right now, you are interested in learning more from them about what they are ready for
78% think they should be able to handle their alcohol or drug use on their own		Show them they don't have to, there are people here to talk to when ready
52% do not know where to get treatment		Do outreach, go out and tell them where we are and how to connect with us

**WE ARE WIDENING OUR
DOORS TO BETTER SERVE
THOSE WITH DIFFERENT
ABSTINENCE GOALS AND
LOWER BARRIERS TO CARE.**

**WE ARE MAXIMIZING
WAYS TO ENTER SERVICES
SO MORE FEEL WELCOME
AT OUR PROGRAMS.**



“

ADMISSION POLICY

”

What we do to ensure people want to enroll and stay in our treatment services:

ADMISSION POLICY OVERVIEW

How [insert agency] is expanding access to care and increasing treatment admissions to better connect with those needing care?

OVERVIEW - HIGHLIGHTS TO BE DISCUSSED

- ▶ Abstinence may be a goal, but abstinence is not a condition or prerequisite for admission
- ▶ Admission does not require a toxicology (drug/UA) test, though it can be performed, and the results must not result in either the denial or acceptance of an admission (whether + or -)
- ▶ Same day admission service is offered whenever possible
- ▶ Lapse and relapse are part of SUDs and we work with patients who want care
- ▶ Language assistance services are provided for any patient who needs them to participate
- ▶ Patients with mental health conditions and psychiatric medications are served
- ▶ Medications for Addiction Treatment (MAT) is allowed and facilitated
- ▶ Medi-Cal does not need to be active or assigned to LA County for the patient to start receiving services
- ▶ Service environment matters, make it feel inviting

Definitions

Reaching the 95% (R95)

- ▶ This is an initiative specifically designed to reach the 95% of people who according to national data meet criteria for SUD treatment but either do not want it or chose not to access it by **reducing barriers to care**, including but not limited to, updating admission and discharge policies to include admission and delivery of services to those who are not abstinent but are interested in receiving services, do not state a readiness for complete abstinence; developing and implementing a service design that accommodates those who are not ready for complete abstinence; and identifying new collaborative opportunities and/or alternate service locations to better reach this population.

R95 Population

- ▶ Individuals who most likely did not come to the program with a clear desire to commit to treatment and achieve long-term abstinence but do recognize that their substance use has been problematic and/or are willing to take steps to address those issues through participation in services.

Definitions

Lapse

A brief return to substance use following a sustained period of abstinence, despite the patient remaining interested in SUD treatment and demonstrating a willingness to re-engage with treatment services.

Relapse

A prolonged episode of substance use during which the patient is not interested or open to receiving SUD treatment.

Toxicology Testing

A tool that can be offered alongside other clinical interventions to support patients' individualized goals and used by the treatment team to better inform care. The frequency of toxicology (also known as "drug" or "urinalysis") testing is informed by clinical need. When a person has a clinically unexpected result or declines to test, this should prompt therapeutic discussions with the patient and consideration of the patient's plan of care, and it does not result in an automatic refusal in admission or discharge from treatment. Provider agency staff prioritize engaging a person in treatment, which may include referrals to additional appropriate services.

Warm Handoff

A transfer of a patient from one SUD facility to another that occurs with agreement or at the request of the individual and where the involved agency makes every effort to facilitate a successful connection, preferably by ensuring that the individual arrives at the new facility (e.g., intake scheduled, transportation arranged).

What is the difference?

We serve both!

▶ Ready for Treatment

- ▶ Understand that their substance use has negative impact on their life
- ▶ **May or may not have decided to stop using all substances**
- ▶ Want to talk to professional SUD staff and receive treatment services

▶ Do we serve them? **YES!**

▶ Ready for Abstinence

- ▶ Understand that their substance use has negative impact on their life
- ▶ **Decided to stop using all substances and committed to abstinence**
- ▶ Want to talk to professional SUD staff and receive treatment services

▶ Do we serve them? **YES!**

▶ RECOVERY GOALS – ABSTINENCE AND NON-ABSTINENCE

▶ OUTPATIENT AND RESIDENTIAL / INPATIENT LEVELS OF CARE

- Prospective patients who are unsure about abstinence are ENCOURAGED to participate in an intake appointment.
- Staff accept patients where they are at in their recovery journey and offer services to match their needs, for example some patients may get more individual than group services.
- Staff use Motivational Interviewing techniques to maintain an open dialogue with patients to discuss their goals which may evolve over the treatment episode

▶ RESIDENTIAL / INPATIENT LEVELS OF CARE *[THIS SECTION MAY BE REMOVED IF AGENCY DOES NOT OFFER THIS LEVEL OF CARE]*

- Admitting a patient without abstinence goals does not mean they can use onsite.
- New patients do not need a negative toxicology test to be admitted. Use of substances in the prior 24-hours is not be a barrier to admission for patients who are able to participate in care and do not have acute medical or behavioral systems requiring stabilization first.
- It is not a standard practice to refer patients for medical clearance solely because of identified substance use; the decision to transfer a patient for hospital care is based on what is clinically appropriate for the patient determined through consultation with qualified professions.

▶ ACCOMODATIONS – MAKING EVERY EFFORT TO ENROLL EACH QUALIFIED PERSON

▶ INTERPRETER SERVICES

- ▶ People are not turned away or denied services because of a need or preference to receive services in a non-English language including sign language for persons who are deaf or hard or hearing or who need supports to address visually impairments.
- ▶ At minimum, a screening is provided using interpreter services BEFORE a referral and warm handoff to a program that can offers services in a preferred language.
- ▶ If a person prefers to receive services at our program, this is how you access interpreter services:
 - ▶ [INSERT AGENCY POLICY AND INSTRUCTIONS HERE, IN ALIGNMENT WITH THE R95 ADMISSION POLICY REQUIRED LANGUAGE. IF APPLICABLE, INCLUDE NAME OF AND CONTACT INFORMATION FOR IDENTIFIED AGENCY PROVIDING LANGUAGE INTERPRETATION.]

We Serve and Enroll:

- ▶ People with visual impairments, including if blind
- ▶ People with auditory impairments, including if deaf
- ▶ People whose preferred language is not English
- ▶ People whose preferred language is not spoken by staff

▶ SAME DAY ADMISSIONS

▶ DON'T MISS AN OPPORTUNITY TO CONNECT WITH SOMEONE WHO IS READY FOR SERVICES

- Every effort is made to offer individuals same-day intake and admission appointments to better ensure that those who reach out for care receive services
 - This means at least a meaningful interaction is provided so that the person wants to come back and complete the full process.
 - **REMEMBER:** You can get an engagement authorization for outpatient admissions if you need more time to work with new patients to engage a client, make a diagnosis, and complete assessment paperwork.

▶ Maximum Timeframes by Level of Care – Not Best Practice

- Residential/Inpatient: Conduct intake appointment within 48 hours of first contact
- Opioid Treatment Program: Conduct intake appointment within 3 business days of first contact
- Outpatient: Conduct intake appointment within 10 business days of first contact

▶ No Next Day(s) Call Backs or Waitlists

- If we can't admit a patient within these timelines, we do a warm handoff to an agency that can

▶ **ADMISSION CRITERIA**

▶ **Toxicology Tests Results**

- ▶ A “positive” or “negative” test is never a fixed requirement or prerequisite to admission
- ▶ Toxicology testing is one of many tools to determine appropriate services
- ▶ Individuals who disclose recent substance use – such as in the previous 24 hours – or who test “positive” are still eligible for admission IF there are no acute medical or behavioral health symptoms requiring resolution at a different level of care
 - ▶ It is not standard practice to refer patients for medical clearance solely because of substance use

▶ **ADMISSION CRITERIA**

▶ **Mental Health Diagnosis**

- People with mild, moderate and severe mental health diagnosis are admitted if they can functionally participate in SUD services. Their functional status is considered.
- Prescribed psychiatric medications or history of suicide attempts is not in and of themselves a reason to refuse care or admission as they may be simultaneously capable of participation.

▶ **Prescribed Medications**

- People are not required to stop or taper medications to be admitted or services, this includes:
 - Addiction medications such as methadone, buprenorphine, naltrexone are facilitated and available for patients
 - Treatment with psychiatric medications, including controlled substances such as psychostimulants, opioids not FDA-approved for opioid use disorder, and benzodiazepines – are medical clinicians make an individualized determination about the appropriateness for that patient

▶ **Medical Conditions**

- People with medical conditions are admitted if they can functionally participate in SUD services.

▶ **ADMISSION CRITERIA – MEDI-CAL STATUS**

▶ **Medi-Cal Intercounty Transfers (ICT)**

- ▶ **We admit people immediately who live in LA County and need Medi-Cal transferred**
- ▶ DO NOT WAIT until Medi-Cal County of Residence or County of Responsibility is changed to admit
- ▶ Initiate the transfer process on the first day of service to better ensure reimbursement
- ▶ Follow ICT instructions on the most current version of the SAPC Provider Manual

▶ **Pending Medi-Cal Enrollment**

- ▶ **We admit people immediately who are Medi-Cal eligible but unenrolled**
- ▶ DO NOT WAIT until Medi-Cal application is submitted or approved to admit
- ▶ Help complete the application on the first day of service to better ensure reimbursement
 - ▶ Medi-Cal is available to all income eligible individuals, including non-citizens

▶ **REMEMBER:** Check Medi-Cal enrollment status at least monthly for enrolled and enrolling beneficiaries and assist patients with renewal paperwork using the CARE COORDINATION benefit

▶ INTAKE AND ADMISSION PROCESS

▶ **A Welcoming Environment is One of Our Top Priorities!**

- ▶ Make every person feel welcome no matter when they contact us! Never miss an opportunity to make a good impression, as a bad experience may cause them not to get needed services.
- ▶ A person's experience is more important than the process! Paperwork needs to be completed but if you see a person needs more time make reasonable adjustments.
 - ▶ Take time to learn what ideas, values, and intentions brought them into contact with your agency – whatever the reason(s) – get to know their needs before jumping into the paperwork.
- ▶ Take a look around the site, do we need to make any facility improvements so it feels like a good place to receive services? Tell us your ideas!

▶ **Radical Hospitality – What is It?**

- ▶ *Going beyond our comfort zones and imagining a world where everyone is seen, heard and belongs!*
- ▶ Take or watch the SAPC “Radical Hospitality” Training:
<http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm?tm>

▶ INFORMATIONAL MATERIALS

▶ Help New Patients Access Needed Information

- ▶ Show them the patient video in their preferred language:
<http://publichealth.lacounty.gov/sapc/PatientPublic.htm>
- ▶ Give them a copy of the patient handbook via email or hardcopy:
<http://publichealth.lacounty.gov/sapc/PatientPublic.htm>
- ▶ Take them to where we post on the wall our non-discrimination policy, how to make a grievance or complaint, how to access interpreter services, and our service costs.

▶ Good Information to Provide

- ▶ Help them access the <http://www.recoverla.org> website on their phone in case they need other resources off hours.
- ▶ Make sure patients who are intravenous drug users know how to access harm reduction services as a precaution: <http://publichealth.lacounty.gov/sapc/public/harm-reduction>



▶ INTAKE AND ADMISSION PROCESS

- ▶ **[Add slides to make sure all your important agency specific information is included – use your submitted policy and procedure as a guide]**

▶ STAFF TRAINING

▶ **You are receiving this training because you work directly with patients**

- This training is provided upon hire and reviewed annually
- It included basic information on the following:
 - Difference between readiness for treatment and readiness for abstinence
 - Stages of Change by Proschaska and DiClemente
 - Creating a welcoming service environment
 - Tailoring services to patient needs

▶ **You will also be provided future trainings to support your work with patients, including:**

- Training on how to effectively implement Motivational Interviewing
- Additional training on the above topics as needed
- Staff meetings where supervisors and staff talk about these topics and improve services

▶ Let's talk about specific admission examples:

- ▶ A person who tests positive during the intake process cannot be admitted that day
FALSE – A person is enrolled and begins care (exception emergency medical services are required)
- ▶ A person should be referred to another program if we don't have staff that speak their language
FALSE – A person is entitled to language assistance services so they can participate at their preferred location
- ▶ A person is admitted even when their Medi-Cal is assigned to another County
TRUE – Don't wait to serve an eligible patient, enroll now and start the transfer process right away
- ▶ A person should test positive to justify admission to withdrawal management / residential care
FALSE – Results of a test (+ or -) are never used as the sole determinant for why admission is offered / declined
- ▶ A person does not need to agree to abstinence to be admitted and receive care
TRUE – We serve people as they agree to participate in services and follow facility rules
- ▶ We should not initiate care if we don't have time to complete intake paperwork on Day 1
FALSE – Same day admission is about a meaningful engagement to support return, not completing paperwork
- ▶ A person cannot enroll in treatment if they have used substances in the past 24-hours
FALSE – The State and County have been clear that this is no longer enforced. Call SAPC if cited.



Admission Discussion

QUESTIONS?

CLARIFICATIONS?

OPPORTUNITIES?

CONCERNS?

“

DISCHARGE POLICY

”

What we do to ensure people want to stay enrolled are served and not discharged:

DISCHARGE POLICY OVERVIEW

How is [insert agency] raising the bar for treatment discharge and working with patients to stay in care?

OVERVIEW - HIGHLIGHTS TO BE DISCUSSED

- ▶ Positive toxicology (drug/UA) test doesn't require automatic discharge
- ▶ No automatic discharge/transfer hospital/withdrawal management from residential if a patient lapses
- ▶ Use the care coordination benefit to help prevent patients from losing Medi-Cal during the treatment episode
- ▶ No discharge when health benefits lapse for those that remain eligible
- ▶ Ensure a warm-handoff when stepping a patient up or down levels of care
- ▶ Provide informational materials at discharge, including naloxone

▶ POSITIVE TOXICOLOGY TEST RESULTS

▶ What happens when a person lapses while participating in treatment services?

- Talk to them about why they used and determine if their goals have changed
- Encourage them to remain in care and provide needed support services
- If a higher level of care is really needed, make sure a warm-handoff is provided – connect them

▶ What if a lapse happens at a residential program?

- We do the same – talk and encourage them to stay.
- **We don't require every person who lapses to be “medically cleared” or to “go to detox/WM”**
 - *Qualified professionals help determine if patients need medical services after a lapse*
 - *Most patients can and should be safely managed onsite after a lapse and do not need to leave*
- A patient will not be able to stay if **[insert any allowable reasons per your discharge policy]**

▶ **MEDI-CAL DISENROLLMENT**

- ▶ **We help patients continue Medi-Cal enrollment and help them submit renewal paperwork**
 - Tell your patients you will help them complete Medi-Cal paperwork
 - Check monthly to ensure patient Medi-Cal benefits are up-to-date
 - Use the Care Coordination benefit to help eligible patients stay enrolled in Medi-Cal
 - We can't discharge patients whose coverage lapses but they are still Medi-Cal eligible
 - **BE PROACTIVE!** Patients get care they need, and our agency gets reimbursed.
- ▶ **When patients are no longer income eligible for Medi-Cal:**
 - See if they are eligible for AB 109, CalWORKs, General Relief – SAPC reimburses for that just update authorization paperwork
 - Offer sliding scale **[insert agency details on how to access it, if applicable]**

▶ DISCHARGE PROCESS

- ▶ [Add slides to make sure all your important agency specific information is included – use your submitted policy and procedure as a guide]

▶ INFORMATIONAL MATERIALS

▶ Help Discharging New Patients Access Needed Information

- ▶ Help them access the <http://www.recoverla.org> website on their phone in case they need other resources off hours
- ▶ Offer an overdose prevention kit that includes naloxone to take with them for free
- ▶ Make sure patients who continue to use drugs know how to access harm reduction services:
<http://publichealth.lacounty.gov/sapc/public/harm-reduction>



Learn more about SUD services and resources, including a mobile friendly version of the SUD provider directory – SBAT!

▶ Let's talk about specific discharge examples:

- ▶ All patients should be offered naloxone at discharge

TRUE – This is a life-saving medication and does not condone or contribute to use

- ▶ A person who lapses in residential can “sleep it off” in the program

TRUE – Patients without emergency medical symptoms can stay in the program – consult qualified professionals

- ▶ A person should be discharged if they do not complete Medi-Cal reenrollment documents

FALSE – Use the Care Coordination benefit to help the patient reenroll and prevent lapse in benefits

- ▶ A non-abstinent patient can bring alcohol and drugs on property

FALSE – It is ok to have policies that prohibit alcohol or drug use on property

- ▶ A person who does not agree to abstinence cannot be discharged from residential for use

FALSE – The decision to discharge is based on individualized circumstances and clinical need

- ▶ A person does not need to be medically cleared by a hospital if they lapse in residential

TRUE – Referral to emergency services should be based on patient's symptoms not just because they used

- ▶ A person cannot stay in treatment if they have used substances in the past 24-hours

FALSE – The State and County have been clear that this is no longer enforced. Call SAPC if cited.



Discharge Discussion

QUESTIONS?

CLARIFICATIONS?

OPPORTUNITIES?

CONCERNS?