

**Department of Public Health, Substance Abuse Prevention and Control
Required Language for Engagement Policy in Alignment with R95 Access to Care
Expectations**

- Required Language – Noted in **BLUE**
- Recommended Language – Noted in **BLACK** text and can be modified or omitted
- Comments – Noted in **ORANGE ITALICS** text are clarification of requirements and are not required to be included in the Engagement Policy submitted for the incentive.
- Use agency specific headers / formats in accordance with your policy and procedure standards
- This is not an exhaustive policy; any other applicable County or State requirements should also be included in an agency's final version, including additional guidance that aligns with the intent of the R95 initiative.

PURPOSE:

This policy outlines [our agency's] policies and procedures to successfully engage patients in substance use disorder (SUD) treatment. Patient engagement in services is essential for improving access to treatment as well as retention and outcomes for patients with SUDs. Engagement policies promote patient-centered and evidence-based approaches that strengthen relationships between [our agency] and our community partners, assist patients with the identification and overcoming of barriers to entry into SUD treatment, and ensure patients receive necessary support, care, and timely access to the appropriate treatment resources.

POLICY:

This policy outlines the process and requirements for engaging patients in SUD treatment. Our policy is to:

- Prioritize and promote initial/pre-treatment patient engagement to improve awareness, access, and treatment outcomes for people with substance use disorders.
- Utilize evidence-based strategies and patient-centered practices that increase patient engagement.
- Create a supportive engagement environment that respects the dignity and autonomy of individuals considering addiction treatment.
- Foster community relationships and remove barriers that may decrease patients' likelihood of accessing treatment.
- Train staff in pre-treatment engagement strategies and practices.

SCOPE:

This policy applies to all supervisors, Licensed Practitioners of the Healing Arts (LPHA), registered/certified counselors, Medi-Cal Peer Support Specialists, and other staff who provide direct treatment services and/or have a role in patient care. Furthermore, it applies to all settings of care: outpatient, residential, outpatient/residential/inpatient

withdrawal management, opioid treatment programs, recovery services, recovery bridge housing and recovery housing. [remove levels of care not offered at the agency]

DEFINITIONS:

Substance Use Treatment: The range of services provided to individuals with substance use disorders, including but not limited to outpatient, residential, withdrawal management and medication for addiction treatment (MAT) programs.

Engagement: Refers to the initial phase of contact between an individual and an SUD treatment facility which begins at the point of entry to substance use treatment. This phase is crucial for building a foundation of trust, understanding the individual's needs, and motivating them to participate in the treatment process. Fundamentally, this engagement involves practices that prepare patients to participate in substance use treatment.

PROCEDURES:

I. Training Requirements

All staff providing services to people at each point of entry to substance use treatment are trained to implement this engagement policy and are prepared to execute [our agency's] protocols for offering and initiating treatment for prospective patients.

Agencies who provide non-residential substance use treatment services shall also submit the Attestation of Compliance with Initial Engagement Authorization Training Requirements form, below, that should accompany their submitted engagement policy.

II. Engagement Policy Requirements

A. **Connection with Community Partners**

[Our agency] participates in outreach to community partners to ensure community visibility on the pathways for substance use treatment access.

Our community partners include but are not limited to housing agencies, community mental health agencies, community health center agencies, probation and law enforcement agencies, harm reduction service agencies, community drop-in centers, and schools and education agencies. [Our

agency] establishes memorandums of understanding (MOU) with community partner agencies that specify the frequency and manner in which staff coordinate and collaborate with community partners and that codify mutual understanding of the available substance use services and pathways for referral, including [our agency's] point of contact for the community partner agency. We establish Field Based Services with designated community partners in accordance with the LA County SAPC Standards and Practices for Field Based Services. [remove if field-based services are not offered by your agency]

B. Responsiveness to Outreach

[Our agency] maintains staffing levels and provides ongoing staff training to ensure our agency is promptly responsive to outreach from patients, community agencies, and from LA County's Substance Abuse Services Helpline (SASH), Client Engagement and Navigation Services (CENS), and Connecting to Opportunities for Recovery and Engagement (CORE) Center programs.

C. Patient Rapport

[Our agency's] staff foster positive, safe, supportive, and non-judgmental relationships with patients at the point of entry into care. Our staff are trained in culturally responsive and trauma informed care, including providing services tailored to the cultural and linguistic considerations of individuals in the communities where we operate services. [Our agency] staff utilize motivational interviewing techniques to explore and enhance the patient's motivation for change, including setting goals and discussing the benefits of seeking treatment.

D. Patient Education

[Our agency] maintains a protocol that ensure current and prospective patients are informed about the process of enrollment in treatment, the treatment modalities available at our agency, and how we connect patients with additional services through care coordination. Staff ask patients about their treatment goals and inform patients on how [our agency] can support them in achieving these goals.

[insert any additional agency-specific details on protocols for informing patients about available services]

E. Assistance with Overcoming Barriers to Treatment

Our staff identify and collaborate with prospective patients to overcome barriers that may hinder a potential patient's ability to engage in treatment (including but not limited to transportation, childcare, financial, employment concerns). Our staff link patients to any necessary external agencies/services to assist with minimizing barriers to treatment.

F. Social and Family Support

Our staff, with the current/prospective patient's permission and as clinically appropriate, involve family/support systems with patient intake when this is helpful at increasing patient engagement.

G. Care Coordination to External Services

Our staff provide care coordination on intake which link patients with requested and indicated external services This includes, but is not limited to,

linking patients to any needed mental health services and linkage to harm reduction services for patients who continue to use drugs. [Our agency] maintains specific communication protocols and referral pathways with community partner agencies.

[insert any additional agency-specific details on care coordination protocols]

H. **Monitoring Patient Response to Adjust Engagement Approach**

[Our agency] staff adjust our approach to patient engagement based upon the responsiveness of prospective patients to interactions with our staff. We document our interactions with current and prospective patients and review this documentation to identify opportunity to improve our engagement of patients.

I. **Quality Improvement**

[Our agency] monitors the effectiveness of patient engagement strategies using quality improvement metrics which include:

- Assessment of staff competency in engagement activities
- Outcomes from engagement activities
- Measurement and review of referrals to admission ratios
- Feedback from community partners agencies
- Feedback from prospective and current patients

Attachments

- I. *[Include any agency-specific existing engagement policies or procedures not otherwise included in the above]*
- II. Attestation of Compliance with Initial Engagement Authorization Training Requirements *[remove if your agency does not offer non-residential treatment services]. To meet eligibility for R95 Incentive 2C-1, provider agencies offering non-residential levels of care shall submit **both** an Engagement Policy in accordance with the above **and** an Attestation of Compliance with Initial Engagement Authorization Training Requirements.*

Complete and return your agency's engagement policy via an email titled "2C-1: Engagement Policy" sent to sapc-cbi@ph.lacounty.gov by 2/29/2024.