

## Tips for Initiating and Engaging Members After Hospital Visits for Mental Health or Substance Use

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Community Behavioral Health (CBH) is committed to ensuring members receive quality care. CBH believes early identification of substance use disorder issues can help patients avoid future drug-related illnesses or death and encourage engagement in treatment to support long-term recovery. Therefore, CBH assesses adults and adolescents aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

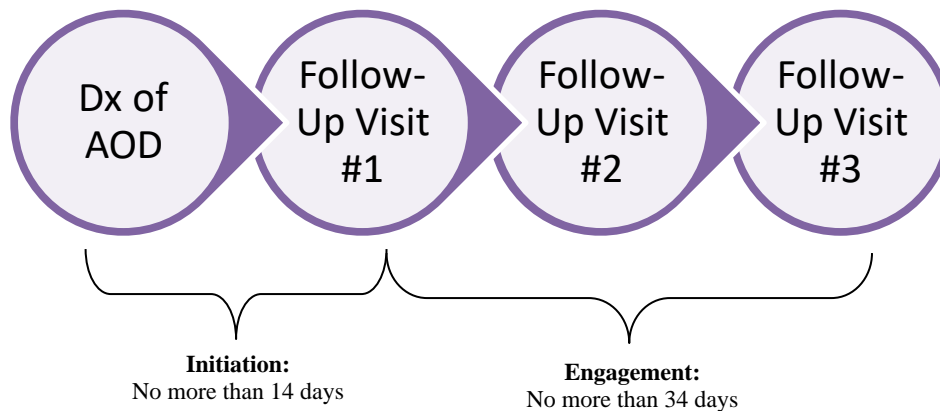
- ➔ **Initiation of AOD Treatment:** Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.
- ➔ **Engagement of AOD Treatment:** Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

### Diagnoses Associated with This Measure

The State of Pennsylvania and CBH use a comprehensive diagnosis list from the Healthcare Effectiveness Data and Information Set (HEDIS®) to assess inclusion of claim in the initiation and engagement measures. See “Relevant Codes” for exact ICD-10 codes that apply to this measure. Referenced diagnosis codes are required for inclusion in both the initiation and engagement rates.

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### IET At-a-Glance:



The IET measure includes several subsets of measures. As detailed above, these subsets are categorized by Initiation, Engagement, and diagnosis groupings. These diagnosis groups are “Alcohol,” “Opioids,” and “Other.”

IET sub-measures have been adopted as performance metrics for the following CBH initiatives:

- ➔ Alcohol Use Disorder Clinical Practice Guideline: IET Engagement for Alcohol
- ➔ Performance Improvement Project: IET Initiation & Engagement for Opioids; IET Engagement for Alcohol
- ➔ Integrated Care Plan Program: Overall IET Initiation & Engagement for SMI population

Consistently, CBH members' engagement rate drops significantly following the initiation phase. For example, data shows that from 2018 to 2023, there was an average drop of 25% from initiation to engagement. Providers should use their data to track member participation in treatment services to understand what changes work best, using regular

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satisfaction surveys to understand individuals' engagement needs. Based on the results, timely strategies for improvement should be implemented.

In 2021-2022, CBH conducted a Quality Improvement Learning Collaborative for ASAM Substance Use Outpatient providers to identify best practices to improve initiation and engagement. The best practices listed below have shown evidence of effectiveness in our network, including additional recommendations from industry resources.

### Best Practices

- ➔ Offer same-day walk-in appointments for assessment
- ➔ Consider screening all members at office and/or telehealth visits using a substance abuse screening tool
- ➔ Prioritize scheduling appointments for initial and follow-up visits, with appointment cards for reminders
- ➔ Address social determinants of health by coordinating assistance for members with competing social demands, including childcare, transportation, and housing that otherwise may prevent them from attending treatment appointments
- ➔ Utilize preferred reminder strategies and regularly ensure contact information is the most up to date, employing Peer and Recovery Specialists where appropriate
- ➔ Include treatment participation and attendance expectations, rescheduling procedure, and reminder strategies as part of initial treatment plan creation/review in line with shared decision-making models. Sign and share a copy with the member
- ➔ Identify individuals who are not using medication-assisted treatment (MAT) and offer MAT or referral to MAT
- ➔ Coordinate care between physical and behavioral health providers, ensuring additional coordination with the referral source, the member's family, and other supports

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- ➔ Improve culturally competent care by engaging with community resources and developing resource guides for Social Determinants of Health and intersectional support groups
- ➔ Conduct Comprehensive Substance Use Screening consistent with the Clinical Guidelines for the Treatment of Tobacco Use Disorder during the intake process and offer Nicotine Replacement Therapy and counseling to all individuals who screened positive for tobacco use regardless of stage of readiness
- ➔ Utilize a trauma-informed approach

### Resources

- ➔ [Clinical Guidelines for Alcohol Use Disorder](#)
- ➔ [Clinical Guidelines for Opioid Use Disorder](#)
- ➔ [Clinical Guidelines for Tobacco Use Disorder](#)

*Disclaimer: The information contained in this tip sheet is for educational and informational purposes only. The clinical services described in this tip sheet may not be covered for all CBH enrollees. To find out about what services are available to you under the CBH benefit package, please contact CBH Provider Operations at 215.413.3100.*