

1040 OUTREACH, ENGAGEMENT, ~~AND RE-ENGAGEMENT~~ ~~ENGAGEMENT~~ ~~AND CLOSURE~~¹ FOR BEHAVIORAL HEALTH

INITIAL

EFFECTIVE DATES: 07/01/16, 10/01/18²

REVISION DATE: 06/13/18³

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC)⁴, ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for ~~member Outreach, Engagement and Re--engagement~~ for members seeking and receiving behavioral health services in the AHCCCS Behavioral Health System.⁵

II. DEFINITIONS⁶

ENGAGEMENT

For purposes of this Policy, the establishment of a trusting relationship, rapport and therapeutic alliance based on personal attributes, including empathy, respect, genuineness and warmth.

OUTREACH ACTIVITIES

For purposes of this Policy, activities designed to inform individuals of behavioral health services availability and to engage or refer those individuals who may need services.

RE-ENGAGEMENT

For purposes of this Policy, activities by providers designed to encourage the individual to continue participating in services.

I. POLICY

III.

Contractors, ~~and~~ TRBHAs, ~~and Tribal ALTCS~~⁷ shall develop and implement ~~O~~utreach, ~~E~~ngagement, ~~and R~~e-engagement ~~engagement~~ ~~and closure~~⁸ -activities. Contractors shall

¹ Removed closure from title, policy does not speak to closure

² Date changes are effective

³ Date presented at APC Meeting

⁴ Updated to reflect new contractor

⁵ Updated purpose statement

⁶ Added definitions

⁷ Inclusion of Tribal ALTCS Programs

⁸ Removed 'closure' throughout policy; left over from DBHS policies

develop and make available to providers its policies and procedures regarding Outreach, Engagement, and Re-engagement ~~engagement and closure, including any additional information specific to their operations.~~

Outreach includes activities designed to inform ~~individuals~~ members⁹ of the availability of behavioral health services ~~availability~~ and to engage or refer ~~those individuals~~ members who may need services. The activities described within this section are essential elements of clinical practice. Outreach to vulnerable populations;~~;~~ establishing an inviting and non-threatening environment;~~;~~ and re-establishing contact with ~~person~~ members who have become temporarily disconnected from services;~~;~~ are critical to the success of any therapeutic relationship.

Contractors ~~and~~, TRBHAs, and Tribal ALTCS Programs¹⁰ shall ensure the incorporation of the following critical activities regarding service delivery within the AHCCCS² System of Care¹¹:

1. Establish expectations for the Engagement of ~~persons~~ members seeking or receiving behavioral health services,
2. Determine procedures to re-engage ~~persons~~ members who have withdrawn from participation in the behavioral health treatment process,
3. Describe conditions necessary to end Re-engagement ~~engagement~~ activities for a ~~person~~ members who have withdrawn from participation in the treatment process, and¹²
4. Determine procedures to minimize barriers¹³ for serving ~~persons~~ members who are attempting to re-~~enter engage the with~~ behavioral health ~~system services.~~

A. Community Outreach

1. Contractors and TRBHAs¹⁴ shall provide and participate in ~~community~~ Outreach ~~activities~~ to inform the public of the benefits and availability of behavioral health services and how to access them. Contractors and TRBHAs shall disseminate information to the general public, other human service providers, including but not limited to county and state governments, school administrators, first responders, teachers, those providing services for military veterans, and other interested parties regarding the behavioral health services that are available to eligible ~~persons~~ members.

⁹ Updated 'individual' to 'member' throughout policy

¹⁰ Inclusion of Tribal ALTCS Programs

¹¹ Consistency throughout document

¹² Clarified for when a person has withdrawn from participation in the treatment process

¹³ Revised wording

¹⁴ Included TRBHAs in Community Outreach throughout section A.

- 1.2. Outreach Activities conducted by the Contractor and TRBHAs may include, but are not limited to:
- Participation in local health fairs or health promotion activities,
 - Involvement with local schools,~~;~~
 - Involvement with Outreach Activities for military veterans, such as Arizona Veterans Stand Down Coalition events,
 - Development of Outreach programs and activities for first responders (i.e. police, fire, EMT),
 - ~~Regular contact with AHCCCS Contractor behavioral health coordinators and primary care providers¹⁵;~~
 - Development of Outreach programs to members experiencing homelessness,
 - Development of Outreach programs to ~~persons-members~~ who are at risk, are identified as a group with high incidence or prevalence of behavioral health issues or are underserved,
 - Publication and distribution of informational materials,
 - Liaison activities with local, county and tribal jails, prisons, county detention facilities, and local and county Department of Child Safety (DCS) offices and programs,
 - Regular interaction with agencies that have contact with pregnant women/teenagers who have~~with with a substance use disorder-abusing pregnant women/teenagers,~~
 - Development and implementation of Outreach programs to identify ~~persons-members~~ with co-morbid medical and behavioral health disorders and those who have been determined to have Serious Mental Illness (SMI) within the Contractor's geographic service area, including ~~persons-members~~ who reside in jails, homeless shelters, county detention facilities or other settings,
 - Provision of information to behavioral health advocacy organizations, and
 - Development and coordination of Outreach programs to ~~Native American~~American Indian ~~T~~ribes in Arizona to provide services for tribal members.

~~All AHCCCS registered Behavioral hHealth Pproviders shall participate in Engagement, Re-engagement, and follow-up processes as described in this pPolicy.~~¹⁶

B. Engagement

- Contractors ~~and,~~ TRBHAs, and Tribal ALTCS Programs¹⁷ shall ensure providers engage in active treatment planning process by including the following:
 - The ~~member/guardian/designated representative,~~
 - The member's family/significant others, if applicable and amenable to the member,

¹⁵ Removed language, unnecessary

¹⁶ Added sentence to clarify all AHCCCS registered BH providers shall participate

¹⁷ Inclusion of Tribal ALTCS Programs

- c. Other agencies/providers as applicable, and
- d. ~~the person-member/guardian/designated representative (guardian, family member, advocate or other)~~ individual designated to provide Special Assistance for members with an SMI who are receiving Special Assistance (see AMPM Policy 320-R).~~;~~

C. Re-engagement

1. Contractors ~~and~~ TRBHAs, and Tribal ALTCS¹⁸ shall ensure Re-engagement engagement attempts are ~~made~~ with members who have withdrawn from participation in the treatment process prior to the successful completion of treatment;~~;~~ refused services;~~;~~ or failed to appear for a scheduled service based on a clinical assessment of need. All attempts to re-engage members ~~must~~¹⁹ shall be documented in the comprehensive clinical record. The behavioral health provider ~~must~~shall attempt to re-engage the member by:
 - a. Communicating in the member’s preferred language,
 - b. Contacting the member ~~or the member’s legal guardian/guardian/designated representative~~ by telephone at times when the member may reasonably be expected to be available (e.g., after work or school),
 - c. When possible, contacting the member guardian/designated representative ~~or the member’s legal guardian~~ face-to-face if telephone contact is insufficient to locate the person-member or determine acuity and risk,
 - d. Sending a letter to the current or most recent address requesting contact ~~i~~.~~If~~ all attempts at personal contact are unsuccessful, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues. The provider will note safety or confidentiality concerns in the progress notes section of the clinical record and include a copy of the letter sent in the comprehensive clinical record, and
 - e. ~~For persons determined to have a SMI who are receiving Special Assistance (see AMPM Policy 320-R),~~ Contacting the person designated to provide Special Assistance for his/her involvement in Re-engagement engagement efforts for members determined to have a SMI who are receiving Special Assistance (see AMPM Policy 320-R).²⁰~~;~~
2. If the above activities are unsuccessful, Contractors ~~and~~ TRBHAs, and Tribal ALTCS Programs²¹ shall ensure ~~—~~ further attempts are made to re-engage the following populations: ~~personmembers~~ determined to have an SMI, children, pregnant women/teenagers with substance ~~abusing women/teenagers~~ use disorder, and any person-member determined to be at risk of relapse, decompensation, deterioration or a potential harm to self or others. Further attempts shall include at a minimum: contacting the person ~~or~~ person’s ~~legal~~

¹⁸ Inclusion of Tribal ALTCS Programs

¹⁹ Updated ‘must’ to ‘shall’ throughout policy

²⁰ Re-phrased sentence for clarity

²¹ Inclusion of Tribal ALTCS Programs

~~guardian~~member/guardian/designated representative face-to-face, and contacting natural supports for whom the member has given permission to the provider to contact. All attempts to re-engage these members mustshall be clearly documented in the comprehensive clinical record.

3. If face-to-face contact with the member is successful and the member appears to be a danger to self, danger to others, persistently and acutely disabled or gravely disabled, the provider mustshall determine whether it is appropriate to engage the ~~person~~ member to seek inpatient care voluntarily. If the member declines voluntary admission, the provider mustshall initiate the pre-petition screening or petition for treatment process described in AMPM Policy 320-~~TU~~.

D. Follow-up After Significant and/or Critical Events

1. Contractors ~~and~~, TRBHAs, and Tribal ALTCS Programs²² shall ensure activities are documented in the clinical record and follow-up activities are conducted to maintain ~~engagement~~ Engagement within the following timeframes:
 - a. Discharged from inpatient services, in accordance with the discharge plan and within seven days of the ~~person's~~ member's release to ensure ~~client~~ member stabilization, medication adherence, and to avoid re-hospitalization,
 - b. Involved in a behavioral health crisis within timeframes based upon the ~~person's~~ member's clinical needs, but no later than seven days, and
 - c. Refusing prescribed psychotropic medications within timeframes based upon the ~~person's~~ member's clinical needs and ~~individual~~ history, and
 - e-d. Changes in the level of care.²³

REFERENCES²⁴

- ~~AHCCCS MCO Contracts, Section D~~
- ~~RBHA Contracts, Scope of Service~~
- ~~TRBHA IGAs~~
- ~~AMPM Policy 320-R~~
- ~~AMPM Policy 320-T~~
- ~~Substance Abuse Prevention and Treatment Block Grant~~
- ~~AHCCCS Demographic and Outcome Data Set User Guide~~
- ~~9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems~~
- ~~12 Principles for Children's Health~~
- ~~A.A.C. R9-21-302~~
- ~~A.R.S. Title 36, Chapter 5~~

²² Inclusion of Tribal ALTCS Programs

²³ Added for clarity

²⁴ Removed reference list- applicable references are included in the policy

OPEN UNTIL 07/29/18