

1 **1040 OUTREACH, ENGAGEMENT, AND RE-ENGAGEMENT FOR**  
2 **BEHAVIORAL HEALTH**

3  
4 REVISION DATE: (TBD), 10/28/2020

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7 REFERENCES: AdSS Medical Policies 320-R and 320-U

8  
9 **PURPOSE**

10 ~~Theis policy applies to the~~ Division of Developmental Disabilities' (Division)  
11 ~~Administrative Services Subcontractors (AdSS) and outlines the duties and~~  
12 ~~responsibilities delegated to the AdSS to~~ develops and implements  
13 outreach, engagement, and re-engagement activities for ~~members seeking~~  
14 ~~and receiving~~ behavioral health services. ~~The AdSS areis responsible~~  
15 ~~toDivision develops and makes available to providers its policies and~~  
16 ~~procedures regarding outreach, engagement, and reengagement, including~~  
17 ~~any additional information specific to their operations.~~

18 ~~Outreach includes activities designed to inform individuals of behavioral~~  
19 ~~health services availability and to engage or refer those individuals who may~~  
20 ~~need services. The activities described within this policysection are essential~~  
21 ~~elements of clinical practice. Outreach to vulnerable populations,~~

22 ~~establishing an inviting and non-threatening environment, and re-~~  
23 ~~establishing contact with persons who have become temporarily~~  
24 ~~disconnected from services are critical to the success of any therapeutic~~  
25 ~~relationship.~~

## 26 **DEFINITIONS**

27 1. "Engagement" ~~means activities designed to~~ ~~For purposes of this policy,~~  
28 ~~the establishment of~~ a trusting relationship, rapport and therapeutic  
29 alliance based on personal attributes, including empathy, respect,  
30 genuineness, and warmth.

31 2. "Outreach" ~~activities~~ ~~means activities designed to~~ ~~For purposes of this~~  
32 ~~policy, activities designed to~~ inform individuals of behavioral health  
33 services availability and to engage or ~~refer~~ those individuals who may  
34 need services.

35 3. "Re-engagement" ~~means~~ ~~For purposes of this policy,~~ activities ~~by~~  
36 ~~providers~~ designed to encourage ~~the~~ individuals to continue  
37 participating in services.

## 38 **POLICY**

### 39 A. GENERAL REQUIREMENTS

- 40 1. The AdSS shall use evidence-based practice engagement  
41 activities when they exist.
- 42 2. The AdSS shall develop and implement outreach, engagement,  
43 and re-engagement activities.
- 44 3. The AdSS shall develop and make available to providers its  
45 policies and procedures regarding outreach, engagement, and  
46 re-engagement.
- 47 a. The AdSS shall ensure providers participate in  
48 engagement, re-engagement, and follow-up processes as  
49 described in this policy.
- 50 b. The activities described within this section are essential  
51 elements of clinical practice. Outreach to vulnerable  
52 populations, establishing an inviting and non-threatening  
53 environment, and re- establishing contact with persons  
54 who have become temporarily disconnected from services  
55 are critical to the success of any therapeutic relationship.
- 56 2.4. The AdSS ~~shall~~ incorporate the following critical activities  
57 regarding service delivery within the AHCCCS System of Care:

- 58 a. Establish expectations for the engagement of members  
59 seeking or receiving behavioral health services.
- 60 b. Determine procedures to re-engage members who have  
61 withdrawn from participation in the behavioral health  
62 treatment process.
- 63 c. Describe conditions necessary to end re-engagement  
64 activities for members who have withdrawn from  
65 participation in the treatment process.
- 66 d. Determine procedures to minimize barriers for serving  
67 members who are attempting to re-engage with behavioral  
68 health services.

69 **B. COMMUNITY OUTREACH**

- 70 1. The AdSS ~~shall~~<sup>will</sup> provide and participate in community  
71 outreach activities to inform members of the benefits and  
72 availability of behavioral health services and how to access  
73 them.
- 74 2. The AdSS shall disseminate information to the general public,  
75 other human services agencies, providers, including, municipal,

76 county, and state governments, school administrators, first  
77 responders, teachers, ~~, , those providing services for and military~~  
78 veterans, and other interested parties regarding the behavioral  
79 health services that are available to eligible members. The AdSS  
80 shall adhere to the member information requirements as  
81 specified in AdSS Operations Policy 404.

82 3. Outreach activities conducted by the AdSS may include the  
83 following:

- 84 a. Participation in local health fairs, ~~or~~ health promotion  
85 activities, or advisory committees;
- 86 b. Involvement with local schools, such as back to school  
87 events and school board presentations;
- 88 c. Involvement with outreach activities for ~~military~~ veterans,  
89 such as Arizona Veterans Stand Down Alliance;  
90 (AVSA)Coalition events;
- 91 d. Development of outreach programs and activities for first  
92 responders, including (i.e. police, fire, EMTemergency  
93 medical technicians, which may include strategies to  
94 optimize the use of medically necessary services and

- 95 diversion programs as alternatives to arrest and optimize  
96 incarceration ~~diversion programs~~);  
97 e. Development and implementation of outreach programs to  
98 identify members with co-morbid medical and behavioral  
99 health disorders and those who have a Serious Mental  
100 Illness (SMI) designation or Serious Emotional Disturbance  
101 designation, including members who are incarcerated, in  
102 homeless shelters, in county detention facilities or other  
103 settings;  
104 Development and implementation of outreach programs to  
105 identify members with co-morbid medical and behavioral  
106 health disorders and those who have a Serious Emotional  
107 Disturbance (SED) designation including members who  
108 reside in juvenile detention facilities, homeless shelters, or  
109 other settings  
110 4. Development of outreach programs to identify members who  
111 are:  
112 a. Experiencing homelessness, which may include activities  
113 such as participation in local coordinated entry

- 114 committees, outreach collaboratives and case  
115 conferencing, or other community engagement  
116 opportunities focused on populations currently  
117 experiencing homelessness or ~~those that~~ may be at risk of  
118 experiencing homelessness;
- 119 b. Identified as a group with high incidence or prevalence of  
120 behavioral health issues or who are at risk for involvement  
121 with this group;
- 122 c. Identified as previously involved or at risk of human  
123 trafficking;
- 124 d. At risk of neglect, abuse, or exploitation;
- 125 e. Individuals within the Lesbian, Gay, Bisexual, Transgender,  
126 Questioning, Queer, Intersex, Asexual, Pansexual, and  
127 Allies (LGBTQIA+) community, that may have experienced  
128 abuse or trauma as a result of their gender identity, or  
129 sexual orientation, and
- 130 f. ~~Identified Members identified~~ as being underserved, for  
131 example, including residing in a rural health areas  
132 historically underserved due to race, ethnicity, and cultural

133 identity.

134 5. Publication and distribution of informational materials such  
135 as including health plan newsletters, text message campaigns,  
136 mailers and email outreach.

137 ~~Regular contact with AHCCCS contractor behavioral health~~  
138 ~~coordinators and primary care providers, especially the~~  
139 ~~Division's Administrative Services Subcontractors;~~

140 ~~e. Development of outreach programs to members~~  
141 ~~experiencing homelessness;~~

142 ~~f. Development of outreach programs to persons who are at~~  
143 ~~risk, identified as a group with high incidence of~~  
144 ~~prevalence of behavioral health issues, or underserved;~~

145 ~~g.f. Publication and distribution of informational materials;~~

146 6. Liaison activities with local, county, and tribal jails, prisons,  
147 county detention facilities, and local and county Department of  
148 Child Safety offices and programs;

149 7. Regular interaction with agencies that have contact with



150 pregnant women or teenagers ~~substance-abusing children,~~  
151 ~~teenagers, or women/teenagers~~ who have a Substance Use  
152 ~~Disorder.~~

153 ~~Development and implementation of outreach programs~~  
154 ~~to identify members with co-morbid medical and~~  
155 ~~behavioral health disorders and those who have been~~  
156 ~~determined to have Serious Mental Illness (SMI) within~~  
157 ~~the contractor's geographic service area; including~~  
158 ~~persons who reside in jails, homeless shelters, county~~  
159 ~~detention facilities or other settings;~~

160 8. Provision of information to behavioral health advocacy  
161 organizations; and

162 9. Development and coordination of outreach programs to ~~Native~~  
163 American Indian Tribes in Arizona to provide services for tribal  
164 members. Providers shall coordinate care with the Tribe to  
165 receive Right of Entry when conducting outreach on tribal land.

166 ~~The AdSS shall coordinate care with Tribes to receive~~  
167 ~~coordination of care with the Tribe to receive Right of Entry~~

168 when conducting outreach on tribal land.

169 ~~The AdSS shall ensure behavioral health providers shall participate in~~  
170 ~~engagement, re-engagement, and follow-up processes as described in this~~  
171 ~~policy.~~

172 **C. ENGAGEMENT**

- 173 1. The AdSS shall ensure behavioral health providers shall  
174 participate in engagement, re-engagement, and follow-up  
175 processes as described in this policy.
- 176 2. ~~The AdSS Division shall ensure Support Coordinator and/or Case~~  
177 ~~Manager of the TRBHA, IHS, Tribally Operated 638, or Urban~~  
178 ~~Native Health Facility must ensure active engagement by~~  
179 ~~providers engage members in the active treatment planning~~  
180 ~~processes by including with:~~
- 181 a. The member or responsible person; ~~or member's legal~~  
182 ~~guardian;~~
- 183 b. The member's family, ~~or~~ significant others, and natural  
184 supports, if applicable and amenable to the  
185 member person;

- 186 c. Other agencies or providers, as applicable; and
- 187 ~~d. The member, responsible person, advocate, or other~~
- 188 ~~Individuals designated to provide Special Assistance for~~
- 189 ~~members with an determined to have SMI designation who~~
- 190 ~~are receiving Special Assistance as specified in AdSS~~
- 191 ~~Medical Policy 320-R. For persons with a SMI who are~~
- 192 ~~receiving Special Assistance (see AMPM Policy 320-R), the~~
- 193 ~~person (guardian, family member, advocate or other)~~
- 194 ~~designated to provide Special Assistance.~~
- 195 3. The AdSS shall ensure providers engage incarcerated members
- 196 with high incidence or prevalence of behavioral health issues or
- 197 who are underserved as specified in AdSS Medical Policy 1022.
- 198 4. The AdSS shall ensure behavioral health providers engage
- 199 members experiencing homelessness by including the following:
- 200 a. Completion of an AHCCCS approved health related social
- 201 needs ~~(HRSN)~~ screening tool,
- 202 b. Utilization of the associated Z Codes to the members
- 203 record, especially those related to housing instability, and
- 204 c. Provide assistance to members with the completion of

205 housing applications to address housing stabilization and  
206 support ongoing engagement in services.

207 For more information on Z Codes, refer to the Medical Coding Resource page  
208 on the AHCCCS website, and the AHCCCS FFS Billing Manual for Fee For  
209 Service providers serving members enrolled with the Tribal Health Program.

210 ~~d. 5. The AdSS shall notify Division Support Coordination when~~  
211 ~~assistance is needed with engaging a member in behavioral~~  
212 ~~health services. The Support Coordinator shall ensure~~  
213 ~~coordination of care with the behavioral health provider and~~  
214 ~~assist with engagement activities as needed.~~

#### 215 **D. RE-ENGAGEMENT**

216 1. The ~~AdSS shall~~ Support Coordinator takes the lead in the  
217 ~~coordination with the TRBHA, IHS, Tribally Operated 638, or~~  
218 ~~Urban Native Health Facilities to~~ ensure re-engagement attempts  
219 are made with members who have withdrawn from participation  
220 ~~in the treatment, process prior to the successful completion of~~  
221 ~~treatment,~~ refused services, or failed to appear for a scheduled  
222 service based on a clinical assessment of need. ~~Provider Case~~

223 ~~Managers are available to assist Support Coordinators with~~  
224 ~~reengaging members as deemed beneficial to their care.~~

225 2. All attempts to re-engage members ~~shall~~must be documented in  
226 the member's medical record file.

227 3. The AdSS shall ensure behavioral health providers ~~shall~~ attempt  
228 to re-engage ~~the~~ members by communicating in the member's  
229 preferred language and completing at least three outreach  
230 attempts, using ~~utilizing~~ strategies identified below:

231 a. Contacting the member or responsible person  
232 ~~/guardian/designated representative~~ by telephone at times  
233 when the member may reasonably be expected to be  
234 available ~~(e.g. after work or school).~~

235 b. When possible, contacting the member or responsible  
236 person/guardian/designated representative face-to-face if  
237 telephone contact is insufficient to locate the member or  
238 determine acuity and risk.

239 c. Sending a letter to the current or most recent address on  
240 file requesting contact if all attempts at personal contact  
241 are unsuccessful, except when a letter is contraindicated

242 due to safety concerns (~~e.g. domestic violence~~) or  
243 confidentiality issues.

244 i. If a letter is not sent due to safety concerns or  
245 confidentiality issues, theThe provider will note  
246 that safety or confidentiality concerns in the progress  
247 notes section of the clinical record.

248 ii. If a letter is sent, the provider will ~~and~~ include a  
249 copy of the letter ~~sent~~ in the ~~comprehensive~~ clinical  
250 record.

251 d. Contacting the person designated to provide Special  
252 Assistance for ~~their~~his/her involvement in re-engagement  
253 efforts for members ~~with an determined to have a~~ SMI  
254 ~~designation~~ who are receiving Special Assistance ~~as~~  
255 ~~specified in AdSS Medical~~(see ~~AMPM~~ Policy 320-R.

256 4. If the above activities are unsuccessful, the AdSS shall ensure  
257 further attempts are made to re-engage the following  
258 populations:

259 ~~If attempts to engage the member are unsuccessful, the~~  
260 ~~AdSS~~the ~~Support Coordinator~~ ~~shall~~ ~~must~~ ensure further attempts

261 are made to re-engage the member the following population:

262 a. Members with an SED or SMI designation,

263 b. Members court ordered to treatment,

264 c. Members with a history of justice involvement,

265 d. Justice involvement information can be obtained through

266 the health plan's Justice Liaison, which may come from a

267 direct referral via a jail transition planner, from an 834

268 demographic file or from the health plan's internal tracking

269 mechanisms.

270 e. Children, or pregnant women, and/or teenagers with a

271 substance use disorder. ~~SUD,~~

272 f. Members determined to be at risk of relapse, increased

273 symptomatology, or deterioration,

274 g. Members with a potential for harm to self or others, and

275 h. Members experiencing or at risk of experiencing

276 homelessness.

- 277 5. Further attempts ~~shall~~must include, at a minimum, contacting  
278 the member or ~~member's~~ responsible person face-to-face and  
279 contacting natural supports for whom the member has given  
280 permission to contact. All attempts to re-engage members must  
281 be ~~clearly~~documented in the member's medical record~~case file~~.
- 282 6. If face-to-face contact with the member is successful and the  
283 member appears to be a danger to self, danger to others,  
284 persistently and acutely disabled, or gravely disabled, the  
285 ~~provider~~Support Coordinator ~~shall~~must determine whether it is  
286 appropriate to engage the person to seek inpatient care  
287 voluntarily. If the member declines voluntary admission, the  
288 ~~provider shall~~Support Coordinator must initiate the pre-petition  
289 screening or petition for treatment process as specified in AdSS  
290 Medical described in AMPM Policy 320-U.
- 291 ~~7. The AdSS shall notify the Division Support Coordinator when~~  
292 assistance is needed to reengage a member in behavioral health  
293 services. The Support Coordinator shall ensure coordination of  
294 care with the behavioral health provider and assist with  
295 reengagement activities as needed.



296 **E. FOLLOW-UP AFTER SIGNIFICANT OR CRITICAL EVENTS**

297 1. The AdSS shall ensure activities are documented in the medical  
298 record and follow-up activities are conducted after a significant  
299 or critical event in order to maintain engagement including but  
300 not limited to the following: Discharge planning must begin upon  
301 notification that the member has been hospitalized. The Support  
302 Coordinator must ensure activities are documented in the  
303 member's case file and follow up activities are conducted to  
304 maintain engagement within the following timeframes.

305 ~~District nurses are available to assist Support Coordinators as considered~~  
306 ~~beneficial to optimally meeting the needs of the individual member during~~  
307 ~~their care transition:~~

308 a. Upon member discharge from inpatient services, in  
309 accordance with the discharge plan and within seven days  
310 of the member's discharge release to ensure member  
311 stabilization, medication adherence, and to avoid re-  
312 hospitalization;

313 b. When the member initiates involvement in the  
314 behavioral health crisis system, within timeframes based

~~upon~~ the member's clinical needs, but no later than 72  
hours as specified in AdSS Medical Policy 590 and AdSS  
Operations Policy 417~~seven days~~;

c. When the member is refusing prescribed psychotropic  
medications, within timeframes based upon the member's  
clinical needs and individual history; and

d. When the member changes location or when a change in  
the level of care occurs.

i. If a member is subject to court-ordered treatment,  
including conditional release plans, the outpatient  
provider must coordinate and ensure priority  
appointments with the member's prescriber and  
clinician are completed within seven days, or sooner,  
of the location change, based on the needs of the  
member, to ensure member stabilization; including  
release from incarceration and discharge from  
inpatient settings; and

ii. For members enrolled with a TRBHA subject to a  
Court Order, fee-for-service providers shall ensure

334

[behavioral health case management aligns with the](#)

335

[requirements outlined in AdSS Medical Policy 570.](#)

336

337 Signature of Chief Medical Officer:

Draft Policy for Public Comment