1040 OUTREACH, ENGAGEMENT, AND RE-ENGAGEMENT FOR BEHAVIORAL HEALTH

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REFERENCES: AMPM Policy 320-R, Division Medical Policy 320-U

PURPOSE

This policy applies to the Division of Developmental Disabilities (Division) and outlines the outreach, engagement, and re-engagement activities for ~~members who may be in need of~~ behavioral health services. ~~The Division develops and makes available to providers its policies and procedures regarding outreach, engagement, and reengagement, including any additional information specific to their operations.~~

~~Outreach includes activities designed to inform individuals of behavioral health services availability and to engage or refer those individuals 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 persons who have become temporarily disconnected from services are critical to the success of any therapeutic~~

~~relationship.~~

DEFINITIONS

1. "Engagement" means activities designed to establish~~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.
2. "Outreach"~~ activities~~ means~~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.
3. "Re-engagement" means~~For purposes of this policy,~~ activities ~~by providers~~ designed to encourage ~~the~~ individuals to continue participating in services.

POLICY

A. GENERAL OVERVIEW

1. The Division shall use~~require utilization of~~ evidence-based practice engagement activities when they exist.

2. The activities described within this policy are essential elements of clinical practice. Outreach to vulnerable populations, establishing an inviting and non-threatening environment, and

re-establishing contact with persons who have become temporarily disconnected from services are critical to the success of any therapeutic relationship.

3. The Division shall ~~will~~ incorporate the following critical activities regarding service delivery within the AHCCCS System of Care:
   a. Establish expectations for the engagement of members seeking or receiving behavioral health services.
   b. Determine procedures to re-engage members who have withdrawn from participation in the behavioral health treatment process.
   c. Describe conditions necessary to end re-engagement activities for members who have withdrawn from participation in the treatment process.
   d. Determine procedures to minimize barriers for serving members who are attempting to re-engage with behavioral health services.

B. COMMUNITY OUTREACH

1. The Division provides and participates in community outreach activities to inform members of the benefits and availability of behavioral health services and how to access them.

2. The Division shall disseminate information to the general public, other human services agencies ~~providers~~, including municipal, 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 members. The Division shall adhere to the member information requirements as specified in Division Operations Policy 404.

3. Outreach ~~activities~~ conducted by the Division may include the following activities:

   a. Participation in local health fairs, ~~or~~ health promotion activities, or advisory committees;

   b. Involvement with local schools, such as back to school events and school board presentations;

   c. Involvement with outreach activities for ~~military~~ veterans, such as Arizona Veterans Stand Down Alliance; ~~(AVSA)Coalition events~~;

   d. Development of outreach programs and activities for first responders, ~~including (i.e. police, fire, emergency medical technicians,~~ which may include strategies to optimize the

use of medically necessary services and diversion programs as alternatives to arrest and ~~optimize~~ incarceration; and ~~diversion programs.~~

e. Development ~~and implementation~~ of outreach programs to identify members with co-morbid medical and behavioral health disorders and those who have a Serious Mental Illness ~~(SMI)~~ designation or Serious Emotional Disturbance designation, including members who are incarcerated ~~reside in jails,~~ or in homeless shelters, county detention facilities, or other settings.

~~Development and implementation of outreach programs to identify members with co-morbid medical and behavioral health disorders and those who have a Serious Emotional Disturbance (SED) designation including members who reside in juvenile detention facilities, homeless shelters, or other settings~~

4. Development of outreach programs to identify members who are:

. Experiencing homelessness, which may include activities such as participation in local coordinated entry committees, outreach collaboratives and case

conferencing, or other community engagement opportunities focused on populations currently experiencing homelessness or ~~those that~~ may be at risk of experiencing homelessness;

b. Identified as a group with high incidence or prevalence of behavioral health issues or ~~who are~~ at risk for involvement with this group;

c. Identified as previously involved~~Involved~~ or at risk of ~~in~~ sex trafficking;

d. At risk of neglect, abuse, or exploitation;

e. Individuals within the Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, Asexual, Pansexual, and Allies (LGBTQIA+) community, that may have experienced abuse or trauma as a result of their gender identity or sexual orientation; and

f. Identified~~Members identified~~ as being underserved, for example, ~~including residing in a~~ rural health areas, historically underserved due to race, ethnicity, and cultural identity.

5. Publication and distribution of informational materials such

as~~including~~ health plan newsletters, text message campaigns, mailers and email outreach.

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

~~A. Development of outreach programs to members experiencing homelessness;~~

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

~~C. Publication and distribution of informational materials;~~

~~D.~~B.

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

7. Regular interaction with agencies that have contact with ~~substance abusing~~ pregnant women or teenagers who have a Substance Use Disorder.

~~Development and implementation of outreach programs to identify 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 who reside in jails, homeless shelters, county detention facilities or other settings;~~

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

9. Development and coordination of outreach programs to ~~Native~~ American Indian Tribes in Arizona to provide services for tribal members, including coordination of care with the Tribe to receive Right of Entry when conducting outreach on tribal land.

~~Behavioral health providers shall participate in engagement, reengagement, and follow-up processes as described in this policy.~~

C. ENGAGEMENT~~**Engagement**~~

1. The Division shall require behavioral health providers to participate in engagement, re-engagement, and follow-up processes as described in this policy.

2. The Division's Support Coordination shall ensure coordination of

care with behavioral health providers and assist with engagement activities as needed.

~~1.~~3. The Division shall ensure~~require~~ ~~Support Coordinator and/or Case Manager of the TRBHA, IHS, Tribally Operated 638, or Urban Native Health Facility must ensure active engagement by~~ providers engage members in ~~the~~active treatment planning processes by including~~with the following~~:

a. The member or responsible person~~/or member's legal guardian~~;

b. The member's family~~,~~ ~~or~~ significant others, and natural supports, if applicable and amenable to the member~~person~~;

c. Other agencies or providers, as applicable; and

d. ~~The member, responsible person, advocate or other individuals~~ Individuals designated to provide Special Assistance for members determined to have a Serious Mental Illness (SMI) who are receiving Special Assistance as specified in AMPM~~AdSS Medical Policy~~ 320-R.~~For persons with a SMI who are receiving Special Assistance (see AMPM Policy 320- R), the person (guardian, family~~

~~member, advocate or other) designated to provide Special Assistance.~~

4. The Division shall ensure ~~require~~ providers ~~to~~ engage incarcerated members with high incidence or prevalence of behavioral health issues or who are underserved as specified in AMPM~~Division Medical Policy~~ 1022.

5. The Division shall ensure~~require~~ ~~behavioral health~~ providers engage members experiencing homelessness by including the following:

   a. Completion of an AHCCCS approved health related social needs screening tool,

   b. Utilization of the associated Z Codes to the member's record, especially those related to housing instability, and

   c. Provide assistance to members with the completion of housing applications to address housing stabilization and support ongoing engagement in services.

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

~~A.~~ ~~The Support Coordinator shall ensure coordination of care with the behavioral health provider and assist with engagement activities as needed~~.

D. RE-ENGAGEMENT

1. The Division shall~~Support Coordinator takes the lead in the coordination with the TRBHA, IHS, Tribally Operated 638, or Urban Native Health Facilities to~~ ensure providers ~~complete~~ re-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. ~~Provider Case Managers are available to assist Support Coordinators with reengaging members as deemed beneficial to their care.~~

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

~~3.~~ The behavioral health provider shall attempt to re-engage the member by communicating in the member's preferred language and completing at least three outreach attempts using~~utilizing~~ the following strategies ~~as identified below~~:

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

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

c. Sending a letter to the current or most recent address on file requesting contact 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.

i. If a letter cannot be sent due to safety or confidentiality concerns, the provider shall~~The provider will~~ note that in the~~note that~~safety or ~~confidentiality concerns in the~~ progress notes section of the clinical record.

ii. If a letter is sent, the provider shall place a copy of the letter in the member's medical record. ~~The~~

~~provider will and include a copy of the letter sent in the comprehensive clinical record.~~

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

~~If attempts to engage the member are unsuccessful, the provider~~the Support Coordinator ~~shall~~must ensure ~~further attempts are made to re-engage the following member populations:~~

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

a. Members with an SED or SMI designation;

b. Members court ordered to treatment;

c. Members with a history of justice system involvement, which ~~Justice system involvement information~~ can be obtained through the health plan's Justice Liaison, which

may come from a direct referral via a jail transition planner, from an 834 demographic file, or from the health plan's internal tracking mechanisms (e.g., history of reach in activities);

d. Children, or pregnant women, and/or teenagers with a substance use disorder~~an SUD,~~;

e. Members with a potential for harm to self or others; and

f. Members experiencing or at risk of experiencing homelessness.

5. Further attempts shall~~must~~ include, at a minimum, contacting the member or ~~member's~~ responsible person face-to-face and contacting natural supports for whom the member has given permission to contact. All attempts to re-engage members shall~~must~~ be ~~clearly~~ documented in the member's medical record~~case file~~.

6. 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 behavioral health provider~~Support Coordinator~~ shall ~~must~~ determine whether it is appropriate to engage the

member~~person~~ to seek inpatient care voluntarily. If the member declines voluntary admission, the behavioral health provider shall~~Support Coordinator must~~ initiate the pre-petition screening or petition for treatment process as specified in Division Medical ~~described in AMPM~~ Policy 320-U.

7. The Division's Support Coordination~~or~~ shall ensure coordination of care with ~~the~~ behavioral health providers and assist with re-engagement activities as needed.

E. FOLLOW-UP AFTER SIGNIFICANT ~~AND/~~OR CRITICAL EVENTS

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

~~District nurses are available to assist Support Coordinators as~~

~~considered beneficial to optimally meeting the needs of the individual member during their care transition:~~

a. Upon member ~~D~~discharge from inpatient services, in accordance with the discharge plan but no later than ~~and within~~ seven days of the member's release, to ensure member stabilization, medication adherence, and to avoid re-hospitalization;

b. When the member initiates ~~I~~involve~~d~~ment in ~~a~~the behavioral health crisis system, within timeframes based on~~upon~~ the member's clinical needs~~,~~ but no later than 72 hours~~; as specified in Division Medical Policy 590 and Division Operations Policy 417seven days~~;

c. When the member is refusing to adhere to a prescribed psychotropic medication schedule, ~~s within timeframes~~ based on~~upon~~ the member's clinical needs and ~~individual~~ history; and

d. When the member changes location or when a c~~C~~hange in the member's 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 or~~and~~ discharge from inpatient settings; and

ii. For members enrolled with a TRBHA subject to a Court Order, fee-for-service providers shall ensure behavioral health case management aligns with the requirements outlined in AMPM Policy 570.

F. DIVISION OVERSIGHT AND MONITORING OF AdSS

1. The Division shall provide oversight and monitoring of compliance by the Administrative Services Subcontractors serving Members enrolled in a DDD subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS Medical Policy 1040 using one or more of the following methods:

a. Complete annual operational reviews of compliance.

b. Review of deliverable reports and other data as applicable.

c. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.

~~a.~~d. Review Behavioral Health Clinical Chart Audit results.

Signature of Chief Medical Officer: