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

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/21, 10/01/23

APPROVAL DATES: 06/13/18, 05/04/21, 06/06/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD)Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for outreach, engagement, and re-engagement for behavioral health services. TRBHAs shall provide outreach, engagement, and re-engagement for behavioral health as specified in their respective Intergovernmental Agreements (IGAs).

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)	**COURT ORDERED TREATMENT (COT)**	**ENGAGEMENT/ RE-ENGAGEMENT**
GEOGRAPHIC SERVICE AREA (GSA)	**HEALTH CARE DECISION MAKER (HCDM)**	**MEMBER**
OUTREACH	**SERIOUS EMOTIONAL DISTURBANCE (SED)**	**SERIOUS MENTAL ILLNESS (SMI)**

III. POLICY

The Contractor, Tribal ALTCS, and TRBHAs, shall develop and implement outreach, engagement, and re-engagement activities. The Contractor shall develop and make available to providers its policies and procedures regarding outreach, engagement, and re-engagement. The Contractor shall utilize Clinical Best Practice or Evidence Based Practices (EBP) engagement activities when they exist.

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 members who have become temporarily disconnected from services; are critical to the success of any therapeutic relationship.

The Contractor, Tribal ALTCS, and TRBHAs, shall ensure the incorporation of the following critical activities regarding service delivery within the AHCCCS System of Care:

1. Establish expectations for the engagement of members seeking or receiving behavioral health services.

2. Determine procedures to re-engage members who have withdrawn from participation in the behavioral health treatment process.

3. Describe conditions necessary to end re-engagement activities for members who have withdrawn from participation in the treatment process.

4. Determine procedures to minimize barriers for serving members who are attempting to re-engage with behavioral health services.

A. COMMUNITY OUTREACH

1. The Contractor, Tribal ALTCS, and TRBHAs 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, Tribal ALTCS and TRBHAs shall disseminate information to the general public, other human service providers, including but not limited to 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 Contractor shall adhere to the member information requirements as specified in ACOM Policy 404.

2. Outreach conducted by the Contractor, Tribal ALTCS, and TRBHAs may include, but are not limited to the following activities:
   a. Participation in local health fairs, health promotion activities, or advisory committees,
   b. Involvement with local schools (e.g., back to school events, school board presentations),
   c. Involvement with outreach for military veterans, such as Arizona Veterans Stand Down Alliance (AVSA),
   d. Development of outreach programs and activities for first responders (i.e., police, fire, Emergency Medical Technician [EMT]), which may include strategies to optimize the use of medically necessary services as alternatives to arrest and optimize incarceration diversion programs,
   e. Development and implementation of outreach programs, within the Contractor's Geographic Service Area (GSA), to identify members with co-morbid medical and behavioral health disorders and those who have a Serious Mental Illness (SMI) designation including members who reside in jails, homeless shelters, county detention facilities or other settings,
   f. Development and implementation of outreach programs, within the Contractor's GSA, 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,

g. Development of outreach programs, within the Contractor's GSA to identify members who are:
   i. 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,
   ii. Identified as a group with high incidence or prevalence of behavioral health issues, or who are risk for involvement with this group,
   iii. Identified as previously involved, or are at risk of human trafficking,
   iv. At risk of neglect, abuse, or exploitation,
   v. Individuals within the Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, Asexual, Pansexual, and Allies (LGBTQIA+) community, that may have experienced abuse or trauma because of their gender identity, or sexual orientation, and
   vi. Identified as being underserved (e.g., rural health areas, historically underserved due to race, ethnicity, cultural identity).
h. Publication and distribution of informational materials (e.g., health plan newsletters, text message campaigns, mailers, email outreach),
i. Liaison activities with local, county, and tribal jails, prisons, county detention facilities, and local/county Arizona Department of Child Safety (DCS) offices and programs,
j. Regular interaction with agencies that have contact with pregnant women or teenagers who have a Substance Use Disorder (SUD),
k. Provision of information to behavioral health advocacy organizations, and
l. Development and coordination of outreach programs to American Indian Tribes in Arizona to provide services for tribal members. All Contractors, AHCCCS-registered providers, and FFS providers shall coordinate care with the Tribe to receive Right of Entry when conducting outreach on tribal land.

Behavioral health providers shall participate in engagement, re-engagement, and follow-up processes as specified in this Policy.

B. ENGAGEMENT

1. The Contractor shall ensure providers engage members in active treatment planning processes by including the following:
   a. The member/Health Care Decision Maker (HCDM),
   b. The member's family/significant others, and natural supports, if applicable and amenable to the member,
   c. Other agencies/providers as applicable, and
   d. The member/HCDM, advocate, or other individual designated to provide Special Assistance for members determined to have a Serious Mental Illness (SMI) who are receiving Special Assistance as specified in AMPM Policy 320-R.

2. The Contractor shall ensure providers engage incarcerated members with high incidence or prevalence of behavioral health issues, or who are underserved as specified in AMPM Policy 1022.

3. The Contractor shall ensure providers engage members experiencing homelessness by including the following:
   a. Completion of an AHCCCS approved Health Related Social Needs (HRSN) screening tool,
   b. Utilization of the associated Z Codes to the members 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 for AIHP and FFS providers refer to the AHCCCS FFS Billing Manual.

4. Tribal ALTCS and TRBHAs, shall coordinate with providers in engaging in the member's treatment planning process by including the following:
   a. The member/HCDM,
   b. The member's family/significant others, if applicable and amenable to the member,
   c. Other agencies/providers as applicable, and
   d. The member/HCDM as applicable, advocate, or other individual designated to provide Special Assistance for members determined to have an SMI designation who are receiving Special Assistance as specified in AMPM Policy 320-R.

C. RE-ENGAGEMENT

1. Contractors, Tribal ALTCS, and TRBHAs, shall ensure 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. All attempts to re-engage members shall be documented in the comprehensive medical record.
   i. The behavioral health provider shall attempt to re-engage the member by:
   ii. Communicating in the member's preferred language, and
   iii. Completing at least three outreach attempts, utilizing strategies as identified below:
      1) Contacting the member/HCDM, by telephone, at times when the member may reasonably be expected to be available (e.g., after work or school),
      2) When possible, contacting the member/HCDM, face-to-face if telephone contact is insufficient to locate the member or determine acuity and risk,
      3) Sending a letter to the current or most recent address 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. The provider shall note safety or confidentiality concerns in the progress notes section of the medical record and include a copy of the letter sent, and
      4) Contacting the individual designated to provide Special Assistance for their involvement in re-engagement efforts for members determined to have an SMI designation who are receiving Special Assistance, as specified in AMPM Policy 320-R.

2. If the above activities are unsuccessful, Contractors, Tribal ALTCS, TRBHAs, and 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 involvement.
      i. Justice 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 an SUD,
   e. Members determined to be at risk of relapse, increased symptomatology, or deterioration,
   f. Members with a potential for harm to self or others, and
   g. Members experiencing, or at risk of experiencing homelessness.

   Further attempts shall include at a minimum: contacting the member/HCDM, face-to-face, and contacting natural supports for whom the member has given permission to the provider to contact. All attempts to re-engage members shall be clearly documented in the medical 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 shall determine whether it is appropriate to engage the member to seek inpatient care voluntarily. If the member declines voluntary admission, the provider shall initiate the pre-petition screening or petition for treatment process specified in AMPM Policy 320-U.

D. FOLLOW-UP AFTER SIGNIFICANT AND/OR CRITICAL EVENTS

1. Contractors, Tribal ALTCS, and TRBHAs, shall ensure activities are documented in the medical record and follow-up activities are conducted after a significant and/or critical event to maintain engagement including but not limited to the following:
   a. Upon member discharge from inpatient services, in accordance with the discharge plan but no later than seven days from the member's discharge to ensure member stabilization and medication adherence and to avoid re-hospitalization,
   b. When the member initiates involvement in the behavioral health crisis system, within timeframes based upon the member's clinical needs, but no later than 72 hours (refer to AMPM Policy 590 and ACOM Policy 417),
   c. When the member is refusing to adhere to prescribed psychotropic medication schedule, based upon the member's clinical needs and history, and
   d. When the member changes location or when a change in the member's level of care occurs.
      i. If a member is subject to Court Ordered Treatment (COT), including conditional release plans, the outpatient provider must coordinate and ensure priority appointments with the members 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 in AIHP or with a TRBHA subject to a Court Order, FFS providers shall ensure behavioral health case management aligns with the requirements outlined in AMPM Policy 570.