

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

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

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I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, 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 Outreach, Engagement and Re-Engagement for members seeking and receiving behavioral health services.

II. DEFINITIONS

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.

III. POLICY

Contractors, TRBHAs, and Tribal ALTCS shall develop and implement Outreach, Engagement, and Re-engagement activities. Contractors shall develop and make available to providers its policies and procedures regarding Outreach, Engagement, and Re-Engagement. Outreach includes activities designed to inform members of the availability of behavioral health service and to engage or refer 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 members who have become temporarily disconnected from services; are critical to the success of any therapeutic relationship.

Contractors, TRBHAs, and Tribal ALTCS Programs 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 Determine procedures to re-engage members who have withdrawn from participation in the behavioral health treatment process.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, and
4. Determine procedures to minimize barriers for serving members who are attempting to re-engage with behavioral health services.

A. COMMUNITY OUTREACH

1. Contractors and TRBHAs 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 members.
2. Outreach Activities conducted by the Contractor and TRBHAs may include, but are not limited to:
 - a. Participation in local health fairs or health promotion activities,
 - b. Involvement with local schools,
 - c. Involvement with Outreach Activities for military veterans, such as Arizona Veterans Stand Down Coalition events,
 - d. Development of Outreach programs and activities for first responders (i.e. police, fire, EMT),
 - e. Development of Outreach programs to members experiencing homelessness,
 - f. Development of Outreach programs to members who are at risk, are identified as a group with high incidence or prevalence of behavioral health issues or are underserved,
 - g. Publication and distribution of informational materials,
 - h. Liaison activities with local, county and tribal jails, prisons, county detention facilities, and local and county Department of Child Safety (DCS) offices and programs,
 - i. Regular interaction with agencies that have contact with pregnant women/teenagers who have a substance use disorder,
 - j. 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 members who reside in jails, homeless shelters, county detention facilities or other settings,
 - k. Provision of information to behavioral health advocacy organizations, and

1. Development and coordination of Outreach programs to American Indian Tribes in Arizona to provide services for tribal members.

Behavioral health providers shall participate in Engagement, Re-engagement, and follow-up processes as described in this Policy.

B. ENGAGEMENT

1. Contractors, TRBHAs, and Tribal ALTCS Programs shall ensure providers engage in active treatment planning process by including the following:
 - a. The member/guardian/designated representative,
 - b. The member's family/significant others, if applicable and amenable to the member,
 - c. Other agencies/providers as applicable, and
 - d. The member/guardian/designated representative 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, TRBHAs, and Tribal ALTCS 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 clinical record. The behavioral health provider shall attempt to re-engage the member by:
 - a. Communicating in the member's preferred language,
 - b. Contacting the member/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 face-to-face if telephone contact is insufficient to locate the member or determine acuity and risk,
 - d. 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 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. Contacting the person designated to provide Special Assistance for his/her involvement in Re-engagement efforts for members determined to have a SMI who are receiving Special Assistance (see AMPM Policy 320-R).
2. If the above activities are unsuccessful, Contractors, TRBHAs, and Tribal ALTCS Programs shall ensure further attempts are made to re-engage the following populations: members determined to have an SMI, children, pregnant women/

teenagers with substance use disorder, and any 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 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 shall 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 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 described in AMPM Policy 320-U.

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

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