

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

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

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

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as specified within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); 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.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

Contractors, TRBHAs, and Tribal ALTCS 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 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.

Contractors, TRBHAs, and Tribal ALTCS 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 Determine procedures to re-engage members who have withdrawn from participation in the behavioral health treatment process.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 Describe conditions necessary to end re-engagement activities for members who have withdrawn from participation in the treatment process, and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, Tribal ALTCS 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, Tribal ALTCS 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. The Contractor shall adhere to the member information requirements as specified in ACOM Policy 404.

2. Outreach conducted by Contractors, Tribal ALTCS and TRBHAs may include, but are not limited to the following activities:
 - a. Participation in local health fairs or health promotion activities,
 - b. Involvement with local schools,
 - c. Involvement with outreach 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), which may include strategies to optimize the use of medically necessary services as alternatives to arrest and optimize incarceration diversion programs,
 - 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/county Arizona 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
 - l. 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 specified in this Policy.

B. ENGAGEMENT

1. The Contractor shall ensure providers engage in active treatment planning processes by including the following:
 - a. The member/ Health Care Decision Maker (HCDM), Designated Representative (DR),
 - 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, and DR as applicable, 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. TRBHAs and Tribal ALTCS shall coordinate with providers in engaging on the members treatment planning process by including the following:
 - a. The member/HCDM, DR,
 - 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, and DR as applicable, advocate, or other individual designated to provide special assistance for members determined to have an SMI who are receiving special assistance as specified in 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 medical record.
2. The behavioral health provider shall attempt to re-engage the member by:
 - a. Communicating in the member’s preferred language,
 - b. Contacting the member/HCDM, DR as applicable, 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/HCDM, DR as applicable, 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 shall note safety or confidentiality concerns in the progress notes section of the medical record and include a copy of the letter sent and
- e. Contacting the individual designated to provide special assistance for their involvement in re-engagement efforts for members determined to have an SMI who are receiving special assistance, as specified in AMPM Policy 320-R.
3. If the above activities are unsuccessful, Contractors, TRBHAs, and Tribal ALTCS shall ensure further attempts are made to re-engage the following populations:
 - a. Members determined to have an SMI,
 - b. Members on court ordered treatment,
 - c. Members known to have been recently released from incarceration,
 - d. Children, pregnant women, and/or teenagers with a substance use disorder, and
 - e. Any member determined to be at risk of relapse, increased symptomatology, or deterioration,
 - f. Individuals with a potential for harm to self or others.

Further attempts shall include at a minimum: contacting the member/HCDM, DR 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 comprehensive medical record.

4. 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, TRBHAs, and Tribal ALTCS shall ensure activities are documented in the medical record and follow-up activities are conducted after a significant and/or critical event in order 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,
 - 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.