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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Engagement of Individuals at Risk of Prematurely Terminating Services

Authorizing Source: HCA Contract

Approved by: Executive Director

Date: 5/3/2022

Signature:

POLICY # 1502.00

SUBJECT: ENGAGEMENT OF INDIVIDUALS AT RISK OF PREMATURELY TERMINATING SERVICES

PURPOSE

To encourage accessibility of services and engagement of individuals in open episodes who have a high level of need and are ambivalent about and/or are not engaging in treatment as the result of symptoms of a behavioral health disorder. This policy specifically focuses on individuals who may be at-risk due to deteriorating behavioral health conditions. These individuals shall have access to services that meet their unique needs.

POLICY

To fully recognize and address both the internal and systemic barriers that make services more difficult to attain for these individuals, provider agencies shall align engagement efforts with the principles of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) working definition of recovery. Namely, all efforts will engender hope, be relational- and person-driven, be sensitive to cultural considerations, be respectfully offered, address trauma, include peer support and recognize many pathways toward recovery.

Behavioral Health Agencies (BHAs) shall increase the number and quality of services delivered to individuals who are ambivalent about services due to behavioral health symptomatology through use of internal agency procedures and through engagement and potential care coordination with community partner agencies including the North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) as appropriate.

BHA treatment staff shall consult within their agencies regarding appropriate interventions. When the individual is not responding to interventions, the risk warrants further intervention and the treatment team determines that involving North Sound BH-ASO is warranted, the team shall follow BHA’s internal process for contacting North Sound BH-ASO to coordinate care (see North Sound BH-ASO Policy #1597).

PROCEDURES

BHAs are expected to address access, engagement, and utilization barriers by acknowledging and attending to the unique needs of the individual. A certain degree of flexibility in the BHA’s usual process is warranted when reaching out to this population. Some behavioral indicators that such steps are necessary may include, but are not limited to, current or historical instances of:

1. Repeated contact with law enforcement as a result of a behavioral health disorder;
2. Repeated visits to Emergency Departments due to behavioral health conditions or to seek medical

treatment where engagement with more appropriate providers is made difficult by symptoms of a behavioral health disorder;

3. Instances of losing housing or potential housing, as the result of a behavioral health disorder;
4. Repeated psychiatric hospitalizations;
5. Repeated admissions into residential substance use disorder (SUD) services without completion; and
6. Individuals on Less Restrictive Orders (LRO), Assisted Outpatient Treatment (AOT), or Conditional Releases (CR) who do not attend intake/assessment appointments. Please reference Policy 1562.00 *Monitoring of Conditional Release (CR)/Less Restrictive (LR)/Assisted Outpatient (AOT) Order.*

Potential interventions which may be considered include, but are not limited to:

1. Outreach to the individual, including calls, welfare checks and/or two (2) person outreach visits to the home;
2. Facilitating access to an emergency appointment
3. Filling out a Crisis Alert with Volunteers of America;
4. Requesting an evaluation for involuntary treatment if the person appears to be gravely disabled and/or a risk to self or others secondary to a behavioral health disorder and is at imminent risk;
5. Requesting revocation of a LRO or CR;
6. Communication with natural supports and community partners as authorized by the individual;
7. Referrals to community partner agencies which have the capacity to address issues posing as barriers to recovery; and/or
8. Coordination of care with the North Sound BH-ASO.

ATTACHMENTS

None