

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Engaging of High Need Individuals at Risk of Prematurely Terminating Services	Policy No. 6008.01
Category:	Clinical	Date Adopted: 1/10/2020 Date Revised: Date Reviewed: 5/18/2023
Reference:	Washington Health Care Authority (HCA) Contract	

PURPOSE

- 1.1. 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

- 2.1. To fully recognize and address both the internal and systemic barriers that make services more difficult to attain for these high needs individuals, Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) contracted Behavioral Health Agencies (BHAs) 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 instill hope, be relational- and person-driven, be sensitive to cultural considerations, be respectfully offered, address trauma, include peer support when appropriate, and recognize many pathways toward recovery.
- 2.2. Great Rivers BH-ASO will review cases that demonstrate frequent use of the crisis line, mobile crisis teams, designated crisis responders and/or incident reports that demonstrate involvement with law enforcement. Frequent will be defined as more than three unplanned contacts or incidents within 30 days. These cases will be considered high needs.
- 2.3. For BHA programs, those cases that meet the Great Rivers BH-ASO definition or who have demonstrated lack of attendance in services by 3 missed appointments ~~in during~~ within a 60 day time period.
- 2.4. At the BHA level, clinicians, case managers, peer specialists and other agency staff shall consult within their agencies regarding appropriate interventions for addressing treatment ambivalence or non-engagement. When the individual is not responding to interventions, the risk warrants further intervention. The BHA clinical team then determines that involving the Great Rivers BH-ASO is warranted, the team shall follow BHA's internal process for contacting Great Rivers BH-ASO to coordinate care.

PROCEDURE

- 3.1. Great Rivers BH-ASO and its network BHAs are expected to address access, engagement, and utilization barriers by acknowledging and attending to the unique needs of the individual.
- 3.2. In general, any individual who has three (3) or more documented incidents involving crisis services, law enforcement, inpatient care, withdrawal management or an LRA/CR intake appointment within a 30 day time period; or, who have missed three (3) or more service appointments within 60 days will be considered an Individual who is at risk of prematurely terminating form services.
- 3.3. A certain degree of flexibility in Great Rivers BH-ASO and its BHA service network'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:
 - 3.3.1. Repeated contact with the law as a result of a behavioral health disorder;
 - 3.3.2. 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;
 - 3.3.3. Instances of losing housing or potential housing, as the result of a behavioral health disorder;
 - 3.3.4. Repeated psychiatric hospitalizations;
 - 3.3.5. Repeated use of any of the crisis systems operated by Great Rivers (Crisis line, mobile crisis teams, designated crisis responders)
 - 3.3.6. Repeated admissions into residential substance use disorder (SUD) services including detoxification services without completion; and
 - 3.3.7. Individuals on Less Restrictive Orders (LRA) or Conditional Releases (CR) who do not attend intake/assessment appointments, and/or are not following the criteria prescribed by the LRA or CR.
- 3.4. This data will be reviewed for individuals who are assigned to MCOs/Medicaid and those individuals who do not have Medicaid coverage.
 - 3.4.1. The Great Rivers BH-ASO clinical team will utilize our internal complex case management program to conduct outreaches to individuals who do not have private insurance or Medicaid coverage and either assist with:
 - 3.4.1.1.1. coordination and engagement into local services through free local community services **OR**;
 - 3.4.1.2. In some case, Great Rivers will support services being provided by one of our contracted BHAs, when resources are available.
- 3.5. Great Rivers will continue to support the local communities/counties by attending regular community meetings to address concerns regarding any crisis service elements within their region.

- 3.6. Great Rivers BH-ASO has fostered positive relationships with local law enforcement, jails, schools, and community service providers and so on to ensure any issues of concern are addressed in a timely manner.
- 3.7. Great Rivers BH-ASO will continue to assist the rural hospitals in our region address crises in their emergency room departments.
- 3.8. Currently Great Rivers BH-ASO team attends monthly meetings to address areas of concern. Great Rivers BH-ASO believes involvement of the MCOs would be of benefit.
- 3.9. Potential interventions which may be considered include, but are not limited to:
 - 3.9.1. Outreach to the individual, including calls, welfare checks and/or two (2) person outreach visits to the home;
 - 3.9.2. Requesting a crisis check by contacting the Crisis Telephone Line;
 - 3.9.3. Facilitating access to an emergency BHA appointment;
 - 3.9.4. Communication with natural supports and community partners as authorized by the individual;
 - 3.9.5. Referrals to community partner agencies which have the capacity to address issues posing as barriers to recovery; and/or
 - 3.9.6. If Great Rivers BH-ASO is not involved requesting assistance with coordination of care by Great Rivers BH-ASO.
 - 3.9.7. Case consultation with Great Rivers BH-ASO Medical Directors
 - 3.9.8. Case consultation with all parties, including individual in services and any other parties the individual request, with appropriate ROIs.
 - 3.9.9. Requesting an evaluation for involuntary treatment (ITA investigation) 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;
 - 3.9.10. Requesting revocation of an LRA or CR;
 - 3.9.11. When a high utilizer is identified by the crisis system to be part of an MCO, Great Rivers BH-ASO will reach out to the assigned MCO to address the needs of individual and the utilizing of the crisis system. Efforts will be made to assist with coordination and engagement as a warm hand off to the MCO care managers.

ATTACHMENTS

None.

POLICY SIGNATURE

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10/19/2023

Trinidad Medina
Chief Executive Director

Date