

DIVISION OF MENTAL HEALTH
 OUTREACH & ENGAGEMENT SERVICE STANDARDS AND GUIDELINES

DMH STANDARD	GUIDELINES
<p>Outreach and Engagement: The services provided are activities that focus on building trust, gathering information, and meeting basic needs as identified by the individual.</p> <p>The process of developing a relationship of trust between the staff member and the individual is critical in linking individuals to the following resources: mental and physical health care, housing, benefits, education, and employment.</p>	<p>Services are to be provided prior to a mental health diagnosis, a mental health assessment, an ITP, or a psychological evaluation for individuals identified as eligible using the criteria below.</p>
<p>Eligibility Criteria: The individual receiving services must be a child or adolescent suspected of having a serious emotional disorder, or an adult who is suspected of having a serious mental illness. The individual may have a co-occurring substance use disorder.</p> <p>The individual:</p> <ul style="list-style-type: none"> • Requires engagement into services, and • Has not agreed to receive services <p>Services begin with the initial contact and end when an individual agrees to receive mental health services.</p> <p>The target population may include homeless individuals or persons at imminent risk of becoming homeless. Examples of a potentially eligible individual include those who are:</p> <ul style="list-style-type: none"> • Residing in a “housing first” residential arrangement, e.g., Safe Haven • Currently experiencing cultural barriers that limit their ability to access the mental health system, such as refugees. <p>Linkage with community mental health services and resources is terminated upon individual’s request, or when it is determined that the individual does not have a serious mental illness or a serious emotional disorder.</p>	<p>A RIN should never be used to bill Outreach and Engagement services.</p> <p>This service is for individuals who have not agreed to receive or are currently not receiving services from a community mental health provider. Example: An individual who will not provide sufficient information to establish a RIN, and/or will not agree to formal mental health service participation.</p> <p>A worker may be dispatched to a neighborhood park to approach a person living there who appears to have symptoms commonly associated with serious mental illnesses. After several such contacts, the worker has gained enough information to obtain a RIN and the person has agreed to access mental health services. At this stage, the O&E must be terminated, and services typically used during the intake and assessment process can be billed (i.e. mental health assessment, case management, and treatment plan development).</p> <p>Exclusions: O&E should never be used for an individual with a current ITP. For example, if a person is lost to services and is discovered living in a neighborhood park, and the ITP has not reached expiration date, then the ITP’s prescribed services or crisis services, should be employed to re-engage the individual.</p>

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<p>Service Activities and Interventions: The following are examples of eligible activities and interventions:</p> <ol style="list-style-type: none"> 1. Time spent searching for an individual identified as a member of the population described above in locations he/she is known to commonly frequent. 2. Time spent searching for individuals in locations the target population is known to reside. 3. Initiating non-threatening conversation and informally identifying the need for community mental health services. 4. Offering and assisting to meet basic emergency needs such as food, shelter, and clothing. 5. Interventions targeted at linking individuals with emergency medical or psychiatric care. 6. Repeated contact over extended periods of time in an effort to engage targeted individuals into services. 7. Informally gathering assessment information required to ensure the appropriate linkage to services. 8. Development of a trusting relationship that strives to reduce the barriers and stigmas associated with receiving mental health services and to facilitate movement into services. 9. Face-to-face contacts with the individual that link him or her with identified resources and services. 10. Developing strategies with the individual to reduce or eliminate experienced risks and to promote the recovery and improvement of mental health. 11. Responding to referrals as requested by community stakeholders (i.e. aldermen, police, and landlords) of individuals who are suspected of having a serious mental illnesses or serious emotional disorders and may be in need of mental health services. <p>Exclusion: Travel to and from the service location is not covered.</p>	<ol style="list-style-type: none"> 1) The service note should reflect the rationale for dispatching staff to a specific site(s). For example: “Drove to Lincoln Park and checked the area where John Doe was last seen by worker.” 2) O&E can be used to visit local sites where members of this population can be expected to be found. For example, a worker may make a regular stop at the XYZ Food Pantry on Tuesday mornings when people line up to pick-up food bags. The time spent interacting with individuals suspected of needing mental health services at the XYZ Food Pantry should be billed as outreach and engagement. 7) O&E service notes can reflect clinical observations over time that will eventually be good source material for a formal mental health assessment. 9) For example, a worker may assist the individual to secure a bed at a shelter for a person living in the park, or a bed at a Safe Haven program for a person living at an overnight shelter 10) As with the shelter example above, developing a plan to address a harm reduction need can be billed as O&E as a strategy to build a trusting relationship. For example, a worker may plan to deliver safe sex materials to a person involved in the sex trade, or may explore harm reduction strategies to reduce substance abuse and improve mental health functioning.
<p>Service Requirements:</p> <ol style="list-style-type: none"> 1. Services must be provided face-to-face. If necessary, services may be provided individually to the person, his/her family members, or others who provide significant support. Dyads may be utilized to secure safety in face-to-face contacts. 	<ol style="list-style-type: none"> 1) Examples of appropriate use of a staff dyad include: street outreach, fulfillment of interpretation needs, or other clinical needs.

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<ol style="list-style-type: none"> 2. A minimum of 75% of all conducted face-to-face services must be delivered off-site. 3. Some of the outreach and engagement services must be provided during evenings and weekends due to the severity of illness, homelessness, significant cultural barriers, or other extenuating circumstances. 4. Services are provided on the streets, in shelters, or in any location where the identified population may be found. To ensure safety of both individuals and staff, a staff dyad may be utilized. 5. Services must be provided to an individual in his/her primary language. Documentation should reflect the necessity of utilizing an interpreter for the provision of services, and every effort must be made to initiate communication with the individual. 6. Services can be directly provided to a specific individual, or in targeted locations where people with serious mental illnesses or serious emotional disorders can be found. 7. Services may not exceed a total of 1% of an agency's total billable services, i.e. Medicaid and non-Medicaid amounts. 	<p>2) This requirement will be monitored in the aggregate for the agency for an identified billing period but will not be required for each individual. It will be measured by time spent, not by events.</p> <p>6) Travel to and from the location where services are provided is not billable.</p>
<p>Staffing Requirements: Service provision may be delivered by an RSA, MHP, QMHP, or LPHA as defined in Rule 132.</p>	<p>Documentation notes must be signed and dated by the rendering provider.</p>

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Documentation Requirements:

The documentation must demonstrate that services are integral to building a trusting relationship and creating linkages for individuals who may be resistant to connection with mental health and supportive services.

When a staff dyad is employed, the documentation must reflect the necessity.

Documentation must include:

1. Date,
2. Start time and duration,
3. Locations visited,
4. Description or name of individual to whom services were provided,
5. Description of behaviors related to suspected serious mental illnesses or serious emotional disorders, and
6. Staff activity during the encounter(s),
7. If a staff dyad was utilized, the service note must document the need for two staff present (when a staff dyad has been utilized only one staff person is required to sign note),
8. The necessity of an interpreter for the provision of services if an individual does not speak English,
9. Any plans discussed with identified individual(s) or needed follow-up, and
10. Outcome of the interaction.

Notes must be kept in a central location and/or aggregate file, i.e. binder, electronic folder, so as to be available for review.

A RIN should never be used to bill Outreach and Engagement services.

When a staff dyad has been utilized, only one service note is required. However, both staff providing the service must be indicated and identified by signature, credentials, and contributed activity during the encounter. Staff must be from the same provider organization.