

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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### **Policy 109 – Community Engagement Program**

#### **I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center to support evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions, and self-directed and/or recovery driven support services. The Community Engagement Program Staff will support all individuals who have a history of and/or at risk of involuntary commitment so that they can continue to reside in the community of their choice.

#### **II. DISCUSSION**

The purpose of the Community Engagement Program is to support those individuals who have a history of and/or risk of involuntary commitment such that the individuals can live a meaningful life in their community. Community Engagement Specialists (CES) will serve as stewards of the community to broker and facilitate a wide range of community based and collaborative efforts and strategies designed to support the varying needs of those served. The CES will engage and collaborate with all available community resources to prevent the need for involuntary commitment, improve community integration, and promote wellness and recovery by addressing the complex needs of eligible individuals.

Community Engagement Specialists will work in the community to assist individuals with serious mental illness, substance use, co-occurring or co-existing disorders that are at risk of psychiatric hospitalization or who are currently committed to at State hospital or diversion facility. Any individual at risk who resides in or is from Mercer, McDowell, or Wyoming Counties will be eligible for assistance from the Community Engagement Program. Individuals do not have to be an active consumer of Southern Highlands Community Mental Health Center in order to receive Community Engagement assistance.

#### **III. PROCEDURES**

##### **REFERRALS**

The Community Engagement Program will accept referrals from all mental health and substance abuse programs within Southern Highlands. The program will also accept referrals from private psychiatrists, medical doctors, WV DHHR, Mercer County Day

Report Center, Princeton Community Hospital, Bluefield Regional Medical Center, and any other community agency coming in contact with the severely mentally ill or addicted.

Once an individual is identified as in need of or referred for Community Engagement Services a CES will contact them within one business day. The CES will then assist eligible individuals for a sustained period through at least monthly face to face contact in their home and/or community based settings to ensure stability of behavioral health and community resources. At times the intensity of service may require a higher level of care requiring referral to services such as ACT or even involuntary hospitalization. Service may then begin to be reduced gradually with just on-going support from a CES. This is accomplished by connecting the individual to personal and community supports necessary to live independently in the community such as assistance with obtaining medications, housing, employment, applying for benefits, shopping, paying bills, securing official documents, and other services as may be identified or needed.

#### **ADMISSION CRITERIA**

- Individual may have a history of involuntary commitment or be at risk for involuntary commitment by posing an imminent danger to themselves or others due to their mental illness.
- They must be residents of Mercer, McDowell, or Wyoming Counties of West Virginia.
- The primary DSM V diagnosis must be a mental illness that is persistent and severe. Those with co-occurring disorders, substance abuse/dependence must be secondary to their mental illness. An individual with Intellectual/Developmental Disabilities may qualify for services as long as the primary presenting problem is a persistent and severe mental illness. Individuals with primary diagnoses of Intellectual/Developmental Disabilities do not qualify for the Community Engagement Program.
- Residents of Mercer, McDowell, and Wyoming Counties discharged from a State hospital or diversion facility following an involuntary commitment will be screened for the need for Community Engagement services. Consumers have the right to refuse services; however, they will be asked to sign a document stating whether they accept or refuse Community Engagement services.
- All CSU patients receiving voluntary mental health or substance abuse treatment will be screened for the need for Community Engagement services.

#### **COMMUNITY ENGAGEMENT/LIAISON**

There will be one Community Engagement Specialist (CES) dedicated to providing liaison services with the State hospitals and diversion facilities. This staff will participate actively in all admission and discharge meetings to ensure seamless transitions for those preparing to return to their community of residence. The Liaison will provide face to face contact within three (3) days of discharge to assess safety and ensure that basic and

personal needs are met. The Liaison will verify that adequate amounts of medication have been made available to the individual until their first scheduled follow up appointment. The Liaison will facilitate and assess the need for Community Support Funds when appropriate to meet the personal and basic needs of a consumer being discharged from a State hospital or division facility following an involuntary commitment. The Liaison will involve consumer's family members in the development and implementation of services when appropriate and consent is received, in order to prevent recurring involuntary commitment/hospitalization.

### **CRISIS**

Community Engagement Staff will work with Crisis Staff to ensure individuals presenting with symptoms of severe and persistent mental illness are receiving access to community resources available to them. When someone comes into the Center as a walk in crisis and their primary need is linkage/referral to community resources, a CES will assess the need and facilitate services with appropriate resources.

### **VOLUNTARY TREATMENT AGREEMENT (VTA)**

Community Engagement Staff will work with individuals who have been through a Mental Hygiene that resulted in a Voluntary Treatment Agreement (VTA). The Liaison/Community Engagement Specialist, once assigned, will immediately start working with the consumer under the VTA ensuring that the initial follow-up appointment is made such as an initial intake, medication management appointment, counseling appointment, etc. The assigned Liaison/Community Engagement Specialist will provide or arrange for transportation as necessary and will identify and resolve any potential barriers to treatment compliance including consumer behavior. If a Community Engagement Specialist is unable to make contact with a consumer under a VTA within 24 hours of the VTA being issued, the Community Engagement Specialist will attempt a home visit within 48 hours of the VTA being issued. If contact is not made by home visit or returned phone call within 72 hours of the initial date of the VTA, the Liaison/Community Engagement Specialist will file a motion to revoke the VTA. If the individual is compliant with the VTA, the CES will work with the doctor, therapist, etc., to ensure that treatment continues. The CES will follow their treatment for the duration of the VTA, which can be from six (6) months to two (2) years, to ensure they remain in compliance for the duration of their VTA. During the VTA process, crisis staff will obtain consent from family members in order to share information with CES staff regarding the consumer's symptom status to prevent a hospitalization. The Community Engagement Specialist (Liaison), Community Engagement Supervisor, and Crisis Coordinator will meet weekly to review community engagement activity notes and monthly VTA reporting form to ensure compliance and that revocation orders are filed as necessary. Crisis staff, in all three counties, are to report by the next working day all newly assigned VTAs to Coordinator of Crisis Services and copies of the legal documentation concerning the VTA will be forwarded to them. For additional information, please refer to Policy 142 – Management of VTAs.

## **CONSUMER / STAFF SAFETY**

In order to provide a safe working environment for both staff and the consumer, anyone with a history of violence which has resulted in time spent in jail or recent maladaptive behavior that is deemed questionable will require the presence of two staff for home visits and transports in their personal vehicle at all times. Any evidence of homicidal tendencies will require an assessment of what services can be provided and how many staff will need to be present when services are not being provided at the Center. Staff should always be mindful of their safety and never take chances. If ever in doubt, a supervisor or Director must be consulted prior to providing services.

## **STAFFING**

The Community Engagement Specialist has a separate and distinct role from crisis services, targeted case management, outpatient therapy, Assertive Community Treatment (ACT), supportive intervention, and peer/recovery supports. The CES will not perform billable activities nor will they provide staff coverage in other programs such as those mentioned. CES is a support to the services and positions mentioned and may actively refer individuals to one or more of these services in the course of working with individuals.

Once a referral is made to the program, a CES will meet with the individual to complete a formal referral. The Supervisor of the program will review all referrals and staff to a CES for follow up within 24 hours of a referral. Each CES will be staffed a caseload of at least 20 but not more than 30 individuals.

Each CES will maintain a spreadsheet documenting the day they were staffed to an individual and the day of first contact. Each CES will also inform their supervisor of how many home visits they complete each month. This information will be maintained and reported on a monthly basis to the State by the Program Supervisor.

## **DUTIES**

CES staff will be trained in cultural competency, motivational interviewing, suicide prevention, trauma informed care, and person centered planning. They will provide referral information to eligible uninsured consumers for health insurance. They will provide referral information to high risk consumers for Human Immunodeficiency Virus (HIV), Tuberculosis (TB), and Hepatitis. CES staff will explore and secure all available revenue resources available to the consumer (e.g., WV Medicaid, Medicare, and private insurances). Community Engagement Specialists will establish therapeutic rapport to engage individuals who have a history of, or are at risk of involuntary commitment. They will provide services essential to support community based living. CES staff will identify and cultivate community wide services and supports that are key to meeting the needs of this at risk population.

## **TRANSPORTATION ASSISTANCE**

Southern Highlands recognizes there is a gap in community resources and services available to meet every need of consumers with chronic and persistent mental illness and/or co-occurring substance use or other disorders. Due to the rural nature of the area we serve, transportation services are not available to meet the need of every referral received. Once a referral is approved and the individual agrees to have a Community Engagement Specialist (CES) assigned to help them, the CES will carefully assess the level of need for assistance with transportation.

Consumers may need assistance contacting resources and/or arranging appointments to meet their transportation needs. CES will provide the support necessary to link the consumer with the appropriate services. CES staff will link consumers with community resources/services for transportation such as Public Transit, taxi services, Medicaid transportation services, Commission on Aging, Council on Aging, and any other agency providing transportation services prior to providing any direct support.

The goal of the CES Program is to enable and empower the individual to access their community independently. However, there are times when consumers will need direct assistance with their transportation. Such times would include when community resources regarding transportation are not available or are not the best option for the consumer based on their psychiatric condition; the consumer cannot physically access the service; or the consumer is non-compliant with treatment without support. In these instances, the Community Engagement Specialist (CES) can provide the direct service of transportation as long as it meets the following criteria:

- Provides access to medical appointments within our three county service area of Mercer, McDowell, and Wyoming Counties.
- Provides access to WV DHHR offices within our three county service area.
- Provides access to community resources, services, and charities that will meet the basic needs of the consumer (SSA, Union Mission, churches, grocery stores, utility offices, etc.).

If a consumer requests a CES to provide the direct service of transportation to any appointment that does not fall into one of the above listed categories, the CES must discuss the request with the Program Supervisor or their designee for approval.

In the event a consumer requires assistance with traveling outside of our three county service area, the CES will work with community resources and the consumer's natural supports to facilitate services to meet the need. If the need continues to exist after the consumer's community and natural supports have been exhausted, the CES can then request Community Support Funds (CSF) if appropriate. The request will be reviewed by the CES Program Supervisor, the Clinical Director, and the Chief Executive Officer to determine if the request is appropriate.

All transportation services will be documented in the CES progress note. The note will reflect how the service meets the need of the consumer. If transportation is provided on a regularly scheduled basis (i.e., to pay bills or purchase groceries) the note must reflect why it is ongoing and how providing the service prevents an increase in symptoms leading to crisis.

#### IV. COMMUNITY ENGAGEMENT SUPPORT FUNDS

The Community Engagement Program has access to supplemental support funds. Funds are available on a first come first served basis with allocations made to support needs that arise during the course of working with an individual. Funds may be used for emergent needs such as medication, housing (which includes security deposits, rent, utilities, and temporary housing including hotel/motel rooms), food clothing, personal care items (such as soap, shampoo, combs/brushes, etc.), transportation, and other essential commodities that people need to maintain stability in their community. Staff requesting funds will complete the Request for Community Engagement Funds form and submit to the Supervisor of the Program or their designee for signature of approval. Any amount over \$200.00 will require a second signature by the Clinical Director or designee. The following protocol will be observed when considering use of CES funds.

Requests for the use of CES Funds must fall into one of the following categories as listed in the Statement of Work (SOW) and be coded accordingly in the required monthly report to the State.

Medical Related – This category will cover any medical related requests that insurance/other programs to not cover. This area could include, but is not limited to: vision, dental, co-pay assistance, medical bills, etc. Coded as **M** on the SOW report.

Housing Maintenance – This category will cover all areas related to housing maintenance. This area will include, but is not limited to: utility assistance, mortgage/rent assistance, home related repairs, furniture replacement, appliance repair/replacement, etc. Coded **HM** on the SOW report.

Essential Well-Being – This category will cover areas that are deemed essential to well-being. This area will include, but is not limited to: food, clothing, specialized nutrition, personal hygiene items, etc. Coded as **WB** on the SOW report.

Transportation – This category will cover all areas that involve transportation. This area will include, but is not limited to: bus pass costs, fuel cards, vehicle repairs, etc. Coded as **T** on the SOW report.

In order for a CES to request funds they must submit a *CES Funds Request Form* to the Supervisor of the Program or their designee. Once the request is approved and the form is signed by the appropriate individuals, it will be submitted for payment to the Chief Financial Officer (CFO) by the Program Supervisor. The request form has instructions on how payment will be handled.

Final approval or denial can be determined by the Chief Executive Officer, Chief Financial Officer, or Clinical Director when appropriate. Limits on the amount of funds available to spend on any individual consumer can be determined by the Chief Executive Officer, Chief Financial Officer, or Clinical Director.

## **V. DISCHARGE PROCESS**

Once basic needs are met and stability in the community is established, a consumer may be discharged from the Community Engagement Program. Anyone can refuse or decline CES support at any time. Community Engagement Staff will make three documented attempts over a period of 30 days to make face to face contact before recommending case closure.

## **VI. CONSUMER SATISFACTION SURVEYS**

In order to provide quality services to consumers receiving Community Engagement Services, Southern Highlands CMHC will utilize consumer satisfaction surveys to obtain feedback. The Supervisor of the Program will call and conduct a survey of at least ten (10) consumers (two from each Community Engagement Specialist's caseload) per month. This information will be compiled into a report by the agency Administrative Assistant and presented to the Executive Staff and Board of Directors as per Policy 134. Problems will be reviewed and a corrective plan of action will be implemented when required. This information will also be provided annually to the BBHFF.

**SOUTHERN HIGHLANDS CMHC  
REQUEST FOR COMMUNITY ENGAGEMENT FUNDS**

Consumer Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for request: (State why CES funds are needed and how will it improve symptoms or quality of life?)

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Which category does this request for funds fall into?

**Medical Related (M)** \_\_\_\_\_

**Housing Maintenance (HM)** \_\_\_\_\_

**Essential Well-Being (WB)** \_\_\_\_\_

**Transportation (T)** \_\_\_\_\_

Check Amount: \_\_\_\_\_

Make payable to: \_\_\_\_\_

**If Genoa please have pharmacy rep sign here** \_\_\_\_\_

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What to do with the check: \_\_\_\_\_

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\_\_\_\_\_  
CES Signature

\_\_\_\_\_  
Date

For State reporting purposes only:

Consumer Race: \_\_\_\_\_ County of Residence: \_\_\_\_\_ Diagnosis: MI, SA, or MI/SA Age: \_\_\_\_\_

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\_\_\_\_\_  
Program Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Director (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CFO (if required)

\_\_\_\_\_  
Date

COMMUNITY ENGAGEMENT SPECIALIST  
SURVEY OF SATISFACTION

In order to provide the best service possible and improve the quality of care received at Southern Highlands Community Mental Health Center, please answer the following questions to the best of your ability. We have provided a postage paid return envelope for your convenience. You are not required to participate, but your time and cooperation are appreciated.

For each question below, please circle if you are not satisfied, satisfied, very satisfied, or you may circle not applicable if this question does not apply to you.

1. How satisfied are you with the amount of time it takes for your Community Engagement Specialist to return your call?

Not Satisfied                  Satisfied                  Very Satisfied                  Not Applicable

2. How satisfied are you that your Community Engagement Specialist is providing you with information about resources available to you in the community?

Not Satisfied                  Satisfied                  Very Satisfied                  Not Applicable

3. How satisfied are you with resources in the community that support your wellness and recovery with mental illness?

Not Satisfied                  Satisfied                  Very Satisfied                  Not Applicable

4. How satisfied are you with the Community Engagement Program in meeting your needs?

Not Satisfied                  Satisfied                  Very Satisfied                  Not Applicable

5. How satisfied are you with the overall performance of your Community Engagement Specialist?

Not Satisfied                  Satisfied                  Very Satisfied                  Not Applicable

6. How can your Community Engagement Specialist be of better services to you?

7. What are some resources you would like to see available to you in the community that would support wellness and recovery in mental health?

Would you be interested in participating in meetings to help agencies in your community develop ways to improve wellness and recovery in Mental Health? If so, please list your name and a contact number you can be reached. Someone will contact you soon. Thank you!

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Name

Phone Number