

<b>POLICY</b>	DATE ISSUED June 2007		SECTION POLICY – “NO CONTACT” CASE MANAGEMENT	PAGE 1 of 4
	MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  DEPARTMENT: COMMUNITY SERVICES BRANCH [SAIL]		DATE REVISED	DATE REVIEWED

**Purpose:** It is the Mission of the Behavioral Health Division to ensure individuals and families who have mental health needs receive the support and means to pursue success in the ways they choose to live, learn, love, work and play. This includes assistance to function at optimal levels of physical and mental health and that clients are full and equal members of the community. It is essential that case management providers support the above mission and consistently endeavor to deliver safe, effective, optimal client care in the community in support of empowerment and recovery.

**Issue:** In the event a client misses a scheduled appointment/contact and/or a case manager is unable to reach the client, a policy to locate the client will be instituted. Although a missed appointment by a client may not be a cause of concern for one individual, this event for another individual, may result in need of further immediate action, if clinically indicated.

**Rationale:** In recognition that all case management interventions should be individualized and clinically driven, there is no one size fits all prescribed course of action or intervention. A risk management framework and assessment procedure will be utilized by the case management providers to decide on the appropriate plan of action. There are best practice guidelines for case management of how providers care for clients served in the community, as well as consideration of client choice in the Recovery process, and consideration of clinical factors pertinent in the development of an intervention strategy.

In response to these needs, the Community Services Branch has developed the following policy to increase uniformity and consistency in case management practice related to missed appointments and an inability to reach and to create a Practice Standard that incorporates clinical consultation, communication, client preference and documentation.

**Procedure:**

1. In the event a client misses a scheduled appointment/contact and a case manager is unable to reach the client, the case manager will:
  - a. **Assess** whether further action is needed taking into account, but not limited to, recent high risk factors, persistent high risk factors, and any acute changes in physical and psychiatric conditions warranting further intervention. This will also involve consideration of client preference in such an event, as documented in the clinical record.
  - b. **Call and Consult**, when warranted, with the appropriate Program Clinical Coordinator, Supervisor/Lead or Designee, based upon consideration of the assessment above, to discuss the event or concern and course of action.

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- c. **Decide and Act** on the appropriate plan of action in order to attempt to locate the client if warranted.
  - d. **Document** the above in progress notation **OR** on the following attachment that will include at minimum, date/time of event, the risk factors considered above, client preference consideration, supervisory consultation and chosen plan of action and rationale. The documentation in the record will be completed within twenty-four hours, preferably by the end of the case manager’s shift/work day. The documentation will also reflect the Treatment Plan in context of prescribed frequency of visits.
  - e. Assessment of risk is an on-going process. Therefore, the above decision guidelines may need to be readdressed as more information is known about a situation and action plan adjusted accordingly.
2. Case Management Providers will meet with their assigned clients upon admission to their program, and incorporate their client’s choice of intervention in the event a client misses a scheduled appointment or contact and/or a case manager is unable to reach the client.
    - a. Client preferences will be clearly documented in the treatment record designated in one location such as the treatment plan, assessment, “on-call” binder, face sheet, and /or medication cardex.
    - b. The Provider is responsible for clearly documenting this information to ensure accessibility and reliable information to guide those staff on the case management Team. This information will be reviewed, updated and documented every six months.
  3. The Clinical Coordinator, Supervisor or Lead is responsible for the implementation of the policy and monitoring adherence of case managers to these practice guidelines.

**Prepared By:** \_\_\_\_\_  
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Walter Laux, SAIL Program Manager                      Date

\_\_\_\_\_  
Mary Kay Luzi, Ph.D., SAIL Clinical Program Director                      Date

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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Attachment  
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**GUIDE TO CASE MANAGERS  
Assessment Of Risk Potential**

When assessing and deciding on the appropriate plan of action or intervention, the following factors may be considered, although this list is not intended to be exhaustive. Case managers can use this tool when a client misses an appointment or fails to be reached to assist in determining whether such an event may increase the probability that harm may occur. The **GOAL** is to gather pertinent information and determine if immediate intervention or follow-up action is indicated. This guide can be used as a case management tool and also can be filed in the client's progress record.

**SELF/OTHER HARM (RECENT & HISTORY):**

- Recent urge/threat/plan to harm self/others
- History of serious suicide attempts & other directed aggression especially associated with withholding information from staff.
- Access to firearms

**ACUTE STRESSORS**

- Recent loss, failures, humiliation
- Serious medical illness
- Significant anniversary date/holiday
- Loss of important social support

**RECENT ACUTE MENTAL HEALTH SYMPTOMS**

- Severe anxiety
- Global insomnia
- Dramatic mood changes
- Sudden medication non-adherence
- Unbearable hallucinations or delusions
- Recent significant mental status changes
- Other:

**SUBSTANCE USE**

- Recent substance abuse / dependence or risk for withdrawal
- History of poor impulse control associated with use

**TREATMENT HISTORY**

- Recent discharge from the psychiatric hospital
- Recent discharge from a medical hospital
- History of prior inability to reach with serious adverse outcome.

**SUPPORT NETWORK/PROTECTIVE FACTORS**

- Inability to access resources independently
- Inadequate support network
- Does not readily seek help when needed

**CLIENT NAME:** \_\_\_\_\_

Attachment

