POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board to make outreach efforts to clients when they do not show for a scheduled appointment.

PROCEDURE:

1. Clients that have scheduled appointments who do not show for the appointment are contacted by agency staff and information documented.
2. In the Mothers Making a Change Program (MMAC) when clients referred from DFCS do not show for scheduled appointments, DFCS caseworker(s) will be made aware and notification will be documented in the client’s chart.
3. In the Mothers Making a Change Program (MMAC) home visits/outreach/phone contacts made to women in the outpatient program (MMAC) is documented.
4. In the Mothers Making a Change Program (MMAC) outreach by phone will be made if a client does not attend treatment after three consecutive days. If client fails to contact program and resume treatment, a 10 day letter will be sent to client and copied to DFCS worker. (Attachment A)
5. Community Support staff will complete a home visit in efforts to engage clients.
6. Referral will be made to other programs if the client does not want to continue treatment at MMAC.
7. The agency also uses an automatic call system, ClientTel, to remind clients of appointments and when appointments are missed as follows:
   a. Appointment reminder calls are made at the following sites; Cobb Outpatient (COPS), Douglas Outpatient (DOPS), MMAC, and The Circle using the following schedule; COPS, DOPS, and MMAC calls are made 2 days prior to the appt. For The Circle calls are made 1 day prior to appointment.
   b. Calls are made for the following appointment types; Aftercare, Behavioral Health Assessment (BHA), BHA Intake, MD, Nursing, Individual Counseling.
   c. Appointment missed calls are made at the following sites; COPS, DOPS, and MMAC using the following schedule; Calls are made the following day. Ex) if the DNS appt was on 9/26, then the call would be made 9/27.
   d. Calls are made for the following appointment types; Aftercare, Behavioral Health Assessment (BHA), BHA Intake, MD, Nursing, Individual Counseling.
8. For **residential clients** all unplanned transitions/discharges that occur as a result of AWOL, transfer resulting in admission to a hospital, AMA, failure to return for treatment or for failure to comply with program rules, follow-up;
   a. A client upon enrolling in services at any CSB site will be asked to identify an individual who may be contacted after the client’s discharge for follow up as to how the client is doing. **This contact will only be made if the client is not available for contact.**
   b. If the client agrees to the contact, the CSB staff will obtain the client’s signature on an Authorization to Release Information form. The expiration date should be for at least three (3) months from discharge.
   c. When an unplanned transition or discharge occurs, staff will contact the client within 72 hours of discharge for follow-up and determine if further services are needed and to offer or refer to needed services.
   d. Enter follow-up information on the log and maintain at the site. (Attachment B)

9. For clients in the Developmental Disabilities and Supported Employment programs:
   a. When clients do not attend day programming services 2 or more days a week, then phone and email outreach efforts are made to the families/caregivers/Support Coordination/Planning List Administrator and are recorded in the clients EMR.
   b. When clients do not show or cancel their appointments with community based staff such as Employment Specialists or WOW staff, then phone and email outreach efforts are made to families, caregivers/Support Coordination/Planning List Administrators are recorded in the clients EMR.
Month, day, year

Dear [Name],

We are sorry that you were unable to keep your scheduled appointment on [Date]. It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board that if you are unable to keep your appointment you contact the office. If you wish to continue to receive services from us, please contact our office within the next two weeks and reschedule your appointment. Our phone number is [Phone Number].

We look forward to hearing from you and providing services to meet your behavioral health needs.

Sincerely,

[Site Manager]
**UPLANNED TRANSITION/DISCHARGE FROM CSB PROGRAM**

<table>
<thead>
<tr>
<th>Program</th>
<th>Date of Transition/Discharge</th>
<th>Date of Contact</th>
<th>Client's Name</th>
<th>Comment (Include name of contact, status of client, are further services needed, referrals if any.)</th>
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