



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Care and Treatment
	Sub Section:	Miscellaneous
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SIGNATURE	DATE APPROVED
Deputy Director Behavioral Health Services <u>Signature on File</u>	<u>6/14/2024</u>

SUBJECT: Behavioral Health Services Employee-Led Program Outings in the Community

PURPOSE:

To establish a procedure to ensure that proper protocols are followed when Behavioral Health Services (BHS) employees coordinate community outings for program members/clients and families.

POLICY:

Behavioral Health Services (BHS) county-operated programs may coordinate and lead community-based outings for members/clients and families to facilitate treatment goal attainment. When scheduling these outings, BHS program staff shall consider safety and risks, and obtain proper consents and agreements from the members/clients and their caregivers, if applicable, to enhance the safety of all attendees.

SCOPE:

This policy applies to all BHS County programs that offer employee-led program community outings for members/clients.

REFERENCES:

[BHS P&P 01.07.04 2024 Use of Naloxone Hydrochloride \(Narcan\) in BHS Programs](#)

[BHS P&P 06.01.01 Reporting of Unusual Occurrences to Department of Health Care Services](#)

[BHS P&P 05.01.08 Transport of Clinical Records](#)

[HCA IV-1.03 Special Incident Report P&P](#)

[HCA P&P IV-1.04 Reporting the Deaths of Agency Staff Members, Clients and Other Persons](#)

FORMS: (Contact AOA or CYS Program administrator for forms listed below)

Consent to Transport Minor Form for CYS programs

Consent to Transport LPS Conservatee Form for Adult programs

Program specific “Community Outing Agreement Form”, if applicable

DEFINITIONS:

Community Outing - Events that programs may organize in the community for their members/clients in order to address clinical considerations and offer numerous new environments in which members/clients may practice their acquired social and coping skills, forge new relationships, and bond with other members/clients over their common interests. These outings may also be utilized to help build confidence in interpersonal abilities for the members/clients through shared experiences.

Member - A person with Medi-Cal coverage. For the purposes of this policy and procedure, “member” includes a parent, guardian, conservator, or other authorized representative, unless otherwise specified.

PROCEDURE:

- I. When a BHS program staff organize a community-based outing inclusive of clinical considerations for the members/clients and/or family members, the staff shall consult with the Service Chief and the Program Manager to determine the appropriateness of the outing.
 - A. The staff shall submit a description of the outing for review by the Service Chief and the Program Manager.
 - B. The description shall include the purpose, activities, date(s), location of the outing, number of anticipated participants, and number of staff to attend and nexus to clinical outcomes and individual treatment objective goals.
 - C. If appropriate, staff shall create a community outing flyer and submit for approval to HCA Communications prior to distributing to participants and others.
 - D. Staff to member/client ratio shall be maintained at 1:5 (for children) and 1:10 (for adults) respectively at all times during the outing.
 - E. For minors, at a minimum, two staff must be present at all times with the members/clients during the outing and include diverse staff to support the members/clients inclusive of language and gender identity.
 - F. For adults, a minimum of one staff must be present at all times with the members/clients during the outing and include diverse staff to support the members/clients inclusive of language and gender identity.
 - G. All program members/clients shall be supervised and observable at all times during the outing.

- H. The activities for each outing shall be age appropriate and relevant for the members/clients population and their clinical needs.
 - I. In the case of minors, staff shall ensure members/clients of similar age ranges are grouped together and that those 18+ are not grouped with those under 18.
- II. Once approved by the Program Manager and the Service Chief, the staff shall:
- A. Obtain consent from members/clients and/or parents/caregivers/conservators for program members/clients to attend the outing.
 - B. Obtain consents for transportation, if needed, from the member/client and/or member's/client's parents/caregivers/conservators.
 - C. Establish ground rules via an Community Outing Agreement to meet safety requirements with all participants prior to the outing and ensure members/clients understand said rules.
- III. Staff members involved in organizing and overseeing community outings shall be prepared to handle crises that may arise during the outing. (e.g. trained in nonviolent crisis intervention, defensive driving, etc.)
- A. Staff shall have in their possession during the outing (and in close proximity), a locked folder containing members/clients phone numbers, emergency contacts, and any pertinent medical information in case an emergency arises.
 - B. Staff shall have in their possession during the outing contact information for local law enforcement agencies in the event of an emergency.
 - C. Staff shall have in their possession during the outing, necessary documentation, such as LPS paperwork (if 5150/5585 certified), to facilitate appropriate actions in case of a crisis.
 - D. Staff shall have in their possession during the outing overdose prevention kits containing Naloxone.
 - E. Staff shall have in their possession during the outing contact information for the on duty Service Chief.
- IV. In the event of a crisis or emergency during an outing, staff members shall take immediate action to ensure the safety and well-being of all participants.
- A. Staff shall contact law enforcement if deemed necessary.
 - B. Staff shall contact medical emergency response if appropriate.
 - C. Staff shall notify the Service Chief on duty immediately following the incident and obtain guidance regarding necessary follow-up steps.

- D. Service Chief shall notify the Program Manager or designee.
- E. Service Chief shall notify HCA Safety.
- F. Service Chief shall complete and submit the Special Incident Report (SIR) and/or Incident Accident Report (IAR) as soon as possible and within 24 hours of the incident.