Steward Health Care Network

HEALTH CHOICE ARIZONA

Children's Behavioral Health Resources Guide for Northern Arizona

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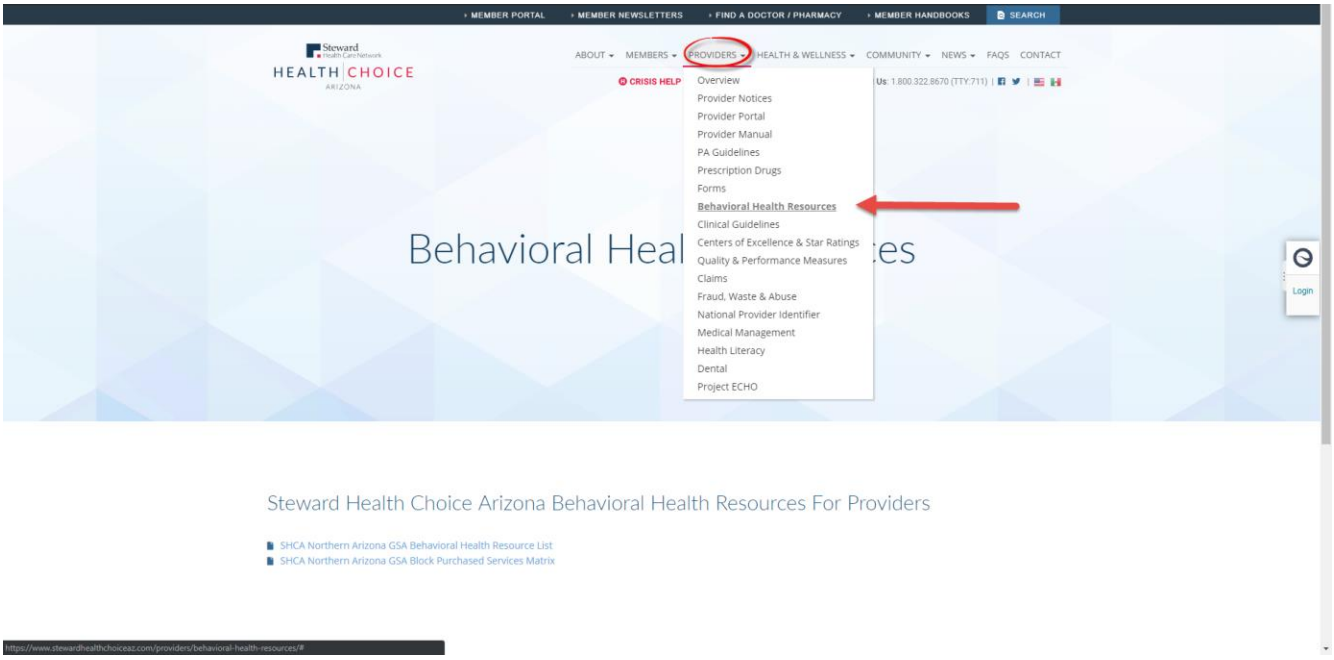
How to Use This Guide & BH Provider Resource List (PLEASE READ!)

This guide is designed to be a reference tool to help identify and locate ancillary services for children and families in need, as well as to provide information about key SHCA policies and processes related to children's care. It is not intended to prescribe services. All treatment decisions are driven by the Child and Family Team.

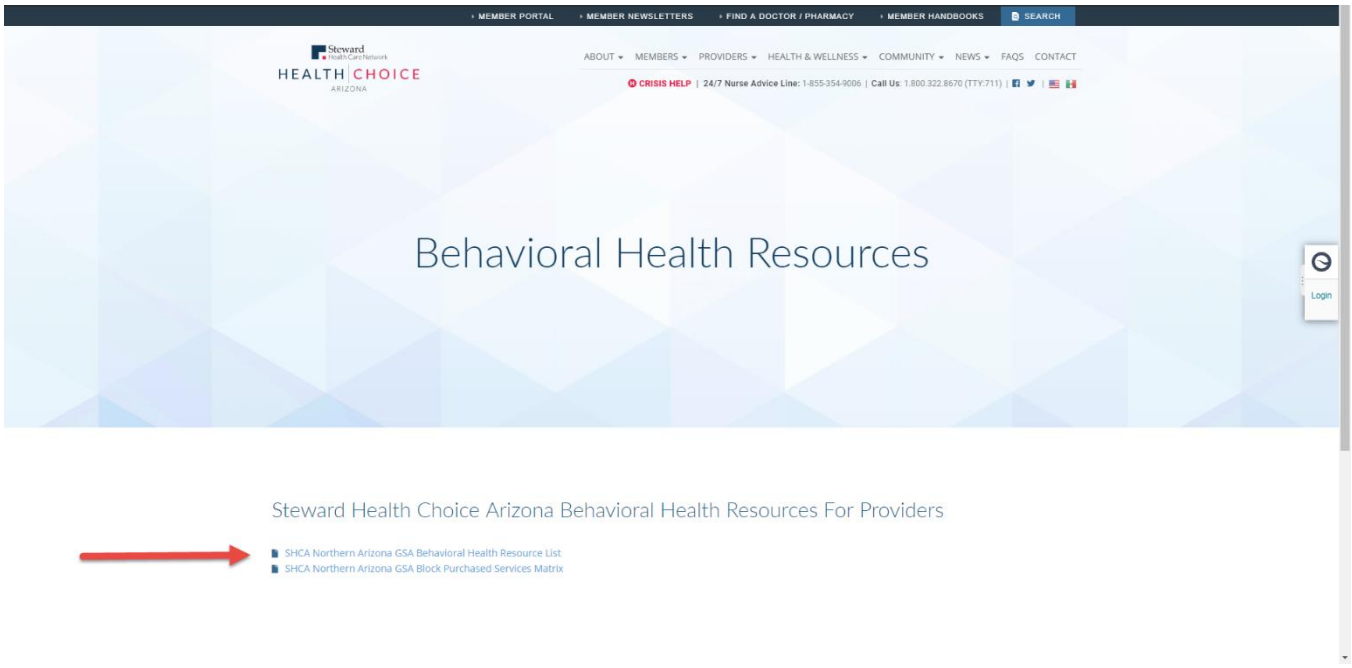
****This guide frequently references the SHCA Northern AZ BH Provider Resource List. See below for directions on how to locate and use this list.****

Using the BH Provider Guide:

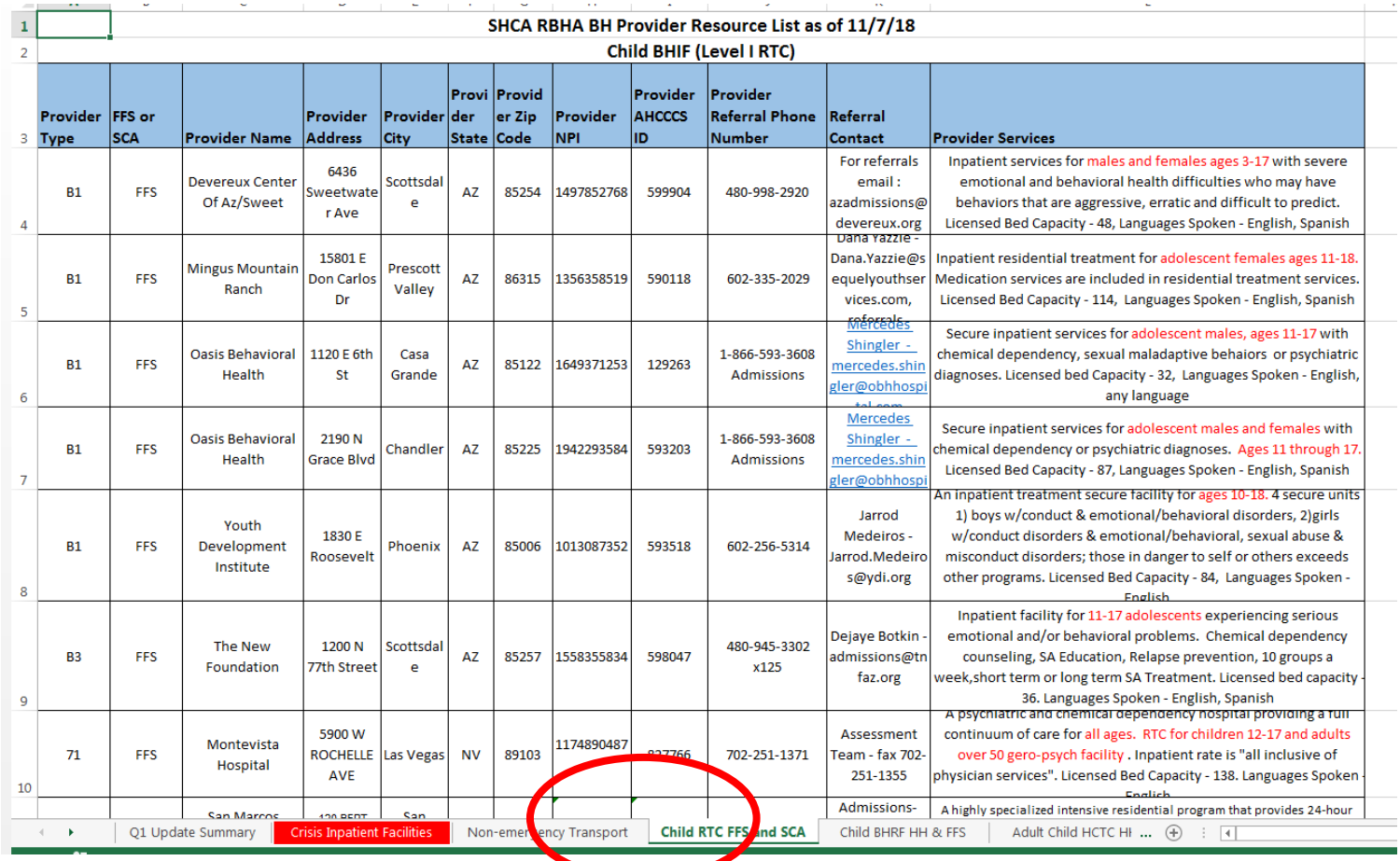
The Northern Arizona GSA BH Provider List is a comprehensive list of behavioral health and crisis providers that are contracted with SHCA. The list is located on the Steward website, under Providers > Behavioral Health Resources.



From the Behavioral Health Resources page, locate the Resource List.



Once you click on the link shown above, the BH Provider List will open in an Excel sheet, which you can then save for future reference. Each tab will show you a different category of service providers. The list is updated frequently, so check here for the most current information when looking for a service provider!



SHCA RBHA BH Provider Resource List as of 11/7/18

Child BHIF (Level I RTC)

Provider Type	FFS or SCA	Provider Name	Provider Address	Provider City	Provider State	Provider Zip Code	Provider NPI	Provider AHCCCS ID	Provider Referral Phone Number	Referral Contact	Provider Services
B1	FFS	Devereux Center Of Az/Sweet	6436 Sweetwater Ave	Scottsdale	AZ	85254	1497852768	599904	480-998-2920	For referrals email : azadmissions@devereux.org	Inpatient services for males and females ages 3-17 with severe emotional and behavioral health difficulties who may have behaviors that are aggressive, erratic and difficult to predict. Licensed Bed Capacity - 48, Languages Spoken - English, Spanish
B1	FFS	Mingus Mountain Ranch	15801 E Don Carlos Dr	Prescott Valley	AZ	86315	1356358519	590118	602-335-2029	Dana Yazzie - Dana.Yazzie@sequelyouthservices.com, referrals	Inpatient residential treatment for adolescent females ages 11-18. Medication services are included in residential treatment services. Licensed Bed Capacity - 114, Languages Spoken - English, Spanish
B1	FFS	Oasis Behavioral Health	1120 E 6th St	Casa Grande	AZ	85122	1649371253	129263	1-866-593-3608 Admissions	Mercedes Shingler - mercedes.shingler@obhhospital.com	Secure inpatient services for adolescent males, ages 11-17 with chemical dependency, sexual maladaptive behaiors or psychiatric diagnoses. Licensed bed Capacity - 32, Languages Spoken - English, any language
B1	FFS	Oasis Behavioral Health	2190 N Grace Blvd	Chandler	AZ	85225	1942293584	593203	1-866-593-3608 Admissions	Mercedes Shingler - mercedes.shingler@obhhospi	Secure inpatient services for adolescent males and females with chemical dependency or psychiatric diagnoses. Ages 11 through 17. Licensed Bed Capacity - 87, Languages Spoken - English, Spanish
B1	FFS	Youth Development Institute	1830 E Roosevelt	Phoenix	AZ	85006	1013087352	593518	602-256-5314	Jarrod Medeiros - Jarrod.Medeiros@ydi.org	An inpatient treatment secure facility for ages 10-18. 4 secure units 1) boys w/conduct & emotional/behavioral disorders, 2)girls w/conduct disorders & emotional/behavioral, sexual abuse & misconduct disorders; those in danger to self or others exceeds other programs. Licensed Bed Capacity - 84, Languages Spoken - English
B3	FFS	The New Foundation	1200 N 77th Street	Scottsdale	AZ	85257	1558355834	598047	480-945-3302 x125	Dejaye Botkin - admissions@tnfaz.org	Inpatient facility for 11-17 adolescents experiencing serious emotional and/or behavioral problems. Chemical dependency counseling, SA Education, Relapse prevention, 10 groups a week,short term or long term SA Treatment. Licensed bed capacity - 36. Languages Spoken - English, Spanish
71	FFS	Montevista Hospital	5900 W ROCHELLE AVE	Las Vegas	NV	89103	1174890487	827766	702-251-1371	Assessment Team - fax 702-251-1355	A psychiatric and chemical dependency hospital providing a full continuum of care for all ages. RTC for children 12-17 and adults over 50 gero-psych facility . Inpatient rate is "all inclusive of physician services". Licensed Bed Capacity - 138. Languages Spoken - English
		San Marcos	120 REPT	San						Admissions-	A highly specialized intensive residential program that provides 24-hour

Q1 Update Summary | Crisis Inpatient Facilities | Non-emergency Transport | Child RTC FFS and SCA | Child BHRF HH & FFS | Adult Child HCTC HI ...

Use these tabs to navigate the different types of services and providers.

Please note that the BH Provider List is not an exhaustive list of service providers and service types. The purpose of this guide is to provide information on additional services and providers that are not detailed in the BH Provider List.

Wrap Around Services

Meet Me Where I Am (MMWIA)

MMWIA is an intensive, direct support service offered to children and families with the most challenging and complex needs. MMWIA services are primarily provided in the home and/or community setting**.** MMWIA Providers coordinate and collaborate with the Child and Family Team to identify the needs to be addressed through MMWIA services as well as determine the frequency, duration, and time when services are most needed by the family. MMWIA Providers are able to work with the youth alone, or the entire family as directed by the CFT. However, it is recommended that MMWIA Providers work with the entire family.

When Should A Referral Be Sought?

MMWIA services take time to help the child and family. It is imperative that referrals to MMWIA be made as soon as significant challenges present. It is essential MMWIA is sought before the family gets to a place where they are requesting an out of home placement.

MMWIA is an intensive community-based program which provides services to children and families with the most complex needs. MMWIA services are driven by the CFT and are flexible in the duration, frequency and scheduling of services. Children with complex needs include children who:

- Are involved in multiple state agency systems OR have recently become involved with new state agency
- Have lost or are at risk of losing current placement or being placed in a treatment facility
- Are living out of home
- Experience significant behavioral disruptions in the school, home or community
- Have caregivers with behavioral health issues
- Have experienced severe trauma
- Have recurring crisis situations
- Display behaviors that could result in justice involvement
- Are potential safety risks
- Are transitioning to the adult behavioral health system
- Have a CASII score of 3 or above

If the child and/or family display any of the above characteristics, MMWIA services may be help the family in achieving their goals and to help avoid an out of home placement.

MMWIA Providers and Locations

For more information or to make a referral, please contact the MMWIA Generalist Provider for your region.

- Coconino, Apache and Navajo County: Arizona Children's Association (AZCA)
- Mohave and Yavapai: Child and Family Support Services (CFSS)
- Gila County: Horizon Health and Wellness (HHW)

Family and Parent Support Services

Family and parent support services are provided in the home and community to assist parents and families through a variety of challenges. These services can provided by Family-Run Organizations (FROs), such as Family Involvement Center and MIKID. Parent/family support services provided by FROs differ some from those provided by the Health Home.

Family support services are intended to strengthen and empower families to overcome barriers, and to help parents to build skills necessary to provide a nurturing, healthy family environment for their children, as well as developing advocacy skills. Family/parent support services also help families to develop natural resources within the community. Family Support Partners can assist families in navigating various State systems, locating community resources, developing positive parenting skills, and helping parents understand official documents. Family Support can be provided one-on-one or in a group setting.

Family support services can be provided without the parent/guardian having to enroll in the Health Home, as family support services can be written into the child's treatment plan.

Family Involvement Center (FIC)

FIC provides parent support, family support, respite and youth mentor services. FIC offers a variety of workshops and trainings for parents and families such as parenting skills, effective communication, and general support groups for parents and caregivers. FIC has locations in Prescott Valley and Flagstaff.

FIC also provides Parent Support NOW services in Yavapai County.

MIKID (Mentally Ill Kids in Distress)

MIKID provides family support, parent support and respite. They are located in Mohave and Coconino County.

MIKID provides Parent Support NOW services in Kingman and Bullhead City in Mohave County.

When Should A Referral Be Sought?

Family support can be an invaluable service to parents and families. Many families may benefit from family support services, especially those that have children with complex needs. Children with complex needs include children who:

- Are involved in multiple state agencies OR have recently become involved with new state agency
- Have lost or are at risk of losing current placement or being placed in a treatment facility
- Are living out of home
- Experience significant behavioral disruption in the school, home or community
- Have caregivers with behavioral health issues
- Have experienced severe trauma
- Display behaviors that could result in justice involvement
- Are potential safety risks
- Are transitioning to the adult behavioral health system
- Have a CASII score of 3 or above

Family support is also beneficial to families who have few natural supports, and/or have a sibling group of children with complex needs.

Parent Support NOW

Parent Support NOW (PSN) is a unique program offered to families who have recently had a child taken into DCS custody. This program allows Family/Parent Support Partners to meet with families early on in the Court process and assist them in completing the necessary steps to regain custody of their child.

This program is very small in scope and the service is offered only to families who have recently experienced a DCS removal.

PSN Mohave is provided by MIKID in Kingman and Bullhead City serves parents of children ages 0-18 in Kingman and 0-18 in Bullhead City.

PSN Yavapai is provided by FIC serves parents of children ages 0-12.

Respite Services

Respite services are short-term planned or emergency services provided to a caregiver of a child, to provide them relief of the duties of caregiving. These services can be provided in the home, in the community, or in a licensed respite facility. Respite services are written on the child's service plan.

Overnight, Planned Respite

4Directions

4 Directions provides individually tailored behavioral health interventions to adults, children and families in Coconino and Yavapai Counties. 4Directions also provides planned and overnight respite through their licensed residential program, Posada House.

HCTC Providers

HCTC Providers may also be able to provide respite.

Emergency Overnight Respite

HCTC providers may be able to assist with respite and emergency respite.

Day Respite

MIKID

MIKID provides respite in Kingman, Bullhead and Coconino County area.

AZCA

AZCA provides respite services in Lake Havasu and Coconino County.

FIC

FIC provides community based and in-home respite in Prescott Valley area and Flagstaff.

Caring Connections

In Benson, Caring Connections provides residential respite services. In Payson, they provide community respite.

Other Specialty Providers

Behavioral Consultant Services

Behavioral Consultation Services (BCS) provides functional behavioral assessment (FBA), applied behavioral analysis (ABA), behavior treatment plans (BTP) and skills training to help address disruptive or challenging behaviors. These services can be particularly beneficial for children who are developmentally disabled, have frequent disruptions, or at risk for inpatient hospitalization. Services are available throughout SHCA's GSA.

Functional Behavioral Assessment (FBA):

FBA is a variation on procedures originally developed to determine the purpose or reason for behaviors displayed by individuals with severe cognitive or communication disabilities (e.g., individuals with mental retardation or autism). These investigatory procedures, derived primarily from the orientation and methods of applied behavior analysis, were known as "functional behavioral analysis". By gathering data and conducting experiments that evaluated the effects of environmental variables on the behavior, analysts can usually decipher the meaning of the behaviors (i.e., which emotion or message was being communicated through the actions), determine why they occur, and develop behavior change programs to help the individual display more appropriate behavior to meet his or her needs.

Applied Behavioral Analysis (ABA):

ABA is a scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables. When applied to autism spectrum disorder (ASD), ABA focuses on treating the problems of the disorder by altering the individual's social and learning environments.

Behavior Treatment Plan (BTP):

A behavior treatment plan (BTP) is a plan that is designed to teach and reward positive behaviors. This can help prevent or stop problem behaviors in school, community and or home. The BTP is based on the results of the FBA. The BTP describes the problem behavior, the reasons the behavior occurs and the intervention strategies that will address the problem behavior.

If the child has autism spectrum disorder, or has complex behavioral needs, it is recommended that the team discuss a possible referral for an FBA, ABA, and/or positive behavior supports.

SHCA Trainings

CFT Training

SHCA's Clinical Team has updated and condensed the previous Child and Family Team (CFT) training modules into a two day live course for SHCA health homes, community partners and family members.

The full CFT training consists of three modules. Module 1 covers the history of the CFT, CFT etiquette, engaging the family and team members in the CFT, basic CFT facilitation and conflict resolution skills, how to do strengths and needs based planning. Module 2 discusses how to create effective crisis and safety plans with the CFT. Module 3 focuses on how to use the CFT to create effective discharge plans, and address transitions in levels of care, place or residence, or transitions to adulthood.

The full CFT training is recommended to be taken annually as a refresher and to enhance skills. However, if you have already completed the CFT training, you do not need to attend all three Modules again. Once the full CFT training is completed, you may attend the training Modules which are of most interest or need.

To find an upcoming training, visit SHCA's Eventbrite listings.

Clinical Trainings

SHCA offers a variety of clinical trainings for all skill levels. Training topics include:

- Oppositional Defiance 101
- Mental Health First Aid & Youth Mental Health First Aid
- Sand Tray Therapy
- Ethical Principles of Practice
- Transforming Shame in Behavioral Health
- Trauma Bonds
- Flexible Sequential Play Therapy
- School-based Interventions
- Identification, Assessment and Treatment of Child Sexual Abuse
- DSM-5: Child and Adolescent Disorders
- Out of Home, Telephonic and Discharge Planning CFTs
- Birth to Five CFTs
- Crisis Prevention Planning

To register for an upcoming training visit SHCA's Eventbrite listings. To request a training, please contact HCH.SHCAtraining@steward.org or Amanda.Steavenson@steward.org.

Out of Home Process, Polices and Expectations

Out of Home Requests

Out of Home (OOH) placements should only be considered after all options for in home/community services have been exhausted. If/when the guardian requests an OOH placement, regardless of the level requested, the HH is required to respond to that request. Please see Chapter 6, Section 6.2 (pg 3) for more information on Prior Authorizations for Behavioral Health services. *Please see the Northern AZ BH Provider List for a listing of all OOH placements contracted with Steward.*

Note: For Behavioral Health Residential Facilities (BHRF) and HCTC, the request is reviewed and responded to by the Health Home (HH). For Behavioral Health Inpatient Facilities (BHIF), the request must be submitted to SHCA for review. Admission into acute settings due to immediate danger to self or others does not require prior authorization.

If the HH or SHCA is not in agreement with the request for placement, a Notice Adverse Benefit Determination (formerly Notice of Action) (NOA) must be issued within 14 days (NOAs are reviewed later in this guide). For more information on denials for BHIF, please see Chapter 6, Section 6.8 (pg 7). For additional information on Prior Authorizations and NOAs, please see SHCA's Provider Policy Manual, Chapter 6, Section 6.13 (pg 10-16).

There is an expectation that the guardian/family will have consistent contact including phone calls/visits and participate in treatment, as determined appropriate by the CFT and treatment team. It is the responsibility of the case manager or person managing the child and family's care to coordinate outpatient services (psychiatric, individual therapy, etc.) with the caregiver and guardian prior to the child's relocation out of area.

An Out-of-State placement in a higher level of care requires additional steps before placement AND additional steps each month for re-authorization of placement. Out of State placement may be sought under certain circumstances however, the HH must have 3 in-State denial letters from the BHIF's prior to SHCA submitting an Out of State request.

Expedited vs Standard Requests

SHCA will review and respond to standard requests within 14 of receipt of request. Standard requests are most commonly used. An expedited request may be submitted under certain circumstances in which a standard review may seriously jeopardize the member's life, health or ability to achieve or maintain function. Upon receipt of an expedited request, SHCA will review and make a decision no later than 3 business days, but may extend the decision up to 14 days if an expedited review is deemed unnecessary.

Out of Home Procedures

When requesting an OOH placement, the Health Home is required to comply with all SHCA and AHCCCS policies and procedures. The HH is required to submit a Certificate of Need (CON) and the SHCA Prior Authorization and Continued Stay Request Form, along with supporting documentation. For more information on these documents and criteria for admissions, please see SHCA Provider Policy Manual, Chapter 6, Section 6.8.

To access the needed documents for an OOH request, visit the Forms section on the SHCA website.

Locating Outpatient and Specialty Services for Children in OOH Placements

When a child is placed in HCTC or foster care, they may be placed in another part of the State. If this occurs and the HH is not able to provide services in the child's new place of residence, then the HH is responsible for locating and coordinating with other behavioral health providers in the area of the child's residence to provide the medically necessary services for that child.

For example: a child is assigned to and enrolled with Mohave Mental Health Care (MMHC) in Kingman, and receives therapy, skills training and medication management. The child is then placed in an HCTC home in Mesa. In collaboration with the family and placement, MMHC would locate and coordinate with behavioral health service provider(s) in Mesa and secure services for the child. MMHC is still responsible for facilitation of CFTs, updating service plans, discharge planning/planning for returning home, and maintaining active involvement in the child's care.

Out of Home Expectations for the CFT

Discharge Planning

Discharge planning and considerations are to begin as soon as the child is placed in an OOH placement. Discharge planning can be complex and challenging and should be discussed at EVERY CFT while the child is in the placement. When completing discharge planning, be sure to complete a crisis and safety plan for when the child returns home, and to have adequate wrap-around supports available and in-place.

***For additional information on OOH procedures, policies and expectations, please refer to the OOH CFT Module available on Relias. For information specific to discharge and discharge planning see Chapter 18, Section 18.12.4 and AHCCCS Out of Home Practice Protocol.**

Out of Home Placement Options

Behavioral Health Inpatient Facilities (BHIF)

Behavioral Health Inpatient Facilities are intuitions which provide 24-hour psychiatric treatment and monitoring to individuals experiencing severe behavioral health disruptions. BHIFs are typically short term placements to stabilize the individual. BHIFs provide treatment for individuals who:

- Have limited ability to engage in age and developmentally appropriate behaviors;
- Have significant impairments in ability to use age and developmentally appropriate judgement, reason, or capacity to recognize reality;
- Are a danger to themselves;
- Are a danger to others

For a complete list of criteria, please see Chapter 6, Section 6.8.

Behavioral Health Residential Facilities (BHRF)

Behavioral Health Residential Facilities provide treatment and monitoring to individuals experiencing behavioral health issues. BHRFs provide treatment for individuals who are experiencing behavioral health issues that:

- Limit the individual's ability to engage in age and developmentally appropriate behaviors and reach expected milestones; or

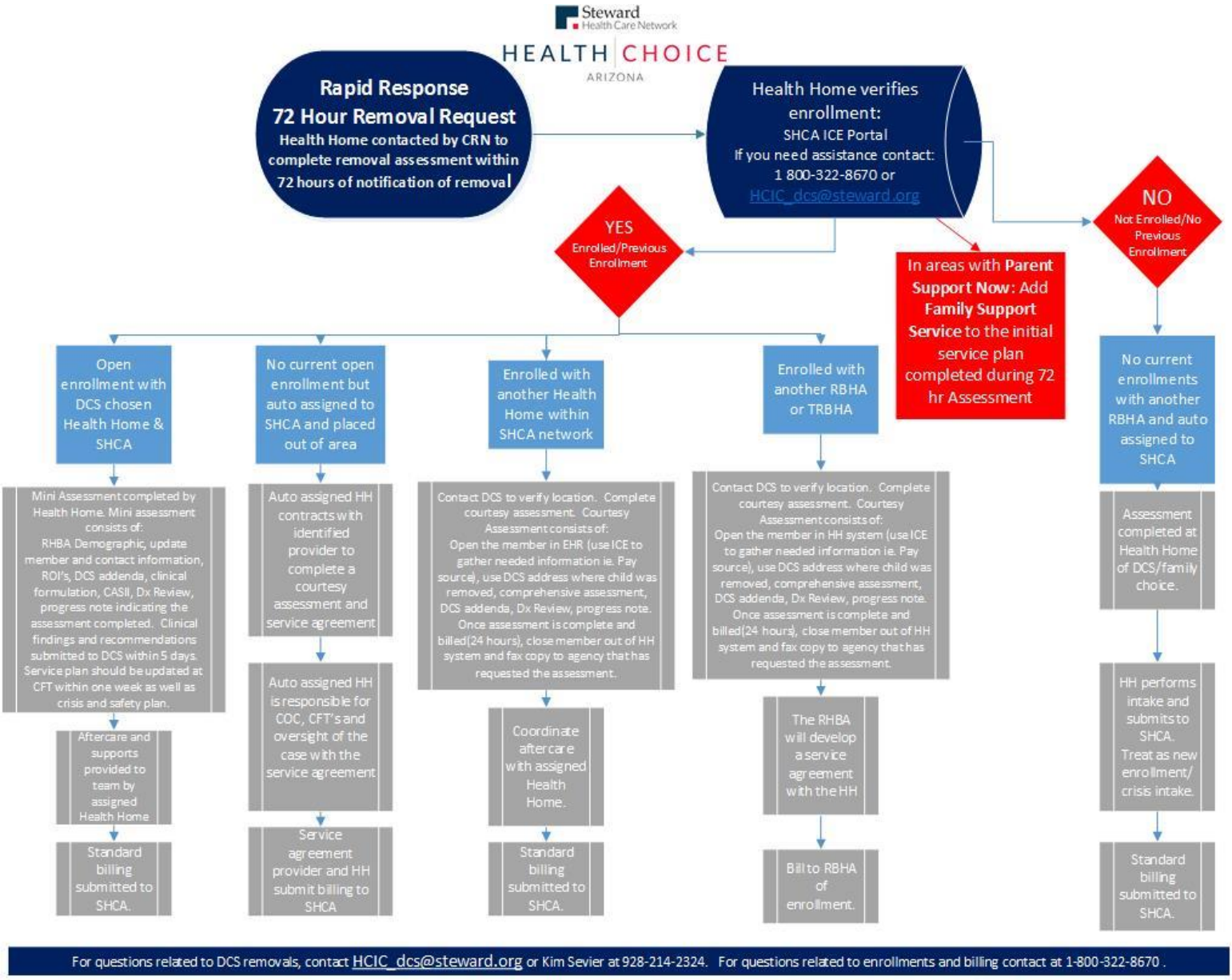
- Causes the individual to require treatment to maintain or enhance independence

Home Care Training to Home Care Client (HCTC)

Home Care Training to Home Care Client (HCTC) are services provided by licensed professional foster homes to a child/children residing in the home. HCTC assists and supports the child in achieving their service plan/behavioral health goals. HCTC services include the provision of covered support and rehabilitation services including personal care, psychosocial rehabilitation, skills training, and behavioral interventions.

72-Hour Rapid Response for Children Removed by DCS

An assessment must be completed for a child removed by Department of Child Safety (DCS) within 72-hours of receipt of notice of removal.



For additional information on DCS removals, see SHCA **Chapter 18.8.3** (pg 35), **Child and Family Team Practice Protocol** and **The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with DCS Practice Protocol**.

For questions related to DCS removals, contact DCS@iasishelathcare.com or Kim Sevier at 928-214-2324.

Courtesy Assessments

Courtesy assessments are completed for a child who has been removed by DCS and is already enrolled with a HH in the SHCA network, OR for a child who is not currently enrolled but auto assigned to a Health Home within the SHCA network.

To complete a Courtesy Assessment: open the member with your HH (use ICE to locate information needed), use DCS address where child was removed, complete a comprehensive assessment, DCS addenda, Dx Review, and progress note.

If the child is enrolled with another SHCA HH: Once the Courtesy Assessment is complete, close member out of HH system and send documents to agency that requested the assessment. You will submit standard billing to SHCA. If the child remains in your area, your HH will collaborate with the child's primary HH to develop a *services only agreement*. Services will be provided by your agency.

If a child is not currently enrolled but auto assigned to an SHCA HH and has been place out of area: The auto assigned HH will contract with identified provider to complete courtesy assessment and service agreement. The service agreement provider and HH submit billing to SHCA.

In areas with Parent Support NOW: ADD Family Support Service to the initial service plan completed during the 72 Hr Assessment.

Notice of Adverse Benefit Determination (NOA)*

A Notice of Adverse Benefit Determination* (formerly Notice of Action) is a written notice provided to the member/guardian about a decision made by the HH or SHCA regarding a requested service (i.e. BHIF placement). The NOA gives clinical reasons for the denial, along with the appeal rights a member has.

An NOA must be issued when:

- The action is the denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of service;
- The failure to provide services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain services outside the network

Providers *cannot* unilaterally deny services which require prior authorization. The authorization must be sent to SHCA along with the denial recommendation from the provider. For more information about NOAs, please see Chapter 6, Section 6.13.

***Effective 10/01/2017, the Notice of Action Policy was changed to Notice of Adverse Benefit Determination. Please see AHCCCS ACOM 414 for more information.**

High Needs/High Cost Program – RBHA Members Only

The High Needs/High Cost (HN/HC) program coordinates care between DCS (the DCS health plan is Comprehensive Medical and Dental Plan (CMDP)), Dept. of Developmental Disabilities (DDD), American Indian Health Plan (AIHP), and Behavioral Health RBHAs for mutual members that have complex needs or high costs. Members are identified for this program by either SHCA or the Health Plan using a certain set of criteria. Members can include both children and adults.

What does this mean for the Health Home? The HH Case Manager or designee will receive an email from SHCA requesting a Member Update on a specified member.* The Case Manager or designee fills out the form in its entirety, addressing ALL questions, and returns the form to the SHCA Care Coordinator and to SHCA_HNHC@steward.com.

*Each Health Home addresses these requests differently. You may or may not be the person who receives these requests. Check with your supervisor and team to find out how your Health Home manages the HN/HC requests from SHCA.

Pharmacy & Prescription Drugs

The SHCA Formulary is your guide to prescription drugs covered by SHCA. The Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Brand name products are included as a reference to assist in product recognition. Unless exceptions are noted, generally all dosage forms and strengths of the drug cited are covered. In addition, the formulary covers selected over-the-counter (OTC) products.

SHCA may add or remove drugs from our Formulary during the year. For certain drugs, SHCA may limit the amount of the drug that our plan will cover. You can ask SHCA to make an exception to these restrictions or limits.

To get updated information about the drugs covered by SHCA, you call Member Services at 1-800-640-2123. You can also call our Pharmacy Help Desk at 1-877-923-1400, Option #2 or 928-774-7128, Option #2. Some covered drugs may have additional requirements or limits on coverage.

Prior Authorizations

SHCA may require prior authorization for certain drugs. You will need to get approval from SHCA for drugs noted with a “PA” in the drug list or for any drugs not listed in the formulary. If you do not get approval, SHCA may not cover the cost of the drug.

- View a PDF copy of the SHCA Medication Prior Authorization Criteria.
- Obtain a PDF copy of the SHCA Pharmacy Services Prior Authorization Form.

Fax the completed SHCA Pharmacy Services Prior Authorization Form to the SHCA Prior Authorization fax line at 1-855-411-7559.

Crisis Services

Ensure members have the Crisis Line phone number: 1-877-756-4090. This number should also be included in the member's crisis plan. For hearing impaired, please use the Arizona Relay Service at 711 or (800) 367-8939, or find internet assistance at http://www.azrelay.org/.

Crisis services are available throughout the network, 24 hours a day, seven days a week. Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person's home, over the telephone or in the community. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessing, evaluating or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation. Note: At the time behavioral health crisis intervention services are provided, a person's enrollment or eligibility status may not be known. However, crisis intervention services must be provided, regardless of enrollment or eligibility status.

For more information about Crisis Services please see Chapter 18.15, Chapter 18.29.7 (pg 158), or to learn about providers in your area please see the Chapter 18.15, (pg 68).

Crisis & Safety Planning

Crisis planning is a key component of behavioral health care and can prevent a child/family from experiencing crisis and consequences of crises, such as placement in an inpatient facility or involvement of police.

There are several different types of plans and assessments associated with crises:

Crisis Prevention Plan: a plan created in collaboration with the member that helps to predict and plan for future crises. Includes development and use of crisis prevention skills and community supports to help avert a crisis as much as possible. This should be reviewed and updated frequently, and namely, after a crisis has occurred, if there has been a change in the member's level of care, if there has been any significant change in the member's life (i.e. switching schools, grades or a loss in the family), or whenever requested by the family.

Safety Plan: a 24-hour plan created when there is a specific risk of harm.

Crisis Assessment: an assessment taken during a crisis to determine the appropriate level of care and to arrange for that care (i.e.: hospitalization, outpatient services)

Risk Assessment: evaluates a person's risk for future suicidality. This assessment may change frequently based on current situations and client status. Team members should be aware and evaluating risk and mitigating factors at all times.

Who Needs a Crisis Plan?

It can be beneficial to develop crisis plans for all members, regardless of acuity. Those who are required to have a crisis plan are children who:

- Are co-enrolled with the Division of Developmental Disabilities (DDD)

- Have a CASII scores of 4, 5, and 6 (ages 6-18)
- Have had more than 2 mobile or face-to-face crisis contacts in a 30 day period in the prior 3 months
- Have called crisis more than three times weekly in the prior 3 months
- Have had a transition in their Level of Care *This is also when a CASII should be completed*
- Or any child that the clinical treatment team deems to be at risk

SHCA Children's SHOUT

SHOUT stands for: Safety Help Outreach Understand Track. It a registry of persons with a high risk suicide attempt or multiple severe suicide attempts.

The goal of SHOUT is to reduce the chances a person who has previously attempted suicide will repeat suicide attempts or complete suicide.

What are the criteria for SHOUT?

The person must have had a documented suicide attempt occurring within the past 12 months by a high-intent method: hanging, suffocation, strangulation, gassing, drowning, jumping from a height, or firearms;
OR have had two or more suicide attempts, by any method, requiring medical interventions, within a 12-month period.

What is meant by "requiring medical interventions"?

Medical intervention is defined as any procedure conducted to prevent further problems which may occur as a result of the suicide attempt. For example:

1. Pumping the stomach
2. Giving charcoal
3. IV or injectable medications
4. Sutures for open wounds
5. Inpatient hospitalization
6. Surgery
7. Dialysis
8. Blood transfusion

Procedures performed in order to evaluate if something is wrong are NOT considered medical interventions for SHOUT criteria. For example, but not limited to:

1. Seeing the doctor
2. Lab work
3. X-rays, scans (CT, MRI, etc.)
4. ED visit with no medical intervention
5. Observation/monitoring in the ED
6. EKG

Crisis services delivered by a behavioral health provider are not considered medical interventions.

What is considered non-suicidal self-injury behavior?

Non-suicidal self-injurious behaviors are self-harming behaviors which are not intended to result in death. Examples can include severe cutting and intentional overdoses not intended to result in death. *Non-suicidal self-injury behaviors are a strong indicator of a future suicide attempt and/or suicide completion.*

What if the child has engaged in non-suicidal self-injury or has an attempt that does not meet SHOUT criteria?

Children/adolescents with behaviors or potential attempts that are non-suicidal in nature will be reviewed by SHCA Children's Clinical Team. Non-suicidal self-injury behaviors requiring medical intervention to prevent further problems as a result of the behavior (for example, wound care or sutures for severe cutting or pumping of the stomach), are not considered qualifying behaviors for SHOUT.

Continue to monitor client for safety and develop a safety plan that includes the client's natural supports, caregiver, parent, friend, mentor etc.

What does SHOUT consist of?

The SHCA's Children's Clinical Team conducts monthly staffings with case managers or clinicians for each child engaged in the SHOUT protocol. There is an initial staffing which reviews the suicide attempt(s), safety measures needed, coordination of care needs, crisis plan and service plan updates, medication changes, as well as other psychosocial needs and factors.

After the initial staffing, each monthly staffing reviews the strengths, needs and cultural impact on the child's recovery, level of child and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the child's current risk of danger to self or others.

Staffings occur monthly until the child graduates from the SHOUT protocol.

What is my responsibility as a case manager/therapist/clinical care coordinator?

If you are determined to be the appropriate clinical contact for the child, you will be required to attend monthly staffing with an SHCA Children's Team Clinical Care Coordinator. During the staffing, the strengths, needs and cultural impacts on the child's recovery, level of child and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the child's current risk of danger to self or others, and care coordination needs will be reviewed and discussed.

A SHOUT staffing typically lasts 10-20 minutes.

How do I make a referral for SHOUT?

Health Homes can make a referral to Children's SHOUT by completing the SHOUT Protocol Referral/Checklist located on SHCA's Website at Forms submitting it to hch.SHCA.childshout@steward.org. Please fill out the referral form in its entirety, or to the best of your abilities. Include documentation of suicide attempt i.e. contact, coordination notes etc. Incomplete referral forms, or referrals without sufficient accompanying documentation, will be returned to the sender for completion.

Please indicate if you do not have the requested information to avoid the referral form being returned.

What if the child is placed in an inpatient facility?

Children/adolescents in Behavioral Health Inpatient Facilities (BHIFs), formerly known as Residential Treatment Centers (RTCs), will be suspended from the protocol until achieving discharge readiness. At that time, the Health Home treatment team and SHCA Medical Management staff will refer the member

to SHCA's Children's Clinical Team for re-engagement on the protocol, if less than 12 months have passed since the most recent suicide attempt and there is an ongoing need for SHOUT protocol monitoring as assessed by the Children's Clinical Team.

How does the child "graduate" from SHOUT?

A child will be removed, or graduated, from the SHOUT protocol if they have not had a serious suicide attempt within 12 months following the initial suicide attempt(s).

Non-suicidal self-injurious behaviors will not extend the length of the SHOUT protocol.

Office of Individual and Family Affairs (OIFA)

The Office of Individual & Family Affairs (OIFA) department builds partnerships with individuals, families, youth and key stakeholders to promote person-centered care with a focus on recovery, resilience and wellness. This department is responsible for developing and sustaining programs that support the needs of members using a recovery-oriented, trauma-informed approach, and working with community members and stakeholders to promote the wellbeing of the individuals we serve.

The OIFA office establishes structures and mechanisms necessary to increase member and family voice in areas of leadership, service delivery and SHCA's decision making committees and boards, and advocates for service environments that are supportive and welcoming and recovery oriented by implementing Trauma Informed Care (TIC) service delivery approaches and other initiatives. The OIFA office also works directly with members and families to identify concerns and remove barriers that affect service delivery or member satisfaction, promoting the development and availability of peer/family support programs to members and families, and collaborates with AHCCCS's Office of Individual and Family Affairs.

For Children/Family and Provider specific concerns and barriers regarding the AHCCCS Complete Care Integration Contract, contact Joshua Napoleon **joshua.napoleon@steward.org**, Child Behavioral Health Member Liaison.

For Adult/Family and Provider specific concerns and barriers regarding the AHCCCS Complete Care Integration Contract, contact Denise Cox **denise.cox@steward.org**, Adult Behavioral Health Member Liaison.

Joshua's and Denise's primary focus in on collaborating and networking with behavioral health partners as well as acute care providers, and reducing stigma by assisting acute care providers navigate the behavioral health system.

SHCA Children's Focused Committees

Northern AZ Children's Council

The Northern AZ Children's Council (NACC) focuses on children's services throughout Northern AZ. The NACC consists of families, youth, system partners, and other community partner and providers. The NACC discusses behavioral health system updates, presentations from partners and stakeholders, local and regional achievements, and barriers in accessing or delivering services.

This committee meets quarterly, on the last Friday of the month from 10:00am-12:00pm. The 2018 meeting dates are April 27th, July 27th, and October 26th.

For more information, contact Jesse Sharber, Jesse.Sharber@steward.org

SHCA Autism Internal Action Committee

This Committee acts on the recommendations to the State outlined within the 2015 ASD Advisory Committee Report to strengthening the health care system's ability to respond to the needs of members with or at risk for ASD, including those with comorbid diagnoses.

This includes focusing on individuals with varying levels of needs across the ASD spectrum, including those who are able to live on their own and those who may require institutional levels of care, and addressing both the early identification of ASD and the development of person-centered care plans.

This committee meets monthly. For more information, contact Kelly Lalan, Kelly.Lalan@steward.org.

Member Advisory Council (MAC)

This committee consists of providers, adoptive/kinship/foster families, and system partners. The purpose of this committee is to provide families with education, training, outreach materials. The committee aims to empower families to participate in the delivery of care and services for their children.

This committee meets quarterly, on the last Friday of the month from 5:30-7:30pm. The 2018 meeting dates are June 29th, September 28th, and December 28th.

For more information, contact Kim Sevier, Kimberly.Sevier@steward.org

General Resources

AHCCCS Covered Services Guide

SHCA Provider Policy Manual

Clinical Practice Guidelines

- AACAP Practice Parameters
- CFT Practice Protocol
- Out of Home Practice Protocol

SHCA on Eventbrite

Commonly Used Forms (including SHOUT and Prior-Auth forms)

HIPAA Information

AHCCCS/DBHS Guides and Manuals

Suicide Hotlines for our region/SHCA Crisis Line:

- Mohave, Coconino, Apache, Navajo, Gila and Yavapai Counties: 1-877-756-4090

Contact Info for SHCA's Children's Team

Victoria Tewa, MS, LPC
Director of Children's Services
Victoria.Tewa@steward.org

Kelly Lalan, MSW
DDD Liaison
Kelly.lalan@steward.org

Kim Sevier, MA
Clinical Care Coordinator/DCS Liaison
Kimberly.Sevier@steward.org

Jesse Sharber, MS
Youth & Young Adult Projects Coordinator/Human Rights Committee Liaison
Jesse.Sharber@steward.org

SHCA Switchboard
928-774-7128

SHCA Customer Service
1-800-640-2123

SHCA Crisis Line
1-877-756-4090