

Children's Behavioral Health Resources Guide

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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 HCA 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 *HCA Central and Northern Arizona GSA Behavioral Health Resource List*. ****

Using the BH Provider Guide:

The **HCA Central and Northern Arizona GSA Behavioral Health Resource List** is a comprehensive list of behavioral health and crisis providers that are contracted with HCA. The list is located on the [HCA Website](#), under Providers > Behavioral Health Resources.

From the Behavioral Health Resources page, scroll down to locate the **HCA Central and Northern Arizona GSA Behavioral Health 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. There is a directory tab to describe the abbreviations and the HCA Provider Directory tab that list the providers with contact information and service type/location.

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 or Behavioral Health Home skills/support services where MMWIA providers are unavailable, be made as soon as significant challenges are 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 CALOCUS 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 and visit **HCA Central and Northern Arizona GSA Behavioral Health Resource List** at www.healthchoicaz.com under Providers > Behavioral Health Resources for a list of MMWIA Providers.

MMWIA Providers by County

- Apache: Local Behavioral Health Homes provide skills/support services to their clients as medically necessary

- Coconino: Child and Family Support Services (CFSS)-Flagstaff, local Behavioral Health Homes provide skills/support services to their clients as medically necessary
- Gila: Horizon Health and Wellness (HHW)
- Maricopa: A New Leaf, AZ Youth and Family Services, Devereux, New Hope, Open Hearts Family Wellness, Child and Family Support Services (CFSS)
- Mohave: Child and Family Support Services (CFSS)
- Navajo: Local Behavioral Health Homes provide skills/support services to their clients as medically necessary
- Pinal: Horizon Health and Wellness (HHW), Community Health Associates
- Yavapai: Child and Family Support Services (CFSS)

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 be provided by Family-Run Organizations (FROs), such as Family Involvement Center (FIC) and Mentally Ill Kids in Distress (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. Parent and family support services can also be helpful for pregnant and parenting women to encourage prenatal visits, preparation for the baby's arrival and newborn parenting skill support.

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 Yavapai and Coconino County.

MIKID (Mentally Ill Kids in Distress)

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

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.

TFC Providers

TFC Providers may also be able to provide respite.

Emergency Overnight Respite

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

Day Respite

There are multiple day respite providers. Please see: **HCA Central and Northern Arizona GSA Behavioral Health Resource List** at www.healthchoiceaz.com under Providers > Behavioral Health Resources for a list of respite providers.

Other Specialty Providers

Applied Behavioral Analysis Providers

See **HCA Central and Northern Arizona GSA Behavioral Health Resource List** at

www.healthchoiceaz.com under Providers > Behavioral Health Resources for a list of ABA Providers.

Applied Behavioral Analysis (ABA) Providers are overseen by Board Certified Behavioral Analysts (BCBA) and provide functional behavioral assessment (FBA), applied behavioral analysis, behavior treatment plans (BTP), and skills training to help address disruptive or challenging behaviors. These services can be particularly beneficial for children with developmental disabilities, who have frequent disruptions, or are at risk for inpatient hospitalization. These services are available throughout HCA'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 intellectual disabilities 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 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.

HCA Trainings

CFT Training

AzAHP and the Workforce Development Alliance has teamed up to create a Child and Family Team (CFT) two-day live course for behavioral health agencies, community partners and family members that can be utilized throughout Arizona.

The purpose of the Child & Family Team (CFT) live, 2-Day Facilitator Training, is to enhance a staff members clinical knowledge and skills on ***Child and Family Teams*** and their role within it. This training aims to increase a staff member's understanding of a member's individual needs and how to utilize the CFT process to effectively plan, manage, expedite services, and make the most of the Team's time together. This course will include a brief lesson review of the history and purpose of CFT, interactive and engaging role play activities, competency check/application, mock CFT facilitation and course evaluation.

To find training you may access training via Relias Learning Platform – Relias provides opportunities for to expand your knowledge base through multiple modules on an array of child and adolescent treatment issues and modalities.

Please contact your agency's training administrator or HCA Workforce Development Administrator, Jenny Elkins.

To register for an upcoming training visit [HCA's Eventbrite listings](#).
To request a training, please contact Jenny.Elkins@healthchoiceaz.com.

Out of Home Process, Policies 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 [Health Choice Arizona Behavioral Health Services- Chapter 18](#) 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 HCA located on the HCA website under the Behavioral Health Resources tab: <https://www.healthchoiceaz.com/>

For Behavioral Health Residential Facilities (BHRF), Therapeutic Foster Care (TFC) and Behavioral Health Inpatient Facilities (BHIF), the request must be submitted to HCA for review. Admission into acute settings due to immediate danger to self or others does not require prior authorization.*

If the HH or HCA is not in agreement with the request for placement, and for more information on denials for BHIF and additional information on Prior Authorizations and denials, please see HCA's Provider Policy Manual, [Health Choice Arizona Behavioral Health Services- Chapter 18](#) .

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 HCA submitting an Out of State request.

Expedited vs Standard Requests

HCA 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, HCA 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 HCA and AHCCCS policies and procedures. The HH is required to submit a Certificate of Need (CON) and the HCA Prior Authorization and Continued Stay Request Form, along with supporting documentation. For more information on these documents and criteria for admissions, please see HCA Provider Policy Manual, [Health Choice Arizona Behavioral Health Services- Chapter 18](#) .

To access the needed documents for an OOH request, visit the [Forms](#) section on the HCA website.

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 [Health Choice Arizona Behavioral Health Services- Chapter 18](#), [HCA BH Children's Discharge Planning Guide](#) at [HCA Behavioral Health Resources page](#) and for information specific to discharge and discharge planning and [AMPM 270 Children's Out of Home Services](#).**

Out of Home Placement Options

BHIF, BHRF and TFC are Prior Authorized Services. See [HCA Website> Forms](#) for BHIF, BHRF, TFC Authorization and Continued Stay Request form and more information.

Behavioral Health Inpatient Facilities (BHIF)

Behavioral Health Inpatient Facilities are institutions 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 [Health Choice Arizona Behavioral Health Services- Chapter 18](#).

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
- For a complete list of criteria, please see [Health Choice Arizona Behavioral Health Services- Chapter 18](#)

Therapeutic Foster Care (TFC)

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

Statewide Integrated Rapid Response for Children Removed by DCS

DCS-Comprehensive Health Plan (DCS-CHP) is the Health Plan responsible for responsible for integrated physical and behavioral health services for children in the custody of DCS.

Solari Crisis and Human Services (formally known as CRN) operates the rapid response process through a statewide DCS portal. The process is as follows:

- Provider will receive an email to the designated email box that was provided to Solari from your agency
- The Solari dispatch will always be encrypted and titled, "[New DCS Referral](#)"
- The dispatch email will have a summary of the dispatch and will include the rapid response form
- The Solari portal can be found at: www.dispatch.crisisnetwork.org
- Each agency will have 1 admin account who will be responsible for adding/subtracting individual employee access (each assessor will have their own login)
- Contact a Solari dispatcher for help at [602-685-3819](tel:602-685-3819)

For additional information on DCS removals email Mercy Care DCS CHP at DCS@MercyCareAZ.org

Pharmacy & Prescription Drugs

The HCA [Formulary](#) is your guide to behavioral health prescription drugs covered by HCA. 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.

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

To get updated information about the drugs covered by HCA, 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

HCA may require prior authorization for certain drugs. You will need to get approval from HCA 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, HCA may not cover the cost of the drug.

- View a PDF copy of the [HCA Medication Prior Authorization Criteria](#)
- Obtain a PDF copy of the [HCA Pharmacy Services Prior Authorization Form](#)

Fax the completed HCA Pharmacy Services Prior Authorization Form to the HCA Prior Authorization fax line at 1-877-422-8130.

Crisis Services

***Ensure members have the Crisis Line phone number:**

Northern Arizona: 1-877-756-4090.

Maricopa County 1-800-631-1314

Pinal County: 1-866-495-6735

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 [Health Choice Arizona Behavioral Health Services- Chapter 18](#).

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 CALOCUS 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 CALOCUS should be completed*
- Or any child that the clinical treatment team deems to be at risk

HCA Children’s SHOUT (for Apache, Coconino, Gila, Mohave, Navajo, Yavapai County Providers only)

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 HCA 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 HCA'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 HCA Children's System of Care Clinical Program Specialist. 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 HCA's Website at [Forms](#) submitting it to hcachildshout@azblue.com. 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 HCA Medical Management staff will refer the member to HCA'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 HCA'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@azblue.com, 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@azblue.com, Adult Behavioral Health Member Liaison.

OIFA's primary focus is 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.

HCA 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. For more information, contact Josh Napoleon, joshua.napoleon@azblue.com

HCA Birth Five Advisory Committee

In collaboration with our providers, Health Choice Arizona (HCA) will establish an advisory council focusing on members ages birth through five years. The goals of this committee is to improve the quality, availability and coordination of programs and services for children ages birth through five. This committee will work on developing a needs assessment, assessing training opportunities, and strengthening programs/interventions for this population. This meeting is open to: Any professional interested in learning more about is population and represent your agency's needs, Peers, professionals and/or family members. Training and CEU credits are available for those that qualify.

This committee meets monthly. For more information, contact Kelly Lalan, Kelly.Lalan@azblue.com

HCA Autism Internal Action Committee

This Committee acts on the recommendations, outlined within the 2015 ASD Advisory Committee Report, in order to strengthen 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 residential 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@azblue.com

General Resources

AHCCCS Behavioral Health Covered Services Guide has now been moved into four AHCCCS documents: BH Services Matrix, the Fee For Service Manual and AMPM 300 Medical Policy for Covered Services (multiple documents):

<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/BehavioralHealthServicesMatrix.xlsx>

<https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/MasterFFSManual.pdf>

<https://www.azahcccs.gov/shared/MedicalPolicyManual/>

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/Exhibit300-2A.pdf>

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>

[AACAP Practice Parameters](#)

[AMPM 200 AHCCCS Behavioral Health Practice Tools](#) (all tools linked at AHCCCS Medical Policy Manual)

- AMPM 210 Working with the Birth through Five Population and Attachments
- AMPM 211 Psychiatric and Psychotherapeutic Best Practices for Children Birth through Five Years of Age
- AMPM 220 Child and Family Team and Attachments
- AMPM 230 Support and Rehabilitation Services for Children, Adolescents and Young Adults
- AMPM 240 Family Involvement in the Children's Behavioral Health System
- AMPM 250 Youth Involvement in the Children's Behavioral Health System
- AMPM 260 The Unique Behavioral Health Services- Needs of Children, Youth and Families Involved with DCS
- AMPM 270 Children's Out of Home Services
- AMPM 280 Transition to Adulthood

Improving relationships with schools and school districts in your area can be assisted by HCA. Behavioral Health Services in school questions and questions about [Children's Behavioral Health Services Fund CBHSF information](#): See link or contact Sarah.Hester@azblue.com

[HCA on Eventbrite](#)

[Commonly Used Forms \(including SHOUT and Prior-Auth forms\)](#)

[HIPAA Information](#)

[AHCCCS Guides and Manuals](#)

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HCA Switchboard
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HCA Customer Service
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HCA Crisis Line
1-877-756-4090

HCA Pharmacy HelpDesk
1-877-923-1400, Option #2