



Health Choice Arizona's Adult and Children's SHOUT FAQs

What is SHOUT?

SHOUT stands for: **S**afety **H**elp **O**utreach **U**nderstand **T**rack. It is a registry of persons with a high risk suicide attempt or multiple severe suicide attempts.

What is the purpose of SHOUT?

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 documentable 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.

Children Specific Criteria:

- What is considered para-suicidal behavior or non-suicidal self-injury?
Para-suicidal behaviors are self-harming behaviors where the aim is not death. Examples can include severe cutting and intentional overdoses not intended to result in death. *Para-suicidal behaviors are a strong indicator of a future suicide attempt and/or suicide completion.
- What if a client has engaged in para-suicidal behavior, non-suicidal self-injury or has an attempt that does not meet the SHOUT criteria?
When referred, children/adolescents with behaviors or potential attempts that are para-suicidal in nature will be reviewed by Health Choice Arizona (HCA) Children's Clinical Team. Confirmation of current client and family engagement in treatment, crisis/safety plans and wrap around services will be requested of the health home. HCA will provide information for best practices when working with client's with para-suicidal behaviors or non-suicidal self-injury.
- 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), and in detention, 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.

What does SHOUT consist of?

The HCA's Integrated Care Management and Children's Clinical Team conducts monthly staffings with case managers or clinicians for each member 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 member's recovery, level of member and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the member's current risk of danger to self or others.

Staffings occur monthly until the member 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 member, you will be required to attend monthly staffing with a HCA Integrated Care Manager or Children's Team Clinical Care Coordinator. During the staffing, the strengths, needs and cultural impacts on the member's recovery, level of member and family participation in treatment, medication adherence or changes, family/peer relationships, substance abuse needs, and the member's current risk of danger to self or others, and care coordination needs will be reviewed and discussed.

A SHOUT staffing typically lasts about 20 minutes.

How do I make a referral for SHOUT?

Health Homes can make a referral to SHOUT by completing the **SHOUT Protocol Referral/Checklist** located on HCA's Website at: <https://www.healthchoiceaz.com/> and submitting it to HCACHildShout@azblue.com for children and RWTeam@azblue.com for adults. 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. *Please indicate if you do not have the requested information to avoid the referral form being returned.*

Incomplete referral forms or referral forms without accompanying documentation will be returned for completion by sender. Sender may request of the member's health home completion of the referral form to ensure member does meet criteria. Include HCACHildShout@azblue.com for children and RWTeam@azblue.com for adults on your correspondence with the Health Home.

How does a member "graduate" from SHOUT?

A member 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).

Para-suicidal behaviors will not extend the length of the SHOUT protocol.