

Pascua Yaqui Tribe
Regional Behavioral Health Authority

CENTERED SPIRIT PROGRAMS



2008
Employee Handbook

This Employee Handbook is provided as a training tool and a reference that summarizes relevant standards and procedures and provides a context for unifying the various Tribal, Program and funding source requirements governing the Pascua Yaqui Centered Spirit Programs. It is not a substitute for the full text of the standards and procedures of the Tribe, Program or funding source. Employees should be familiar with the all the standards and procedures governing their employment and activities. Full text resources of all relevant materials are readily available at all program offices.

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Mission Statement

It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential and culturally compatible behavioral health services for Pascua Yaqui Tribal members and their families and to promote healing, personal growth, and healthy living for the individual, the family and the community.

Philosophy

CSP is dedicated to providing services in an atmosphere of dignity, harmony, and respect for the Yoeme and other Native Americans we serve. We join our clients on their healing journey with a holistic, multi-disciplinary approach. We honor other tribal cultures and Yoeme cultural uniqueness. We encourage active participation in counseling and open expression of thoughts and feelings. We support our clients in reaching their goals: encouraging healthy lifestyle changes to improve wellness. We honor our clients' spirituality, history, and wisdom.

Value Statements

- We value the culture and traditions of the Pascua Yaqui Tribe.
- We value our clients and their extended families.
- We value the strength of the circle that includes our various divisions, outside agencies, clients, and their extended families. As the circle becomes stronger, the people are better served.
- We value the integration of Traditional, Alternative, and Western medicine to provide better outcomes for our clients.
- We value education and professional/personal growth opportunities for our employees.

Professional Ethics

All employees of CSP must comply with all laws and adhere to the highest ethical standards in the conduct of CSP business and the provision of mental health and alcohol and substance abuse services. As behavioral health professionals we are obligated to maintain current credentials such as licenses or certificates. Depending on licensure/certification, each profession has its own applicable ethics code. Staff members are required to follow the ethics code of their discipline and the CSP ethics code. In cases where there might be a conflict, the most stringent code should be followed. Staff requiring clinical supervision towards certification or licensure must make such arrangements with the Program Director at the time of hire. The Program Director will inquire about a history of any violations of professional ethics with the appropriate accrediting bodies at the time of hire. CSP has developed an ethics policy for general business conduct and professional ethics. These standards identify the legal and ethical obligations of all employees, along with their responsibilities in the

provision of CSP services and conducting the business of CSP. Additionally, the tribal human resources department has specified guidelines for professional conduct of all tribal employees. Common ethical guidelines include, but are not limited to matters related to confidentiality, dual relationships, client and provider boundaries, self-disclosure, duty to warn, and client danger to self. All staff, clinical and administrative alike, are responsible for reading and following policy and procedure, as well as state and federal laws with regards these issues.

CSP Responsibility to Prevent Fraud, Waste and Abuse

CSP has adopted a formal resolution on “corporate responsibility” to prevent fraud, waste, and abuse. The Program Director has been designated as the “Fraud, Waste, and Abuse Prevention” compliance officer. CSP has established policies on abuse and fraud reporting, contractual requirements, and confidentiality requirements. There is an anonymous fraud/waste/abuse tip box in the waiting area. CSP maintains a no-reprisal system for any employee who alleges fraud. In other words, “whistle-blowers” will not be penalized

Business Ethics

CSP does not engage in unethical practices such as illegal billing for services rendered or performing duties outside areas of expertise or scope of work. All financial and business practices are conducted in accordance with the applicable tribal, federal, state, and other applicable laws and regulations.

Marketing Ethics

CSP markets all services in a variety of ways. CSP participates in a variety of community events such as health fairs, celebrations, and cultural events. Staff members also provide community outreach and program information at schools, villages, and other PYT Departments.

CSP marketing and promotional materials never intentionally misinform or mislead the public or misrepresent CSP. Marketing activities reflect the integrity of CSP to ensure the continued support and trust of the community.

All employees, consultants and trainees are required to acknowledge their receipt and understanding of the CSP’s ethical codes and guidelines and acknowledge their commitment to comply with them through signing and returning an acknowledgement form.

Each employee of CSP is accountable for complying with these guidelines, all laws and regulations applicable to CSP activities and other policies and procedures of CSP. Supervisors are responsible for ensuring that their employees understand and abide by these guidelines. As these guidelines do not provide definitive answers to all questions, whenever necessary, employees and supervisors should seek guidance on the appropriate course of conduct.

CSP is committed to providing timely and specific guidance to employees with respect to these guidelines and other policies. Employees who have questions concerning the Guidelines, related policies and procedures, or who feel the need to seek guidance with respect to a legal or ethical question may consult with their supervisor or the Program Director or with the ethics board of their professional association.

Code of Ethics

As members of The CSP professional and administrative staff we give the welfare of our clients and their families' utmost consideration and concern in matters affecting them. In our behavior both inside and outside of work, we serve as responsible role models for our clients, staff, and community.

1. We deliver kind and humane treatment to all in our care regardless of race, creed, gender, disability, age or sexual orientation.
2. We will not deliberately do harm to a client, either physically or psychologically. We do not verbally assault, ridicule, attempt to control, or endanger a client, nor do we allow other clients or staff to do so.
3. We promote changes in the lives of our clients in the interest of promoting recovery. We do not pressure clients to adopt beliefs and behaviors that reflect our value system rather than their own.
4. We remain aware of our own skills and limitations. We will attempt never to counsel or advise clients on matters not within our area of expertise. We recognize when it is in the best interest of our clients to release or refer them to another program or individual.
5. We will not name or give information about a client, former client, or family member except to other program staff as required by treatment or when specifically authorized by the client. We abide by the limits of confidentiality as stated in the Confidentiality of Client Records Form.
6. We will not engage in any activity that could be construed as exploitation of clients for personal gain, whether it is sexual, financial, or social.
7. We do not promote dependence on therapists or counselors, but help clients to empower themselves.
8. We understand and agree to uphold the CSP policy on client rights and to respect the rights and views of other professionals.
9. As caring and care giving people, we understand that a therapeutic relationship does not end with a person's discharge from CSP. We recognize the need to conduct any relationships with former clients with the same concern for their well being that is acknowledged above.
10. If we have been chemically dependent in the past, we will maintain TOTAL abstinence while employed at CSP.
11. We will exhibit responsible concern for the well being of our Behavioral Health peers by not ignoring illness or unethical conduct in a colleague.
12. We accept responsibility for our continuing education and professional development as part of our commitment to providing quality care for those who seek our help.

Disciplinary actions for violations of ethics could consist of the following, depending on the nature of the violation:

- (i) Verbal warning
- (ii) Written warning
- (iii) Suspension with pay
- (iv) Suspension without pay
- (v) Letter of reprimand
- (vi) Requirement to work under direct supervision for a specific period of time
- (vii) Requirement to obtain additional training
- (viii) Termination
- (ix) Report to law enforcement
- (x) Report to individual's licensing board

Duty to Warn

If a client communicates to a staff member a threat of imminent serious physical harm or death to an identifiable group or individual, and the client has the apparent intent and ability to carry out the threat the provider has a duty to warn the intended victim(s) and the police.

The CSP staff person must notify their immediate supervisors and/or the Program Director of the threat. The Program Director, supervisor or designee will notify local law enforcement and assign an appropriate staff member to attempt to notify the identified individual or group of the threat. The Program Director supervisor or designee will coordinate the warning process as well as meet with the staff member and other appropriate parties to review the actions taken.

CSP staff will document in the clinical record the specific dates, times, and individuals spoken to regarding the duty to warn.

Operations

Organizational Structure

CSP operates under the Pascua Yaqui Tribe's Health Department. CSP is comprised of Tucson Adult Services; Tucson Child and & Family Services; CSP Administrative Services; Hiapse Kuakte (Change of Heart); Transitional Treatment Program (TTP); Men's Pascua Assessment Treatment & Healing Program (PATH); New Beginnings Medication Assisted Treatment Program (New Beginnings) and the CSP Training Program located on the Pascua Yaqui Reservation, Yoeme Kari Program Tucson and the CSP Guadalupe Program. The Adult Services, Child and & Family Services, and CSP Guadalupe program offer general mental health and substance abuse treatment services. These services include outpatient treatment, in-school and in-home services, urgent care and crisis intervention, psychiatric care, medication monitoring and case management.

CSP operates as a Tribal Regional Behavioral Health Authority (TRBHA) and is funded by the Arizona Health Care Cost Containment System (AHCCCS) to provide or refer to a wide range of behavioral health services for Title XIX and XXI eligible tribal members and their immediate families. The program also receives funding through the Arizona Department of Health Services, the Pascua Yaqui Tribal Council, Indian Health Service and various grants.

Personnel

Program Director

The Program Director manages all administrative aspects of the program and oversees the clinical program.

Medical Director

The Medical Director is responsible for the medical oversight of the program, including the Methadone Clinic.

Business Manager

The Business Manager supervises Program Assistants, Receptionists, Medical Records Technician, the Billing Specialist, and Intake Specialist and Receptionists for the main Tucson office. The Business Manager also assists the Program Director in managing the budget, assists with 3rd party billing, handles all requisitions, receives property and supplies, and maintains an up-to-date inventory of all capital equipment.

Program Managers

The Program Managers are responsible for coordinating the clinical functions of their program including making assignments, reviewing initial assessments, reviewing progress notes, conducting clinical supervision, conducting psychological assessments, screening psychiatric referrals and maintaining a caseload.

Utilization Review Specialist/Quality Manager

The Utilization Review Specialist/Quality Management Manager (URS/QM) coordinator oversees the utilization review and quality management activities for CSP ensuring conformance with tribal, state, and reporting requirements. The URS/QM oversees the chart review process and the collection of effectiveness and efficiency data. This information is presented in quarterly and annual reports that summarize the quality services offered through CSP.

Training Coordinator

The Training Coordinator is responsible for organizing required training activities for staff.

Network Services Coordinator

The Network Services Coordinator is responsible for the development and maintenance of a network of covered services for TRBHA clients. This includes initiating the contracting process, credentialing of agencies, and reporting to ADHS on the TRBHA's network sufficiency.

Nurses

Nursing staff for the Methadone Program are licensed and certified by the state of Arizona to assist in the administration of methadone and aspects of patient care associated with this program.

Counselors

Counselors are responsible for providing clinical services. Counselors have a wide range of education and experience. Counselors can be behavioral health professionals or technicians and the type of work that they perform is determined by level of experience and training. Counselors provide services at the program office, at satellite locations, in local schools and in homes.

Case Managers and Outreach Workers

Case Managers provide medically necessary case management services for persons served, including clients who are seriously mentally ill. Case Managers and Outreach Workers assist clients with coordination of care with CSP and with outside agencies. In addition, Outreach Workers and Case Managers help clients enroll and stay enrolled in AHCCCS and the TRBHA.

Program Assistants

The Program Assistants support the functions of the Business Manager in the general operation of the program.

Medical Records Clerks

The Medical Records Clerks are responsible for maintaining the records room in an orderly fashion. The Medical Records Clerk checks in and out all files needed by program staff and maintains computerized information for records.

Intake Specialists

The Intake Specialists are the first point of contact for clients. The Intake Specialist gathers all of the initial information that is needed to enroll a client into the TRBHA and AHCCCS.

3rd Party Billing Specialists

The 3rd Party Billing Specialists work directly with the Business Manager and is responsible for the billing process of the TRBHA. The TRBHA currently bills AHCCCS for services.

Administrative Assistants

The administrative assistants oversee day-to-day administrative functions such as secretarial duties, preparing purchase orders, maintaining of schedules and keeping track of counselors' locations. The administrative assistants are responsible for answering and routing all phone calls, copying, and handling incoming and outgoing program correspondence.

Qualifications for Personnel

Clinical services are provided by trained, qualified staff members who meet the specifications described in the job description and demonstrate competency related to the needs of persons served and requirements of the job. Staff credentials are verified from primary sources and the range of duties that staff are privileged to perform are based on level of training and experience. Upon hire, staff members are encouraged and supported to gain additional competencies in their field, education, and in working with the Yoeme. The PYT Health Department Executive Director and the Tribal Council approve qualifications for individual positions.

Job Descriptions

All job descriptions are developed and reviewed with the Department of Human Resources. New job descriptions state job qualifications and duties, the reporting supervisor, and supervisory duties. Job descriptions are reviewed annually with the appropriate supervisor, and are updated as needed. The annual job description review is signed by the staff member and their supervisor and is filed in each staff member's personnel file.

CSP occasionally uses independent contractors, consultants, students, volunteers, trainees and interns. All are provided with an orientation, written lists of the qualifications and expectations required for their job specifications or assignments, and supervision as appropriate. If they are providing professional services they meet qualifications comparable to staff members and these credentials are kept on file. The program director maintains files regarding such individuals that include evidence of qualifications and signed contracts as necessary.

Employee Orientation

Employees participate in two documented orientations within the first two weeks of hire. One orientation focuses on the CSP. The second orientation focuses on Tribal Policies and Procedures, and Tribal Departments and Agencies that support CSP. At the time of orientation, employees are issued a tribal ID badge, are assigned an office and keys, and given tours of the facility, tribal grounds, and the community. Once they have had an opportunity to review the orientation packet and complete both orientations, the new hire indicates that they have been oriented, and agree to

abide by all tribal and program policies and procedures by signing the Orientation form.

Personnel Policies

Personnel Policies are established and maintained by the Department of Human Resources and by CSP. A copy is given to each staff member upon hiring and as they are revised. The Personnel Policies eliminate discrimination in employment, wages, promotion, and place of work. The Personnel Policies of the PYT include grievance and appeal procedures for all personnel. Please refer to the Personnel Manual for specific questions about PYT employment and benefits.

The PYT Human Resources and the Program Director maintain personnel Files. The Personnel Files include the following information:

1. Employee Data Sheet
2. Job Description
3. Employment application
4. Documented employee orientation
5. Copy of a valid Arizona Driver's License
6. Copy of up-to-date CPR/First Aid Certificates
7. Copy of current Professional Licenses and Certificates
8. Resume or Curriculum Vitae
9. Primary source verification of credentials
10. Criminal Background checks
11. Payroll Action Requests
12. Employee Evaluations
13. Continuing Education Certificates
14. List of Professional Memberships/profession-related volunteer activities
15. Correspondence related to job performance including disciplinary actions if applicable
16. Guadalupe office: Arizona Department of Public Safety (DPS) Clearance

Accurate Maintenance of Personnel Records:

1. It is the responsibility of each staff person to maintain an up to date Employee Data Sheet. The Program Director shall be notified of changes of any of the above as soon as possible.
2. All personnel will be asked to update their Employee Data Sheet on an annual basis.
3. All personnel must notify the Program Director regarding any moving violations.
4. All personnel must provide the Program Director with updated certificates and licenses.
5. All personnel must also provide the Program director with copies of all continuing education certificates.
6. An updated CV or Resume will be requested annually.
7. Professional Development Goals are to be submitted and evaluated at the time of the annual employee evaluation.

Evaluation of Competencies

It is the practice of CSP to evaluate the clinical competency of staff members. This process occurs every six months and involves clinical supervisors' direct observation and documentation of

counseling sessions or other clinical events. An assessment of competencies and recommendations for improvement are noted in the personnel file. If necessary a plan for increased supervision or additional clinical training is developed.

Provider Privileging

Providers are assigned duties commensurate with their level of training and experience and within their scope of practice. Providers are privileged to perform the following duties per ADHS/ DBHS regulation. A Behavioral Health Professional is certified/licensed as a LISAC, CPC, CISW, CMFT or psychologist. Behavioral Health Technicians have a combination of four years of experience and/or training in a behavioral health related field. A paraprofessional must have a high school diploma or GED. A Master’s level Behavioral Health professional must directly supervise each Behavioral Health Technician and paraprofessional. Each position can provide a specified set of covered services as outlined in the chart below.

[to be revised pending further discussion]

[DELETE CONSUMER COLUMN?]

	Professional	Technician	Paraprofessional	Consumers
Case Management				N/A
Cognitive rehabilitation		N/A	N/A	N/A
Comprehensive assessment		N/A	N/A	N/A
Counseling		SUPERVISED	N/A	N/A
Crisis Intervention		SUPERVISED	N/A	N/A
Family Support				N/A
General Assessment			N/A	N/A
Health Promotion			N/A	N/A
Housing Support				N/A
Living Skills Training				N/A
Peer Support	N/A	N/A		N/A
Personal Assistance				N/A
Respite Care	N/A	N/A		N/A
Screening			N/A	N/A
Supported Employment			N/A	N/A

Shaded boxes designate the types of activities that this classification of provider may not perform. Blank boxes are service types that are allowable and boxes designated with supervised can be performed under the supervision of a Master level Behavioral Health professional.

Training and Education

As part of the annual employee evaluation process, supervisors will meet to each staff person to develop an individualized plan to meet educational and training needs. This plan is based on that staff person’s training needs and certification/licensure continuing education requirements. Every effort is made to provide time and resources to accommodate the plan over the next year. All training is documented in the employee personnel record as well as the training log. CSP strongly encourages all staff members to take advantage of a comprehensive program of educational activities:

1. CSP Continuing Education in-service trainings on a wide range of mental health and

- substance abuse-related subjects.
2. Higher education through any college or university leading to an AA, BA, Master's degree or Doctorate. The Pascua Yaqui Tribe provides scholarships for tribal members.
 3. CSP reference library of books, tapes, and videos.
 4. Local training offered by the Southern Arizona Training Consortium, the Veteran's Administration and similar groups.
 5. National Training (if funding permits)

Initial and ongoing mandatory, documented training is provided by CSP re:

1. Rights of Persons Served
2. Person and Family-Centered Services
3. Prevention of Violence in the Workplace
4. Confidentiality
5. Cultural Competency
6. Professional Ethics
7. Incident Reporting
8. CPR and First Aid
9. Seclusion and Restraint
10. Health and Safety Practices

Reimbursement for Professional Licensure

Obtaining and maintaining all professional certifications and licenses is the responsibility of each employee. As funds allow, CSP will reimburse for licensure/certification and professional memberships to the employees professional association. Late fees and penalties are the responsibility of each employee and will not be reimbursed by CSP. In order to receive reimbursement, a copy of the paid fees and the canceled check or receipt may be submitted to the Program Director. Reimbursement is subject to funding limitations and must be approved by the Program Director.

Policies for Clinical Supervision and Credentialing of Employees

CSP staff who provide clinical supervision must use the following guidelines:

1. All clinical staff must be seen weekly, for one hour of face-to-face supervision, in addition to group supervision, during probation.
2. Following probation, clinical staff who are licensed or certified to work independently no longer require documented supervision. Such personnel may request supervision as needed or be asked to participate in supervision at the discretion of the Program Director or their immediate supervisor.
3. For paraprofessionals, interns or staff working towards certification, ongoing, documented, weekly supervision for at least one hour is required beyond the probationary period, until certification to work independently is obtained.
4. Supervisors document weekly supervision using forms approved by the Program Director.

In addition, in accordance with CARF standards, ongoing supervision addresses:

- The appropriateness of the treatment intervention selected relative to the specific needs of the

person served.

- Treatment effectiveness as reflected by the person served meeting their individual goals.
- The provision of feedback that enhances the clinical skills of direct service staff members.
- Accuracy of assessment and referral skills.

All clinical staff members who conduct assessments and develop treatment plans must be credentialed by CSP to use the ADHS assessment tools. Training on the use of these tools will be provided and in some cases clinician observation will be required before the tools can be administered independently.

Volunteerism

The CSP strongly encourages staff to volunteer with community agencies and events that promote mental health.

In order to protect the liability of CSP, all outside activities involving Yoeme must be pre-approved by the Program Director. In some instances the Program may directly approve and sponsor such involvement. In other instances it will be made clear that the voluntary activity is independent of the individual's role as staff of the Pascua Yaqui Tribe.

All CSP volunteers, including interns and trainees are required to follow the policies and procedures of CSP and the Pascua Yaqui Tribe. As such, volunteers, interns and trainees must apply through Human Resources and pass the requisite drug and background checks required of all employees.

Staffing

At least two staff members need to be on-site at any time clients are present at the facility during regular business hours. At least one of these staff members shall have current documentation of the successful completion of first-aid and CPR training specific that the populations served by the CSP. At least two staff members need to be present on outings and at least one of these staff members shall have current documentation of successful completion of first- aid and CPR training specific to the populations served by the CSP.

Each program posts a daily staffing schedule that indicates the date, scheduled work hours, and name of each staff member assigned to work, including on- call staff members. The program also must document the staff members who work each day and the hours worked by each staff member.

Pets

CSP does not allow dogs or cats inside of its facilities with the exception of those dogs specifically trained and used to assist persons with disabilities. Birds, Rabbits, or other small animals contained in cages, or fish in aquariums may be permitted at the discretion of the Program Director.

Persons authorized to have a pet in the building will ensure that the animal is:

- Controlled to prevent endangering clients or staff members,
- Controlled to maintain sanitation of the premises, and
- Vaccinated against rabies and all other diseases that are communicable to humans and for

which a vaccine is available and documentation is maintained indicating current vaccinations.

Information Management

Management strives to be accessible

All CSP staff members and clients can provide feedback and input to CSP management. Management supports an open door policy for both staff members and clients.

In addition CSP has the following staff meetings that provide opportunity for feedback on operations:

1. Weekly case supervision with clinical staff members
2. Weekly CSP management team meetings
3. Weekly health program managers' meetings
4. Quarterly staff meetings
5. Scheduled Retreats
6. Annual Strategic Planning Meetings

Centered Spirit Staff Members strive to be accessible

CSP participates in numerous community activities that allow for feedback with community members and elected officials. Below is a partial list of some of the activities:

1. Community-wide Meetings and Health Fairs
2. Depression Screening Days
3. Alcohol and Substance Abuse Screening Days
4. Council Meetings
5. Advisory Board Meetings
6. Family Education Nights

Input from Clients

Clients who participate in our program provide input on an on-going basis during all phases of treatment from the intake to discharge planning. Client input regarding their progress is gathered at treatment plan reviews and program satisfaction surveys on a regular basis. Clients are also included as members of the advisory boards.

Twice yearly, we ask clients to fill out anonymous satisfaction surveys. We ask clients to provide information about their entire experience with us, including access to our services, and opinions about their therapist, consultants, and our facility. We ask for suggestions or comments that will help us improve our program and the services we provide.

Input obtained from clients is tabulated, distributed to staff, and reviewed in Quarterly Quality Management Committee meetings. We communicate our findings with the Medical Director, The Health Department Executive Director and the Tribal Council. We make program changes based on input from clients as appropriate and as approved by the Program Director and the Medical Director.

Input from Referral Sources

We have frequent direct communication with our referral sources. This enables us to informally solicit feedback regarding each individual referral. Every six months, surveys are sent to our referral sources. Surveys request information about the accessibility of our services, the perceived effectiveness of our services and suggestions for how we could improve services.

Input obtained from referral sources is tabulated, distributed to staff, and reviewed in Quarterly Quality Management Meetings. Findings are communicated to the Medical Director, the Health Department Executive Director and with the Tribal Council. We make program changes based on input from our referral sources as appropriate and as approved by the Program Director.

Input from the Tribal Council

The Tribal Council Members are familiar with our program and communicate freely with our program as necessary. We elicit input from Tribal Council members by sending them the Tribal Council Survey. Input from the Tribal Council is tabulated and distributed to staff and reviewed during staff meetings. Findings are communicated to the Health Department Executive Director, and with the Tribal Council. We make program changes based on input from the Council as appropriate and as approved by the Program Director.

Input from the Advisory Boards

The advisory board membership includes staff from tribal and non-tribal agencies that work closely with or have a strong interest in our program in addition to community members who may or may not be program clients. The board includes native and non-native members. The advisory boards provide an opportunity for input for program improvement.

Input from Staff

The CSP management team holds an open meeting weekly to discuss program operations. Staff members are encouraged to attend these meetings. The adult team and the child teams hold weekly and an all staff meeting is held quarterly to disseminate general information, to conduct quality improvement business, and to develop strategic plans. Staff input is encouraged and considered vital to maintaining program quality.

An annual personnel satisfaction survey is conducted to provide valuable feedback to program managers, the director, and PYT Health Department management. Results from this survey are reviewed at a quarterly staff meeting.

CSP mental health programs and alcohol/substance abuse programs provide a monthly report on progress on program goals and unique accomplishments. This report goes to the Executive Director for Health Programs and the Tribal Council thus providing an alternative solution to situations unable to be resolved within CSP management.

Gatherings

The CSP staff participates in various tribal gatherings throughout the year. These include educational presentations, Health Fairs, Youth Events, cultural ceremonies and celebrations, and other informal and other formal gatherings. These are all considered opportunities to share materials about our programs and to gather feedback from people regarding our services. Community input is reviewed in Quarterly Quality Management Meetings.

Input from Funding Sources

Our funding sources conduct periodic reviews or evaluations. Program quality and standards are reviewed and specific feedback for improvement is provided. The Medical Director, the Executive Director of the Health Department, and the Tribal Council receives copies of these reviews. Annual input from funding sources is reviewed at our quarterly staff meetings.

Communication with the Public

The CSP responds to requests from the public regarding its accredited programs. Requests may be submitted to the Program Director. The CSP regularly evaluates its methods of communication to persons served and the community through updating brochures and handbooks, developing promotional materials for new services, and posting current schedules of upcoming events and recovery meetings. As needed, CSP develops relevant materials in Spanish or Yoeme. Through satisfaction surveys and community needs assessments, CSP further evaluates the need to develop or refine communication materials.

Appropriate Safeguards of Records

Administrative Information: All CSP administrative data is kept in locked files that are that are designed to ensure confidentiality and to protect against fire and floods. Each site has staff members who are responsible for controlling the records and implementing the policies and procedures pertaining to the records. Only CSP staff members and consultants are allowed access to these materials.

Clinical Information: Clinical records are secured at all times, kept either in a locked Medical Records room and/or a locked file cabinet. The files and records rooms are accessible only by the personnel authorized by each program. Storage is designed to protect against fire and floods. Authorized personnel are required to follow all standards and procedures regarding the organization and use of clinical records as specified by the PYT Medical Records Department.

Both administrative and clinical files are locked securely at the close of business each day. CSP staff members are trained on the importance of confidentiality. All employees sign a form indicating that they abide by the confidentiality policies. Administrative and clinical files are not to be taken home or left in the open on desks.

CSP data is stored on the server located in the Information Technology (IT) Department and protected by the appropriate technological firewalls and IT policies and procedures regarding the security of information. Only CSP and IT authorized personnel have access to the information on the server. All CSP data is saved on the server as a continuous backup.

Storage of old records: All administrative and clinical files are kept for a minimum of three years on-site. After the three years records are archived in a secure outside storage facility according to the Health Department Medical Records Policies and Procedures. Adult records are kept for ten years and the records of minors are kept until that client reaches the age of 21. This is consistent with State of Arizona, Federal Medicare, and Medicaid standards. In the event that a legal process is initiated against the CSP, the pertinent records may not be archived or destroyed.

Staff members may not respond to subpoenas, search warrants, investigations, or other legal actions. In these cases, staff members must consult with the Program Director/Program Coordinator who will then consult with their supervisor and the Tribal Attorney. Records will be released only by the medical records department as appropriate and properly authorized.

Fiscal Management

Authorized Budget

Each Summer CSP develops a budget using all four funding sources. Current funding sources include:

1. Pascua Yaqui Tribal Government
2. Title XIX and XXI and the state of Arizona ADHS/DBHS
3. U.S. Federal Government, Indian Health Service (IHS) 638 Contract funds
4. Grants (varies year to year)

The annual budget is presented for review and approval for the following fiscal year (Oct 1 – Sept 30) as follows:

1. CSP Managers and Program Director
2. Medical Director/Executive Director, Health Department
3. PYT Senior Business Manager
4. Full Vote of the Tribal Council

Generation of Revenue - Third Party Billing

CSP submits invoices to AHCCCS for services provided through its electronic billing software. AHCCCS manages all Medicaid funds in the state of Arizona and determines eligibility for all Arizona citizens. All clients enrolled in CSP are expected to enroll in AHCCCS if eligible. CSP is eligible to receive the “Indian Health Service pass-through-rate” from AHCCCS for each face-to-face counseling contact with any AHCCCS and TRBHA enrolled tribal member. For this reason, it is very important that each client is properly enrolled both in the TRBHA and with AHCCCS when eligible.

Long-Term Financial Solvency and Attention to Continuity of Services

CSP receives recurring funding for Behavioral Health programs from the Indian Health Service and AZ State reimbursement for services provided by the TRBHA. To help ensure continued federal and AZ State funding, CSP is CARF accredited maintains CARF and AZ State standards in all programs.

The PYT Accounting conducts audits each year. These audits review all CSP budgets and expenditures. Any findings are reported to the Medical Director, the Health Department Executive Director, and the CSP Program Director who develops a Corrective Action Plan as needed.

Capital equipment is ordered, authorized, received, and inventoried as follows:

1. The Business Manager or assistants prepare the requisition.
2. Program Directors authorize the purchase.
3. Executive Director, PYT Health Department authorizes the purchase.
4. PYT Accounting and Grants & Contracts reviews and authorizes the purchase.
5. Equipment is received, tagged, and inventoried by the PYT Property and Supply.
6. Program assistants receive the property and log it in the program inventory.

Internal System of Fiscal Control

CSP does not handle cash, working capital, investment or contingency funds. CSP does maintain an inventory of all capital equipment and records of all operational expenses that are authorized by CSP management. Fraud, waste, and abuse are avoided by a system of checks and balances including a multi-point purchase authorization, multi-part “purchase received” system, and an annual inventory of capital equipment, and an annual audit.

Risk Management

The PYT has a Risk Management Department that is responsible for the annual assessment of the potential risks to personnel, persons served and the public. The Tribe’s risk manager maintains of the policies associated with risk management. Clinical risk is assessed and managed by maintaining the highest quality standards of CARF and the State of AZ, and by regular staff training and clinical supervision, and on-going performance improvement input from staff, persons served, and the community.

Insurance Program

The PYT has a comprehensive system of insurance that protects employees as well as PYT assets. The PYT Risk Manager reviews the PYT insurance coverage annually.

1. The PYT maintains an insurance program that adequately protects all assets and covers claims due to adverse events.
2. The PYT maintains an insurance program that covers claims due to adverse events for which the Tribe is liable for persons served, personnel, tribal governance and others identified as professionally associated with the Tribe.
3. The PYT also maintains liability insurance including general and professional liability for all staff members. The Federal Tort Claims Act also covers staff members.
4. Malpractice liability insurance protects staff members only while performing duties within their expertise and their department’s scope of work
5. Buildings and their contents are insured against loss through insurance policies held by the PYT.
6. Workers Compensation is provided for all employees of PYT.
7. Product and service liability insurance is held by the PYT.
8. Directors’ and officers’ Errors and Omissions insurance is provided by PYT.

Accessibility

Pascua Yaqui Centered Spirit Programs (CSP) makes every effort to remove architectural, attitudinal, financial, communication, employment, transportation and other barriers that confront our clients and our staff members. The Clinical Directors, Supervisors, Program Managers, Medical Director and the Health Department Executive Director review the CSP accessibility plan annually.

Architecture

Tucson and Guadalupe

There are cemented, wheel-chair accessible areas and sidewalks that lead to both the Tucson and Guadalupe CSP offices. There is a wheel-chair accessible restroom at both sites.

Attitudes

It is the policy of CSP is to provide a healing atmosphere of acceptance, safety, and trust. We do not discriminate against individuals because of their physical/mental disabilities, age, ethnicity, culture, religious preference, gender, sexual orientation, legal or political status, or for any other reason. We make every effort to foster acceptance of all persons served. We provide formal training for staff members on Attitudinal Barriers at least annually. Weekly clinical supervision addresses attitudinal barriers on the spot.

Employment

The Pascua Yaqui Tribe has a policy of hiring preferentially whenever possible:

1. Enrolled Yoeme tribal members
2. Enrolled members of other Native American tribes
3. Spouses of enrolled tribal members
4. Other ethnicities

CSP staff members are Yoeme, members of other Nations, Mexican, African-American and Anglo. CSP has an internal policy of inclusion of people of all colors. We are all equal and important to our mission.

Adaptive Devices & Interpreters

Clients in need of special equipment such as wheelchairs, crutches, canes, glasses, hearing aids, and hospital beds are referred to the PYT Health Programs, who provides such aids as needed.

Clients from the Arizona School for the Deaf and Blind are accompanied by caseworkers that assist the clients by signing, or interpreting as needed.

PYT Health Programs have Yoeme-speaking and Spanish-speaking staff that assists clients as needed with communication. Arizona Interpreter Services may be utilized to assist with conversations with hearing impaired clients. The client initiates the service by calling information

and referral (520) 881-1794.

Transportation

CSP-approved drivers and the Health Programs Transportation Department provide transportation for our clients upon request. CSP has assigned GSA vehicles to ensure that clients can readily access services. CSP staff members follow all of the policies and procedures of the PYT Motor Vehicle Procedures.

Environmental Barriers

It is the policy of CSP to address environmental barriers as they occur in order to promote maximum accessibility for clients. Examples of environmental barriers that have been addressed in the past include enhancing confidentiality in the Opioid treatment program by restructuring the space to include more walls.

Financial Barriers

Clients are not refused services for any financial reasons. The CSP reserves the right to bill for all services for clients deemed AHCCCS eligible. Otherwise, services are provided free of charge.

Referral System

Reasonable accommodations are made to ensure that clients can participate in program activities. However, if the program is unable to meet a client's need, appropriate referrals are screened and authorized by the Program Director.

Opportunities for Individuals with Disabilities

The CSP is a resource for the successful development of opportunities for people with disabilities. Examples of these practices include hiring former clients and developing contracts with disabled providers.

Requests for Reasonable Accommodations

In order to ensure that the work environment is equally accessible to all staff members, requests for reasonable accommodations can be made. For example someone with arthritis or another medical condition affecting the hands could make a request for specialized computer equipment if our current equipment was difficult to use.

Health and Safety

It is the policy of CSP to provide a clean, safe and secure environment for our clients, their families, and our staff members. Annually, personnel are trained on safety practices.

The CSP safety policy is posted throughout our clinical sites and client waiting areas.

CSP Safety Officers insure that CSP safety policies and procedures are implemented. The Safety Officers present all safety-related activities, inspections, drills and safety concerns at the weekly management team meetings.

Out of Office Services

When services are provided out of the office, for example, in client's homes or local agencies, staff will follow all CSP safety policies and procedures. Additionally, staff must be particularly cautious when conducting home visits; including whether staff should be accompanied by a fellow staff member. Due consideration must be given to the potential for violence or other inappropriate behavior since the visit may occur in the absence of colleagues who can monitor the interaction or call for help if needed. Additionally, CSP has no control over the conditions present in the field, so extra caution must be exercised regarding environmental conditions that may pose a hazard. All visits conducted outside the office must be well documented in the client's chart. Training is provided at least annually regarding potential risks and liability of personnel who provide services outside CSP facilities.

Client Outings

Client outings need to consider the age, development level, physical ability, medical condition, and treatment needs of each client participating in the outing. In addition, probable hazards, such as weather conditions, adverse client behavior, or medical situations that may occur during the outing need to be identified and addressed. Staff members participating in the outing need to be prepared and have the supplies necessary to prevent or respond to each probable hazard.

Outings need to be planned at least one week prior to the actual activity so that all of the needed documentation can be gathered. A sufficient number of staff members must participate in the activity to ensure each client's health, safety, and welfare on an outing, with a minimum of two staff present. At least one of these staff members must have documentation of current training in CPR and first aid. In addition, the outing must meet specific clinical needs of clients and be documented in the client's treatment plan.

Prior to the trip, the trip organizer must gather the following information for the outing:

- The name of each client participating in the outing,
- A description of the outing,
- The date of the outing,
- The anticipated departure and return times,
- The name, address, and, if available, telephone number of the outing destination, and
- The license plate number of each vehicle used to transport a client.

In addition, emergency information for each client participating in the outing is maintained in the vehicle used to transport the client and includes:

- The client's name,
- Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the

- outing,
- The client's allergies, and
- The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency.

Inspections

CSP offices in the Tucson and Guadalupe areas are inspected annually by an outside agency (for example, the IHS Office of Environmental Health and local Fire Departments). A site-specific corrective action plan based on the results of the inspections is generated within 30 calendar days of receipt of the written inspection. The corrective action plan indicating persons responsible and target dates is implemented as soon as possible.

Self-inspections of CSP facilities in Tucson and Guadalupe are conducted and documented on at least a semi-annual basis. A site-specific corrective action plan based on the results of the self-inspections is generated within 7 calendar days of the inspection. Documented corrective action plans indicating persons responsible and target dates are implemented as soon as possible.

Emergency Plans

CSP staff members are advised of the emergency plans during orientation for new employees. Annual drills for each type of emergency plan are conducted and documented. The types of emergency drills conducted are: Fire, Bomb Threats, Workplace Threats and Violence, Medical Emergencies, Natural Disasters, and Power Failures. The drills provide for practice of emergency evacuation of the facility. Drills are conducted at all sites owned, rented, or leased. When safety drills are conducted, staff members instruct and guide clients and their families regarding the emergency protocols. The results of each safety drill are forwarded to the Program Director who completes an analysis documenting the effectiveness of the tests and corrective actions taken.

Emergency exit floor plans are posted at strategic sites throughout CSP clinics and waiting rooms. The CSP reception areas and all offices are equipped with working flashlights in case of power failures. There is also emergency hallway lighting that activates in case of power failures. Smoke detectors are strategically installed throughout CSP facilities; the smoke detectors are inspected at least quarterly, and fresh batteries are installed bi-annually. NO SMOKING signs are clearly posted. Charged and up-to-date inspected fire extinguishers are secured in strategic areas. The Safety Officers conduct a quarterly documented inspection of all posted signs and safety equipment.

Staff training includes up to date certification for CPR and First Aid, and regular training regarding emergency plans.

Business Continuity Plan

The purpose of a Business Continuity Plan is to maintain business continuity when any event occurs that disrupts the normal course of business in the Tucson or Guadalupe communities. The normal course of business includes both clinical and administrative functions; therefore this plan addresses continuity in both of these areas.

The CSP Plan addresses several possible contingencies:

- Each computer is equipped with a battery back-up system that allows the user enough

time to save data when power is disrupted.

- If the power outage severely limits the ability to work, for example, because of lack of heat or air conditioning, staff may be asked to move to other work areas or leave for the day.
- In the event of a severe storm, computers should be turned off.
- All staff has flashlights in their offices as a back-up light source.
- Staff needs to check their flashlight batteries at least twice a year to be sure that they are in working order.
- Telephonic Failure
- The department would resort to the use of assigned cellular telephones. The crisis telephone number is in the Member Handbook given to all clients.
- Fire
- If the fire alarm is suspected or discovered, the Safety Officer or designee is in charge of the fire emergency response.
- The first staff to become aware of a fire needs to pull the fire alarm and call 911.
- The front receptionist will then make a general announcement over the intercom instructing everyone in the building to exit and assemble in the parking lot.
- As rooms are evacuated close the doors to slow the spread of the fire.
- Staff will help their clients and fellow staff out of the building and into the parking lot. The Safety Officer or designee will give assembled clients and staff instructions further directions at this time.
- Flood
- If a flood is anticipated, staff will be instructed to unplug all equipment and store it as high off the ground as possible. Staff and clients will then be evacuated to a safe setting in the area. Follow the instructions of the Safety Officer or designee.
- Complete loss of use of main site
- Alternative worksites will be determined by the Tribal government so as to maintain essential services to the community.
- Loss of primary computer system records
- All charts are in both electronic and paper formats. Electronic files are stored on a server that is backed-up nightly by IT.
- If unable to chart electronically, charting, billing and recording staff activity would continue in the paper record.
- Billing would need to be converted to a paper format until the computer system could be restored.
- Chemical Disaster
- Staff should listen carefully to radio or television emergency alert stations and strictly follow the instructions given.
- All persons in the building should cover their noses and mouths with a damp cloth.
- Close all the windows in the building, and turn off all fans, heating and air conditioning units.
- Go to the large conference room or kitchen or another room with the fewest possible windows and doors.
- Wet towels and jam them under the doors. Tape around doors, air conditioning units, fans or vents using plastic to cover windows, outlets, and heat registers.

- Stay in the room listening to the radio until you are told it is safe to exit.

Workplace Threats and Violence

Clients are instructed during orientation that they may not have a weapon in CSP facilities. They will be asked to leave if they bring weapons onto the premises. The CSP Safety Policy is clearly posted throughout the buildings notifying clients that threats of harm to employees or clients receiving services will not be tolerated. In the event that CSP staff finds it necessary, the Pascua Yaqui Police Department may be asked to respond.

If there are potential threats to staff from clients or other individuals in the staff person's life, that staff person needs to discuss these threats with their supervisor and the Program Director so that appropriate action may be taken.

Fire Emergency

Anyone who suspects a fire should **call 911 immediately**. Knock on all closed doors and calmly inform people of the need to evacuate immediately. Smoke alarms and fire extinguishers are available in strategic locations indicated on Emergency Exit maps posted throughout CSP buildings. Small, contained fires may be extinguished using the fire extinguishers. Staff should assist clients to exit safely through the nearest exit. Office doors should be closed before exiting, if possible. If fire obstructs a hallway, clients and staff should use fire extinguishers to create a safe passage, or break the windows in individual offices, if possible, and exit carefully. Once the building has been cleared all staff, clients, and other individuals should assemble at the designated sites, depending on clinic location. Under no circumstances should there be unattended lit candles at any CSP building.

Medical Emergencies

In cases of medical emergencies, **call 911 immediately** and also notify

New Pascua:

El Rio Clinic 879-6225

Community Health Nurses at 879-6119.

Guadalupe:

Community Health Nurse at ext. 2031

While waiting for assistance follow standard precautions and use skills learned through first-aid training and CPR, to the best of your ability.

Incident Reporting

Incidents such as adverse events, serious illnesses, injuries, deaths, allegations of abuse or neglect, or exploitation, medication errors, episodes of seclusion or restraint or other emergencies must be thoroughly documented using the ADHS/DBHS Incident Report form. An internal incident report form should be filled out for minor incidents involving the GSAs, security, or accidents, injuries, or any other incident that did not result in emergency care.

In case of an acute incident, immediate intervention should take place. This may include the provision of emergency care and notifying appropriate agencies as appropriate and required:

All incidents described above and any other incidents involving client safety, building security, GSA accidents or damage should be reported as soon as possible to the Program Manager, Program Directors, and/or the Safety Officers.

As part of Quality Management, all incident reports will be reviewed in the next staff meeting in order to prevent the recurrence of similar incidents.

Tobacco Products

The use of tobacco products (cigarettes, chewing tobacco) is not allowed in any CSP facility or GSA vehicle. Outside smoking areas are designated at each site. The use of tobacco and/or sage is permitted when used during Native American ceremonies

Infection Control

Staff members participate in regular training regarding the prevention and control of infections and communicable diseases.

All sharps and knives are kept secured in authorized, designated storage cabinet in the kitchen area. Sharps containers are available to securely dispose of needles and syringes.

Staff Health

In order to provide models for the people we serve, we promote health and wellness in our staff members. Staff members are encouraged to maintain their health by establishing and maintaining healthy eating, regular exercise, and routine medical check-ups including screens for cancers, TB, and vision & hearing. Staff may take up to four hours a month for medical appointments.

Standard Precautions

Infectious agents/diseases such as HIV/AIDS, hepatitis, and the transmission of other communicable diseases can be prevented by simple measures such as hand washing and the use of disposable gloves when appropriate. Trash cans are conveniently located for clients to discard their used tissues.

Hand Washing

General hand washing is necessary to minimize the risk of transmission of infection or disease to clients and staff members. Staff members are expected to wash hands after using the restroom, and before & after physical contact with clients, and before & after any food preparation. Proper hand washing procedure includes: Wet and soap hands, rub hands together thoroughly for at least 30 seconds, rinse hands thoroughly, dry hands with paper towel, turn off faucet with paper towels, and discard paper towels in the wastebasket. Hand washing reminders are posted in each restroom.

Kitchen

The kitchen is available for employee use only. Meals are not prepared for clients. The freezer and refrigerator have thermometers and are maintained at proper operating temperatures. All food is stored above ground level in tightly secured containers. Plastic utensils are used for daily meal

consumption. A regular, documented self-inspection insures proper health and safety.

Gloves

All First Aid kits are equipped with disposable gloves. Gloves will be worn when there may be contact with body fluids such as blood, vomit, urine or feces. Used gloves will be discarded.

Housekeeping

CSP facilities, waiting areas, restrooms are to be maintained in a clean, neat, and sanitary condition. The refrigerator will be kept clean. All condiments will be discarded upon their expiration date; all food that is not labeled with a name/date will be discarded on a weekly basis. All labeled food will be discarded 5 working days after the date.

Informing Persons Served

Infection control/prevention information is posted throughout the building and hand-washing reminders are posted in all restrooms.

First Aid Kits

First Aid kits are secured in designated locations at all CSP facilities, and in all CSP GSA vehicles. Documented inspections of the First Aid kits are conducted by the Safety Officers at least quarterly. Written First Aid instructions are secured near the First Aid kit in all buildings and vehicles. Emergency phone numbers, including poison control, are posted at all telephones and are included in the First Aid Plan.

CPR and First Aid

All staff will have up-to-date CPR and First Aid certification insuring that CPR/First Aid trained staff will be available during hours of operation at each site. Instructions for CPR and basic First Aid are included in the First Aid kits in all CSP GSA vehicles, and are posted near all First Aid kits at designated sites in CSP facilities. The Safety Officers will insure that all personnel have up to date First Aid and CPR training.

Biohazard Materials

Biohazard materials such as dirty diapers, body fluids (used tissues, blood, vomit, urine, and feces), contaminated needles, and contaminated sharps are handled as follows:

Trash cans are conveniently located for clients to discard their used tissues.

Staff handling of items such as dirty diapers or materials contaminated with blood, vomit, urine, or feces will wear gloves and dispose of such items in the plastic bags marked "biohazard" that are located in the Health Department. Maintenance staff will be notified to remove the materials from the facility.

Contaminated needles and sharps: Used needles or sharps used in the clinic (for example, for AcuDetox) will not be bent, recapped, or broken, and will be stored in Red Sharps Containers.

Drugs on the Premises

Illicit Drugs

Clients and staff members are informed at orientation that they may not bring illicit drugs into the programs. If clients or staff members are discovered to have illicit drugs in their possession, the drugs will be disposed of in the presence of two employees.

Clients participating in alcohol and drug treatment programs are also subject to the consequences of illicit drug possession and/or use associated with their treatment program.

Staff members will be referred to the PYT Human Resources Department to ensure that appropriate personnel procedures are followed in the event that illicit drugs are discovered.

The Program Director will be notified of any incidents involving illicit drugs brought into the program by clients or staff members.

Licit Drugs

Staff members and clients are informed during their Orientation that they are responsible for the safe management of licit drugs (Over-the-Counter (OTC) and Prescription) brought into the building. Safe Management refers to keeping OTC and prescription medications on their person or appropriately stored to ensure the safety of others. Over-the-Counter or Prescription Medications should be maintained at all times in childproof containers and are only allowed if they are in the possession of the person for whom they are prescribed.

Staff members should notify their supervisor if they are using any prescription or OTC medications that can impair judgment, alertness, or the ability to perform any of their job duties such as driving.

If necessary Law Enforcement will be notified regarding illicit or licit drug use incidents.

SECURITY

The main clinic buildings in Tucson and Guadalupe are Equipped with an alarm system. All doors and windows are armed and interior areas have motion detectors. In addition, all employees have a key to their internal office, and keys to the exterior doors and the receptionist area.

The Office Manager in Tucson and the Administrative Assistant in Guadalupe maintain all of the keys.

At five o'clock in the evening the clerical staff locks the outside east doors in Tucson. The final person to leave the building at the end of the day is responsible for turning off lights, equipment, and for setting the alarm system.

The Health Department Security Guard has a key to the building and knowledge of how to arm and disarm the security system. Each weeknight at 10:00 PM checks the building to make sure that it is secure.

The Safety Officer tests the security systems and panic buttons quarterly to make sure they are in working order. Difficulties are reported to the Program Director.

TRANSPORTATION

Use of GSA Vehicles

All employees must show proof of valid AZ driver's license annually. The Risk Manager regularly obtains information verifying driver's licenses and driving records. All employees are expected to follow the policies of the Transportation Department including the following:

1. Anyone who uses a GSA vehicle must keep track of mileage using the mileage log form contained in the vehicle. A credit card for gasoline is contained with the keys. The administrative assistants can provide specific instructions regarding fueling of vehicles
2. Any accident or moving violation that occurs in the GSA vehicle must be reported immediately to the Pascua Yaqui Police Department, Pascua Yaqui Transportation Department and GSA. Employees must also notify their Program Supervisor and the Transportation Department of any changes to their driving record such as moving violations.
3. GSA vehicles may be used for any official business, including travel. GSA vehicles are not available for personal use.
4. GSA vehicles must be maintained in accordance with government standards. Any problems in the operation of the vehicle must be reported immediately to the Transportation Department. Vehicles must be inspected for damage prior to each use. Please report any damage immediately the Safety Officer and Transportation Department.
5. GSA vehicles must contain the following: First Aid supplies, a secured, inspected and charged fire extinguisher, written procedures for handling of emergencies, and proof of insurance. If the vehicle is missing any of the above, please notify the Safety Officer as soon as possible.
6. Personal Vehicles may only be used for work purposes as authorized by the Chair of the Pascua Yaqui Tribe. Anyone using a personal vehicle must follow the CSP policy on the use of personal vehicles in addition to the tribal Motor Vehicle Procedures.

Transportation of Clients

CSP can provide or arrange for the transportation of clients through CSP to and from program sites on a limited basis. CSP staff members follow all of the policies and procedures of the PYT Motor Vehicle Procedures. Transportation may be arranged through the Health Department for youth over the age of 12, children under 12 and their parents, and adults. Children under the age of 12 may not be transported without a parent or guardian in attendance.

Clinical Processes

CSP provides counseling, consultation, education, and advocacy to prevent and treat general mental health conditions, addictions, life stress, trauma and loss, and other related issues. During orientation, each new client receives information about the full range of services offered and reviews program rules and regulations. At that time, each client participates in a review of client's rights, the confidentiality policy, and the grievance procedure.

Locations and Hours of Operation

Locations: Pascua Yaqui Centered Spirit Programs
7490 South Camino de Oeste
Tucson, AZ 85746

New Beginning Medication Assisted Treatment Program
Health Department
7490 South Camino de Oeste
Tucson, AZ 85746

Pascua Yaqui Centered Spirit Programs
9405 South Avenida del Yaqui
Guadalupe, AZ 85283

Hours of Operation –

Centered Spirit Programs Tucson & Guadalupe

Monday-Friday 8:00AM to 5:00PM
Evenings and Weekend programs as scheduled

New Beginning Medication Assisted Treatment Program

Monday–Friday Dosing 12:00PM to 5:30PM
Consultation 10:00AM to 6:00PM

*Additional appointment times may be arranged by calling
The New Beginning Program at (520) 879-6003*

Clinics Closed: Sundays, Tribal and Federal Holidays

Services Provided

Outpatient services are provided directly by CSP staff. Inpatient and residential services are available through providers under contract to CSP. Use of contract services must be pre-approved by the CSP treatment team. Use of services or providers not covered or not authorized may be the responsibility of the client. The following is a list of services available to clients of CSP.

Services We Provide for All Clients

1. Counseling and psychotherapy
2. Consultation and assessment
3. Other Professional Services: Traditional healing services and auricular acupuncture
4. Psychiatric evaluation and medication management

5. Medication: Psychotropic medications and methadone
6. Case Management and Outreach
7. On-Site Day Treatment
8. Emergency evaluation and crisis care
9. Emergency transportation for life threatening emergencies
10. Community education
11. Health Promotion
12. Prevention Services
13. Routine Transportation: Day Treatment and bus passes
14. Interpreter
15. Inpatient Hospital Services/ Sub-Acute Services based on medical necessity

Specialized Services We Can Provide Other

These services are provided for Title XIX and XXI funded clients and clients diagnosed as Seriously Mentally Ill. These services must be prior approved through CSP.

1. Living Skills Training
2. Specialty Testing
3. Cognitive Rehabilitation
4. Supported Employment
5. Laboratory, Radiology, Medical Imaging
6. Electro-Convulsive Therapy
7. Personal Assistance
8. Family Support
9. Peer Support
10. Therapeutic Foster Care
11. Respite Care
12. Housing Support
13. Flex Fund Services: One-time grants given to clients to help improve their living situation. They are subject to approval and available funds.

Services We Can Provide as Funds Permit

These services are provided through Title XIX and XXI funding and may need to be prior approved through the Arizona Department of Health Services/ Behavioral Health Services. These services are available as funds permit.

1. Inpatient Hospital Services/ Sub-Acute Services: A person who needs 24-hour behavioral health care may be referred for hospitalization beyond the initial 72 hours. In certain facilities, there are limits on the length of stay. The limits are 30 days for one stay and a total of 60 days per year.

2. Residential Treatment
3. Day Program Services

CSP cannot provide services that are not medically necessary, for example, child custody evaluations, evaluations for a lawsuit, or educational testing services that are provided by the school district.

Research Protocols

CSP does not typically participate in research studies or provide experimental treatments. However, if specific research is requested and approved by Tribal Council, a protocol will be designed which will adhere to all applicable professional and governmental regulations and be pre-approved by the appropriate Institutional Review Boards. Clients will retain their rights to refuse to participate in research studies.

Referrals

Referrals to CSP are accepted via face-to-face contact, a phone call, or in writing. Written referrals are logged and date/time stamped. A Client Screen and Therapist Assignment form is initiated for all referrals.

Every effort is made to contact potential clients, by phone or by letter. If there is no response from the client within three attempts (three weeks?) at contact the case is closed and the referral source is notified in writing.

In the course of providing services to our clients and their families, referrals may be made to tribal and non-tribal agencies. Referrals to outside agencies are made by acquiring signed releases of information from the client, followed by direct contact with the agency. Written referrals are mailed and/or faxed to the agency, as permitted by the written consent of the client.

We maintain well-established communication with many interdepartmental and outside agencies, which benefits our clients. The following is a list of the most frequently utilized agencies:

Timeliness of Service

Client-care needs to be initiated within a time frame indicated by the urgency of the client's request for service.

- A) Immediate Response: An expedited and instant response to a person who may be in need of medically necessary covered behavioral health services. This includes persons who are at imminent risk of decompensation, relapse, hospitalization, risk of harm to self or others, or loss of residence because of mental health or substance abuse related conditions. Services must be initiated within two hours of this type of request for service.
- B) Urgent Response: A rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. This includes persons who may become at imminent risk of decompensation, relapse, hospitalization, risk of harm to self or others, or loss of residence because of mental health or substance abuse related conditions without care.

An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than 24 hours from the identification of the need.

- C) Routine Response: A response that is within timeframes indicated by the person's clinical needs, but does not require an immediate or urgent response. Routine appointments must be offered within seven days of the request for service.

Client Emergencies

Office Hours	If possible the client's treating clinician and/or the clinician's supervisor shall assess the client and assist with disposition, however, if the treating clinician is unavailable or the client has not yet been assigned a clinician, any available clinician, starting with the Counselor of the Day, will be enlisted to help with the crisis.
After Hours	Clients are instructed to call 911 for life threatening emergencies after hours.
Tucson	CSP provides after hours coverage for non-life threatening Mental Health Emergencies. The program also offers walk-in urgent care appointments Monday through Friday 8am – 5 pm. Clients may access the therapist on-call after hours by calling the on call cell phone at 591-7206.
Other Tucson	The Pascua Yaqui CPS Program is available by pager at 566-4380 or by cell phone at 975-2796.
Resources	The Domestic Violence Program assists with Victim Witness for all crime victims and Emergency Shelter for Domestic Violence victims. They can be reached through the Pascua Yaqui Police Department at 875-5500. Persons served may also call Tucson Help on Call: 323-9373.
After hours	Persons served in the Phoenix area may contact a local Crisis Line at (480) 768-2021 or (800) 631-1314.

Pharmacotherapy

CSP contracts with psychiatrists and psychiatric nurse practitioners to provide medication management services on-site. Psychiatry staff members are considered part of the treatment team, actively participating in Treatment Team Reviews (TTRs) and coordinating services with the client's primary therapists and other physicians as necessary. Psychiatry staff conduct psychiatric assessments, prescribe medications, and conducts follow-up care on a regular basis. They follow currently available American Psychiatric Association Treatment Guidelines and are provided with all relevant CSP policies and procedures regarding pharmacotherapy. CSP conducts quarterly evaluations of medication utilization.

Providers must refer a client for a psychiatric referral by filling out a referral form and reviewing it with the Program Manager. The Program Manager must sign the form, concurring with the referral.

Title XIX clients must be seen within 30 days of a referral for service.

Licensed pharmacists at local pharmacies dispense medication through contract. All sample medications and received prescriptions must be properly stored and dispensed through the nursing staff at the Centered Spirit Clinic.

Tucson Program:

Clients bring their prescriptions or call in refills to the Business Manager who sends the orders into an off-site pharmacy. Prescriptions are usually delivered the next business day to the Centered Spirit Clinic, (located in the Methadone Program) where the client may pick-up the prescription.

Guadalupe Program:

Clients are responsible for taking their prescriptions to local pharmacies as indicated. Both pharmacies are within walking distance from the community.

Medication Errors/Adverse Effects:

Psychiatry staff is informed of all medication errors and adverse effects. If a client complains of an adverse reaction to medications, this shall be reported immediately to the prescribing clinician. After hours and on holidays/weekends, the client shall be referred to their local clinic or emergency room.

NOTE: It is improper for any program staff other than a physician or other medical personnel licensed to prescribe medication or *to make any recommendations to clients regarding medications*. All medication issues are the jurisdiction of those licensed to prescribe.

Psychiatric Emergencies:

Tucson Program: Psychiatric emergencies 24/7 and psychiatric problems after hours and holidays/weekends shall be referred by the clinician-on-call to Psychiatry Staff of the program or the appropriate clinic or emergency room.

Guadalupe Program: Psychiatric emergencies 24/7 and psychiatric problems after hours and holidays/weekends shall be referred to Magellan.

Intake

During the intake session information will be gathered on client demographics, financial eligibility and the reason for the request for services. The Intake Specialist will also orient the client to the program and to their rights in the program. The client is given a Client handbook describing the program, covered services, client rights and responsibilities and the grievance and appeals process. Orientation and Informed consent is documented in the progress note and by the client's signature on the Informed Consent to Treatment Form.

The Intake Specialist enrolls the client into the TRBHA and determines a client's financial eligibility for AHCCCS.

After the initial screening and enrollment appointment the Intake Specialist will schedule the client

with an appropriate counselor.

Verification of Tribal Enrollment Status

CSP provides services for Pascua Yaqui enrolled tribal members and their immediate families. This includes the enrolled member's spouse or live-in partner and non-enrolled children through the age of 18. Persons requesting service will be asked to verify their enrollment and/or relationship status to an enrolled member.

Assessment and Reassessment

A counselor will conduct a comprehensive core assessment before treatment begins. Any relevant portions of the addenda must also be completed as treatment commences and no later than 45 days from the initial appointment. The counselor who conducts the assessment must be a Behavioral Health professional or a Behavioral Health Technician who is privileged to do so. On-going assessments are reflected in the progress notes. Reassessments are conducted every 12 months, or if a readmission, if the client has been out of treatment for a year or more. Reassessments may also be conducted at the discretion of the counselor or supervisor if indicated.

As part of the core assessment, a clinical formulation should be developed and directly reflect the material that is presented in the assessment. The formulation provides a descriptive picture of the person through summarization of the client's issues and concerns. In writing the formulation consider: 1) the client's presentation, mental status, and subjective concerns; 2) a brief overview of the client's main symptoms that led to the diagnosis; 3) a brief statement of how the counselor understands the client's presentation and symptoms from a theoretical perspective (substance abuse treatment, family systems, cognitive behavioral therapy, etc.); and finally 4) what the treatment recommendations are based on 1, 2 & 3. All these pieces must flow together in a meaningful way. This formulation then needs to be reflected in the treatment goals and in subsequent progress notes.

Centered Spirit Next Steps/Interim Service

Plan and subsequent Centered Spirit Service Plans

At the end of the initial session, the therapist and client should have developed together a Next Steps/ Interim Service/Care Plan. This plan identifies people what may be supportive and helpful as part of an ongoing treatment team; identifies any additional documentation that could be requested to assist in service planning; and identifies who the person or their family or legal guardian should contact if immediate assistance is needed before the next appointment. On the Interim Service plan, based on the person's presenting issues, clinical impressions, and preferences of the client and/or their guardian, the recommended next steps are documented. The plan should include any immediate steps to be taken, referral to primary care if health problems have been identified, and any additional considerations for urgent responses for children removed by CPS. The interim service plan is completed and signed by the therapist, the client, and the parents or guardians of a child, if the client is under the age of eighteen. Clients and/or their parent/legal guardian are provided with a copy of the plan at this first meeting.

When the client returns for subsequent appointments; as the interim service/care plan has been fulfilled, a new service plan is developed to reflect ongoing services. This plan must be developed

within the first ninety days of treatment. It should be routinely reviewed for relevance, altered whenever significant events occur or diagnoses change and should be updated at least every three months. In this plan, target dates for meeting objectives are set, a review date for the plan is set, and a discharge plan is also identified and documented. As with the interim plan, this plan must be signed by the client, the parent/legal guardian as appropriate, and by the therapist. Copies are to be provided to the client and/or the parent/legal guardian.

Guidelines for the Development of Service/Care Plans

Service/Care plans are to be developed and completed with the input of the clients and/or his or her guardian. Input should be reflected by using the client's words and including their choices, strengths, needs, abilities, and preferences. Using quotes encourages this practice. Treatment goal objectives must be measurable, achievable, time specific, and appropriate to the treatment setting. The plans must also reflect the clinical formulation that was derived from the Comprehensive Assessment. The clinician and the client need to anticipate discharge and transition planning as they develop the individualized treatment plan. Clients are assessed at each visit for treatment plan progress, and the development of new problems and symptoms. When applicable and appropriate, the clinician and client should make every effort to involve the family of the person served in treatment planning. As part of the treatment plan, needs beyond the scope of the program should be identified and referrals should be offered. When co-occurring disabilities or disorders are assessed, the treatment plan either addresses them or ensures that other qualified personnel such as specialty providers provide the necessary services.

Progress Notes

At the end of each client contact or event, whether face-to-face or by telephone, a progress note must be generated in ClaimTrak. Progress notes reflect the type of service provided, such as case management, individual therapy, family therapy, group therapy, etc. Use of proper codes is provided during initial orientation on the use of ClaimTrak software. Codes are used so that billing occurs accurately and that types of services can be analyzed. Progress notes are used for all services, such as phone calls, attempts to contact, discussions/consultations with other providers or family members, medication changes or refills, and no-shows. Progress notes are written in a modified S-O-A-P format and document a client's progress toward treatment goals as written in the treatment plan.

S (Subjective)

- How the client presented themselves in session (i.e. Client was distracted, disheveled, not dressed appropriately for the weather, shifted restlessly in the chair, avoided eye contact).
- The general theme of the client that session (i.e. The client discussed a recent argument with his son.)
- The pace of the session.

O (Objective)

- Specific, factual information on client progress and behavior especially as related to

- the Treatment Plan. (i.e. The client attended three AA meetings the last two weeks)
- Specific, factual information about the session itself.

I (Intervention)

- Describe the specific interventions did the counselor use in this session. For example, the counselor confronted the client’s reluctance to look into the AA schedule.
- Note the client response to this intervention. For example, the client did not respond to this intervention, changing the subject or the client gained an understanding of her fear of meeting new people.

A (Assessment)

- The assessment is an assessment of the client’s progress toward the treatment goals and should be directly supported by what was reported in the subjective and objective sections. The assessment should be specific and descriptive. For example, an assessment might include the statement that “the client increased the number of AA meetings attended by 50% from the last session.”

P (Plan)

- The plan is the agreed upon next step for the client prior to the next session.

All subsequent Progress Notes should include information on the clinical status of the client, any new clinical information, and most importantly, *progress on the established treatment plan.*

Time Frames for Chart Entries

Screening and Enrollment	24-48 Hours
Intake	Within 7 days
Core Assessment and Next Steps/Interim Plan	Same date as intake
Assessment Addenda	Must be completed 30 days within enrollment
CSP Service Plan	Must be completed 30 days within enrollment
Progress Notes	Within 24 hours of service
Client Artwork and Therapeutic Writing	Within 24 hours of submittal
Case Closure and Discharge Summary	Last date of service and if no comprehensive assessment has been completed within 30 days.
Outside clinical information such as discharge summaries, lab reports, and correspondence.	

Clinical Records Requirements

All staff members are to adhere to the record keeping standards set forth by the health department for maintaining records that are organized, clear, complete, current and legible.

1. All CSP computers are accessed through a network server. Each user has an ID and password to log-on. Users of the electronic charting system used at CSP must log on with a unique identifier and password.
2. Office doors are locked when provider offices are unoccupied to prevent unauthorized use of computers and other material.
3. To further protect client's confidentiality, when reports, correspondence, or assessments are titled in word processing software, only initials and dates of birth should be used to identify clients when saving. Most word processing software keeps record of the most recent documents in recent history files.
4. Individual password protected H-drives are assigned to each staff member. These drives are backed-up nightly by the PYT IT Department.
5. All clinical documentation must be completed in black ink. Pencil may not be used for clinical documentation.
6. Records must be secured in the medical records room at the end of each work day. Records that won't fit in the drop slot may be locked in the file cabinet in the reception area until the morning. The employee who placed it in the file cabinet is responsible for retrieving it and returning it to medical records. Therapists are not permitted to keep charts in their offices. Records may not be removed from the Centered Spirit Program offices.
7. All chart documents are part of a legal record of the client's care. Documents may not be altered, removed, destroyed or tampered with in any way. White out or correction tapes may not be used on clinical documents. Tampering with or destroying clinical documents is considered a serious violation of program policy.
8. Client records and all other program materials are property of the Pascua Yaqui Tribe. When employment with the Tribe ceases, employees must leave all records and program materials within our department.
9. Charts may not include loose pieces of paper, or post-it notes.
10. Signed releases of information must be obtained from any client for whom you wish to gather information from another source, except as specifically outlined in the confidentiality policy.
11. All clients who miss appointments must be sent missed appointment letters or receive follow-up phone calls that are documented in the progress notes. It is the therapist's responsibility to send a follow-up note. At least two re-engagement activities must be attempted and documented in the client chart. If a client is designated as SMI, there must be an active attempt to re-engage the client, including follow-up case management visits to the client's home.

- . 12. NO-shows, phone calls, consultation and any other action associated with client care are always documented in the progress notes.

Coordination of Care

The primary treating professional, or Clinical Liaison, is the person who is responsible for the client's care and the completion of all clinical documentation. The Clinical Liaison also monitors progress on the treatment plan and sets up meetings with other service providers as needed. As the coordinator of services, the clinician or counselor provides the orientation to services, promotes participation of the client in his or her treatment plan, and identifies gaps in services. The coordinator advocates for the client, communicates information regarding the progress, and facilitates the transition process. The Clinical Liaison is responsible for coordination with the Primary Care medical provider as well.

Coordination of Services with Interdepartmental and Outside Agencies

- **Interdepartmental programs:** We accept referrals from other Yoeme programs via a standard referral form. We act on those referrals and routinely send a form letter to the referent indicating whether contact was made. We do not provide any other information without a signed consent from the client. We strongly encourage all referring agencies to ask their clients to call or come in person to schedule their screening and intake appointments.
- **Tribal Court:** The court frequently refers clients to our program through the probation department. Clients are responsible for verifying to the court that they are participating in treatment and conforming to the treatment plan. Standard verification forms are available for clients who request them. Clients may sign release forms allowing us to communicate with the courts and probation officers.
- **The Casino of the Sun:** The casino generally refers clients through the PYT Employment and Training office. Clients usually schedule appointments at their convenience.
- **Social Services:** CSP coordinates services for youth and families involved with Child Protective Services.
- **Local Schools:** CSP provides and coordinates services for Yoeme youth in local schools
- **Additional Community Resources**
 - Pascua Yaqui Traditional Healers
 - Alternative Medicine Practitioners
 - Medical Social Services
 - Community Health Programs
 - 12-step Programs

- Vocational Rehabilitation programs
- DES or Disability Programs
- Religious Organizations
- Head Start
- Family Preservation
- Senior Center Day Program

The Child and Family Team

The state department of Behavioral Health Services has adopted an approach to service provision for children that is based on a Child and Family team model. This model has been developed to assure that all children served by Title XIX services receive behavioral health care that meets the 12 Arizona Principles for care (<http://www.hs.state.az.us/bhs/principles.pdf>) and the Arizona Vision.

“The Arizona Vision states:

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child’s family’s cultural heritage.”

All Title XIX children who receive services through CSP must receive services based on this model of family-centered practice. This model incorporates the following values:

- Strength-based
- Family-centered
- Collaborative and Flexible
- Culturally competent
- Utilizes informal Supports in the family’s life
- Offers a single point of contact for service provision

The Child and Family Team are composed of the child and his or her family, a behavioral health representative, and any individuals in the family’s life that they would like to bring in to support their treatment. This can include religious and spiritual leaders, extended family members, coaches, teachers, etc. The team helps develop and implement the service plan, as well as make recommendations for service referrals. For further information you may refer to

<http://www.azdhs.gov/bhs/guidance/cft.pdf>.

Transition/Recovery Support Services

A transition/recovery plan is completed for clients who complete their treatment goals or do not return for treatment. The transition/recovery planning process begins at the start of therapy. Clients and those who participated in the development of the transition plan are provided copies if the client consents. When the need for additional services is noted, for example, medication, support services, or vocational rehabilitation, personnel are identified who will follow-up after transition to maintain

continuity, determine if such services are needed, and offer or refer to needed services. An example of a CSP Recovery support program is Guadalupe's C-CORE that promotes substance abuse abstinence.

The Circles of Care Project

The Circles of Care Planning Grant proposed a new service model consistent with the Arizona Vision to improve the system of care for Pascua Yaqui youth with SEBD and their families. The evolution of this model has been based on the needs assessment, capacity building and technical assistance activities of the staff, community members and service providers over the first 30 months of the project. Cultural input from members of the two Community Coalitions was particularly important. The model is reflective of a flower, or Sewa, which is fundamental to the project's theme of flowers and flower children as sacred.

Principles of Practice - This new model incorporates the National Indian Child Welfare Association's Nine Principles of Practices for systems of care for AI/communities.

Family Focused – A systems of care principle that says help must be designed for the specific needs of each individual child within their family. The focus of services is on supporting and strengthening the family. Families play an active role as partners at all levels in the system from service delivery to program planning.

Culturally Competent – A principle of the system of care movement defined by individual service providers who are capable of working effectively in situations of cultural difference and agencies or systems as a whole who are able to work effectively with cultural differences through a complete set of practice skills, attitudes, policies, and structures that value diversity.

Community-based – A systems of care principle that promotes programs that offer services within the child's home community by providing a network of services for youth and their families. The unique values and strengths of the community are utilized to guide those services and the system to fit the needs of the community.

Individualized – A principle of the systems of care movement that says services must be uniquely tailored to meet the specific needs of each individual child and family. Caregivers utilize the child and family's unique strengths to develop care plans. Great care is taken to avoid placing children in program "slots" based on service availability and funding streams.

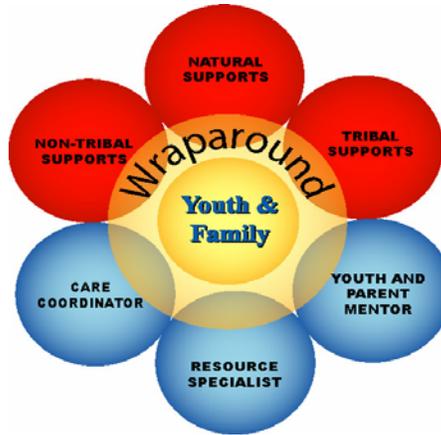
Least Restrictive - A systems of care principle, which states that children and adolescents must be served in as normal an environment as possible. Interventions are those that provide the needed services and, at the same time, are minimally intrusive in the normal day-to-day routine of the child and family. The goal is to maintain as many children as possible in their own homes.

Accountable – Service Providers are accountable, and then they answer to a people representing the community and/or a "watchdog" advocacy group and are responsible for meeting requirements of the grant. The system uses data and evaluation responsibly to demonstrate the value of the program at all levels.

Inter-Agency – A principle of the systems of care movement that says services must be

provided by more than one agency to meet the broadest range of needs and offer the broadest range of services possible for children and their families. Signed memoranda between agencies are often used to formalize these efforts.

Coordinated and Collaborative – A systems of care principle that promotes direct service level, care providers and the family working together to create a plan of care that meets the child’s needs. Organizations including mental health, education, juvenile justice, child welfare, and other natural helping systems work together toward a common goal or vision. Open communication allows each person to play a unique role in the combined effort and avoid “turf issues” among professions.



Family as the Core

The service model places the young person and their family in the center of the service system. The yellow circle therefore represents the youth and family with behavioral health needs. In the context of Pascua Yaqui culture, the family includes extended family members.

Wraparound Methodology

The translucent yellow circle represents the wraparound ideology or methodology. The model is based on the wraparound methodology developed by John Van Den Berg and customized for AI/communities by Native American Training Institute. The wraparound process is one that unites natural supports with professional supports to provide a youth with a Serious Emotional Behavioral Disorder (SEBD) with the tools needed for that youth to return to their balanced state. It is strengths-based, community-based, and empowers the family to make active decisions for themselves.