



Pascua Yaqui TRBHA
CENTERED SPIRIT PROGRAM
Provider Manual - 2023



Section 2.0 Introduction

The Pascua Yaqui (PY) Centered Spirit Program (CSP) contracts with the Arizona Health Care Cost Containment System (AHCCCS) and functions as a Tribal Regional Behavioral Health Authority (TRBHA).

AHCCCS, the State Medicaid Agency, provides funding to CSP to administer behavioral health benefits for persons receiving Title XIX and Title XXI acute care services.

Overview of Pascua Yaqui Centered Spirit Program TRBHA:

It is the mission of 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, the community, and the Tribe.

CSP services include:

- Services for children and adults with substance use and/or general mental health disorders;
- Services for children with a serious emotional disturbance;
- Services for adults with a serious mental illness (SMI);
- Prevention programs for children and adults;
- Psychiatric evaluation and medication;
- Psychological testing and evaluation;
- AcuDetox, and Opioid Treatment Program (OTP);
- Crisis Intervention – including a 24 hour, seven day-a-week crisis phone and mobile unit; and
- Acute care referrals.

Utilizing our Provider Network, CSP can access supplementary client services including acute psychiatric hospitalization, detoxification, partial care, residential treatment, and group home placement.



CSP services are delivered in such a manner to include:

1. Easy access to care.
 - a. Accurate information is readily available that informs CSP clients, family members and stakeholders how to access services;
 - b. The CSP network is organized in a manner that allows for easy access to CSP services; and
 - c. Services are delivered in a manner, location and timeframe that meet the needs of CSP clients and their families.
2. Involvement by the client and family members (as appropriate).
 - a. Clients and their family members are active participants in behavioral health delivery system design, prioritization of behavioral health resources and planning for and evaluating the services provided to them; and
 - b. Clients, family members and other parties involved in the client and family's life are central and active participants in the assessment, service planning and delivery of behavioral health services and connection to natural supports.
3. Collaboration with the greater community.
 - a. Stakeholders including general medical, child welfare, criminal justice, education and other social service providers are actively engaged in the planning and delivery of integrated services to CSP clients and their families;
 - b. Relationships are fostered with stakeholders to maximize access by CSP clients and their families to needed resources such as housing, employment, medical and dental care, and other community services; and
 - c. Providers of CSP services collaborate with community stakeholders to assist CSP clients and family members in achieving their goals.
4. Effective innovation.
 - a. Behavioral health providers are continuously educated in and use evidence-based best practices;
 - b. The service system recognizes that substance abuse and other mental health disorders are inextricably intertwined, and integrated substance



abuse and mental health evaluation and treatment is the community standard; and

- c. Behavioral health clients and family members (who want to) are provided training and supervision to become and be retained as providers of peer support services.

5. Expectation for improvement.

- a. Services are delivered with the explicit goal of assisting people to achieve or maintain success, recovery, gainful employment, success in age-appropriate education, return to or preservation of adults, children and families in their own homes, avoidance of delinquency and criminality, self-sufficiency and meaningful community participation;
- b. Services are continuously evaluated, and modified if they are ineffective in helping to meet these goals; and
- c. Behavioral health providers instill hope that achievement of goals is possible even for the most disabled.

6. Cultural competency. Cultural competence in health care demonstrates the ability of systems to provide care to persons with diverse values, beliefs and behaviors, including tailoring service delivery to meet the person's social, cultural, and linguistic needs. As CSP care providers, the goal is to create a behavioral health system of care that fits everyone's needs. To accomplish this goal, it is necessary to ensure that staff providing services have the skills to meet the client's unique family, culture, traditions, strengths and gender considerations when developing a client's individual treatment plan. AHCCCS endorses the following activities for ensuring a cultural competent behavioral health system:

- a. CSP service providers are recruited, trained and evaluated, based upon competency in linguistically and culturally appropriate skill in responding to the individual needs of each behavioral health client and family members;
- b. CSP management reflects cultural diversity in values and in policies; and
- c. CSP management and service providers strive to improve, through periodic cultural self-assessment, and modify individual services or the system as a whole when applicable.

Arizona Children's 12 Principles. CSP strives to consistently and universally comply with the 12 Principles of Behavioral Health Care for Arizona's Children. Those 12 Principles are:



1. Collaboration with the Child and Family. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive outcomes. Parents and children are treated as partners in the assessment process, and the planning delivery, and evaluation of CSP services, and their preferences are taken seriously.
2. Functional Outcomes. CSP services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with Others. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established services plan is collaboratively implemented. Client-centered teams plan and deliver services. The child's team includes the child and parents/guardians and any other invited individuals important in the child's life. The team also includes all other persons needed to develop an effective plan, including, as appropriate, child's teacher, the child's Child Protective Services and/or Division of Developmental Disabilities caseworker, and the child's probation officer. The team:
 - a. Develops a common assessment of the child's and family's strengths and needs;
 - b. Develops an individualized service plan;
 - c. Monitors implementation of the plan; and
 - d. Makes adjustments in the plan if it is not succeeding.
4. Accessible Services. Children have access to a comprehensive array of CSP services, sufficient to ensure that they receive the treatment they need. Case management is provided as needed. CSP service plans identify transportation needs, and how transportation assistance will be provided. CSP services are adapted or created when they are needed but not available.
5. Best Practices. CSP services are provided by competent individuals who are adequately trained and supervised. CSP services are delivered in accordance with guidelines adopted by AHCCCS that incorporate evidence-based "best practice." CSP service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in clients' lives, especially clients in foster care. CSP



services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most Appropriate Setting. Children are provided CSP services in their home and community to the extent possible. CSP services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's needs.
7. Timeliness. Children identified as needing CSP services are assessed and offered services promptly.
8. Services Tailored to the Child and Family. The unique strengths and needs of children and their families determine the type, mix, and intensity of CSP services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
9. Stability. CSP service plans strive to minimize multiple placements. Service plans identify whether a client is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. A CSP Safety Plan is developed with the child and includes specific strategies and services that will be employed if a crisis develops. In responding to crises, the CSP system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system. CSP service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. Respect for the Child and Family's Unique Cultural Heritage. CSP services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in the primary language of the person served.
11. Independence. CSP services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. CSP service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. Connection to Natural Supports. The CSP system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.



Principles for Persons determined to have a Serious Mental Illness (SMI). CSP operates in accordance with the following principles for persons who have been determined to have a serious mental illness and their families. CSP will:

- Maintain and respect human dignity;
- Respect for the client's individuality, abilities, needs, and aspirations without regard to the client's psychiatric condition;
- Encourage and support self-determination, freedom of choice and participation in treatment to the client's fullest capacity;
- Encourage and support freedom from the discomfort, distress and deprivation which arise from an unresponsive and inhumane environment;
- Uphold privacy including the opportunity, wherever possible, to be provided clearly defined private living, sleeping and personal care spaces;
- Consistently provide humane and adequate support and treatment that is responsive to the client's needs, recognizing that a client's needs may vary, and that is sufficiently flexible to adjust to a client's changing needs;
- Consistently offer the opportunity to receive services which are adequate, appropriate, consistent with the client's individual needs, and is least restrictive of the client's freedom;
- Consistently offer the opportunity to receive treatment and services that are culturally sensitive in their structure, process and content;
- Consistently offer the opportunity to receive services on a voluntary basis to the maximum extent possible and entirely if possible;
- Promote and support integration of clients into their home communities through housing and residential services which are located in residential neighborhoods, which rely as much as possible on generic support services to provide training and assistance in ordinary community experiences, and which utilize specialized mental health programs that are situated in or near natural community services;
- Promote and support the opportunity to live in one's own home and the flexibility of a service system which responds to client needs by increasing, decreasing and changing service as needs change;
- Promote and support the opportunity to undergo normal experiences, even though such experiences may entail an element of risk; provided however, that a



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client's safety or well-being or that of others shall not be unreasonably jeopardized; and

- Promote and support the opportunity to engage in activities and styles of living, consistent with the client's interests, which encourage and maintain the integration of the client into the community.

The Purpose of the CSP Provider Manual.

The purpose of this Manual is to ensure that a consistent and reliable resource containing all standards and requirements is readily available and easily accessible to all CSP service providers.

Revisions to the CSP Provider Manual.

This Provider Manual will be updated on an ongoing basis, but at a minimum, content will be reviewed annually. CSP and subcontracted providers and others may provide comments and request for revisions to the provider manual if interested by contacting the CSP Quality Manager at (520) 879-5966.