

320-O - BEHAVIORAL HEALTH ASSESSMENTS, SERVICE, AND TREATMENT PLANNING

EFFECTIVE DATES: 10/05/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, [10/01/23](#)¹

APPROVAL DATES: 07/20/17, 09/06/18, 06/13/19, 05/28/20, 06/15/21, [06/08/23](#)²

I. PURPOSE

This Policy applies to ACC, [ACC-RBHA](#)³, ALTCS E/PD, DCS/~~Comprehensive Health Plan~~ [CHP](#) (CHP), DES/DDD (DDD) ~~and RBHA~~ Contractors; and Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), [DES/DDD Tribal Health Program \(DDD THP\)](#)⁴, Tribal ALTCS, TRBHAs, and FFS ~~p~~Populations excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy specifies provisions for Behavioral Health Assessments, Service, and Treatment Planning for AHCCCS members.

II. DEFINITIONS

[Refer to the AHCCCS Contract and Policy Dictionary for the following common terms found in this Policy](#)⁵:
~~Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).~~

ADULT RECOVERY TEAM (ART)	ARIZONA DEPARTMENT OF CHILD SAEFTY (DCS)	BEHAVIORAL HEALTH ASSESSMENT
BEHAVIORAL HEALTH PROFESSIONAL (BHP)	BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)	BEHAVIORAL HEALTH TECHNICIAN (BHT)
CHILD AND FAMILY TEAM (CFT)	GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU)	HEALTH CARE DECISION MAKER (HCDM)
HOME AND COMMUNITY BASED SERVICE (HCBS)	MEMBER	PERSON CENTERED SERVICE PLAN (PCSP)
SERIOUS MENTAL ILLNESS (SMI)	TREATMENT PLAN	

¹ [Date Policy is effective](#)

² [Date approved by APC](#)

³ [ACC-RBHA-Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors](#)

⁴ [Added DDD THP FFS program to purpose statement](#)

⁵ [Adding an identification table of terms used in this Policy that can be found in the AHCCCS Contract and Policy Dictionary](#)

For purposes of this Policy, the following terms are defined as⁶:

<u>SERVICE PLAN</u>	<u>Any plan, which outlines member services and goals. This may include service plans, treatment plans, Person Centered Service Plan (PCSP), Individual Family Service Plan (IFSP), Individual Education Plan (IEP), or any other document that outlines services and/or treatment goals, from any entity involved with the member’s care and treatment that is used to improve the coordination of care across multiple systems.</u>
<u>OUTPATIENT TREATMENT CENTER (OTC)</u>	<u>An OTC means a class of health care institutions without inpatient beds that provides physical health or behavioral health services for the diagnosis and treatment of patients, as specified in A.A.C. R9-101-158.</u>

III. POLICY

A. OVERVIEW

The Contractor shall ensure that behavioral health assessments, service, and/or treatment planning be conducted in compliance with the Adult Behavioral Health Service Delivery System – Nine Guiding Principles, and the Arizona Vision and Twelve Principles for Children’s Behavioral Health Service Delivery, as specified in AMPM Policy 100, and AMPM Chapter 200 Behavioral Health Practice Tools, ~~and Both~~ A.A.C. Title 9, Chapters 10 and 21 shall be followed to ensure the Arizona Department of Health Services (ADHS) requirements are met for assessment, service, and treatment planning⁷, as applicable. The Behavioral Health Practice Tools, Child and Adolescent Level of Care Utilization System (CALOCUS), and American Society of Addiction Medicine (ASAM) are optional resources for the FFS Programs, ~~and are not a requirement for the FFS Programs⁸~~

1. Behavioral Health Assessments, Service, and Treatment Planning shall:
 - a. Be conducted according to the AHCCCS Instruction Guide for the Behavioral Health Clinical Chart Audit and the corresponding Behavioral Health Tool Assessment elements included within the AHCCCS Behavioral Health Audit portal,⁹
 - b. Be conducted following A.A.C. Title 9, Chapters 10 and A.A.C. Title 9, Chapter 21, Article 3, for children and adults identified as General Mental Health/Substance Use (GMH/SU),
 - ~~a.~~c. Be conducted following A.A.C. Title 9, Chapter 21, Articles 3 and 4, for members with a Serious Mental Illness (SMI) designation,¹⁰
 - ~~b.~~d. Be conducted by an individual within their scope of practice (e.g., Behavioral Health Professionals [BHPs], or Behavioral Health Technicians [BHTs] Behavioral Health Paraprofessional [BHPPs])¹¹ and

⁶ Added terms specific to this Policy

⁷ Added to clarify required use of both Arizona Administrative Code guidelines

⁸ Removed due to redundancy

⁹ Added to incorporate Behavioral Health Audit Instruction Guide as component of policy

¹⁰ Changed for accurate representation of member vs individual (which may not be a member); changed throughout policy, as applicable

¹¹ Added as BHPPs are listed in A.C.C. R9-10-1011

- under the appropriate clinical oversight or supervision of a Behavioral Health Professional (BHP), as applicable specified in A.C.C. R9-10-1011¹²,
- ~~e.~~ Incorporate the concept of a “team” established for each member receiving behavioral health service,
 - i. The team shall be based on member/Health Care Decision Maker (HCDM) choice,
 - ii. The team does not require a minimum number of participants and ~~can~~ may consist of whomever is identified by the member/HCDM,
 - f. Utilize Attachment A to indicate the member’s/HCDM’s¹³ agreement or disagreement with the service plan and awareness of the right to appeal if not in agreement with the service plan.
 - i. Utilize Attachment A to indicate the member’s signature on the service plan, even if the HCDM has the legal authority for treatment decisions.¹⁴
 - ~~d.g.~~ Behavioral health providers shall supply the completed assessment, service and/or treatment plan documentation to other providers as necessary for coordination and inclusion in the member’s medical record as specified in AMPM Policy 940.¹⁵
~~The health home provider serves as the primary responsible entity for coordination of all primary, physical and/or behavioral health services and supports to deliver and/or arrange whole person care.¹⁶~~
2. For ALTCS, ~~E/PP and DDD members, Contractors, the Contractor~~ (Tribal ALTCS, ALTCS E/PP or DDD) the case manager,¹⁷ serves as the primary responsible entity for coordination of all primary, physical and/or behavioral health services and supports to provide whole person care:-
- a. For ALTCS members who have an SMI designation, service planning shall align with all requirements for ~~SMI members~~ members with an SMI designation¹⁸ as specified in including, but not limited to¹⁹ the following Policies:
 - i. AMPM Policy 310-B,
 - ii. AMPM Policy 320-R,
 - ~~iii.~~ iii. AMPM Policy 541,²⁰
 - ~~iv.~~ iv. AMPM Policy 1610,
 - ~~v.~~ v. AMPM Policy 1620,
 - ~~vi.~~ vi. AMPM Exhibit 1620-10
 - vii. ACOM Policy 444, and
 - viii. ACOM Policy 446.
 - b. For ALTCS E/PP members, assessment, service, and treatment planning, shall be coordinated according to billing limitations as specified in AMPM Policy 570, and in accordance with the Person-Centered Service Plan (PCSP), as defined in the AHCCCS Contract and Policy Dictionary, and in AMPM Policy 1610,²¹

¹² Revised to align with A.C.C. R9-10-1011

¹³ Added for clarity

¹⁴ Added to specify signature of member

¹⁵ Language moved from section A (6) for continuity. Health Home language replaced with term provider to expand understanding of requirement for assessment and service planning incorporating a reference to AMPM Policy 940.

¹⁶ Deleted language as further discussion is relative to “primary responsible entity”

¹⁷ Specified applicable FFS programs

¹⁸ Updated to reflect person centered language

¹⁹ Added to allow for other policies as need arises

²⁰ Added due to allow for identification of applicable requirements under AMPM Policy 541

²¹ Added to provide reference for process requirements

- ~~b.c.~~ For ~~individuals-members~~²² with an ~~Serious Mental Illness (SMI)~~ designation, a special assistance assessment shall be completed in accordance with AMPM Policy 320-R, and
- d. For members under the legal custody of the Arizona Department of Child Safety (DCS), assessment, service and/or treatment planning shall be coordinated as necessary, based on the child’s assigned health plan (e.g., ALTCS E/PD, CHP, or DES/DDD).²³

~~Behavioral Health Assessments, Service and Treatment Planning shall be conducted in accordance with A.A.C. Title 9, Chapter 21, Articles 3 and 4, and Special assistance assessment shall be completed in accordance with AMPM Policy 320-R²⁴~~

- ~~3. For ALTCS members:²⁵~~
 - ~~a. Behavioral health assessment and treatment planning shall be implemented to align, as much as possible, with the ALTCS Person-Centered Service Plan.~~
- ~~4. Behavioral health providers outside of the health home may shall complete assessment, service, and treatment planning to support timely access to medically necessary behavioral health services, as allowed under licensure and as specified in ACOM Policy 417.~~
 - ~~a. Behavioral health providers shall supply completed assessment or service and treatment plan documentation to the health home for other providers, as necessary for coordination and inclusion in the member’s medical record as specified in AMPM Policy 940.~~
- ~~5. The Behavioral Health Assessments, Service, and Treatment Plan shall be included in the medical record as specified in AMPM Policy 940.²⁶~~
- ~~6.3.~~ Behavioral health assessments, service, and treatment plans shall be updated at minimum, once annually or more often as necessary, based on clinical needs and/or upon significant life events including but not limited to:
 - a. Moving,
 - b. Death of a family member or friend,
 - c. Change in family structure (e.g., divorce, separation, adoption, placement disruption),
 - d. Hospitalization,
 - e. Major illness of the individual member, or their family member, or person of importance,²⁷
 - e.f. Change in level of care,²⁸
 - f.g. Incarceration, and
 - g.h. Any event that may cause a disruption of normal life activities, based on a member’s identified perspective, and need.

²² Changed for accurate representation of member vs individual changed throughout policy

²³ Added to clarify coordination responsibilities by more than one health plan.

²⁴ Moved to (A.)(1.)(b.) above for flow regarding need for SMI & GMH populations to follow DHS (A.A.C.) guidelines

²⁵ Numbers (3.) and (4.) deleted language moved to section (A.)(1.)(d.) and (A.)(1.)(d.)(i.)

²⁶ Deleted as redundant to section (A.)(1.)(g.)

²⁷ Added for further detail

²⁸ Added as additional criteria

7.4. FFS Programs:

- a. All Behavioral health providers shall provide the completed behavioral health assessment, service and treatment plan documentation to the TRBHA or to the Tribal ALTCS case manager, ~~and/or other FFS providers involved in the member’s care~~²⁹ for inclusion in the member’s medical record:
 - A Release of Information (ROI) is not needed for members whose AHCCCS health plan enrollment is with Tribal ALTCS or a TRBHA,³⁰
 - i. unless records are subject to Part 2 (42 CFR Part 2). Refer to AMPM Policy 940.³¹
- b. For purposes of this Policy, for FFS populations the term treatment plan may be used interchangeably with the term service plan,
- c. The TRBHA and/or Tribal ALTCS shall coordinate with the Contractor, ~~Primary Care Provider (PCP), and others involved in the care or treatment of the member (e.g., Arizona Department of Child Safety (DCS), probation, sSkilled nNursing fFacility [SNF]~~³²) as applicable, regarding assessment, service and/or treatment planning,
- ~~d. Tribal ALTCS shall coordinate with the member’s PCP and others involved in the care or treatment of the member (e.g. DCS, probation, skilled nursing facility) as applicable, regarding assessment, service, and treatment planning.~~³³
- e.d. FFS Providers are responsible for coordinating care with Tribal ALTCS case managers and, for members enrolled with a TRBHA, providers are responsible for coordinating care with the TRBHA, and
- e. FFS providers are responsible for care coordination of AIHP members across ~~the service delivery system (e.g., American Indian Medical Home, IHS 638 Tribal Facility, and PCP).~~³⁴ all levels of care that include applicable treating providers or entities such as, but not limited to:
 - i. The assigned TRBHA,
 - ii. DDD Support Coordinator or DDD District Nurse,
 - iii. American Indian Medical Home (AIMH),
 - iv. PCP,
 - v. The inpatient and/or outpatient treatment team, including the BHP who shall be responsible for the member’s treatment plan,
 - ~~vi.~~ The outpatient treatment team may also include Indian Health Services (IHS), Tribally operated 638 Facility, or Urban Indian Health (I/T/U), and/or
 - ~~vii.~~ Other individuals of the treatment team including physical health providers, as applicable, which may or may not include optional utilization of Child Family Team (CFT) or Adult Recovery Team (ART).

²⁹ Added language in to include other FFS programs

³⁰ Added language for clarification of health plan care coordination

³¹ Updated for consistency with verbiage included within AMPM Policy 940

³² Adding common acronym

³³ Deleted as duplicative, but moved Tribal ALTCS to paragraph “c”

³⁴ Listed examples of treating providers or entities

B. BEHAVIORAL HEALTH ASSESSMENTS:³⁵

1. **Comprehensive³⁶ Assessment:**

a. ~~Members~~ **Individuals** receiving behavioral health services shall receive a ~~comprehensive~~ behavioral health assessment ~~The assessment shall be conducted~~ in compliance with the rules set forth in A.A.C. Title 9, Chapters 10 **and** 21, and ~~for~~ ACOM Policy 417, as applicable, for timeliness standards, as well as identification of assessed needs for purposes of service planning,

a. ~~The health home, ALTCs Contractor or FFS provider~~ outpatient provider of behavioral health services is responsible for maintaining ~~the all comprehensive~~ behavioral health assessments within the medical record, and for ensuring periodic assessment updates are completed to meet the changing behavioral health needs for ~~individuals~~ **members** who continue to receive behavioral health services. The behavioral health provider shall document in the member's medical record that the assessment has been shared with the member's PCP.

~~a.b.~~ All providers shall maintain an immediately accessible copy of the member's assessment (see AMPM Policy 940),³⁷

i. An assessment shall include an evaluation of the member's:

1) Presenting concerns,

~~1)2)~~ Information on the strengths and needs of the member and ~~their~~ **his/her**³⁸ family,

~~2)~~ Current and past ~~b~~ Behavioral health treatment,³⁹

~~3)~~ Current and past ~~m~~ Medical conditions and treatment,

~~4)~~ Sexual behavior and, if applicable, sexual abuse, History of physical, emotional, psychological, or sexual trauma at any stage of life, if applicable,

~~4)5)~~ History of other types of trauma (e.g., environmental, natural disasters, etc.),

~~5)6)~~ Current and past ~~S~~ substance use related disorders ~~abuse~~, if applicable,

~~6)7)~~ Social Determinants of Health (SDOH) or Health Related Social Needs (HRSN).⁴⁰

a) Living environment,

~~a) b)~~ Educational and vocational training,

~~b) c)~~ Employment,

~~c) d)~~ Interpersonal, social, and cultural skills,

~~8)~~ Developmental history,

~~7)9)~~ Criminal justice history,

~~8)10)~~ Public (e.g., unemployment, food stamps, etc.) and private resources (e.g., faith-based, natural supports, etc.),

~~9)11)~~ Legal status (e.g., presence or absence of a ~~HCDM~~ **legal guardian**) and apparent capacity (e.g., ability to make decisions or complete daily living activities),

~~10)12)~~ Need for special assistance, and

~~11)13)~~ Language and communication capabilities.

ii. Additional components of the assessment shall include:

1) Risk assessment of the member,

2) Mental status examination of the member,

³⁵ Corrected title for grammar

³⁶ Deleted 'comprehensive' for clarity, modified throughout Policy

³⁷ Removed reference to FFS as it is a requirement applicable to all providers, not just FFS.

³⁸ Updated pronouns to align with Policy standard

³⁹ List items added and revised for clarification in section B1(a.)(i.)

⁴⁰ Added to identify specific Social Determinants of Health (SDOH) and/or Health Related Social Needs (HRSN) list

- 3) A summary of clinician's⁴¹ impressions, and observations,
 - 4) Recommendations for next steps,
 - 5) Diagnostic impressions of the qualified clinician,
 - 6) Identification of the need for further or specialty evaluations, and
 - 7) Other information determined to be relevant.
- ~~b.c.~~ There are no specific assessment templates required, if the assessment fulfills components listed above. These components may be considered to be a completed assessment or reassessment. An assessment may also include, but is not limited to a psychiatric evaluation, psychological evaluation, standardized assessments designed to address specific needs (e.g., depression, anxiety, need for HRSN), or specific assessments from other providers designed to meet member's treatment needs,⁴²
- d. In situations when a ~~specific assessment~~ standardized assessment or tool⁴³ is ~~duplicate~~ completed by multiple service providers who are providing services to a member,⁴⁴ (e.g., developmental assessment, CALOCUS), the results ~~of such assessments~~ shall be shared and⁴⁵ discussed collaboratively ~~with any other provider that may have completed an assessment,~~⁴⁶ to address clinical implications for treatment needs. Differences in level of care shall be addressed within the "team" to develop consensus regarding level of care and the needs of the child and family. ~~with participation from both the health home and behavioral health provider outside of the health home,~~ and⁴⁷
- e. If an assessment has been completed by another provider, or prior to behavioral health outpatient treatment, or if the OTC has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission, the following requirement is applicable (per A.A.C. R9-10-1011).
- i. The patient's assessment information is reviewed and updated if additional information is identified that affects the patient's assessment, and
 - ii. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed.⁴⁸

⁴¹ Added for clarity

⁴² Added to identify other assessment options that can be considered in addition to assessment criteria for assessment completion (per A.A.C. R9-10-10)

⁴³ Revised for clarity

⁴⁴ Revised for clarity

⁴⁵ Added for clarity

⁴⁶ Deleted language for clarification, a release of information may be required

⁴⁷ Sentence revised, added language to specify need for consensus within the team

⁴⁸ All of "e" added to clarify process for acceptance of another provider's assessment.

2. Additional Assessments

- a. Children ages ~~birth~~⁰ through five: Developmental screening shall be conducted for children ages ~~birth~~⁰ through five with a referral for further evaluation when developmental concerns are identified. Information on standardized assessments is available within AMPM [Policy 461⁴⁹](#) ~~Behavioral Health Practice Tool (BHPT)–210~~. [The Early Childhood Service Intensity Instrument \(ECSII\) is not required, but may be utilized, as an additional option for identifying developmental concerns for children birth through five.](#)⁵⁰
 - i. This information shall be shared with the providers involved in the child’s [treatment and](#)⁵¹ care, Tribal ALTCS [case manager](#)⁵² or the TRBHA.
- b. Children ages six through 17: An age-appropriate assessment (e.g., CALOCUS ~~unless the member is with FFS or Tribal ALTCS~~), shall be completed during the initial assessment and updated at least every six months.
 - e. This information shall be shared with the providers involved in the child’s care, the Tribal ALTCS [case manager](#) or the TRBHA.
 - ~~d.~~c. Children ages six through 17: Strength, Needs and Culture Discovery Document shall be completed, (for FFS members as deemed appropriate by the ~~health home~~ [AIMH](#)⁵³ or FFS provider).
 - i. This information shall be shared with the providers involved in the child’s care, the Tribal ALTCS [case manager](#) or the TRBHA.
 - e.d. Children ages 11 through 17: A standardized tool shall be utilized to evaluate for potential substance use.
 - i. In the event of positive results, the information shall be shared with the providers involved in the child’s care, the TRBHA or Tribal ALTCS [case manager](#) and may be shared only if the member has authorized sharing of protected health information (45 CFR 160.103).
 - ii. In the event of positive results for any minor child, the providers involved in the child’s care shall follow all applicable state and federal laws, unless directed otherwise.
 - f.e. ~~Individuals~~ [Members](#) ages 18 and up: A standardized tool, as specified in contract, shall be utilized to evaluate for potential substance use (e.g., ~~American Society of Addiction Medicine (ASAM, unless the member is with FFS or Tribal ALTCS~~⁵⁴).
 - i. In the event of positive results, the information shall be shared with the providers involved with the member’s care, to the Tribal ALTCS [case manager](#) or the TRBHA and may be shared only if the member has authorized sharing of protected health information (45 CFR 160.103).

C. SERVICE AND/OR TREATMENT PLANNING:

Service planning shall encompass a description of all covered health services that are deemed as medically necessary and based on member voice and choice. The service plan shall be a [complete, written description of all covered health services and other informal supports, uniform, single plan that may include individualized goals, family support services, peer and recovery support, care coordination activities, and strategies to assist the member in achieving an improved quality of life.](#) The service plan shall be ⁵⁵~~that is~~

⁴⁹ [Updated Policy reference](#)

⁵⁰ [Added optional assessment](#)

⁵¹ [Added for clarification](#)

⁵² [Added case manager throughout section \(2.\) for clarification](#)

⁵³ [Added for clarification.](#)

⁵⁴ [Deleted for clarification, language is redundant](#)

⁵⁵ [Added details of requirements for service planning](#)

developed and administered by the ~~health home,~~ outpatient provider, FFS provider, or the ALTCS ~~c~~Case mManager, that includes all treatment plans developed by other providers involved in the member's care,⁵⁶ and additional relevant documents from other service providers or entities involved in the member's care (e.g., education, probation).

For ALTCS E/PD members, coordination with the behavioral health outpatient provider for purposes of service planning that involves the potential use of behavioral health provider case management services, shall occur according to processes outlined in AMPM Policy 570 and AMPM Policy 1610.⁵⁷

Treatment planning may occur ~~within or outside of the health home with more than one outpatient provider~~⁵⁸ for Managed Care Organizations (MCO)s, TRBHAs,⁵⁹ ~~ALTCS Contractor~~⁶⁰ or FFS provider, based on the member's identified need. A member may have multiple treatment plans based on various clinical needs.

1. The service and/or treatment plan shall be based on a current assessment and/or specific treatment need (e.g., out of home services, specialized behavioral health treatment for substance use).
- ~~1.2.~~ All services shall have identified goals that are measurable, including frequency, duration, and method for indicating member's definition of goal achievement.⁶¹
- ~~2.3.~~ The service or treatment plan shall identify the services and support to be provided, according to the covered, medically necessary services specified in AMPM Policy 310-B.
- ~~3.4.~~ The Contractor shall require subcontractors and providers to make available and offer the option of having a Credentialed Family Support Partner Specialist and/or Peer-and-Recovery Support⁶² Specialists to provide covered services when appropriate, as well as for the purpose of navigating members to treatment or increasing participation and retention in treatment and recovery support services.
- ~~4.~~ ~~The behavioral health provider shall document whether or not the member, or when applicable, their HCDM, and/or Designated Representative (DR) agrees or disagrees with the service or treatment plan and has indicated such agreement or disagreement by either a written or electronic signature on the service or treatment plan.~~⁶³
- ~~5.~~ ~~The health home or FFS provider shall coordinate with any entity involved in the member's care including, but not limited to the Contractor(s), PCP(s), TRBHAs, ALTCS case managers, DCS, probation as applicable, regarding Behavioral Health Assessments, Service, and Treatment Planning as specified in AMPM Policy 541.~~⁶⁴

⁵⁶ Provided clarity for the inclusion of treatment plans developed by other providers involved in the member's care

⁵⁷ Added to distinguish differences for members in the ALTCS E/PD system.

⁵⁸ Revised for clarity

⁵⁹ Added applicable Contractor

⁶⁰ Deleted duplicative language

⁶¹ Added clarity structure of identified goals

⁶² Updated titles for peer and family support titles in section (4.)

⁶³ Deleted as it is duplication of content within the Overview

⁶⁴ Removed from Policy as duplicative to other guidelines covering coordination requirements

D. ~~CRISIS AND~~⁶⁵ SAFETY PLANNING
~~1. General Purpose of a Crisis and Safety Plan~~⁶⁶

1. A ~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan provides a written method for potential crisis support or intervention that identifies needs and preferences that are most helpful in the event of a crisis. ~~The A Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan shall be developed in accordance with the Vision and Guiding Principles of Children’s System of Care and the Nine Guiding Principles of the Adult System of Care, as specified in AMPM Policy 100. ~~Crisis and~~⁶⁵ ~~Ss~~⁶⁶ ~~Safety~~⁶⁷ plans shall be trauma informed, with a focus on safety and harm reduction.

The development of a ~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan shall be completed in alignment with the member’s service and treatment plan, and any existing behavior plan if applicable (e.g., Functional Behavioral Assessment [FBA], DES/DDD Behavior Plan)⁶⁷. ~~The development of a safety plan shall be considered, when clinically indicated, when any of the following~~ ~~C~~⁶⁸ clinical indicators ~~may include, but are not limited to needs~~⁶⁸ ~~are~~ identified in a member’s treatment, service, or behavior plan: ~~in addition to any one or a combination of the following:~~⁶⁸

- a. Justice involvement,
- b. Previous psychiatric hospitalizations,
- c. Out-of-home placements:
 - i. Home and Community Based Service (HCBS) settings (e.g., assisted living facility),
 - ii. Nursing facilities,
 - iii. Group home settings,
- d. Special health care needs,
- e. History of, or presently under ~~C~~⁶⁹ourt ~~O~~⁶⁹rdered ~~T~~⁶⁹reatment (~~COT~~),
- f. History or present concern of⁶⁹ Danger to Self/Danger to Others (DTS/DTO),
- g. ~~Individuals~~⁶⁹ ~~Members~~⁶⁹ with a ~~Serious Mental Illness (SMI)~~ designation,
- h. ~~Individuals~~⁶⁹ ~~Members~~⁶⁹ identified as h⁶⁹igh r⁶⁹Risk/h⁶⁹igh n⁶⁹Needs, and/or
- i. Children ages six through 17 with a CALOCUS Level of 4, 5, or 6.

~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plans shall be updated annually, or more frequently if a member meets one or a combination of the above criteria, or if there is a significant change in the member’s needs. A copy of the ~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan shall be distributed to the team members that assisted with development of the ~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan.

A ~~Crisis and~~⁶⁵ ~~Safety~~⁶⁶ ~~p~~⁶⁷Plan does not replace or supplant a Mental Health Power of Attorney or behavior plan, but rather serves as a compliment to these existing documents.

⁶⁵ Term crisis and safety plan is updated to safety plan in alignment in AMPM Policy 590, modified throughout section (D.)

⁶⁶ Language deleted, duplicative

⁶⁷ Added for clarification

⁶⁸ Reworded sentence for clarity.

⁶⁹ Added language for clarify present concern

2. Essential Elements

A ~~Crisis and s~~Safety ~~p~~Plan shall establish goals to prevent or ameliorate the effects of a crisis and shall specifically address:

- a. Techniques for establishing safety, as identified by the member and/or HCDM, DR healthcare decision maker, as well as members of the ~~Child and Family Team (CFT)~~ or ~~Adult Recovery Team (ART)~~,
- b. ~~Identification of realistic~~Realistic⁷⁰ interventions that are most helpful or not helpful to the individual and their family members or support system,
- c. Consideration of physical limitations, comorbid conditions, or other unique needs the member may have that would aid in reduction of symptoms,⁷¹
- ~~d. Reduction of symptoms,~~
- ~~e.~~d. Guiding the support system toward ways to be most helpful to members and their families,⁷²
~~Any physical limitations, comorbid conditions, or unique needs of the member (e.g. involvement with DCS, special assistance),~~⁷³
- ~~f.~~e. Multi-system Involvement,⁷⁴
- ~~g.~~f. Adherence to ~~court ordered treatment~~ COT (if applicable),
- ~~h.~~g. Necessary resources to reduce the chance for a crisis or minimize the effects of an active crisis for the member. This may include, but is not limited to:
 - i. Clinical (support staff/professionals), medication, family, friends, HCDM and/or DR, environmental,
 - ii. Notification to and/or coordination with others, and
 - iii. Assistance with and/or management of concerns outside of crisis (e.g., animal care, children, family members, roommates, housing, financials, medical needs, schoolwork).

⁷⁰ Reworded for flow

⁷¹ Incorporated language from section (b.)

⁷² Added for clarity

⁷³ Deleted language moved to support clarification of item (b.)

⁷⁴ Added language for multi-system involvement